

Medical Supply Coverage Guide



HCPCS code	Description of code	Category	Auth. Required	Included in LTC per diem?	Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, "manual" refers to the MHCP Provider Manual.)	Quantity limits (maximum that may be dispensed)	Rental or purchase	Policy review date
A4206	Syringe with needle, sterile, 1cc or less, each	Miscellaneous Supplies	No	Yes	Covered for members who administer medications other than insulin themselves or with the assistance of a caregiver. Diagnosis required. With a diagnosis of Diabetes (E10.10-E13.9), syringes are billed with S8490.	Medical necessity	Purchase only	March 2009
A4207	Syringe with needle, sterile, 2cc, each	Miscellaneous Supplies	No	Yes	Covered for members who administer medications other than insulin themselves or with the assistance of a caregiver. Diagnosis required. With a diagnosis of Diabetes (E10.10-E13.9), syringes are billed with S8490.	Medical necessity	Purchase only	March 2009
A4208	Syringe with needle, sterile, 3cc, each	Miscellaneous Supplies	No	Yes	Covered for members who administer medications other than insulin themselves or with the assistance of a caregiver. Diagnosis required. With a diagnosis of Diabetes (E10.10-E13.9), syringes are billed with S8490.	Medical necessity	Purchase only	March 2009
A4209	Syringe with needle, sterile, 5cc or greater, each	Miscellaneous Supplies	No	Yes	Covered for members who administer medications other than insulin themselves or with the assistance of a caregiver. Diagnosis required. With a diagnosis of Diabetes (E10.10-E13.9), syringes are billed with S8490.	Medical necessity	Purchase only	March 2009
A4210	Needle-free injection device, each	Miscellaneous Supplies	Always	Yes	Covered for members who administer medication themselves or with the assistance of a caregiver and are not able to safely administer medication using a conventional syringe with needle	1 per 5 years	Purchase only	March 2009
A4211	Supplies for self-administered injections	Miscellaneous Supplies	No	Yes	Covered for members who administer medications themselves or with the assistance of a caregiver. Only to be used where a more specific code is not available. Used for sharps disposal containers with modifier U3 - see manual.	Medical necessity	Purchase only	March 2009
A4212	Noncoring needle or stylet with or without catheter	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered when medically necessary. Should not be billed with A4220.	Medical necessity	Purchase only	January 2008

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A4213	Syringe, sterile, 20cc or greater, each	Miscellaneous Supplies	No	Yes	Covered for members who administer medications other than insulin themselves or with the assistance of a caregiver or for wound irrigation. With a diagnosis of Diabetes (E10.10-E13.9), syringes are billed with S8490.	Medical necessity	Purchase only	March 2009
A4215	Needle, sterile, any size, each	Miscellaneous Supplies	No	Yes	Covered when needles are dispensed without syringes, or when dispensed with a syringe code that does not include needles when medically necessary.	Medical necessity	Purchase only	January 2008
A4216	Sterile water, saline and / or dextrose, diluent / flush, 10 ml	Miscellaneous Supplies	Sometimes	Y - NF N-ICF/DD	Covered when medically necessary. Document reason for need and reason for quantity. Should not be billed with A4221. Only non-legend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug. Authorization required for any limit over 300 per month.	300 units per month	Purchase only	October 2017
A4217	Sterile water / saline, 500 ml	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered when medically necessary. Document reason for need, including need for sterility, and reason for quantity. Only non-legend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug.	100 units per month	Purchase only	January 2008
A4218	Sterile Saline or water, metered dose dispenser, 10 ml	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered when medically necessary for use with inhaled solutions. Only non-legend sterile saline irrigation solutions may be billed as a medical supply, legend sterile saline solutions must be billed by a pharmacy as a drug. Document reason for need and frequency of use. Use U3 modifier for vials other than 10 ml.	300 units per month	Purchase only	January 2008
A4220	Refill kit for implantable infusion pump	Drug Infusion Supplies	No	No	Covered for members with implanted infusion pump. Includes appropriate noncoring needles, filters, connectors, etc. which may not be billed separately. Usual use is 1 per month, document excess need.	5 per month	Purchase only	January 2008

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A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately)	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered for members with drug infusion catheters. Includes gloves, alcohol wipes, tapes, catheter insertion devices, dressings for the catheter site and flush solutions not directly related to drug infusion, as well as all cannulas, and needles.	4 per month	Purchase only	November 2016
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered for members with external drug infusion pumps. Includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges and preparation charges.	60 per month	Purchase only	January 2008
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered when medically necessary. Includes the cassette or bag, diluting solutions, tubing and other administration supplies, port cap changes, compounding charges and preparation charges.	60 per month	Purchase only	January 2008
A4224	Supplies for maintenance of insulin infusion catheter, per week	Diabetes	No	No	Covered for members with external insulin pumps. Refer to manual.	5 per month	Purchase only	November 2016
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Diabetes	No	No	Covered for members with external insulin pumps. Refer to manual.	31 per month	Purchase only	November 2016
A4230	Infusion set for external insulin pump, nonneedle cannula type	Diabetes	No	No	Covered for members with external insulin pumps. Refer to manual.	20 per month	Purchase only	September 2018
A4231	Infusion set for external insulin pump, needle type	Diabetes	No	No	Covered for members with external insulin pumps. Refer to manual.	20 per month	Purchase only	September 2018
A4232	Syringe with needle for external insulin pump, sterile, 3cc	Diabetes	Sometimes	No	Covered for members with external insulin pumps. Refer to manual. Authorization required for any limit over 15 per month.	15 per month	Purchase only	October 2017

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A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Diabetes	No	Yes	Covered for diabetic members who own a blood glucose monitor.	2 per dispensing, 6 per year	Purchase only	September 2016
A4234	Replacement battery, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Diabetes	No	Yes	Covered for diabetic members who own a blood glucose monitor. An MUE exists for this code, no more than 2 units may be dispensed per date of service.	3 per dispensing, 6 per year	Purchase only	February 2018
A4235	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Diabetes	No	Yes	Covered for diabetic members who own a blood glucose monitor.	2 per dispensing, 6 per year	Purchase only	September 2016
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Diabetes	No	Yes	Covered for diabetic members who own a blood glucose monitor.	2 per dispensing, 6 per year	Purchase only	September 2016
A4244	Alcohol or peroxide, per pint	Miscellaneous Supplies	No	Yes	Covered when medically necessary for injections or sterilizing equipment. PA required for over 6 boxes per month.	5 pints per month	Purchase only	December 2008
A4245	Alcohol wipes, per box	Miscellaneous Supplies	Sometimes see manual	Yes	Covered when medically necessary for injections or sterilizing equipment. PA required for over 6 boxes per month.	6 boxes per month	Purchase only	December 2008
A4246	Betadine or pHisoHex solution, per pint	Renal Dialysis	No	No	Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be billed by a pharmacy as a drug. Refer to manual.	medical necessity	Purchase only	December 2008

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A4247	Betadine or iodine swabs/wipes, per box	Renal Dialysis	No	No	Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be billed by a pharmacy as a drug. Refer to manual.	medical necessity	Purchase only	December 2008
A4248	Chlorhexidine containing antiseptic, 1 ml	Miscellaneous Supplies			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			December 2008
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	Diabetes	No	Yes	Covered for diabetic members who choose not to use blood glucose monitoring or for diabetic members at risk for ketoacidosis. Also can be covered for members who are reliant on nasogastric or nasojejunal tube feedings in order to verify correct tube placement.	2 boxes per month	Purchase only	January 2016
A4252	Blood ketone test or reagent strip, each	Diabetes	Always	Yes	Covered for diabetics at risk of ketoacidosis for whom urine ketone testing is not sufficient. Refer to manual.	90 per month	Purchase only	December 2007
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (1 unit = 50 strips)	Diabetes		Yes	Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.			September 2016
A4255	Platforms for home blood glucose monitor, 50 per box	Diabetes	No	Yes	Covered for diabetic members who do home blood glucose monitoring.	4 boxes per month	Purchase only	December 2007
A4256	typical, low and high calibrator solution / chips	Diabetes		Yes	Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.			September 2016
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Diabetes	No	Y - NF N-ICF/DD	Covered for diabetic members who own and use a laser skin piercing device.	1 per month	Purchase only	December 2007
A4258	Spring-powered device for lancet, each	Diabetes		Yes	Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.			September 2016

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A4259	Lancets, per box	Diabetes		Yes	Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.			September 2016
A4261	Cervical cap for contraceptive use	Family Planning	No	No	Covered for female members when prescribed for contraception.	1 / year	Purchase only	January 2008
A4264	Permanent implantable contraceptive intratubal occlusion device (s) and delivery system	Family Planning	No	No	Covered effective 1/1/2010 when implanted by a physician. Cannot be dispensed by medical supplier or pharmacy.	2 per lifetime	Purchase only	January 2010
A4265	Paraffin, per lb.	Wound Care	No	Yes	Covered when used as part of a home therapy treatment plan.	1 lb. / month	Purchase only	January 2008
A4266	Diaphragm for contraceptive use	Family Planning	No	No	Covered for female members when prescribed for contraception.	1 / year	Purchase only	January 2008
A4267	Contraceptive supply, condom, male, each	Family Planning	No	No	Covered for male or female members when prescribed for contraception or disease prevention.	90 / month	Purchase only	January 2008
A4268	Contraceptive supply, condom, female, each	Family Planning	No	No	Covered for female members when prescribed for contraception or disease prevention.	90 / month	Purchase only	January 2008
A4269	Contraceptive supply, spermicide (for example, foam, gel), each	Family Planning	No	No	Covered for male or female members when prescribed for contraception .	6 / month	Purchase only	January 2008
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Prosthetics	No	No	Covered for members with external breast prostheses.	60 / month	Purchase only	January 2008
A4281	Tubing for breast pump, replacement	Breast Pump	No	No	Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps.	1 per 6 months	Purchase only	January 2008
A4282	Adapter for breast pump, replacement	Breast Pump	No	No	Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps.	1 / year	Purchase only	January 2008

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A4283	Cap for breast pump bottle, replacement	Breast Pump	No	No	Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps.	1 / dispensing	Purchase only	January 2008
A4284	Breast shield and splash protector for use with breast pump, replacement	Breast Pump	No	No	Covered for members who are nursing or infants of nursing mothers with patient-owned breast pumps.	1 / dispensing	Purchase only	July 2013
A4285	Polycarbonate bottle for use with breast pump, replacement	Breast Pump			Not covered. Bottles for healthy infants are not a medical supply.			January 2008
A4286	Locking ring for breast pump, replacement	Breast Pump	No	No	Covered for members who are nursing or infants of nursing mothers with patient owned breast pumps.	1 per year	Purchase only	January 2008
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members requiring drug infusion using a disposable system.	10 per dispensing	Purchase only	May 2010
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members requiring drug infusion using a disposable system.	10 per dispensing	Purchase only	May 2010
A4310	Insertion tray without drainage bag and without catheter (accessories only)	Urological	Sometimes	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and non-sterile or sterile gloves (A4927 or A4930). Authorization required for any limit over 31 per month.	1 per insertion up to 31 per month	Purchase only	October 2017
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and non-sterile or sterile gloves (A4927 or A4930) and catheter (A4338).	1 per insertion up to 31 per month	Purchase only	November 2016

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A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and non-sterile or sterile gloves (A4927 or A4930) and catheter (A4344).	1 per insertion up to 31 per month	Purchase only	November 2016
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) and non-sterile or sterile gloves (A4927 or A4930) and catheter (A4346).	1 per insertion up to 31 per month	Purchase only	November 2016
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) non-sterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4338).	1 per insertion up to 31 per month	Purchase only	November 2016
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) non-sterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4344).	1 per insertion up to 31 per month	Purchase only	November 2016
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters with a history of obstruction of the catheter. Generally, 1 indwelling catheter is appropriate per month. Includes sterile lubricant packet (A4332) non-sterile or sterile gloves (A4927 or A4930), bag (A4357, A4358, A5102 or A5112), tubing (A4331), and catheter (A4346).	1 per insertion up to 31 per month	Purchase only	November 2016
A4320	Irrigation tray with bulb or piston syringe, any purpose	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members with indwelling catheter or other medical condition requiring irrigation. Most members can be served with one unit per week. Includes A4322.	90 irrigation syringes / trays per month	Purchase only	February 2009

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A4321	Therapeutic agent for urinary catheter irrigation	Urological			Therapeutic solutions with active ingredients and legend sterile saline solutions must be billed by a pharmacy as a drug.			April 2009
A4322	Irrigation syringe, bulb or piston, each	Miscellaneous Supplies	Sometimes	Yes	Covered for members with indwelling catheter or other medical condition requiring irrigation. Most members can be served with one unit per week. Included in A4320. Authorization required for any limit over 90 per month.	90 irrigation syringes / trays per month	Purchase only	October 2017
A4326	Male external catheter with integral collection chamber, any type, each	Urological	No	Y- NF N-ICF/DD	Covered for male members with urinary incontinence who do not have an indwelling catheter.	31 per month	Purchase only	April 2009
A4327	Female external urinary collection device; meatal cup, each	Urological	No	Y - NF N-ICF/DD	Covered for female members with urinary incontinence who do not have an indwelling catheter.	4 per month	Purchase only	April 2009
A4328	Female external urinary collection device; pouch, each	Urological	No	Y - NF N-ICF/DD	Covered for female members with urinary incontinence who do not have an indwelling catheter.	31 per month	Purchase only	April 2009
A4330	Perianal fecal collection pouch with adhesive, each	Urological	No	Y- NF N-ICF/DD	Covered for members with fecal incontinence.	31 per month	Purchase only	April 2009
A4331	Extension drainage tubing, any type, with connector / adaptor, for use with urinary leg bag or urostomy pouch, each	Urological	No	Y - NF N-ICF/DD	Covered for members with urinary incontinence and leg bag or urostomy pouch. Generally, tubing may be needed once per week, but may be replaced daily for frequent UTIs or other medical conditions.	31 per month	Purchase only	April 2009
A4332	Lubricant, individual sterile packet, each	Miscellaneous Supplies	No	Yes	Covered for members who use catheters with sterile insertion, as medically necessary for other diagnoses. 1 packet per sterile catheterization is covered.	288 per month	Purchase only	November 2009
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Urological	No	Y - NF N-ICF/DD	Covered for members who use indwelling catheters. Use is expected to be 1 every 2-3 days, 1 each day may be needed in some cases.	31 per month	Purchase only	April 2009

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A4334	Urinary catheter anchoring device, leg strap, each	Urological	No	Y - NF N-ICF/DD	Covered for members who use catheters. typical use is expected to be 1 each month, 1 each week may be needed in some cases. An MUE exists for this code, no more than 1 unit may be dispensed per date of service.	5 per month	Purchase only	February 2018
A4335	Incontinence supply, miscellaneous	Urological	No	Y	Covered for members with Incontinence. Only to be used when a more specific code is not available. See manual for information about billing Miscellaneous Supplies.	Medical necessity	Purchase only	April 2009
A4336	Incontinence supply, urethral insert, any type, each	Urological	No	Y - NF N-ICF/DD	Covered for members with urinary incontinence.	200 per month	Purchase only	January 2010
A4337	Incontinence supply, rectal insert, any type, each	Miscellaneous Supplies	No	No	Not covered. Not the community standard of care.			September 2016
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.	1 indwelling catheter per insertion up to 31 per month	Purchase only	November 2016
A4340	Indwelling catheter; Specialty type (for example Coude, mushroom, wing, etc.), each	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.	1 indwelling catheter per insertion up to 31 per month	Purchase only	November 2016
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter is appropriate per month.	1 indwelling catheter per insertion up to 31 per month	Purchase only	November 2016

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A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each	Urological	No	Y - NF N-ICF/DD	Covered for members who use indwelling catheter and have a history of obstruction of the catheter. Generally 1 indwelling catheter is appropriate per month.	1 indwelling catheter per insertion up to 31 per month	Purchase only	November 2016
A4349	Male external catheter with or without adhesive, disposable, each	Urological	No	Y - NF N-ICF/DD	Covered for male members with urinary Incontinence. Most members can be served with 2 per day.	90 per month	Purchase only	April 2009
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Urological	No	Y - NF N-ICF/DD	Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization and reason for frequency.	300 intermittent catheters per month	Purchase only	April 2009
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Urological	No	Y - NF N-ICF/DD	Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization, reason for frequency and reason for Coude tip.	300 intermittent catheters per month	Purchase only	April 2009
A4353	Intermittent urinary catheter, with insertion supplies	Urological	Sometimes see manual	Y - NF N-ICF/DD	Covered for members who use intermittent catheterization. Most members can be served with 150 - 180 catheters per month. Additional quantities may be needed for members with a history of frequent UTIs. Documentation must include frequency of needed catheterization, reason for frequency and reason for sterile catheterization. Up to 200 intermittent catheters per month are covered without authorization. Includes sterile lubricant packet (A4332) and sterile or non-sterile gloves (A4930 or A4927).	300 intermittent catheters per month when authorized	Purchase only	April 2009

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A4354	Insertion tray with drainage bag but without catheter	Urological	No	Y - NF N-ICF/DD	Covered for members with indwelling catheters. Generally, 1 indwelling catheter / insertion tray is appropriate per month. Up to 3 indwelling catheters / insertion trays per month are covered without authorization. Includes sterile lubricant packet (A4332) and non-sterile or sterile gloves (A4927 or A4930) and drainage bag (A4357, A4358, A5102, or A5112).	1 per insertion up to 31 per month when authorized	Purchase only	November 2016
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	Urological	No	Y - NF N-ICF/DD	Covered for members with three-way indwelling Foley Catheters when the member has a history of obstruction of the catheter. Continuous irrigation is rarely necessary for more than 2 consecutive weeks.	31 per month	Purchase only	April 2009
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	Urological	No	Y - NF N-ICF/DD	Covered for male members with urinary incontinence.	1 per month	Purchase only	April 2009
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	Urological	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with catheters. Most members can be served with 1 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358, or A5112, require PA.	31 drainage devices per month when authorized	Purchase only	April 2009
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Urological	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with catheters. Most members can be served with 2 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358, or A5112, require PA.	31 drainage devices per month when authorized	Purchase only	April 2009
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	Urological	No	Y - NF N-ICF/DD	Covered effective 1/1/2010 for male members with minimal urinary incontinence.	31 per month	Purchase only	January 2010
A4361	Ostomy faceplate, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 2 per month.	4 per month	Purchase only	January 2008

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A4362	Skin barrier; solid, four by four or equivalent; each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per site per day.	31 per month	Purchase only	January 2008
A4363	Ostomy clamp, any type, replacement only, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per site per 3 - 6 months.	2 per month	Purchase only	January 2008
A4364	Adhesive, liquid or equivalent, any type, per oz.	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 4 - 6 oz per site per month.	20 per month	Purchase only	January 2008
A4366	Ostomy vent, any type, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies who use pouches without vent. Maximum use is one per pouch change.	31 per month	Purchase only	January 2008
A4367	Ostomy belt, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per month.	3 per month	Purchase only	January 2008
A4368	Ostomy filter, any type, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies who use pouches without filters. Maximum use is 1 per pouch change.	31 per month	Purchase only	January 2008
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 - 3 oz per month per site.	15 oz per month	Purchase only	September 2008
A4371	Ostomy skin barrier, powder, per oz	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1-2 oz per month per site.	6 oz per month	Purchase only	September 2008
A4372	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day. Includes A4361.	31 per month	Purchase only	January 2008

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A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day. Includes A4361.	31 per month	Purchase only	January 2008
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day. Includes A4361.	31 per month	Purchase only	January 2008
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4384	Ostomy faceplate equivalent, silicone ring, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per week.	8 per month	Purchase only	January 2008
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per 2 - 3 days.	31 per month	Purchase only	January 2008
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008

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A4388	Ostomy pouch, drainable, with extended wear barrier attached (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per 2-3 days.	31 per month	Purchase only	January 2008
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per 2-3 days.	31 per month	Purchase only	January 2008
A4391	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per 2 - 3 days.	31 per month	Purchase only	January 2008
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per day.	31 per month	Purchase only	January 2008
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per site per 2 - 3 days.	31 per month	Purchase only	January 2008
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 oz per site per day.	32 oz per month	Purchase only	September 2008
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 - 3 tabs per day per site.	100 per month	Purchase only	January 2008
A4396	Ostomy belt with peristomal hernia support	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 3 months per site.	3 per month	Purchase only	April 2017

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A4397	Irrigation supply; sleeve, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per week per site.	10 per month	Purchase only	January 2008
A4398	Ostomy irrigation supply, bag, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 3 months.	1 per month	Purchase only	January 2008
A4399	Ostomy irrigation supply; cone / catheter, with or without brush	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 3 months per site.	2 per month	Purchase only	April 2017
A4400	Ostomy irrigation set	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. A4400 should be used the first time a member receives irrigation supplies. After the first time, dispense only those supplies that are needed and bill with A4397, A4398 or A4399 following those guidelines.	1 per site	Purchase only	January 2008
A4402	Lubricant, per oz.	Miscellaneous Supplies	No	Yes	Covered for members with ostomies or who catheterize, or when medically necessary for other members	13 oz per month (3 4.3 oz tubes)	Purchase only	January 2008
A4404	Ostomy ring, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per site per 2 -3 days.	25 per month	Purchase only	January 2008
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is approximately 1/8 - 1/4 oz per day per site.	16 oz per month	Purchase only	January 2008
A4406	Ostomy skin barrier, pectin-based, paste, per oz	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is approximately 1/8 - 1/4 oz per day per site.	16 oz per month	Purchase only	January 2008
A4407	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4 X 4 or smaller, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. members who need to change the barrier more than once daily should not be using extended wear barriers.	31 per month	Purchase only	January 2008

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A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 X 4, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. members who need to change the barrier more than once daily should not be using extended wear barriers.	31 per month	Purchase only	January 2008
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 or smaller, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. members who need to change the barrier more than once daily should not be using extended wear barriers.	31 per month	Purchase only	January 2008
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. members who need to change the barrier more than once daily should not be using extended wear barriers.	31 per month	Purchase only	January 2008
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. members who need to change the barrier more than once daily should not be using extended wear barriers	31 per month	Purchase only	January 2008
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 4-5 days per site.	31 per month	Purchase only	January 2008
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 4-5 days per site.	31 per month	Purchase only	January 2008

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A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 or smaller, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per day per site.	31 per month	Purchase only	January 2008
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 X 4, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per day per site.	31 per month	Purchase only	January 2008
A4416	Ostomy pouch, closed, with filter (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	September 2008
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	September 2008
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	September 2008
A4419	Ostomy pouch, closed; for use on barrier with nonlocking flange, with filter (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	September 2008
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	September 2008

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A4421	Ostomy supply, miscellaneous	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Only to be used when a more specific code is not available. See manual for information about billing Miscellaneous Supplies.	medical necessity	Purchase only	January 2008
A4422	Ostomy absorbent material (sheet/ pad/ crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 -3 per day. If product is not available in packing less than 100, providers may dispense 100 at a time, but should not dispense additional until needed.	100 per month	Purchase only	January 2008
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 2 per day per site.	62 per month	Purchase only	January 2008
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	January 2008
A4425	Ostomy pouch, drainable; for use on barrier with nonlocking flange, with filter (two piece system), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4426	Ostomy pouch, drainable; for use on barrier locking flange, (two piece system), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4427	Ostomy pouch, drainable; for use on barrier locking flange, with filter (two piece system), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008

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A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4431	Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (one piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per day per site.	31 per month	Purchase only	February 2008
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with urinary ostomies. Typical use is 1 per 1 - 2 days per site.	31 per month	Purchase only	February 2008

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A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Ostomy	No	Y - NF N-ICF/DD	Covered for member with ostomies. Typical use is 1 per 1 - 2 days per site. Should not be billed with barriers.	31 per month	Purchase only	January 2013
A4450	Tape, nonwaterproof, per 18 sq. inches	Miscellaneous Supplies	No	Yes	Covered for patients with wounds or when medically necessary.	400 units per month	Purchase only	February 2008
A4452	Tape, waterproof, per 18 sq. inches	Miscellaneous Supplies	No	Yes	Covered for patients with wounds or when medically necessary.	400 units per month	Purchase only	February 2008
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz.	Miscellaneous Supplies	No	Yes	Covered for patients using adhesive on the skin.	15 oz per month	Purchase only	February 2008
A4456	Adhesive remover, wipes, any type, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 3 - 4 wipes per day per site	250 per month	Purchase only	January 2010
A4458	Enema bag with tubing, reusable	Miscellaneous Supplies	No	Yes	Covered for patients with constipation or when medically necessary.	1 per 3 months	Purchase only	February 2008
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type, each	Miscellaneous Supplies	Yes	Y - NF N-ICF/DD	Covered when prescribed by a physician for members age two years or older for neurogenic bowel dysfunction who suffer from fecal incontinence, chronic constipation, and/or time-consuming bowel management procedures. Other conservative bowel management alternatives must have been tried and been proven ineffective. Additional catheters and related supplies may be billed under miscellaneous HCPCS code A9999.	2 per year	Purchase only	May 2015
A4461	Surgical dressing holder, nonreusable, each	Wound Care	No	Y - NF N-ICF/DD	Covered for patients with dressings on the abdomen or for whom adhesives are contraindicated.	31 per month	Purchase only	February 2008
A4463	Surgical dressing holder, reusable, each	Wound Care	No	Y - NF N-ICF/DD	Covered for patients with dressings on the abdomen or for whom adhesives are contraindicated.	3 per month	Purchase only	July 2012
A4465	Nonelastic binder for extremity	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for patients with lymphedema. Typical use is one per affected extremity.	4 per month	Purchase only	February 2008

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A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	Orthotics			Not valid for dates of service after 12/31/2016.		Purchase only	November 2016
A4467	Belt, strap, sleeve, garment, or covering, any type	Orthotics	No	Y - NF N-ICF/DD	Covered for members requiring support of a weak body part, but not needing the support of a rigid support.	2 per year	Purchase only	November 2016
A4481	Tracheostoma filter, any type, any size, each	Respiratory	No	Y - NF N-ICF/DD	Covered for patients with tracheostomy.	90 per month	Purchase only	October 2008
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Respiratory	No	No	Covered for patients using invasive ventilation. Most members can be served with 60 per month.	90 per month	Purchase only	October 2008
A4490	Surgical stockings above knee length, each	Miscellaneous Supplies	For excess quantities only	No	Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic.	4 units per 6 months	Purchase only	October 2008
A4495	Surgical stockings thigh length, each	Miscellaneous Supplies	For excess quantities only	No	Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic.	4 units per 6 months	Purchase only	October 2008
A4500	Surgical stockings below knee length, each	Miscellaneous Supplies	For excess quantities only	No	Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic.	4 units per 6 months	Purchase only	October 2008
A4510	Surgical stockings full length, each	Miscellaneous Supplies	For excess quantities only	No	Covered for patients with edema or varicose veins, or other medical conditions requiring compression. Note: this code is only to be used for stockings with at least 15 mmHg compression at the ankle, which is the minimum considered therapeutic.	4 units per 6 months	Purchase only	October 2008

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A4520	Incontinence garment, any type (for example brief, diaper), each	Incontinence			Not covered. Use more specific codes for Incontinence garments (T4521-T4543)			October 2008
A4550	Surgical trays	Miscellaneous Supplies			Not covered when dispensed by medical supply or pharmacy provider.			January 2009
A4553	Non-disposable underpads, all sizes	Incontinence			Not covered.			November 2016
A4554	Disposable underpads, all sizes	Incontinence			Not covered. Use more specific codes for underpads (T4542, T4541)			October 2008
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Electrical Stimulators			Not covered. Not the community standard of care, investigative.			January 2014
A4556	Electrodes (for example, apnea monitor), per pair	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for patients with medically necessary Apnea Monitors, etc. With typical care, electrodes can generally be reused repeatedly. Most members can be served with no more than 8 pair per month. Not to be used for members getting monthly TENS supplies (A4595).	32 pairs per month	Purchase only	October 2008
A4557	Lead wires (for example, apnea monitor), per pair	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for patients with medically necessary Apnea Monitors, TENS units, etc. With typical care, lead wires can generally be reused repeatedly. Most members can be served with no more than 2 pair of leads per 6 months. Refer to manual. for quantity limits when used with specific equipment, TENS.	2 pairs per dispensing, 4 pairs per 6 months	Purchase only	January 2011
A4558	Conductive gel or paste, for use with electrical device (TENS, NMES), per ounce	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for use in the home by patients with medically necessary Apnea Monitors, etc. Not to be used for members getting monthly TENS supplies (A4595).	10 oz per month	Purchase only	October 2008
A4559	Coupling gel or paste, for use with ultrasound device	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for use in the home by patients with medically necessary ultrasound device	10 oz per month	Purchase only	October 2008

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A4561	Pessary, rubber, any type	Miscellaneous Supplies	No	No	Covered for female members with prolapsed bladder or uterus.	1 per 6 months	Purchase only	October 2008
A4562	Pessary, nonrubber, any type	Miscellaneous Supplies	No	No	Covered for female members with prolapsed bladder or uterus.	1 per 6 months	Purchase only	October 2008
A4565	Slings	Miscellaneous Supplies	No	No	Covered when needed to support an impaired or injured body part.	2 per month	Purchase only	October 2008
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	Orthotics	No	No	Covered when needed for immobilization or to support injured, post-surgical, and / or weak areas of the shoulder girdle.	2 per year	Purchase only	April 2017
A4570	Splint	Miscellaneous Supplies	No	No	Covered when need to support an impaired or injured body part. Most members can be served with 2 per incident/injury (one to use, one to wash).	2 per month	Purchase only	October 2008
A4575	Topical hyperbaric oxygen chamber, disposable	Wound Care			Not covered. Technology is not proven effective and is not the standard of care in the community.			June 2007
A4580	Cast supplies (for example, plaster)	Miscellaneous Supplies			Not covered. Included in payment for the service.			October 2008
A4590	Special casting material (for example, fiberglass)	Miscellaneous Supplies			Not covered. Included in payment for the service.			October 2008
A4595	Electrical stimulator supplies, 2 lead, per month, (for example, TENS, NMES)	TENS	No	No	Covered for members using medically necessary TENS units. Includes all supplies necessary for use of the TENS unit for one month, including adhesive, adhesive remover, batteries, conductive paste or gel and electrodes. Not to be billed with A4556, A4558, A4630. One unit covered for 2 lead TENS, two units covered for 4 lead TENS.	2 per month	Purchase only	December 2008

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A4600	Sleeve for intermittent limb compression device, replacement only, each	Compression Devices	No	No	Covered for members with patient owned intermittent limb compression device.	2 per affected limb per year	Purchase only	April 2017
A4601	Lithium ion battery for nonprosthetic use, replacement	Miscellaneous Supplies	No	No	Covered for use in patient owned equipment other than prostheses.	2 per 3 months	Purchase only	October 2008
A4604	Tubing with integrated heating element for use with positive airway pressure device	Positive Airway Pressure	No	No	Covered for use with humidified positive airway pressure devices. typical use is 1 per 3 months. Up to 4 per month may be necessary for individuals using PAP via trach or invasive ventilation who are at high risk of infection. Maintain documentation of medical need for quantity dispensed.	1 per dispensing, up to 4 per month	Purchase only	July 2012
A4605	Tracheal Suction Catheter, closed system, each	Respiratory	No	No	Covered for ventilator dependent members with tracheostomy who require closed suctioning to prevent hypoxemia. Most members can be served with one per week, one per day may be required for medically fragile patients in order to prevent infection.	31 per month	Purchase only	July 2008
A4606	Oxygen probe for use with oximeter device, replacement	Respiratory	Sometimes see manual	No	Covered for members with medically necessary oximeter device. When dispensing reusable, rather than disposable, probes, use modifier U3 and include a description "reusable oximeter probe."	10 per month	Purchase only	October 2008
A4608	Transtracheal oxygen catheter, each	Tracheostomy Supplies	No	No	Covered for members requiring transtracheal oxygen administration. typical usage is one per 3 months	1 per month	Purchase only	October 2008
A4611	Battery, heavy duty; replacement for patient-owned ventilator	Respiratory	No	No	Covered for members with patient owned ventilators.	2 per year	Purchase only	April 2017
A4612	Battery Cables, replacement for patient-owned ventilator	Respiratory	No	No	Covered for members with patient owned ventilators.	2 per year	Purchase only	July 2012
A4613	Battery charger; replacement for patient-owned ventilator	Respiratory	No	No	Covered for members with patient owned ventilators.	1 per year	Purchase only	October 2008

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A4614	Peak expiratory flow rate meter, hand held	Respiratory	No	Yes	Covered for patients with asthma or similar conditions requiring regular tracking of peak expiratory flow.	1 per year	Purchase only	October 2008
A4615	Cannula, nasal	Respiratory	No	No	Covered for members with respiratory equipment. Most members can be served with one per month. Additional may be required for members with respiratory infections or nasal discharge. Not separately billable for members receiving oxygen service.	4 per month	Purchase only	October 2008
A4616	tubing (oxygen) per foot	Respiratory	No	No	Covered for members with respiratory equipment. Not separately billable for members receiving oxygen service.	90 feet per month	Purchase only	October 2008
A4617	Mouthpiece	Respiratory	No	No	Covered for members receiving medication via nebulizer.	1 per month	Purchase only	October 2008
A4618	Breathing circuits	Respiratory	No	No	Covered for members with respiratory equipment. Most members can be served with 1 every 3 -4 days. Breathing circuits are included with ventilator rental and are not separately billable.	12 per month	Purchase only	February 2017
A4619	Face tent	Respiratory	No	No	Covered for members receiving oxygen who cannot tolerate mask / cannula. Most members can be served with one per month. Additional may be required for members with respiratory infections or nasal discharge.	4 per month	Purchase only	October 2008
A4620	Variable concentration mask	Respiratory	No	No	Covered for members with respiratory equipment who do not require a fixed concentration of oxygen. Not separately billable for members receiving oxygen service.	1 per month	Purchase only	October 2008
A4623	Tracheostomy, inner cannula	Tracheostomy Supplies	No	No	Covered for members with tracheostomy. Most members can be served with 1 per day, additional may be required for members with vulnerability to infection.	62 per month	Purchase only	December 2016
A4624	Tracheal suction catheter, any type other than closed system, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostomy. Most members can be served with 2 - 3 per day, additional may be required for members with vulnerability to infection.	200 per month	Purchase only	November 2008

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A4625	Tracheostomy care kit for new tracheostomy	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with new tracheostomy for up to 14 days following surgery. Includes plastic tray, basin, sterile gloves (A4930), tube brush (A4626), 3 pipe cleaners, 1 pre-cut trach dressing, 1 roll of gauze, 4 4x4 sponges, 2 cotton tip applicators (S8189), 30" twill tape.	31 per surgical tracheostomy	Purchase only	April 2017
A4626	Tracheostomy cleaning brush, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostomy. Not to be billed with A4625 or A4629.	31 per month	Purchase only	November 2008
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members using metered dose inhalers. Most members can be served with 1 per 3 months. A second spacer is covered for members who keep a metered dose inhaler at school or work.	2 per 3 months	Purchase only	November 2008
A4628	Oropharyngeal suction catheter, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members requiring oropharyngeal suctioning. Because oropharyngeal suctioning is not sterile, most members can be served with 1 every 2 - 3 days.	12 per month	Purchase only	November 2008
A4629	Tracheostomy care kit for established tracheostomy	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostomy more than 14 days established. Includes tube brush (A4626), 2 pipe cleaners, 2 cotton tip applicators (S8189), 30" twill tape, 2 4x4 sponges.	31 per month	Purchase only	November 2008
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	TENS	No	No	Covered for use with patient owned TENS unit. Included in A4695.	2 per 6 months	Purchase only	December 2008
A4633	Replacement bulb / lamp for ultraviolet light therapy system, each	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for use in patient owned ultraviolet light therapy system.	6 per year	Purchase only	April 2017
A4634	Replacement bulb for therapeutic light box, tabletop model	SAD Lights	No	Yes	Covered for use in patient owned SAD light.	1 per year	Purchase only	December 2008

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A4635	Underarm pad, crutch, replacement, each	Miscellaneous Supplies	No	Yes	Covered for use on patient owned crutches.	2 per 6 months	Purchase only	January 2009
A4636	Replacement, handgrip, cane, crutch or walker, each	Miscellaneous Supplies	No	Yes	Covered for use on patient owned equipment.	2 per 6 months	Purchase only	January 2009
A4637	Replacement, tip, cane, crutch, walker, each	Miscellaneous Supplies	No	Yes	Covered for use on patient owned equipment.	4 per 6 months	Purchase only	January 2009
A4638	Replacement battery for patient-owned ear pulse generator	Miscellaneous Supplies			Not covered, as the underlying device is not covered (E2120).			January 2009
A4639	Replacement pad for infrared heating pad system	Miscellaneous Supplies			Not covered, as the underlying device is not covered because it is investigative (E0221).			January 2009
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Pressure Reducing Support Surfaces	No	Y - NF N-ICF/DD	Covered for use with patient owned alternating pressure pad for members meeting criteria for Group 1 Pressure Reducing Support Surfaces. Refer to manual.	1 per 6 months	Purchase only	November 2008
A4649	Surgical Supply; miscellaneous	Miscellaneous Supplies	Sometimes see manual	Y - NF N-ICF/DD	Only to be used when a more specific code is not available. Refer to manual. for billing information.	Medical necessity	Purchase only	January 2009
A4651	Calibrated microcapillary tube, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4652	Microcapillary tube sealant	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4657	Syringe, with or without needle, each	Miscellaneous Supplies	No	No	Covered when medically necessary, or as part of Method II dialysis billing. Refer to manual. for dialysis billing.	400 per month	Purchase only	January 2009
A4660	Sphygmomanometer / blood pressure apparatus with cuff and stethoscope	Miscellaneous Supplies	No	Yes	Covered for members for whom frequent monitoring of blood pressure is medically necessary, or as part of Method II dialysis billing. Refer to manual. for dialysis billing	1 per 5 years	Purchase only	January 2009

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A4663	Blood pressure cuff only	Miscellaneous Supplies	No	Yes	Covered for use with member owned sphygmomanometer. Not to be billed with A4660 or A4670.	1 per year	Purchase only	January 2009
A4670	Automatic blood pressure monitor	Miscellaneous Supplies	Sometimes - see manual	Yes	Covered for members for whom frequent monitoring of blood pressure is medically necessary and who cannot accurately use a manual sphygmomanometer, or as part of Method II dialysis billing. Refer to manual. for dialysis billing.	1 per 3 years	Purchase only	January 2015
A4671	Disposable cyclor set used with cyclor dialysis machine, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4672	Drainage extension line, sterile, for dialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4673	Extension line with easy lock connectors, used with dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4674	Chemicals / antiseptics solutions used to clean / sterilize dialysis equipment, per 8 oz	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4680	Activated carbon filter for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009

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A4708	Acetate concentrate solution, for hemodialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4719	"Y set" tubing for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc, but less than or equal to 1999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc, but less than or equal to 2999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009

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A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc, but less than or equal to 3999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc, but less than or equal to 4999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc, but less than or equal to 5999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4728	Dialysate solution, nondextrose containing, 500 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4730	Fistula cannulation set for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4736	Topical anesthetic, for dialysis, per gram	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4737	Injectable anesthetic, for dialysis, per 10 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009

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A4740	Shunt accessory, for hemodialysis, any type, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4750	Blood tubing, arterial or venous, for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4770	Blood collection tube, vacuum, for dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4771	Serum clotting time tube, for dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	medical necessity	Purchase only	January 2009
A4772	Blood glucose test strips, for dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. For conditions other than dialysis, use A4253. Refer to manual.	5 boxes of 50 per month	Purchase only	January 2009
A4773	Occult blood test strips, for dialysis, per 50	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4774	Ammonia test strips, for dialysis	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009

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A4780	Contracts, repair and maintenance, for hemodialysis equipment	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4802	Protamine sulfate, for hemodialysis, per 50 mg	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4860	Disposable catheter tips for peritoneal dialysis, per 10	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4870	Plumbing and / or electrical work for home hemodialysis equipment	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4911	Drain bag / bottle, for dialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4913	Miscellaneous dialysis supplies, not otherwise specified	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4918	Venous pressure clamp, for hemodialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4927	Gloves, nonsterile, per 100	Miscellaneous Supplies	Sometimes see manual	Yes	Covered for use by the member or by caregivers when ordered by the prescribing provider for use in performing cares for the member. Refer to manual.	4 boxes of 100 per month	Purchase only	November 2008
A4928	Tourniquet, for dialysis, each	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Refer to manual.	Medical necessity	Purchase only	January 2009
A4928	Surgical mask, per 20	Renal Dialysis	No	No	Covered as part of Method II dialysis billing. Only billable by Method II dialysis providers. Refer to manual.	Medical necessity	Purchase only	January 2009
A4930	Gloves, sterile, per pair	Miscellaneous Supplies	Sometimes see manual	Yes	Covered when ordered by the physician for use during sterile procedures. Refer to manual.	200 pair per month	Purchase only	January 2009

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A4931	Oral thermometer, reusable, any type, each	Miscellaneous Supplies	No	Yes	Covered for members with medical necessity to regularly monitor temperature. Not covered as a routine "just in case" supply.	1 per year	Purchase only	January 2009
A4932	Rectal thermometer, reusable, any type, each	Miscellaneous Supplies	No	Yes	Covered for members with medical necessity to regularly monitor temperature. Not covered as a routine "just in case" supply.	1 per year	Purchase only	January 2009
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems.	90 per month	Purchase only	October 2008
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems.	90 per month	Purchase only	October 2008
A5053	Ostomy pouch, closed; for use on faceplate, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems.	90 per month	Purchase only	October 2008
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 60 per month, additional may be required due to high output or adhesion problems.	90 per month	Purchase only	October 2008
A5055	Stoma cap	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per day.	31 per month	Purchase only	October 2008
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. Not to be billed with A4368	40 per month	Purchase only	April 2017
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Typical use is 1 per 2 - 3 days per site. Not to be billed with A4368	40 per month	Purchase only	April 2017

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A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per day.	31 per month	Purchase only	October 2008
A5062	Ostomy pouch, drainable; without barrier attached, (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with one per day.	31 per month	Purchase only	October 2008
A5063	Ostomy pouch, drainable; for use on barrier with flange (2-piece system), each	Ostomy	Sometimes	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with one per day. Authorization required for any limit over 31 per month.	31 per month	Purchase only	October 2017
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with one per day.	31 per month	Purchase only	October 2008
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with one per day.	31 per month	Purchase only	October 2008
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with one per day.	31 per month	Purchase only	October 2008
A5081	Stoma plug or seal, any type	Ostomy	No	Y - NF N-ICF/DD	Covered for members with continent stomas. Most members can be served with one per day.	31 per month	Purchase only	January 2014
A5082	Continent device, catheter for continent stoma	Ostomy	No	Y - NF N-ICF/DD	Covered for members with continent stomas. Most members can be served with one per month.	31 per month	Purchase only	October 2008
A5083	Continent device, stoma absorptive cover for continent stoma	Ostomy	No	Y - NF N-ICF/DD	Covered for member with Continent Intestinal Reservoir. Most members can be served with 5 - 7 per day.	200 per month	Purchase only	December 2007

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A5102	Bedside drainage bottle, with or without tubing, rigid or expandable, each	Urological	Sometimes see manual	Yes	Covered for members with catheters. Most members can be served with 1 per month, additional may needed for members with a documented history of frequent UTIs or other medical complications. Quantities over 10 per month require PA. Due to Medically Unlikely Edits, (MUEs), only 1 unit may be dispensed per date of service.	31 drainage devices per month when authorized	Purchase only	July 2012
A5105	Urinary suspensory with leg bag, with or without tube, each	Urological	No	Y - NF N-ICF/DD	Covered for members who are incontinent of bladder. Most members can be served with 3 - 5 per month.	5 per month	Purchase only	April 2009
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Urological	Sometimes see manual	Yes	Covered for members with catheters. Most members can be served with 1 per month, additional may be needed for members with frequent UTIs or other medical complications. Quantities over 10 units in any combination per month including codes A4357, A4358, or A5112, require PA.	31 drainage devices per month when authorized	Purchase only	January 2011
A5113	Leg strap; latex, replacement only, per set	Urological	No	Y - NF N-ICF/DD	Most members can be served with 1 per 3 months.	1 per month	Purchase only	April 2009
A5114	Leg strap; foam or fabric, replacement only, per set	Urological	No	Y - NF N-ICF/DD	Most members can be served with 2 per month.	3 per month	Purchase only	April 2009
A5120	Skin barrier, wipes or swabs, each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 6 - 7 per day.	250 per month	Purchase only	October 2008
A5121	Skin barrier; solid, 6 x 6 or equivalent; each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per site per day.	31 per month	Purchase only	October 2008
A5122	Skin barrier; solid 8 x 8 or equivalent; each	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per site per day.	31 per month	Purchase only	October 2008
A5126	Adhesive or nonadhesive; disk or foam pad	Ostomy	No	Y - NF N-ICF/DD	Covered for members with ostomies. Most members can be served with 1 per site per day.	31 per month	Purchase only	October 2008

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A5131	Appliance cleaner, Incontinence and ostomy appliances, per 16 oz	Ostomy	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with Incontinence or ostomy devices. Most members can be served with two 16 ounce bottles per month. More than 3 sixteen ounce bottles in a month requires PA.	3 sixteen ounce bottles per month	Purchase only	October 2008
A5200	Percutaneous catheter / tube anchoring device, adhesive skin attachment	Ostomy	No	No	Covered for members with percutaneous catheter. Most members can be served with 2 per month.	5 per month	Purchase only	January 2009
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multidensity insert(s), per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. Cannot be billed with A5501.	4 shoes per calendar year	Purchase only	March 2018
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.	4 shoes per calendar year	Purchase only	March 2018
A5503	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	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.	4 shoes per calendar year	Purchase only	March 2018

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A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.	4 shoes per calendar year	Purchase only	March 2018
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time	4 shoes per calendar year	Purchase only	March 2018
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.	4 shoes per calendar year	Purchase only	March 2018
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time.	4 shoes per calendar year	Purchase only	March 2018
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay or custom molded shoe, per shoe	Footwear	For excess quantities only		Not covered - deluxe features are not an efficient use of Medicaid funds.			January 2009

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A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 6 months. A maximum of 4 units may be dispensed at a time. Cannot be billed with A5512, A5513, or A5514.	4 inserts per calendar year	Purchase only	January 2019
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5513, or A5514.	6 inserts per calendar year	Purchase only	January 2019

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A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5512, or A5514.	6 inserts per calendar year	Purchase only	January 2019
A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Footwear	For excess quantities only- see manual	No	Covered for diabetic members with history of amputation of all or part of either foot, history of previous foot ulceration or pre-ulcerative calluses of either foot; peripheral neuropathy of either foot; foot deformity of either foot or poor circulation of either foot. Most members can be served with 1 pair (2 units) per 3 to 4 months. A maximum of 6 units may be dispensed at a time. Cannot be billed with A5510, A5512, or A5513.	6 inserts per calendar year	Purchase only	January 2019
A6000	Noncontact wound-warming wound cover for use with the noncontact wound warming device and warming card	Wound Care			Not covered. Technology is not proven effective and is not the standard of care in the community.			January 2009

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A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Wound Care	No	Y - NF N-ICF/DD	Covered for members with chronic wounds and dermal ulcers. Most members can be served with less than 10 grams per wound per month. Use A1-A9 modifiers as appropriate	90 units per month	Purchase only	January 2009
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Wound Care	No	Y - NF N-ICF/DD	Covered for members with chronic wounds and dermal ulcers. Most members can be served with less than 10 grams per wound per month. Use A1-A9 modifiers as appropriate.	90 units per month	Purchase only	January 2011
A6021	Collagen dressing, sterile, pad size 16 sq. in. or less, each	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining wounds. Most members can be served with 1 collagen dressing change every 4 -7 days for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate.	10 per month	Purchase only	January 2009
A6022	Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining wounds. Most members can be served with 1 collagen dressing change every 4 -7 days for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate.	10 per month	Purchase only	January 2009
A6023	Collagen dressing, sterile, pad size more than 48 sq. in., each	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining wounds. Most members can be served with 1 collagen dressing change every 4 -7 days for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate.	10 per month	Purchase only	January 2009
A6024	Collagen dressing wound filler, sterile, per 6 in.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with chronic wounds and dermal ulcers. Most members can be served with less than 24 inches per wound per month. Use A1-A9 modifiers as appropriate.	10 (6 inch) units per month	Purchase only	January 2009
A6025	Gel sheet for dermal or epidermal application (silicone, hydrogel, other), each	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with little or no drainage. Most members can be served with 1 gel sheet per wound per week. Use A1-A9 modifiers as appropriate.	5 per month	Purchase only	January 2009

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A6154	Wound pouch, each	Wound Care	No	Y - NF N-ICF/DD	Covered for members with fistulas or other wounds with significant drainage. Most members can be served with 1 pouch per week per wound. Use A1-A9 modifiers as appropriate.	15 per month	Purchase only	January 2009
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January 2009
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January 2009
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January 2009
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 2 units of alginate wound filler every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate	120 per month	Purchase only	January 2009
A6203	Composite dressing, pad size 16 sq. in. or less, with adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds. Most members can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018

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A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds. Most members can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6205	Composite dressing, pad size more than 48 sq. in., with adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds. Most members can be served with 3 composite dressing changes per week. Additional dressing changes may be required for heavy exudate or when infection is present. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	Wound Care	No	Yes	Covered for members with open wounds. Most members can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January 2009
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Wound Care	No	Yes	Covered for members with open wounds. Most members can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	Wound Care	No	Yes	Covered for members with open wounds. Most members can be served with 1 dressing change per week. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018

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A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 3 dressing changes per week. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	March 2018
A6215	Foam dressing, wound filler, sterile, per gram	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with moderate to heavy exudate. Most members can be served with 1 dressing change per day. More may be necessary when infection is present or for very heavy exudate. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009

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A6216	Gauze, nonimpregnated, nonsterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Miscellaneous Supplies	No	Yes	Covered for members with wounds, tracheostomies or other medical conditions requiring gauze pads that do not require sterile gauze pads. For Wound Care, most members can be served with 3 dressing changes per day. For other indications, most members can be served with 12 dressings per day. Use A1-A9 modifiers as appropriate.	500 per month	Purchase only	January 2009
A6217	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that do not require sterile gauze pads. Most members can be served with 3 dressing changes per day. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6218	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that do not require sterile gauze pads. Most members can be served with 3 dressing changes per day. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6219	Gauze, nonimpregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that require sterile gauze pads. Most members can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6220	Gauze, nonimpregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that require sterile gauze pads. Most members can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6221	Gauze, nonimpregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that require sterile gauze pads. Most members can be served with 1 - 2 dressing changes per day. Use A1 - A9 modifiers as appropriate.	120 per month	Purchase only	January 2009

* Refer to MHCP Provider Manual or contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for more information

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A6222	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most members can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6223	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most members can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6224	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most members can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6228	Gauze, impregnated, water or typical saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Yes	Covered for members needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline separately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January 2009
A6229	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline separately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January 2009

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A6230	Gauze, impregnated with other than water, typical saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members needing only a few gauze pads impregnated with sterile water or saline. If more than a few will be needed, it is more cost effective to dispense gauze pads and sterile water/saline separately. Use A1-A9 modifiers as appropriate.	20 per month	Purchase only	January 2009
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. for less, each dressing	Wound Care	No	Yes	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 16 sq. in. but less than 48 sq. in., each dressing	Wound Care	No	Yes	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Wound Care	No	Yes	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January 2009
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009

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A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per oz	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound with 1 - 2 oz per change. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds with light to moderate exudate. Typical use is 3 - 4 dressing changes per week per wound with 1 - 2 gram per change. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009

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A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January 2009
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate	60 per month	Purchase only	January 2009
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 3 dressing changes per wound per week. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Wound Care	No	Y - NF N-ICF/DD	Covered for members with full thickness wounds with minimal or no exudate. Most members can be served with 1 dressing change per wound per day. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2011
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Renal Dialysis	No	No	Covered when dispensed by approved dialysis equipment supplier. For indications other than dialysis, must be billed by a pharmacy as a drug. Refer to manual.	medical necessity	Purchase only	January 2009

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A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change per day per wound. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change per day per wound. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change per day per wound. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change every other day per wound. Use A1-A9 modifiers as appropriate	90 per month	Purchase only	January 2009
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change every other day per wound. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderately or highly exudative wounds. Most members can be served with 1 dressing change every other day per wound. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009

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A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with open partial thickness wounds with minimal exudate, or with closed wounds. Typical use is 1 dressing change 3 - 4 times per week per wound. Use A1 - A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6258	Transparent film, sterile, more than 16 sq. in. but less than 48 sq. in., each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with open partial thickness wounds with minimal exudate, or with closed wounds. Typical use is 1 dressing change 3 - 4 times per week per wound. Use A1 - A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with open partial thickness wounds with minimal exudate, or with closed wounds. Typical use is 1 dressing change 3 - 4 times per week per wound. Use A1 - A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6260	Wound cleansers, any type, any size	Wound Care	No	Yes	Covered for members with wounds. If a legend wound cleanser is prescribed, refer to pharmacy policy. Typical use is 1 per week. Use A1-A9 modifiers as appropriate.	10 per month	Purchase only	January 2011
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds requiring fillers. Only to be used when a more specific code is not available for wound filler prescribed by the physician. Typical use is less than one ounce per day per wound. Use A1-A9 modifiers as appropriate.	30 per month	Purchase only	January 2011
A6262	Wound filler, dry form, per gram, other otherwise specified.	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds requiring fillers. Only to be used when a more specific code is not available for wound filler prescribed by the physician. Typical use is one gram per day per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2011
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard.	Wound Care	No	Yes	Covered for members with wounds requiring impregnated gauze for moisture or antimicrobial properties. Most members can be served with one dressing change per day. Use A1 - A9 modifiers as appropriate.	60 per month	Purchase only	January 2009

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A6402	Gauze, nonimpregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Miscellaneous Supplies	No	Yes	Covered for members with wounds, tracheostomies or other medical conditions requiring gauze pads that require sterile gauze pads. For Wound Care, most members can be served with 3 dressing changes per day. For other indications, most members can be served with 12 dressings per day. Use A1-A9 modifiers as appropriate.	500 per month	Purchase only	January 2009
A6403	Gauze, nonimpregnated, nonsterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that do not require sterile gauze pads. Most members can be served with 3 dressing changes per day. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6404	Gauze, nonimpregnated, nonsterile, pad size more than 48 sq. in., without adhesive border, each dressing	Wound Care	No	Yes	Covered for members with wounds that do not require sterile gauze pads. Most members can be served with 3 dressing changes per day. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6407	Packing strips, nonimpregnated, sterile, up to 2 in. in width, per linear yard	Wound Care	No	Y - NF N-ICF/DD	Covered for members with wounds that require packing for wet-to-dry treatment. Typical use depends on size of wound, most members can be served with 30 yards per month. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6410	Eye pad, sterile, each	Miscellaneous Supplies	No	Yes	Covered to protect an injured eye from further injury.	30 per month	Purchase only	January 2009
A6411	Eye pad, nonsterile, each	Miscellaneous Supplies	No	Yes	Covered to protect an injured eye from further injury.	30 per month	Purchase only	January 2009
A6412	Eye pad, occlusive, each	Miscellaneous Supplies	No	Yes	Covered to protect an eye from damage due to light, or to treat conditions such as amblyopia.	30 per month	Purchase only	January 2009
A6413	Adhesive bandage, first-aid type, any size, each	Wound Care			Not covered - not efficient use of Medicaid funds.			December 2007

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A6441	Padding bandage, nonelastic, nonwoven/nonknitted, width greater than or equal to 3 in. and less than 5 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to pad and protect the wound surface. Most members can be served with 30 yards per month per wound. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6442	Conforming bandage, nonelastic, knitted/woven, nonsterile, width less than 3 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6443	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 3 in. and less than 5 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6444	Conforming bandage, nonelastic, knitted/woven, nonsterile, width greater than or equal to 5 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6445	Conforming bandage, nonelastic, knitted/woven, sterile, width less than 3 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6446	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 3 in. and less than 5 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009

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A6447	Conforming bandage, nonelastic, knitted/woven, sterile, width greater than or equal to 5 in., per yd.	Wound Care	No	Y - NF N-ICF/DD	Covered to wrap wounds and to secure other dressings. Most members can be served with 1 yard per dressing change. Use A1-A9 modifiers as appropriate.	120 per month	Purchase only	January 2009
A6448	Light compression bandage, elastic, knitted/woven, width less than 3 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 ft.-lbs. at 50% maximum stretch, width greater than or equal to 3 in. and less than 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009

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A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 ft.-lbs. at 50% maximum stretch, width greater than or equal to 3 in. and less than 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6453	Self-adherent bandage, elastic, nonknitted/nonwoven, width less than 3 in, per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1 - 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6454	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 3 in. and less than 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1 - 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6455	Self-adherent bandage, elastic, nonknitted/nonwoven, width greater than or equal to 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for support for conditions such as sprains, strains and venous ulcers. Most members who do not have a multi-layer bandage system can be served with 1 - 2 per week. members using a multi-layer bandage system may need to change dressings up to twice per day. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009

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A6456	Zinc paste impregnated bandage, nonelastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in., per yd.	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members for whom a soft, flexible wrap is required. Most members can be served with 30 yards per month. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2009
A6457	Tubular dressing with or without elastic, any width, per linear yd.	Wound Care	No	Yes	Covered for members who require a tubular dressing to secure a dressing. Use A1-A9 modifiers as appropriate.	90 per month	Purchase only	January 2009
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2019
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Wound Care	No	Y - NF N-ICF/DD	Covered for members with moderate to heavily draining full thickness wounds. Most members can be served with 1 alginate dressing change every day for each wound. Additional dressing changes may be required if infection is present. Use A1-A9 modifiers as appropriate.	60 per month	Purchase only	January 2019
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017
A6502	Compression burn garment, chin strap, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017
A6503	Compression burn garment, facial hood, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017

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A6504	Compression burn garment, glove to wrist, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 2 per 3 months.	4 per month	Purchase only	April 2017
A6505	Compression burn garment, glove to elbow, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 2 per 3 months.	4 per month	Purchase only	April 2017
A6506	Compression burn garment, glove to axilla, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 2 per 3 months.	4 per month	Purchase only	April 2017
A6507	Compression burn garment, foot to knee length, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 2 per 3 months.	4 per month	Purchase only	April 2017
A6508	Compression burn garment, foot to thigh length, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 2 per 3 months.	4 per month	Purchase only	April 2017
A6509	Compression burn garment, upper trunk to waist, including arm openings (vest), custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017

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A6512	Compression burn garment, not otherwise classified	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	1 per month	Purchase only	January 2009
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Burn Treatment	No	No	Covered for members with burn injuries. Most members can be served with 1 per 3 months.	2 per month	Purchase only	April 2017
A6530	Gradient compression stocking, below knee, 18 - 30 mm Hg, each	Compression Devices	No	No	Covered for members requiring mild compression. Most members can be served with 2 pair (4 units) per 6 months.	4 units per 3 months	Purchase only	January 2009
A6531	Gradient compression stocking, below knee, 30 - 40 mm Hg, each	Compression Devices	No	No	Covered for members requiring firm compression. Most members can be served with 2 pair (4 units) per 6 months.	4 units per 3 months	Purchase only	January 2009
A6532	Gradient compression stocking, below knee, 40 - 50 mm Hg, each	Compression Devices	No	No	Covered for members requiring extra firm compression. Most members can be served with 2 pair (4 units) per 6 months.	4 units per 3 months	Purchase only	January 2009
A6533	Gradient compression stocking, thigh length, 18 - 30 mm Hg, each	Compression Devices	No	No	Covered for members requiring mild compression. Most members can be served with 2 pair (4 units) per 6 months.	4 units per 3 months	Purchase only	January 2009
A6534	Gradient compression stocking, thigh length, 30 - 40 mm Hg, each	Compression Devices	No	No	Covered for members requiring firm compression. Most members can be served with 2 pair (4 units) per 6 months	4 units per 3 months	Purchase only	January 2009
A6535	Gradient compression stocking, thigh length, 40 - 50 mm Hg, each	Compression Devices	No	No	Covered for members requiring extra firm compression. Most members can be served with 2 pair (4 units) per 6 months.	4 units per 3 months	Purchase only	January 2009
A6536	Gradient compression stocking, full-length/chap style, 18 - 30 mm Hg, each	Compression Devices	No	No	Covered for members requiring mild compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017

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A6537	Gradient compression stocking, full-length/chap style, 30 - 40 mm Hg, each	Compression Devices	No	No	Covered for members requiring firm compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017
A6538	Gradient compression stocking, full-length/chap style, 40 - 50 mm Hg, each	Compression Devices	No	No	Covered for members requiring extra firm compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017
A6539	Gradient compression stocking, waist length, 18 - 30 mm Hg, each	Compression Devices	No	No	Covered for members requiring mild compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017
A6540	Gradient compression stocking, waist length, 30 - 40 mm Hg, each	Compression Devices	No	No	Covered for members requiring firm compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017
A6541	Gradient compression stocking, waist length, 40 - 50 mm Hg, each	Compression Devices	No	No	Covered for members requiring extra firm compression. Most members can be served with 2 units per 6 months.	4 units per 3 months	Purchase only	April 2017
A6544	Gradient compression stocking, garter belt	Compression Devices	No	No	Covered for members with gradient compression stockings who require a garter belt to secure the stockings. Most members can be served with 1 per 6 months.	1 per 3 months	Purchase only	January 2009
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm Hg, each	Compression Devices	No	No	Covered when medically necessary for treatment of venous disease of the lower extremities including active venous stasis ulcers and lymphedema. Most members can be served with 2 units per 6 months for each leg.	4 units per 3 months	Purchase only	December 2008
A6549	Gradient compression stocking/sleeve, not otherwise specified	Compression Devices	No	No	Covered for members requiring compression only when a more specific code is not available. Most members can be served with 4 units per 6 months.	4 units per 3 months	Purchase only	January 2010

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A6550	Wound Care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Wound Care	No	No	Covered for members using approved negative pressure wound therapy (E2402). Typical care requires changing dressings used with negative pressure wound therapy 3 times per week per wound. Documentation must support dressing changes over 15 per month. Includes all dressings and tubing required for treatment.	30 per month	Purchase only	January 2009
A7000	Canister, disposable, used with suction pump	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members using suction pumps. Most members can be served with 10 per month. members with frequent suctioning may require additional. When used with negative pressure wound therapy device, additional canisters are appropriate when wound exudate exceeds 90 ml per day.	30 per month	Purchase only	January 2009
A7001	Canister, nondisposable, used with suction pump	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members using suction pumps. Most members can be served with 1 per 2 - 3 months.	1 per month	Purchase only	January 2009
A7002	Tubing, used with suction pump, each	Miscellaneous Supplies	No	Y - NF N-ICF/DD	Covered for members using suction pumps. Most members can be served with 1 - 2 per month. members with 2 suction pumps or with significant risk of infection may need 4 per month.	4 per month	Purchase only	January 2009
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E0570. Most members can be served with 1 per week, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, baffles, tubing, T-piece and mouthpiece. Used with A7003.	15 per month	Purchase only	November 2016
A7004	Small volume nonfiltered nebulizer, disposable	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E05701. Most members can be served with 1 per week, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, baffles. Used with A7003.	15 per month	Purchase only	November 2016

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A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using K0730 or E0570. Most members can be served with 1 per 6 months, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes lid, jar, baffles, tubing, T-piece and mouthpiece.	3 per month	Purchase only	November 2016
A7006	Administration set, with small volume filtered pneumatic nebulizer	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E0565, E0570, E0572 or E0585. Most members can be served with 1 per month, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Includes filter, lid, jar, baffles, tubing, T-piece and mouthpiece.	1 per month	Purchase only	November 2016
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of humidified gas and medications using E0565. Most members can be served with 2 per month, additional quantities may be required for children receiving nebulizer treatments at school and home, or for members receiving multiple medications via nebulizer. Not to be billed with E0585.	6 per month	Purchase only	January 2009
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of humidified gas and medications using E0565 only when there is a compelling reason why neither the patient nor the caregiver can perform the fill. Not to be billed with E0585.	31 per month	Purchase only	January 2009

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A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	Nebulizer	No	Y - NF N-ICF/DD	Covered for members with cystic fibrosis or other serious conditions using large volume ultrasonic nebulizers (E0575) for delivery of medically necessary Tobramycin. Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers and associated supplies are not covered for members with other diagnoses. Most members can be served with 1 every 2 - 3 months.	1 per month	Purchase only	January 2009
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of humidified gas and medications using E0565 or E0585. Most members can be served with 1 per 2 months.	2 per month	Purchase only	April 2017
A7012	Water collection device used with large volume nebulizer	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of humidified gas and medications using E0565 or E0585. Most members can be served with 2 per month.	4 per month	Purchase only	January 2009
A7013	Filter, disposable, with aerosol compressor or ultrasonic generator	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E0565, E0570, E0572, E0574 or E0585. Most members can be served with 2 per month, additional quantities may be required for children receiving nebulizer treatments at school and home.	4 per month	Purchase only	November 2016
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E0565, E0570, E0572, or E0585, or for members with cystic fibrosis or other serious conditions using ultrasonic nebulizers (E0574, E0575) for delivery of medically necessary Tobramycin. Most members can be served with 1 per 2 -3 months, additional quantities may be required for children receiving nebulizer treatments at school and home.	1 per month	Purchase only	November 2016
A7015	Aerosol mask, used with DME nebulizer	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications. Most members can be served with 1 per month.	15 per month	Purchase only	November 2016

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A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Nebulizer	No	Y - NF N-ICF/DD	Covered for members with cystic fibrosis or other serious conditions using small volume ultrasonic nebulizers (E0574) for delivery of medically necessary Tobramycin. Because there is no proven medical benefit to nebulizing particles of other drugs to diameters smaller than achievable with a pneumatic model, ultrasonic nebulizers and associated supplies are not covered for members with other diagnoses. Most members can be served with 1 per 6 months.	1 per 3 months	Purchase only	January 2009
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	Nebulizer	No	Y - NF N-ICF/DD	Covered for members requiring nebulized administration of medications using E0565. Most members can be served with 1 per 2 - 3 years. Not to be billed with E0585.	1 per year	Purchase only	January 2009
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Nebulizer	No	Yes	Covered for members requiring nebulized administration of medications using E0565 or E0585, or for members with cystic fibrosis or other serious conditions using E0575 for delivery of medically necessary Tobramycin. Most members can be served with 20 units (20 liters) per month.	30 units (30 liters) per month	Purchase only	January 2009
A7020	Interface for cough stimulating device, includes all components, replacement only	Respiratory	No	No	Covered when needed for use with a patient-owned cough stimulating device. Most patients can be served with 1 every 2 months. Breathing circuit includes tubing, filter and patient interface (face mask, mouthpiece or tracheal adapter).	1 per month	Purchase only	January 2011
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	Respiratory	Always	No	Covered for members with patient owned high frequency chest wall oscillation air-pulse generator systems (E0483). Cannot be billed with E0483. Authorization for replacement vest will only be considered when the current vest is broken beyond repair and not under warranty. Refer to manual.	1 per 3 years	Purchase only	January 2009

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A7026	High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each	Respiratory	No	No	Covered for members with patient owned high frequency chest wall oscillation air-pulse generator systems (E0483). Cannot be billed with E0483. Hoses are expected to last 2 years. Refer to manual.	1 per year	Purchase only	January 2009
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device and combination oral/nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new oral cushion is required because the existing cushion is damaged or otherwise worn out.	1 per month	Purchase only	January 2009
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device and combination oral/nasal mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 pair per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that new nasal pillows are required because the existing pillows are damaged or otherwise worn out. 1 unit equals 1 pair of nasal pillows.	2 units (2 pairs) per month	Purchase only	April 2017

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A7030	Full face mask used with positive airway pressure device, each	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the CPAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7031	Face mask interface, replacement for full face mask, each	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device and full face mask due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new interface is required because the existing interface is damaged or otherwise worn out. An MUE exists for this code, no more than 1 unit may be dispensed per date of service.	2 per month	Purchase only	February 2018
A7032	Cushion for use on nasal mask interface, replacement only, each	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device and nasal mask interface due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that a new cushion is required because the existing cushion is damaged or otherwise worn out.	2 per month	Purchase only	April 2017
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device and nasal cannula interface due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 1 - 2 months. Suppliers must verify with the member that the PAP device is still in use, and that new pillows are required because the existing pillows are damaged or otherwise worn out. 1 unit = 1 pair	2 units (2 pairs) per month	Purchase only	April 2017

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A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use, and that a new mask is required because the existing mask is damaged or otherwise worn out.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7035	Headgear used with positive airway pressure device	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per year. Suppliers must verify with the member that the PAP device is still in use, and that a new headgear is required because the existing headgear is damaged or otherwise worn out.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7036	Chinstrap used with positive airway pressure device	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per year. Suppliers must verify with the member that the PAP device is still in use, and that a new chinstrap is required because the existing chinstrap is damaged or otherwise worn out.	1 per 6 months	Purchase only	January 2009
A7037	Tubing used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 3 months. Suppliers must verify with the member that the PAP device is still in use, and that new tubing is required because the existing tubing is damaged or otherwise worn out.	1 per month	Purchase only	January 2009

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A7038	Filter, disposable, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 2 per month. Suppliers must verify with the member that the PAP device is still in use.	2 per month	Purchase only	November 2016
A7039	Filter, non-disposable, used with positive airway pressure device	Positive Airway Pressure	Sometimes see manual	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 6 months. Suppliers must verify with the member that the PAP device is still in use.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7040	One way chest drain valve	Miscellaneous Supplies	No	No	Covered for member with chest tube.	1 per month	Purchase only	January 2009
A7041	Water seal drainage container and tubing for use with implanted chest tub	Miscellaneous Supplies	No	No	Covered for member with chest tube.	1 per month	Purchase only	January 2009
A7044	Oral interface used with positive airway pressure device, each	Positive Airway Pressure	No	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members can be served with 1 per 3 - 4 months. Suppliers must verify with the member that the PAP device is still in use.	1 per dispensing, up to 3 per 365 days	Purchase only	January 2009
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Positive Airway Pressure	No	No	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members need no more than 1 per year. Suppliers must verify with the member that the PAP device is still in use.	1 per 6 months	Purchase only	January 2009

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A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Positive Airway Pressure	No	Y - NF N-ICF/DD	Covered for member with PAP device due to a diagnosis of sleep apnea made by a physician with experience diagnosing and treating sleep apnea. Most members need no more than 1 per 3 - 6 months. members who receive positive airway pressure via invasive interface may need 1 per month or 1 per week if there is significant risk of infection. Suppliers must verify with the member that the PAP device is still in use. Due to Medically Unlikely Edits (MUEs), only one unit may be dispensed per date of service.	5 per month	Purchase only	July 2012
A7047	Oral interface used with respiratory suction pump, each	Respiratory	No	No	Covered for members with medically necessary respiratory suction pumps who require an oral interface.	5 per month	Purchase only	January 2014
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	Miscellaneous Supplies	No	No	Covered for member with implanted catheter.	4 per month	Purchase only	April 2017
A7501	Tracheostoma valve, including diaphragm, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with laryngectomy. Typical use is one per year.	2 per 6 months	Purchase only	April 2017
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with laryngectomy. Typical use is one per year.	1 per 6 months	Purchase only	January 2009
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per 3 months.	1 per month	Purchase only	November 2017

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HCPSC code	Description of code	Category	Auth. Required	Included in LTC per diem?	Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, "manual" refers to the MHCP Provider Manual.)	Quantity limits (maximum that may be dispensed)	Rental or purchase	Policy review date
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day.	62 per month	Purchase only	April 2017
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system or a tracheostoma valve. Typical use is one per month.	2 per month	Purchase only	April 2017
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system or a tracheostoma valve. Typical use is one per day.	62 per month	Purchase only	April 2017
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day.	62 per month	Purchase only	December 2016
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per 2 - 3 days.	62 per month	Purchase only	April 2017

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A7509	Filter holder and integrated filter and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Tracheostomy Supplies	No	Y - NF N-ICF/DD	Covered for members with tracheostoma using heat and moisture exchange system. Typical use is one per day.	62 per month	Purchase only	April 2017
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is two per month. Refer to miscellaneous codes section of MHCP Provider Manual when dispensing specialized items. An MUE exists for this code, no more than 2 units may be dispensed per date of service.	5 per month	Purchase only	January 2009
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is two per month. Refer to miscellaneous codes section of MHCP Provider Manual when dispensing specialized items. An MUE exists for this code, no more than 1 unit may be dispensed per date of service.	5 per month	Purchase only	January 2018
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is one per month.	1 per month	Purchase only	July 2012
A7523	Tracheostomy shower protector, each	Tracheostomy Supplies	No	Yes	Covered for members with tracheostoma. Usual quantity is one per year.	1 per 6 months	Purchase only	January 2009
A7524	Tracheostomy stent/stud/button, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is one per year.	1 per month	Purchase only	January 2009
A7525	Tracheostomy mask, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma who use a nebulizer. Usual quantity is one per month. members who are documented to be particularly vulnerable to infection may require additional quantities, which may be billed with a date span. The MUE for this code is 1 unit per date of service.	1 per month	Purchase only	December 2016

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A7526	Tracheostomy tube collar/holder, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is one per day.	31 per month	Purchase only	January 2009
A7527	Trachostomy / laryngectomy tube / stop, each	Tracheostomy Supplies	No	No	Covered for members with tracheostoma. Usual quantity is one per 2 - 3 months.	2 per month	Purchase only	April 2017
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Miscellaneous Supplies	No	No	Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. members under age 2 may need more frequent replacements. Document why a prefabricated.	1 per 3 months	Purchase only	January 2009
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Miscellaneous Supplies	No	No	Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. members under age 2 may need more frequent replacements.	1 per 3 months	Purchase only	January 2009
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Miscellaneous Supplies	No	No	Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. members under age 2 may need more frequent replacements. Document why a prefabricated helmet will not work for the member.	1 per 3 months	Purchase only	January 2009
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Miscellaneous Supplies	No	No	Covered for members at risk of head injury due to medical condition such as seizures or developmental disability. Most members over age 2 can be served with 1 per year. members under age 2 may need more frequent replacements. Document why a prefabricated helmet will not work for the member.	1 per 3 months	Purchase only	January 2009
A8004	Soft interface for helmet, replacement only	Miscellaneous Supplies	No	No	Covered for members with protective helmets because they are at risk of head injury due to medical condition such as seizures or developmental disability. Most members can be billed with 1 per 6 months. Not to be billed with A8000-A8003.	1 per 6 months	Purchase only	January 2009

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A9155	Artificial saliva, 30 ml	Miscellaneous Supplies	Sometimes see manual	No	Covered for members with mucositis caused by radiation therapy or chemotherapy, or with chronic dryness of the mouth or throat which has not responded to other treatments. Most individuals can be served with 120 units per month (treatment 4 times daily). Request Prior Authorization if quantity greater than 150 units per month is required.	150 units per month	Purchase only	October 2009
A9270	Noncovered item or service	Miscellaneous Supplies			Not covered by definition. For members for whom MHCP is not the first payer, do not bill A9270 to first payer and then change HCPCS when billing MHCP. Coding on remittance advice from primary payer(s) must match coding on claim to MHCP			January 2009
A9272	Wound suction, disposable, includes dressings, all accessories and components, any type, each	Wound Care			Not covered. Investigative.			January 2012
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	Cold or Heat Therapy	No	Yes	Effective 1/1/2011, replaces E0220, E0230 and E0238. Covered for members who require application of heat or cold for treatment of a medical condition.	1 heat and 1 cold device per year	Purchase only	January 2011
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Diabetes			Not covered. Not efficient use of Medicaid funds. Cost of this system over 4 years is greater than cost of E0784 plus infusion sets over 4 years.			December 2007
A9275	Home glucose disposable meter, includes test strips	Diabetes	No	Yes	Covered for insulin dependent diabetics. Refer to manual.	1 / dispensing	Purchase only	July 2013
A9276	Sensor, invasive (for example, subcutaneous), disposable, for use with interstitial continuous glucose monitor, one unit = 1 day supply	Diabetes	Always	Yes	Covered for insulin dependent diabetics with a history of hypoglycemic unawareness. Refer to manual.	31 per month	Purchase only	September 2019

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A9277	Transmitter, external, for use with interstitial continuous glucose monitor	Diabetes	Always	Yes	Covered for insulin dependent diabetics with a history of hypoglycemic unawareness. Refer to manual.	1 per 3 months	Purchase only	September 2019
A9278	Receiver (monitor), external, for use with interstitial continuous glucose monitoring system	Diabetes	Always	Yes	Covered for insulin dependent diabetics with a history of hypoglycemic unawareness. Refer to manual.	1 per 3 years	Purchase only	September 2019
A9279	Monitoring feature / device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Miscellaneous Supplies			Not covered. Replacement / repair of monitoring feature of DME item should be billed with the HCPCS code of that item and appropriate modifiers. Payment rates for DME item include all features. No separate payment is made.			January 2009
A9280	Alert or alarm device	Miscellaneous Supplies			Not covered. Replacement / repair of alert or alarm feature of DME item should be billed with the HCPCS code of that item and appropriate modifiers.			January 2009
A9282	Wig, any type, each	Wigs	No	No	Covered for members with alopecia areata only.	1 per 366 days	Purchase only	September 2016
A9283	Foot pressure off loading / supporting device, any type, each	Wound Care	No	Yes	Covered for pressure reduction for existing pressure ulcers on the foot. Refer to manual.	2 per year	Rental or Purchase	September 2016
A9284	Spirometer, non-electronic, includes all accessories	Respiratory	Always	Y - NF N-ICF/DD	Covered with authorization for home monitoring following lung or heart/lung transplant. See manual.	1 per year	Rental or Purchase	December 2008
A9285	Inversion/eversion correction device	Orthotics			Not covered. Not the standard of care for any condition.			November 2016
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Miscellaneous Supplies			Not covered. Not medical in nature.			November 2016

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A9900	Miscellaneous DME supply, accessory and / or service component of another HCPCS code	Miscellaneous Supplies			Not covered. There is no separate payment for these items.			January 2009
A9901	DME delivery, set up, and / or dispensing service component of another HCPCS code	Miscellaneous Supplies			Not covered. Delivery and set up is included in all DMEPOS rates.			January 2009
A9999	Miscellaneous DME supply or accessory, not otherwise specified.	Miscellaneous Supplies	Sometimes see manual	Y - NF N-ICF/DD	Only to be used when a more specific code is not available. PA required for items when the submitted charge is over \$400. Refer to manual. for billing information	Medical necessity	Rental or Purchase	January 2009
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding / flushing syringe, administration set tubing, dressings, tape	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding/flushing syringe, administration set tubing, dressings, tape under B9998. Refer to manual.	51 in any combination	Purchase only	January 2011
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding / flushing syringe, administration set tubing, dressings, tape	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding/flushing syringe, administration set tubing, dressings, tape under B9998. Refer to manual.	51 in any combination	Purchase only	January 2011

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B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding / flushing syringe, administration set tubing, dressings, tape	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	31 feeding kits per month are covered for members who receive enteral nutrition products through a feeding tube. Up to 51 feeding kits of any type (B4034-B4036) per month may be covered for individuals who need additional kits due to work or school. Cannot be billed with feeding/flushing syringe, administration set tubing, dressings, tape under B9998. Refer to manual.	51 in any combination	Purchase only	July 2009
B4081	Nasogastric tubing with stylet	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members requiring enteral nutrition through nasogastric tubing.	31 per month	Purchase only	July 2009
B4082	Nasogastric tubing without stylet	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members requiring enteral nutrition through nasogastric tubing.	31 per month	Purchase only	July 2009
B4083	Stomach tube, levine type	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members requiring levine type stomach tube.	31 per month	Purchase only	July 2009
B4087	Gastrostomy/Jejunostomy tube, standard, any material, any type	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members requiring enteral nutrition through gastrostomy / jejunostomy tube. Most individuals require one feeding tube every 2 - 3 months. Up to 2 tubes per month may be medically necessary for some individuals. Refer to policy.	2 units per month	Purchase only	July 2009
B4088	Gastrostomy/Jejunostomy tube, low-profile, any material, any type	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members requiring enteral nutrition through gastrostomy / jejunostomy tube. Most individuals require one feeding tube every 2 - 3 months. Up to 2 tubes per month may be medically necessary for some individuals. Low profile tubes may be medically necessary for infants and children and some other individuals. Refer to policy.	2 units per month	Purchase only	July 2009
B4100	Food thickener, administered orally, per oz	Nutritional Products	Always	Yes	Covered for individuals who are unable to safely swallow liquids, covered with authorization only. Refer to manual.	96 units per month	Purchase only	January 2013

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B4102	Enteral formula, for adults, used to replace fluids and electrolytes (for example, clear liquids), 500 ml = 1 unit	Nutritional Products			Not covered. Does not meet the definition of a nutritional product in Statute or Rule. May be covered as a pharmacy benefit using NDC code.			July 2009
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (for example, clear liquids), 500 ml = 1 unit	Nutritional Products			Not covered. Does not meet the definition of a nutritional product in Statute or Rule. May be covered as a pharmacy benefit using NDC code.			July 2009
B4104	Additive for enteral formula (for example, fiber)	Nutritional Products			Not covered. Does not meet the definition of a nutritional product in Statute or Rule. May be covered as a pharmacy benefit using NDC code.			July 2009
B4149	Enteral formula, manufactured 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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4150	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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009

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B4152	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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4153	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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009

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B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes 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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (for example, glucose polymers), proteins/amino acids (for example, glutamine, arginine), fat (for example, medium chain triglycerides), or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009

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B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4158	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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4159	Enteral formula, for pediatrics, nutritionally complete soy based 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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009

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B4160	Enteral formula, for pediatrics, nutritionally complete, 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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4161	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	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Nutritional Products	Sometimes see manual	Yes	Covered for members with specific medical needs. Refer to manual.	1050 units per month	Purchase only	July 2009

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B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4168	Parenteral nutrition solution: amino acid, 3.5%,(500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4172	Parenteral nutrition solution: amino acid, 5.5% through 7% (500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4176	Parenteral nutrition solution: amino acid, 7% through 8.5% (500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4180	Parenteral nutrition solution: carbohydrates (dextrose), greater than 50% (500 ml = 1 unit), home mix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4185	Parenteral nutrition solution, per 10 grams lipids	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009

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B4189	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 g of protein, premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4193	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 g of protein, premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4197	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 g of protein, premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4199	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 g of protein, premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009

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B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B4220	Parenteral nutrition supply kit; premix, per day	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members receiving premixed parenteral nutrition.	31 per month	Purchase only	July 2009
B4222	Parenteral nutrition supply kit; home mix, per day	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members receiving home mix parenteral nutrition.	31 per month	Purchase only	July 2009
B4224	Parenteral nutrition administration kit, per day	Nutritional Products	No	Y - NF N-ICF/DD	Covered for members receiving parenteral nutrition.	31 per month	Purchase only	July 2009
B5000	parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, renal - Aminosyn RF, NephroAmine, RenAmine - premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B5100	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - FreAmine HBC, HepatAmine - premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009

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B5200	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix	Nutritional Products			Not covered as a medical supply. Must be billed by a pharmacy as a drug. Refer to manual.			July 2009
B9000	Enteral nutrition infusion pump - without alarm			Y - NF N-ICF/DD	not valid for dates of service after 12/31/2016			November 2016
B9002	Enteral nutrition infusion pump - any type	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving enteral nutrition through a feeding tube for whom gravity or syringe feeding is not appropriate. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-15.	1 per 5 years	Capped Rental or Purchase	February 2019
B9004	Parenteral nutrition infusion pump - portable	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-15.	1 per 5 years	Capped Rental or Purchase	February 2019
B9006	Parenteral nutrition infusion pump - Stationary	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only. For rental, use modifier KH for the first month, KI for the second and third months, and KJ for months 4-15.	1 per 5 years	Capped Rental or Purchase	February 2019
B9998	Not otherwise classified for enteral supplies	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving enteral nutrition when a more specific code is not available. Refer to manual.	Refer to manual.	Rental or Purchase	July 2009

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B9999	Not otherwise classified for parenteral supplies	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving parenteral nutrition when a more specific code is not available. Refer to manual.	Refer to manual.	Rental or Purchase	July 2009
E0100	Cane, includes all materials adjustable or fixed, with tip	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 per year	Rental or Purchase	August 2009
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 per year	Rental or Purchase	August 2009
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 pair per year	Rental or Purchase	August 2009
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tips and handgrips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when only one crutch is being dispensed. Refer to manual.	1 per dispensing, up to 2 per year	Rental or Purchase	August 2009
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 pair per year	Rental or Purchase	August 2009
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pads, tips, handgrips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when only one crutch is being dispensed. Refer to manual.	1 per dispensing, up to 2 per year	Rental or Purchase	August 2009
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, handgrips	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 pair per year	Rental or Purchase	August 2009

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E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Refer to manual.	1 per dispensing, up to 2 per year	Rental or Purchase	August 2009
E0117	Crutch, underarm, articulating, spring assisted, each	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when standard crutches will not meet the member's medical needs. Refer to manual.	2 per year	Rental or Purchase	August 2009
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Ambulatory Assist Devices	No	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition when standard crutches will not meet the member's medical needs. Refer to manual.	1 per month	Capped Rental only	August 2009
E0130	Walker, rigid (pickup), adjustable or fixed height	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0135	Walker, folding (pickup), adjustable or fixed height	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0140	Walker, with trunk support, adjustable or fixed height, any type	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who require trunk support. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009

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E0141	Walker, rigid, wheeled, adjustable or fixed height	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0143	Folding walker, wheeled, adjustable or fixed height	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled, with posterior seat	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who require the enclosed walker. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0147	Walker, heavy duty, multiple breaking system, variable wheel resistance	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009

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E0149	Walker, heavy duty, wheeled, rigid or folding, any type, each	Ambulatory Assist Devices	Sometimes see manual	Yes	Covered for members who are unable to safely ambulate in one or more locations they routinely access due to a temporary or permanent medical condition, and who have another medical condition. Authorization required only when requesting payment over the fee schedule rate for pediatric walker.	1 per 5 years	Rental or Purchase	October 2009
E0153	Platform attachment, forearm crutch, each	Ambulatory Assist Devices	No	Yes	Covered for members using forearm crutch.	2 per year	Rental or Purchase	October 2009
E0154	Platform attachment, walker, each	Ambulatory Assist Devices	No	Yes	Covered for members requiring a platform attachment for a walker.	2 per year	Rental or Purchase	October 2009
E0155	Wheel attachment, rigid pick-up walker, per pair	Ambulatory Assist Devices	No	Yes	Covered for addition to member owned walker.	2 per year	Purchase only	January 2011
E0156	Seat attachment, walker	Ambulatory Assist Devices	No	Yes	Covered for members requiring a seat for use with a walker.	1 per 3 years	Rental or Purchase	October 2009
E0157	Crutch attachment, walker, each	Ambulatory Assist Devices	No	Yes	Covered for members requiring a crutch attachment for use with a walker.	2 per year	Rental or Purchase	October 2009
E0158	Leg extensions for walker, per set of 4	Ambulatory Assist Devices	No	Yes	Covered for members requiring leg extensions to make a walker the correct height for safe use.	1 set per 3 years	Rental or Purchase	October 2009
E0159	Brake attachment for wheeled walker, replacement, each	Ambulatory Assist Devices	No	Yes	Covered to replace hand or glide-type brakes on member owned walker.	2 per 2 years	Rental or Purchase	October 2009
E0160	Sitz type bath or equipment, portable, used with or without commode	Bath and Toilet Equipment	No	Yes	Covered for members with a current or past infection or injury of the perineal area.	1 per year	Rental or Purchase	August 2009
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	Bath and Toilet Equipment	No	Yes	Covered for members with a current or past infection or injury of the perineal area.	1 per year	Rental or Purchase	August 2009
E0162	Sitz bath chair	Bath and Toilet Equipment	No	Yes	Covered for members with a current or past infection or injury of the perineal area.	1 per year	Rental or Purchase	August 2009

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E0163	Commode chair, mobile or stationary, with fixed arms	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0165	Commode chair, mobile or stationary, with detachable arms	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0167	Pail or pan for use with commode chair, replacement only	Bath and Toilet Equipment	No	Yes	Covered for members with commodes.	1 per 3 months	Rental or Purchase	August 2009
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely and promptly access the bathrooms in their homes due to medical conditions. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Bath and Toilet Equipment	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a commode, but who are unable to safely raise or lower himself to use the commode. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Bath and Toilet Equipment	No	Y - NF N-ICF/DD	Covered for members who meet criteria for a commode, but who are unable to safely raise or lower himself to use the commode. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0172	Seat lift mechanism placed over or on top of toilet, any type	Bath and Toilet Equipment	Always	Y - NF N-ICF/DD	Covered for members who are unable to safely raise or lower themselves to use the toilet in their bathrooms when less costly alternatives do not meet the member's needs. Refer to manual.	1 per 5 years	Rental or Purchase	August 2009
E0175	Foot rest for use w/commode chair	Bath and Toilet Equipment	No	Y - NF N-ICF/DD	Covered for member's who require support for the feet when using a commode chair.	2 per year	Rental or Purchase	August 2009
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009

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E0182	Pump for alternating pressure pad, for replacement only	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface, and who own an alternating pressure pad. Refer to manual.	1 per 3 years	Purchase only	November 2010
E0184	Dry pressure mattress	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0186	Air pressure mattress	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0187	Water pressure mattress	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0188	Synthetic sheepskin pad	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per year	Rental or Purchase	December 2009
E0189	Lambswool sheepskin pad, any size	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per year	Rental or Purchase	December 2009

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E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Positioning Equipment	Sometimes see manual	No	Covered for members who require significant postural support which cannot be accommodated with items commonly found in the home. Refer to manual.	1 per 2 years	Rental or Purchase	December 2009
E0191	Heel or elbow protector, each	Positioning Equipment	No	Yes	Covered for members at risk of developing sores on heels and/or elbows due to positioning.	4 per year	Purchase only	December 2009
E0193	Powered air flotation bed (low air loss therapy)	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0194	Air fluidized bed	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 3 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0196	Gel pressure mattress	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0197	Air pressure pad for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009
E0198	Water pressure pad for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per 3 years	Rental or Purchase	December 2009

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E0199	Dry pressure pad for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	No	Yes	Covered for members who meet criteria for a Group 1 pressure reducing support surface. Refer to manual.	1 per year	Rental or Purchase	December 2009
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Cold or Heat Therapy	No	Yes	Covered for members who require application of heat for treatment of a medical condition but who cannot tolerate direct application of heat.	1 per 5 years	Rental or Purchase	December 2009
E0202	Phototherapy (bilirubin) light with photometer	Equipment	No	Y - NF N-ICF/DD	Covered for members under 60 days of age for treatment of jaundice.	1 month rental only	Capped Rental only	August 2009
E0203	Therapeutic Light Box, minimum 10,000 Lux, table top model	SAD Lights	Always	Yes	Covered for members with demonstrated seasonal affective disorder. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0205	Heat lamp, with stand, includes bulb or infrared element	Cold or Heat Therapy			Not covered. Only table top models (E0200) are covered.			December 2009
E0210	Electric heat pad, standard	Cold or Heat Therapy	No	Yes	Covered for members who require application of heat for treatment of a medical condition.	1 per 5 years	Purchase only	December 2009
E0215	Electric heat pad, moist	Cold or Heat Therapy	No	Yes	Covered for members who require application of heat for treatment of a medical condition.	1 per 5 years	Purchase only	December 2009
E0217	Water circulating heat pad with pump	Cold or Heat Therapy			Not covered. No evidence of superior outcomes vs standard or moist heating pad.			December 2009
E0218	Water circulating cold pad with pump	Cold or Heat Therapy			Not covered. No evidence of superior outcomes vs passive ice packs.			December 2009
E0221	Infrared heating pad system	Cold or Heat Therapy			Not covered. Investigative. No evidence of superior outcomes vs other heating pads.			December 2009
E0225	Hydrocollator unit, includes pads	Cold or Heat Therapy			Not covered. Not efficient use of Medicaid funds. No evidence of superior outcomes vs other heating pads. Not appropriate for use without supervision by medical professional.			December 2009

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E0231	Noncontact wound-warming wound device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Wound Care			Not covered. Investigational for all indications			December 2009
E0232	Warming card for use with the noncontact device and non-contact wound warming wound cover	Wound Care			Not covered. Investigational for all indications.			December 2009
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Cold or Heat Therapy	No	Yes	Covered for members for use in the home under supervision of medical professional when standard and moist heating pad have failed.	1 per 5 years	Rental or Purchase	December 2009
E0236	Pump for water circulating pad	Cold or Heat Therapy			Not covered. No evidence of superior outcomes for water circulating heat/cold pads vs standard treatment.			December 2009
E0239	Hydrocollator unit, portable	Cold or Heat Therapy			Not covered. Not efficient use of Medicaid funds. No evidence of superior outcomes vs other heating pads. Not appropriate for use without supervision by medical professional.			December 2009
E0240	Bath/shower chair, with or without wheels, any size	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely use the bathtub or shower in their homes.	1 per 5 years	Rental or Purchase	November 2009
E0241	Bathtub wall rail, each	Bath and Toilet Equipment			Not covered. Items that attach to the home are home modifications. members who require home modification should contact their county to ask about waived services.			November 2009
E0242	Bathtub rail, floor base	Bath and Toilet Equipment			Not covered. Items that attach to the home are home modifications. members who require home modification should contact their county to ask about waived services.			November 2009

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E0243	Toilet rail, each	Bath and Toilet Equipment			Not covered. Items that attach to the home are home modifications. members who require home modification should contact their county to ask about waived services.			November 2009
E0244	Raised toilet seat	Bath and Toilet Equipment	No	Yes	Covered for members who are unable to safely raise or lower themselves to use a standard height toilet.	1 per 3 years	Purchase only	November 2009
E0245	Tub stool or bench	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely use the bathtub or shower in their homes.	1 per 5 years	Purchase only	November 2009
E0246	Transfer tub rail attachment	Bath and Toilet Equipment	Sometimes see manual	Yes	Items that attach to the home are home modifications. members who require home modification should contact their county to ask about waived services. Tub rails that are affixed to the bathtub via pressure may be covered. Authorization is required for submitted charge over \$100.	1 per 5 years	Purchase only	October 2016
E0247	Transfer bench for tub or toilet with or without commode opening	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely transfer from a wheelchair to the toilet or bath/shower chair without the use of a transfer bench.	1 per 5 years	Rental or Purchase	November 2009
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Bath and Toilet Equipment	Sometimes see manual	Yes	Covered for members who are unable to safely transfer from a wheelchair to the toilet or bath/shower chair without the use of a transfer bench.	1 per 5 years	Rental or Purchase	November 2009
E0249	Pad for water circulating heat unit, for replacement only	Heat/Cold Therapy			Not covered. No evidence of superior outcomes for water circulating heat/cold pads vs standard treatment.			January 2010
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010

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E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0260	Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0261	Hospital bed, semi-electric (head and foot adjustment) with any type side rails, without mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0265	Hospital bed, total electric (head, foot and height adjustment) with any type side rails, with mattress	Hospital Beds	Always	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0266	Hospital bed, total electric (head, foot and height adjustment) with any type side rails, without mattress	Hospital Beds	Always	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress	Hospital Beds			Not covered. Not medically necessary for use in the home.			January 2010

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E0271	Mattress, innerspring	Hospital Beds	Sometimes see manual	Yes	Covered for use with member owned hospital bed. Not to be used within 180 days of billing of any code that includes a mattress. Use modifier U3 when a bariatric mattress is being dispensed. Refer to manual.	1 per 3 years	Rental or Purchase	January 2010
E0272	Mattress, foam rubber	Hospital Beds	Sometimes see manual	Yes	Covered for use with member owned hospital bed. Not to be used within 180 days of billing of any code that includes a mattress. Use modifier U3 when a bariatric mattress is being dispensed. Refer to manual.	1 per 2 years	Rental or Purchase	January 2010
E0273	Bed board	Hospital Beds			Not covered. Not the standard of care for transfers in the home.			January 2010
E0274	Over-bed table	Hospital Beds			Not covered. Over-bed tables are furniture and convenience items.			January 2010
E0275	Bed pan, standard, metal or plastic	Hospital Beds	No	Yes	Reusable bed pans are covered for continent members confined to their beds.	1 per year	Purchase only	January 2010
E0276	Bed pan, fracture, metal or plastic	Hospital Beds	No	Yes	Reusable bed pans are covered for continent members confined to their beds.	1 per year	Purchase only	January 2010
E0277	Powered pressure reducing air mattress	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0280	Bed, cradle, any type	Hospital Beds	No	Yes	Covered when medically necessary to hold bedding off the member's body.	1 per 3 years	Rental or Purchase	December 2009
E0290	Hospital bed, fixed height, without side rails, with mattress	Hospital Beds	No	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows - Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0291	Hospital bed fixed height without side rails, without mattress	Hospital Beds	No	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009

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E0292	Hospital bed variable height, hi-lo, without side rails, with mattress	Hospital Beds	No	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0293	Hospital bed variable height, hi-lo, without side rails, without mattress	Hospital Beds	No	Yes	Covered for members with medical conditions requiring positioning, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Hospital Beds	Sometimes see manual	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0296	Hospital bed, total-electric (head, foot and height adjustment) without out side rails, with mattress	Hospital Beds	Always	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0297	Hospital bed, total-electric (head, foot and height adjustment) without side rails, without mattress	Hospital Beds	Always	Yes	Covered for members with medical conditions requiring immediate positioning changes, whose positioning needs cannot be met with attachments or pillows, and who require a change of bed height to enable the caregiver to assist with member cares. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0300	Pediatric crib, hospital grade, fully enclosed	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who are mobile but cognitively impaired, when unrestricted mobility results in documented injuries if less costly and less restrictive methods have failed. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009

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E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December 2009
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December 2009
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December 2009
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a hospital bed, and require the heavy duty bed because of weight.	1 per 5 years	Rental or Purchase	December 2009
E0305	Bed side rails, half length	Hospital Beds	No	Yes	Covered when added to patient owned hospital bed. Not to be billed within 180 days of billing any code that includes bedrails.	2 per 5 years	Rental or Purchase	December 2009
E0310	Bed side rails, full length	Hospital Beds	No	Yes	Covered when added to patient owned hospital bed. Not to be billed within 180 days of billing any code that includes bedrails.	2 per 5 years	Rental or Purchase	December 2009
E0315	Bed accessory; board, table, or support device, any type	Hospital Beds			Not covered. These accessories are consider convenience items.			December 2009

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E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Hospital Beds	Always	Y - NF N-ICF/DD	Covered for members who are mobile but cognitively impaired, when unrestricted mobility results in documented injuries if less costly and less restrictive methods have failed. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0325	Urinal, male, jug type, any material	Urological	No	Yes	Covered for members who are continent but have limited ability to access a toilet / commode.	1 per year	Purchase only	December 2009
E0326	Urinal, female, jug type, any material	Urological	No	Yes	Covered for members who are continent but have limited ability to access a toilet / commode.	1 per year	Purchase only	December 2009
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Hospital Beds	Always	Yes	Covered for members who meet criteria for a hospital bed, and require the pediatric size bed because of size.	1 per 5 years	Rental or Purchase	December 2009
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Hospital Beds	Always	Yes	Covered for members who meet criteria for a hospital bed, and require the pediatric size bed because of size.	1 per 5 years	Rental or Purchase	December 2009
E0350	Control unit for electronic bowel irrigation / evacuation system	Miscellaneous Supplies			Not covered. Not demonstrated to provide better outcomes than less costly alternatives.			December 2009
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Miscellaneous Supplies			Not covered. Not demonstrated to provide better outcomes than less costly alternatives.			December 2009

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E0370	Air pressure pad elevator for heel	Footwear	No	Yes	Covered for members at risk of ulcers caused by pressure areas.	2 per year	Purchase only	December 2009
E0371	Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0372	Powered air overlay for mattress, standard mattress length and width	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0373	Nonpowered advanced pressure reducing mattress	Pressure Reducing Support Surfaces	Always	Y - NF N-ICF/DD	Covered for members who meet criteria for a Group 2 pressure reducing support surface. Refer to manual.	1 per month	Capped Rental only	December 2009
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Oxygen	No	No	Covered through the volume purchase oxygen contract. Refer to manual.	1 per month	Monthly Rental only	January 2010
E0425	Stationary compressed gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Oxygen			Not covered. MHCP covers rental of oxygen equipment only.			January 2010

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E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Oxygen			Not covered. MHCP covers rental of oxygen equipment only.			January 2010
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Oxygen	No	No	Covered through the volume purchase oxygen contract. Refer to manual.	1 per month	Monthly Rental only	January 2010
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge.	Oxygen			Not covered. MHCP finds this to not be cost effective when compared with other oxygen delivery models.			January 2010
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing.	Oxygen	No	No	Covered through the volume purchase oxygen contract. Refer to manual.	1 per month	Monthly Rental only	January 2010

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E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing.	Oxygen			Not covered. MHCP covers rental of oxygen equipment only			January 2010
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	Oxygen	No	No	Covered through the volume purchase oxygen contract. Refer to manual.	1 per month	Monthly Rental only	January 2010
E0440	Stationary liquid oxygen system, purchase; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	Oxygen			Not covered. MHCP covers rental of oxygen equipment only.			January 2010
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Oxygen	No	No	Covered for members who use stationary gas systems when use of this code is required by a primary payer. Refer to manual.	1 per month	Purchase only	January 2010
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Oxygen	No	No	Covered for members who use stationary liquid systems when use of this code is required by a primary payer. Refer to manual.	1 per month	Purchase only	January 2010
E0443	Portable oxygen contents, Gaseous, 1 month's supply = 1 unit	Oxygen	No	No	Covered for members who use portable gas systems when use of this code is required by a primary payer. Refer to manual.	1 per month	Purchase only	January 2010

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E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Oxygen	No	No	Covered for members who use portable liquid systems when use of this code is required by a primary payer. Refer to manual.	1 per month	Purchase only	January 2010
E0445	Oximeter device for measuring blood oxygen levels non-invasively	Respiratory	Sometimes see manual	No	Covered for members requiring monitoring of oxygen levels. Requires authorization for purchase and for maintenance service. For overnight sat checks, use modifiers RR and U4. For spot check, use modifiers RR and U7.	1 per 5 years	Rental or Purchase	December 2009
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Wound Care			Not covered. Investigative for all indications.			January 2011
E0455	Oxygen tent, excluding croup or pediatric tents	Respiratory	No	No	Covered for members requiring oxygen tent for administration of medically necessary oxygen.	1 per 3 years	Purchase only	December 2009
E0457	Chest shell (cuirass)	Respiratory	Sometimes see manual	No	Covered for members requiring a chest shell for use with a ventilator.	1 per dispensing, as medically necessary	Rental or Purchase	December 2009
E0459	Chest wrap	Respiratory	Sometimes see manual	No	Covered for members requiring a chest wrap for use with a ventilator.	1 per dispensing, as medically necessary	Rental or Purchase	December 2009
E0462	Rocking bed, with or without side rails	Respiratory	Always	No	May be covered as an alternative to other noninvasive ventilation methods following evaluation by a physician who is skilled in pulmonology.	1 per month	Capped Rental only	December 2009
E0465	Home ventilator, any type, used with invasive interface, (for example, tracheostomy tube)	Respiratory	No	No	Covered for members requiring invasive ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10 month rental limit does not apply. Refer to manual.	2 per month	Monthly Rental only	November 2016

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E0466	Home ventilator, any type, used with noninvasive interface, (for example, mask, chest shell)	Respiratory	No	No	Covered for members requiring invasive ventilation. Ventilators have been found to require frequent and substantial servicing, therefore the 10 month rental limit does not apply. Refer to manual.	2 per month	Monthly Rental only	November 2016
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Respiratory	Sometimes see manual	No	Covered for members with obstructive sleep apnea who have failed with CPAP, and for members with other diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July 2010
E0471	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Respiratory	Sometimes see manual	No	Covered for members with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July 2010
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, for example, tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Respiratory	Sometimes see manual	No	Covered for members with diagnoses which require ventilation assistance for 12 hours or less each day. Authorization is required for maintenance.	1 per 5 years	Capped Rental only	July 2010

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E0480	Percussor, electric or pneumatic, home model	Respiratory	No	Y - NF N-ICF/DD	Purchase is covered only for members requiring long term assistance to clear the lungs. Rental is covered for members requiring short term assistance to clear the lungs, or as a trial prior to purchase.	1 per 5 years	Rental or Purchase	December 2009
E0481	Intrapulmonary percussive ventilation system and related accessories	Respiratory			Not covered. Investigative for all indications.			September 2010
E0482	Cough stimulating device, alternating positive and negative airway pressure	Respiratory	Always	No	Covered for members with severe lung conditions such as cystic fibrosis, ciliary dyskinesia, or bronchiectasis who have failed at other methods of clearing the lungs.	1 per 5 years	Rental or Purchase	December 2009
E0483	High frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Respiratory	Always	No	Covered for members with cystic fibrosis, or chronic bronchiectasis who have failed at other methods of clearing the lungs. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Respiratory	No	No	Covered for members that require assistance with clearing the airways.	1 per 3 years	Rental or Purchase	December 2009
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Sleep Apnea	Sometimes see manual	No	Covered for members with sleep apnea. Requires prior authorization if submitted charge is over \$400.	1 per 5 years	Purchase only	December 2009
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Sleep Apnea	Sometimes see manual	No	Covered for members with sleep apnea. Requires prior authorization if submitted charge is over \$400.	1 per 5 years	Purchase only	December 2009

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E0487	Spirometer, electronic, includes all accessories	Respiratory	Always	Y - NF N-ICF/DD	Covered with authorization for home monitoring following lung or heart/lung transplant. See manual.	1 per 5 years	Rental or Purchase	December 2009
E0500	IPPB machine, all types with built in nebulization, manual or automatic valves, internal or external power source	Respiratory	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with atelectasis or other conditions where the member's needs cannot be met with a nebulizer or other equipment. E0500 has been found by Medicare to require frequent and substantial servicing, so the 10 month rental limit does not apply.	1 per month	Monthly Rental only	December 2009
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery	Respiratory	Sometimes see manual	No	Covered for members requiring extensive supplemental humidification where less costly alternatives are not appropriate.	1 per 3 years	Rental or Purchase	December 2009
E0555	Humidifier, durable glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Respiratory	No	Y - NF N-ICF/DD	Covered for members requiring supplemental humidification during respiratory treatments.	1 per 3 months	Purchase only	December 2009
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Respiratory	No	Y - NF N-ICF/DD	Covered for members requiring supplemental humidification during respiratory treatments.	1 per year	Purchase only	December 2009
E0561	Humidifier, non-heated, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for members requiring humidification during PAP treatment.	1 per 3 years	Rental or Purchase	December 2009
E0562	Humidifier, heated, used with positive airway pressure device	Positive Airway Pressure	No	No	Covered for members requiring humidification during PAP treatment.	1 per 3 years	Rental or Purchase	December 2009
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Nebulizer	No	Y - NF N-ICF/DD	Covered for members receiving nebulized medications.	1 per 5 years	Rental or Purchase	December 2009

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E0570	Nebulizer with compressor	Nebulizer	No	Y - NF N-ICF/DD	Covered for members receiving nebulized medications. Included in initial dispensing: compressor, mask, mouthpiece, reusable nebulizer, tubing. Separately bill: Disposable mouthpieces, replacement of disposable nebulizer, replacement tubing.	1 per 5 years	Rental or Purchase	October 2016
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	Nebulizer	No	Y - NF N-ICF/DD	Covered for members receiving nebulized medications. Refer to manual.	1 per 5 years	Rental or Purchase	December 2009
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Nebulizer	No	Yes	Covered for members with cystic fibrosis or other serious conditions receiving medically necessary tobramycin treatment via nebulizer, or for members with pulmonary artery hypertension receiving treprostinil inhalation solution.	1 per 5 years	Rental or Purchase	January 2012
E0575	Nebulizer, ultrasonic, large volume	Nebulizer	Always	Y - NF N-ICF/DD	Covered for members with cystic fibrosis or other serious conditions receiving medically necessary tobramycin treatment via nebulizer.	1 per month	Capped Rental only	January 2011
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use w/regulator or flowmeter	Nebulizer	No	Y - NF N-ICF/DD	Covered for members receiving nebulized medications.	1 per 3 years	Rental or Purchase	November 2016
E0585	Nebulizer with compressor and heater	Nebulizer	No	Y - NF N-ICF/DD	Covered for members receiving nebulized medications.	1 per 5 years	Rental or Purchase	November 2016

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E0600	Respiratory suction pump, home model, portable or stationary, electric	Respiratory	No	Y - NF N-ICF/DD	Covered for members requiring oral pharyngeal or tracheal suctioning. A portable suction pump can function as a stationary pump. MHCP will not cover both a portable and a stationary pump unless substantial documentation establishes the medical necessity of both. No more than 1 unit can be billed per date of service. Included with rental or purchase: battery, charger, carrying case, overflow valve, durable collection bottles, pump. Separately billable: connecting tubing, suction catheters, disposable collection containers.	1 per 5 years	Rental or Purchase	October 2016
E0601	Continuous positive airway pressure (CPAP) device	Positive Airway Pressure	No	No	Covered for members with obstructive sleep apnea. Refer to manual.	1 per 5 years	Capped Rental only	January 2014
E0602	Breast Pump, manual, any type	Breast Pump	No	Yes	Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Inform members that Breast Pumps are a personal care item that cannot be shared by mothers, but that can be used for future pregnancies. Bill using the mother's MHCP ID number, or the infant's MHCP ID number if the mother is ineligible.	1 per 3 years	Purchase only	August 2009
E0603	Breast Pump, electric (AC and / or DC), any type	Breast Pump	No	No	Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Inform members that Breast Pumps are a personal care item that cannot be shared by mothers, but that can be used for future pregnancies. Bill using the mother's MHCP ID number, or the infant's MHCP ID number if the mother is ineligible	1 per 3 years	Purchase only	August 2009

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E0604	Breast Pump, hospital grade, electric (AC and / or DC), any type	Breast Pump	Sometimes see manual	Yes	Covered when ordered by the treating provider for any nursing mother experiencing separation from her infant because of work, school, illness or any other medical reason. Bill accessory kits for E0604 Breast Pumps with modifier RA. Bill using the mother's MHCP ID number, or the infant's MHCP ID number if the mother is ineligible. PA required after 3 months rental.	1 per episode of need	Rental only	April 2015
E0605	Vaporizer, room type	Equipment	No	Yes	Covered when medically necessary for treatment of respiratory illness.	1 per year	Purchase only	December 2009
E0606	Postural drainage board	Respiratory	No	Yes	Covered when medically necessary for treatment of respiratory conditions.	1 per 5 years	Rental or Purchase	December 2009
E0607	Home blood glucose monitor	Diabetes		Yes	Billable only for members for whom Medicare pays primary. For all other members, diabetic testing supplies are included in the Point of Sale Diabetic testing supply program. Refer to manual.			September 2016
E0617	External Defibrillator with integrated electrocardiogram analysis	External Defibrillator	Always	Yes	Covered for members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia. See manual.	1 per 5 years	Capped Rental only	December 2007
E0618	Apnea monitor, without recording feature	Apnea Monitors	Sometimes see manual	Y - NF N-ICF/DD	Covered for members under age 2 at risk of morbidity and mortality due to apnea.	1 per 5 years	Rental or Purchase	August 2010
E0619	Apnea Monitor, with recording feature	Apnea Monitors	Sometimes see manual	Y - NF N-ICF/DD	Covered for members under age 2 at risk of morbidity and mortality due to apnea when a monitor without recording feature will not meet the member's needs. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0620	Skin piercing device for collection of capillary blood, laser, each	Durable Medical Equipment	Always	Y - NF N-ICF/DD	Covered when demonstrated to be the least costly, medically appropriate way to meet the member's medical needs.	1 per 5 years	Rental or Purchase	August 2010
E0621	Sling or seat, patient lift, canvas or nylon	Patient Lifts	No	Yes	Covered to replace a worn sling or seat on a patient-owned lift.	1 per year	Rental or Purchase	August 2010

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E0625	Patient lift, bathroom or toilet, not otherwise classified	Bath and Toilet Equipment	Always	yes	Covered for members unable to safely access the bath or toilet. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0627	Seat lift mechanism, electric, any type.	Patient Lifts	Always	Yes	Covered for members who are unable to rise from an armchair but who are able to walk. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E0628	Separate seat lift mechanism for use with patient-owned furniture, electric	Patient Lifts			not valid for dates of service after 12/31/2016.			November 2016
E0629	Seat lift mechanism, non-electric, any type	Patient Lifts	Always	Yes	Covered for members who are unable to rise from an armchair but who are able to walk. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Patient Lifts	No	Yes	Covered for members who are unable to safely transfer from chair to bed or similar. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0635	Patient lift, electric, with seat or sling	Patient Lifts	No	Yes	Covered for members who are unable to safely transfer from chair to bed or similar. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Patient Lifts	Always	Yes	Covered for members who are unable to safely transfer from chair to bed or similar when less costly alternatives cannot meet the member's specific medical needs. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Standers	Sometimes see manual	No	Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0638	Standing frame/table system, one position (for example, upright, supine or prone stander), any size including pediatric, with or without wheels	Standers	Sometimes see manual	No	Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010

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E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Patient Lifts	Always	Y - NF N-ICF/DD	Covered for members who are unable to safely transfer from chair to bed or similar when less costly alternatives cannot meet the member's specific medical needs. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0640	Patient lift, fixed system, includes all components / accessories	Patient Lifts			Not covered. A fixed system is a home modification, which is not covered by MHCP.			August 2010
E0641	Standing frame/table system, multi-position (for example, three-way stander), any size including pediatric, with or without wheels	Standers	Sometimes see manual	No	Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Standers	Sometimes see manual	Y - NF N-ICF/DD	Covered for members who cannot stand unassisted for appreciable amounts of time and who require weight bearing. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0650	Pneumatic compressor, non-segmental home model	Pneumatic Compression	Sometimes see manual	No	Covered for members with chronic venous insufficiency of the lower extremities or lymphedema where conservative therapy has failed. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0651	Pneumatic compressor, segmental home model, without calibrated gradient pressure	Pneumatic Compression	Sometimes see manual	No	Covered for members with chronic venous insufficiency of the lower extremities or lymphedema where conservative therapy has failed. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010
E0652	Pneumatic compressor, segmental home model, with calibrated gradient pressure	Pneumatic Compression	Always	No	Covered for members with chronic venous insufficiency of the lower extremities or lymphedema where conservative therapy has failed and where non-segmental devices or segmental devices without calibrated gradient pressure cannot meet the member's medical needs. Refer to manual.	1 per 5 years	Rental or Purchase	August 2010

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E0655	Non-segmental pneumatic appliance for use with pneumatic compressors, half arm	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Pneumatic Compression			Not covered. No additional payment is made for trunk, pelvis or chest appliances.			August 2010
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Pneumatic Compression			Not covered. No additional payment is made for trunk, pelvis or chest appliances.			August 2010
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010

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E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Pneumatic Compression	Always	No	Covered for use with medically necessary Pneumatic Compression device for members who cannot use other appliances due to co-existing medical conditions, including obesity. Refer to manual.	1 per year	Rental or Purchase	January 2013
E0671	Segmental gradient pressure pneumatic appliance, full leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0672	Segmental gradient pressure pneumatic appliance, full arm	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0673	Segmental gradient pressure pneumatic appliance, half leg	Pneumatic Compression	No	No	Covered for use with medically necessary Pneumatic Compression device. Refer to manual.	2 per year	Rental or Purchase	August 2010
E0675	Pneumatic Compression device, high pressure, rapid inflation / deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Pneumatic Compression	Always	No	Covered with authorization for treatment of peripheral artery disease for patients who might otherwise require surgical treatment of the arterial insufficiency.	1 unit per month	Capped Rental only	September 2011
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Pneumatic Compression	Sometimes see manual	No	Covered when conservative treatment for phlebitis or similar conditions has failed. Authorization required for submitted charge over \$400.	1 unit per month	Capped Rental only	August 2010
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection	Phototherapy	Always	Y - NF N-ICF/DD	Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.	1 unit per month	Rental or Purchase	February 2012
E0692	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection	Phototherapy	Always	Y - NF N-ICF/DD	Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.	1 unit per month	Rental or Purchase	February 2012

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E0693	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection	Phototherapy	Always	Y - NF N-ICF/DD	Covered with authorization for treatment of severe psoriasis when conservative treatment is contraindicated.	1 unit per month	Rental or Purchase	February 2012
E0694	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection	Phototherapy			Not covered. Not proven to produce better outcomes than less costly systems.			February 2012
E0700	Safety equipment, device or accessory, any type	Miscellaneous Supplies	Sometimes see manual	Yes	Safety equipment that is attached to the home or vehicle is a non-covered home or vehicle modification. Other safety equipment may be covered. Authorization is required if the submitted charge is over \$400. Only one device may be dispensed per date of service.	medical necessity	Rental or Purchase	January 2010
E0705	Transfer device, any type, each	Miscellaneous Supplies	Sometimes see manual	Yes	Transfer devices that are attached to the home or vehicle are non-covered home or vehicle modifications. Other transfer devices, including transfer belts, may be covered. Authorization is required if the submitted charge is over \$400. Only one device may be dispensed per date of services.	medical necessity	Rental or Purchase	February 2012
E0710	restraints, any type (body, chest, wrist, or ankle)	Miscellaneous Supplies	Always	Yes	Restraints are covered only as part of written home care plan of care, when needed for no longer than 15 minutes at a time during medical treatment where the member has demonstrated actions that pose a risk to the safe completion of the medical treatment. Restraints are not a substitute for supervision or behavioral intervention and must not be used for caregiver convenience.	medical necessity	Purchase only	February 2012
E0720	Transcutaneous electrical nerve stimulation (TENS) device, 2 lead, localized stimulation	TENS	Always	No	Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual.	1 unit per month	Rental or Purchase	February 2012

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E0730	Transcutaneous electrical nerve stimulation (TENS) device, 4 or more leads, for multiple nerve stimulation	TENS	Always	No	Covered for acute pain and for chronic pain other than chronic low back pain. Refer to manual.	1 unit per month	Rental or Purchase	February 2012
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	TENS	Always	No	Covered for use with authorized TENS or NMES units when the member's needs cannot be met with conventional electrodes. Refer to manual.	1 per 3 years	Purchase only	February 2012
E0740	Non-implanted pelvic floor electrical stimulator, complete system.	Miscellaneous Supplies	Always	No	Pelvic floor electrical stimulation devices may be covered for members with stress and/or urge Incontinence. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E0744	Neuromuscular stimulator for scoliosis	Electrical Stimulators	Sometimes see manual	No	Neuromuscular stimulators may be covered for members with juvenile or adolescent single or double major idiopathic scoliosis. Refer to manual.	1 per 5 years	Rental or Purchase	February 2012
E0745	Neuromuscular stimulator, electronic shock unit	Electrical Stimulators	Always	No	Covered when criteria are met. Refer to manual.	1 per 5 years	Rental or Purchase	February 2012
E0746	Electromyography (EMG), biofeedback device	Electrical Stimulators			Not covered.			February 2012
E0747	Osteogenesis stimulator, electrical, non-invasive other than spinal	Bone Growth Stimulator	Always	No	Covered for treatment of nonfusion of fractures, and for pseudoarthroses. Refer to manual.	1 unit per month	Rental or Purchase	May 2010
E0748	Osteogenesis stimulator, electric, non-invasive spinal	Bone Growth Stimulator	Always	No	Covered for nonhealing of spinal fusion and as an adjunct treatment for spinal fusion. Refer to manual.	1 unit per month	Rental or Purchase	May 2010
E0749	Osteogenesis stimulator, electrical, surgically implanted	Bone Growth Stimulator	Always	No	Covered as an adjunct to spinal fusion. Refer to manual.	1 per fusion	Rental or Purchase	May 2010

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E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	Electrical Stimulators			Not covered.			February 2012
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Bone Growth Stimulator	Always	No	Covered for treatment of nonfusion of fractures. Refer to manual.	1 unit per month	Rental or Purchase	May 2010
E0761	Nonthermal pulsed high frequency radio waves, high peak power electromagnetic energy treatment device	Electrical Stimulators			Not covered. Investigative.			February 2012
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Electrical Stimulators			Not covered. Investigative.			December 2011
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Electrical Stimulators			Not covered. Investigative.			February 2012
E0765	FDA approved nerve stimulators, with replaceable batteries, for treatment of nausea and vomiting	Electrical Stimulators			Not covered. Investigative.			February 2012

* Refer to MHCP Provider Manual or contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for more information

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E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Electrical Stimulators	Yes	No	Covered based on Medicare policy for glioblastoma when all Medicare guidelines are met	1 Unit per Month	Rental	September 2020
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Wound Care			Not covered. Investigative			February 2012
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and / or muscle groups, any type, complete system, not otherwise specified.	Electrical Stimulators	Always	No	Upper extremity functional Electrical Stimulators may be covered for member with upper limb paralysis due to cervical spine cord injury or chronic upper extremity paresis due to stroke. Refer to manual.	1 per month	Rental or Purchase	February 2012
E0776	IV Pole	Equipment	No	Y - NF N-ICF/DD	Covered for members receiving IV medications / fluids / nutrition. E0776 is not to be used when dispensing an IV holder that is part of or attached to a wheelchair.	1 per 3 years	Rental or Purchase	October 2020
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (# of days per month and/or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan.	1 per episode of need	Capped Rental only	August 2009
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (# of days per month and/or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan.	1 per episode of need	Purchase only	August 2009

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E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered for members receiving drug infusion services. Document the following in the member's file at the medical supplier's office: the physician's order which includes the length of need (# of days per month and/or total number of months), diagnosis, name of drug, frequency of administration and a copy of the treatment plan.	1 per episode of need	Capped Rental only	August 2009
E0784	External ambulatory infusion pump, insulin	Diabetes	No	No	Covered for diabetic members for whom self injection of insulin has provided insufficient control. Refer to manual.	1 per 4 years	Purchase only	September 2019
E0791	Parenteral infusion pump, stationary, single or multichannel	Nutritional Products	Sometimes see manual	Y - NF N-ICF/DD	Covered for members receiving parenteral nutrition. Authorization is required for maintenance service or repair only.	1 per 5 years	Rental or Purchase	October 2016
E0830	Ambulatory traction device, all types, each	Traction Equipment	Sometimes see manual	Y - NF N-ICF/DD	Covered for members requiring traction. Authorization needed for submitted charge over \$400.	1 unit per month	Rental or Purchase	March 2012
E0840	Traction frame, attached to headboard, cervical traction	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring cervical traction.	1 unit per month	Rental or Purchase	March 2012
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Traction Equipment	Sometimes see manual	Y - NF N-ICF/DD	Covered for members requiring cervical traction. Authorization required for repairs over \$400.	1 unit per month	Rental or Purchase	March 2012
E0850	Traction stand, freestanding, cervical traction	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring cervical traction.	1 unit per month	Rental or Purchase	March 2012
E0855	Cervical traction equipment not requiring additional stand or frame	Traction Equipment	No	Yes	Covered for members requiring traction.	1 unit per month	Capped Rental only	March 2012
E0856	Cervical traction device, cervical collar with inflatable air bladder	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring cervical traction.	1 unit per month	Rental or Purchase	March 2012

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E0860	Traction equipment, overdoor, cervical	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring cervical traction.	1 unit per month	Rental or Purchase	March 2012
E0870	Traction frame, attached to footboard, extremity traction (for example Buck's)	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring extremity traction.	1 unit per month	Rental or Purchase	March 2012
E0880	Traction stand, freestanding, extremity traction (for example, Buck's)	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring extremity traction.	1 unit per month	Rental or Purchase	March 2012
E0890	Traction frame, attached to footboard, pelvic traction	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring pelvic traction.	1 unit per month	Rental or Purchase	March 2012
E0900	Traction stand, freestanding, pelvic traction (for example, Buck's)	Traction Equipment	No	Y - NF N-ICF/DD	Covered for members requiring pelvic traction.	1 unit per month	Rental or Purchase	March 2012
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Orthopedic Devices	No	Yes	Covered for members who require a device to assist with movement in bed.	1 per 5 years	Rental or Purchase	February 2012
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Orthopedic Devices	Sometimes see manual	No	Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February 2012
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February 2012
E0920	Fracture frame, attached to bed, includes weights	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with fractures requiring traction. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February 2012

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E0930	Fracture frame, freestanding, includes weights	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members with fractures requiring traction. Authorization required for repairs over \$400.	1 per 5 years	Rental or Purchase	February 2012
E0935	Continuous Passive Motion exercise device; for knee only	Passive Motion	No	Y - NF N-ICF/DD	Covered for members following knee replacement surgery.	1 unit per day for up to 30 days	Daily rental	March 2018
E0936	Continuous Passive Motion exercise device for use other than knee	Passive Motion	No	Y - NF N-ICF/DD	Covered for members following joint surgery.	1 unit per day for up to 30 days	Daily rental	March 2018
E0940	Trapeze bar, freestanding, complete w/grab bar	Orthopedic Devices	No	Y - NF N-ICF/DD	Covered for members who require a device to assist with movement in bed.	1 unit per month	Rental or Purchase	May 2012
E0941	Gravity assisted traction device, any type	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members who require a device to assist with movement in bed. Authorization required for repairs over \$400.	1 unit per month	Rental or Purchase	May 2012
E0942	Cervical head harness/halter	Orthopedic Devices	No	Y - NF N-ICF/DD	Covered for members requiring a harness for rehabilitative therapy.	1 unit per month	Rental or Purchase	May 2012
E0944	Pelvic belt/harness/boot	Orthopedic Devices	No	Y - NF N-ICF/DD	Covered for members with lumbosacral pain.	1 unit per month	Rental or Purchase	May 2012
E0945	Extremity belt/harness	Orthopedic Devices	No	Y - NF N-ICF/DD	Covered for members requiring traction of the extremities.	1 unit per month	Rental or Purchase	May 2012
E0946	Fracture frame, dual w/cross bars, attached to bed	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.	1 unit per month	Rental or Purchase	May 2012
E0947	Fracture frame, attachments for complex pelvic traction	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.	1 unit per month	Rental or Purchase	May 2012

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E0948	Fracture frame, attachments for complex cervical traction	Orthopedic Devices	Sometimes see manual	Y - NF N-ICF/DD	Covered for members requiring traction due to fracture. Authorization required for repairs over \$400.	1 unit per month	Rental or Purchase	May 2012
E0950	Wheelchair accessory, tray, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power or manual wheelchairs.	1 per 5 years	Rental or Purchase	November 2016
E0951	Heel loop/holder, any type, with or without ankle strap, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power or manual wheelchairs.	2 per year	Rental or Purchase	November 2016
E0952	Toe loop/holder, any type, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power or manual wheelchairs.	2 per year	Rental or Purchase	November 2016
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require accessories for positioning.	4 per year	Rental or Purchase	January 2018
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require accessories for positioning.	2 per year	Rental or Purchase	January 2018
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require a headrest for positioning.	1 per year	Rental or Purchase	November 2016
E0956	Wheelchair accessory, lateral or hip support, any type, including fixed mounting hardware, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require accessories for positioning.	4 per year	Rental or Purchase	November 2016

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E0957	Wheelchair accessory, medial thigh support, any type, including fixed mouthing hardware, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require accessories for positioning.	2 per year	Rental or Purchase	November 2016
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a manual wheelchair and are unable to use both arms or one leg to propel the wheelchair but are able to self-propel using the one-arm drive attachment. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E0959	Manual wheelchair accessory, adapter for amputee, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a manual wheelchair require an amputee adapter.	2 per 5 years	Rental or Purchase	November 2016
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require straps for positioning or safety.	2 per year	Rental or Purchase	November 2016
E0961	Manual wheelchair accessory, wheel lock brake extension, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a manual wheelchair and require a brake lock extension for safety.	2 per 5 years	Rental or Purchase	November 2016
E0966	Manual wheelchair accessory, headrest extension, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a manual wheelchair and require a headrest extension for proper positioning.	1 per 5 years	Rental or Purchase	November 2016
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned manual wheelchairs. Cannot be dispensed within 30 days of dispensing a new manual wheelchair.	2 per year	Rental or Purchase	November 2016
E0968	Commode seat, wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs/ rehab shower commode chairs.	1 per 5 years	Rental or Purchase	November 2016

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E0969	Narrowing device, wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require wheelchairs but need to access spaces with narrow doors, halls, etc.	1 per 5 years	Rental or Purchase	November 2016
E0970	No. 2 footplates, except for elevating leg rest	Mobility Devices			Not valid for submission to MHCP.			November 2016
E0971	Manual wheelchair accessory, antitipping device, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs.	2 per 5 years	Rental or Purchase	November 2016
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who require adjustable height armrests for proper positioning.	2 per 5 years	Rental or Purchase	November 2016
E0974	Manual wheelchair accessory, antirollback device, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use manual wheelchairs.	2 per 5 years	Rental or Purchase	November 2016
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require a belt for positioning or safety.	1 per year	Rental or Purchase	November 2016
E0980	Safety vest, wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require a vest for safety.	1 per year	Rental or Purchase	November 2016
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	1 per year	Rental or Purchase	November 2016
E0982	Wheelchair accessory, back upholstery, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	1 per year	Rental or Purchase	November 2016

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E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Mobility Devices			Not covered. Not cost effective.			November 2016
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Mobility Devices			Not covered. Not cost effective.			November 2016
E0985	Wheelchair accessory, seat lift mechanism	Mobility Devices	Sometimes see manual	See policy	Covered for members who can safely transfer independently with a seat lift mechanism to assist them with going from a seated to standing position.	1 per 5 years	Rental or Purchase	November 2016
E0986	Manual wheelchair accessory, push-rim activated power assist system.	Mobility Devices	Sometimes see manual	See policy	Covered for members who are unable to unwilling to use a power wheelchair, but who can no longer self-propel a manual wheelchair due to weakness or stress to shoulders or arms.	1 per 5 years	Rental or Purchase	November 2016
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Mobility Devices			Not covered. No evidence of reduction of repetitive motion injury, not the standard of care.			January 2012
E0990	Wheelchair accessory, elevating leg rest, complete accessory, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require elevating leg rests for positioning, edema, or other medical reason.	2 per 5 years	Rental or Purchase	November 2016
E0992	Manual wheelchair accessory, solid seat insert	Mobility Devices	Sometimes see manual	See policy	Covered for members who use manual wheelchairs.	1 per 5 years	Rental or Purchase	November 2016
E0994	Armrest, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs.	2 per year	Rental or Purchase	November 2016

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E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016
E1002	Wheelchair accessory, power seating system, tilt only	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2006
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2006
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016

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E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	2 per 5 years	Rental or Purchase	November 2016
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	2 per 5 years	Rental or Purchase	November 2006
E1011	Modification to pediatric size wheelchair, width adjustment package, (not to be dispensed with initial chair)	Mobility Devices	Sometimes see manual	See policy	Covered for members who have outgrown the width of a wheelchair that continues to meet their needs in other way.	1 per year	Purchase only	November 2016
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each.	Mobility Devices	Always	See policy	Covered for members using power wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2016
E1014	Reclining back, addition to pediatric size wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members using wheelchairs when medically necessary. Refer to manual. for criteria.	1 per 5 years	Rental or Purchase	November 2006
E1015	Shock absorber for manual wheelchair, each	Mobility Devices	Sometimes see manual	See policy	1 shock absorber per wheel is covered when needed to minimize jarring of a member who uses a manual wheelchair.	2 per year	Rental or Purchase	October 2010

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E1016	Shock absorber for power wheelchair, each	Mobility Devices	Sometimes see manual	See policy	1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a power wheelchair.	4 per year	Rental or Purchase	October 2010
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Mobility Devices	Sometimes see manual	See policy	1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a heavy duty or extra heavy duty manual wheelchair.	2 per year	Rental or Purchase	October 2010
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Mobility Devices	Sometimes see manual	See policy	1 shock absorber per wheel covered when needed to minimize jarring of a member who uses a heavy duty or extra heavy duty power wheelchair.	4 per year	Rental or Purchase	October 2010
E1020	Residual limb support system for wheelchair, any type	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs who require support of any limb.	2 per 5 years	Rental or Purchase	November 2016
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Mobility Devices	Sometimes see manual	See policy	Covered when needed to allow accessories to be moved for transfers or personal or medical cares.	6 per year	Rental or Purchase	November 2016
E1029	Wheelchair accessory, ventilator tray, fixed	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a wheelchair and ventilator.	1 per 5 years	Rental or Purchase	November 2016
E1030	Wheelchair accessory, ventilator tray, gimbaled	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a wheelchair and ventilator.	1 per 5 years	Rental or Purchase	November 2016

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E1035	Multi-positional patient transfer system, with integrated seat, operated by a caregiver, patient weight capacity up to and including 300 lbs.	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by a caregiver, patient weight capacity greater than 300 lbs.	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	January 2010
E1037	Transport chair, pediatric	Mobility Devices	Sometimes see manual	See policy	Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.	1 per 5 years	Rental or Purchase	November 2016
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.	1 per 5 years	Rental or Purchase	November 2016
E1039	Transport chair, adult size, patient weight capacity greater than 300 pounds	Mobility Devices	Sometimes see manual	See policy	Covered for members who cannot self-propel a wheelchair and has needs that cannot be met with a less costly manual wheelchair.	1 per 5 years	Rental or Purchase	November 2016
E1161	Manual adult size wheelchair, includes tilt in space	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living and who have a medical condition that requires tilt in space. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1225	Wheelchair accessory, manual semi-reclining back (recline greater than 15 degrees but less than 80 degrees), each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a wheelchair and have a medical condition that requires a reclining back. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016

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E1226	Wheelchair accessory, manual fully reclining back (recline greater than 80 degrees), each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use a wheelchair and have a medical condition that requires a reclining back. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1229	Wheelchair, pediatric size, not otherwise specified	Mobility Devices	Always	See policy	Covered for members who require a pediatric size wheelchair that has not been assigned a specific code by the PDAC or that has been coded E1229. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair and have a medical condition that requires tilt-in-space. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1236	Wheelchair, pediatric size, foldable, adjustable, with seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016

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E1238	Wheelchair, pediatric size, foldable, adjustable, without seating system	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a pediatric size wheelchair. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1239	Power wheelchair, pediatric size, not otherwise specified	Mobility Devices	Always	See policy	Covered for members who require a pediatric size power wheelchair that has not been assigned a specific code by the PDAC or that has been coded E1239. Refer to manual.	1 per 5 years	Rental or Purchase	November 2016
E1300	Whirlpool, portable, (overtub type)	Equipment			Not covered. Not medical in nature.			November 2016
E1310	Whirlpool, nonportable (built-in type)	Equipment			Not covered. Not medical in nature.			November 2016
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Oxygen			Not covered. A regulator is included in the payment for oxygen equipment.			January 2014
E1353	Regulator	Oxygen			Not covered. A regulator is included in the payment for oxygen equipment.			January 2014
E1354	Oxygen Accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Oxygen			Not covered separate from equipment rental. MHCP does not purchase oxygen equipment.			November 2016
E1355	Stand/rack	Oxygen			Not covered separate from equipment rental. MHCP does not purchase oxygen equipment.			November 2016
E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Oxygen			Not covered. MHCP does not cover the purchase of portable concentrators.			November 2016

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E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Oxygen			Not covered. MHCP does not cover the purchase of portable concentrators.			November 2016
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Oxygen			Not covered. MHCP does not cover the purchase of portable concentrators.			November 2016
E1831	Static progressive stretch toe device, extension and / or flexion, with or without range of motion adjustment, includes all components and accessories	Orthopedic Devices	No	No	Covered when medically necessary for treatment of decreased range of motion when less costly alternatives have been tried and failed.	2 per 5 years	Rental or Purchase	January 2011
E2100	Blood glucose monitor with integrated voice synthesizer	Diabetes	Always	Yes	Covered for diabetic members with severe visual impairment. Refer to manual.	1 per 5 years	Rental or Purchase	May 2010
E2101	Blood glucose monitor with integrated lancing/blood sample	Diabetes	Always	Yes	Covered for diabetic members with impairment of manual dexterity. Refer to manual.	1 per 5 years	Rental or Purchase	May 2010
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016

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E2221	Manual wheelchair accessory, solid (rubber/plastic caster) tire (removable), any size, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	Mobility Devices	Sometimes see manual	See policy	Covered for member-owned wheelchairs. Cannot be dispensed within 30 days of dispensing a new wheelchair.	2 per year	Rental or Purchase	November 2016
E2300	Wheelchair accessory, power seat elevation system, any type	Mobility Devices	Always	See policy	Covered for members who meet criteria as described in the provider manual.	1 per 5 years	Rental or Purchase	January 2014
E2301	Wheelchair accessory, power standing system, any type	Mobility Devices	Always	See policy	Covered for members who meet criteria as described in the provider manual.	1 per 5 years	Rental or Purchase	January 2014
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power wheelchairs that require this kind of battery.	2 per year	Rental or Purchase	January 2012
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (for example, gel cell, absorbed glassmat)	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power wheelchairs that require this kind of battery.	2 per year	Rental or Purchase	January 2012
E2378	Power wheelchair component, actuator, replacement only	Mobility Devices	Sometimes see manual	See policy	Covered for members who use power wheelchairs.	1 per year	Rental or Purchase	January 2013

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E2398	Wheelchair accessory, dynamic positioning hardware for back	Mobility Devices	Always	See policy	Covered for members with medical necessity.	1 per 5 years	Rental or Purchase	January 2020
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Mobility Devices	No	See policy	Covered for members who use manual or power wheelchairs.	1 per year	Rental or Purchase	May 2014
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Mobility Devices	No	See policy	Covered for members who use manual or power wheelchairs.	1 per year	Rental or Purchase	May 2014
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019

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E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2609	Custom fabricated wheelchair seat cushion, any size	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs to provide positioning or pressure relief that cannot be met with a prefabricated cushion. These custom molded seating system are fabricated from an impression or digital image of the member using molded-to-patient techniques.	1 per year	Rental or Purchase	February 2019
E2610	Wheelchair seat cushion, powered	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Mobility Devices	No	See policy	Covered for members who use manual or power wheelchairs.	1 per year	Rental or Purchase	May 2014
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Mobility Devices	No	See policy	Covered for members who use manual or power wheelchairs.	1 per year	Rental or Purchase	May 2014
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019

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HCPCS code	Description of code	Category	Auth. Required	Included in LTC per diem?	Coverage policy or guidelines. An order is always required when dispensing. When dispensing items in greater than typical quantities, or for reasons other than listed below, additional documentation may be required. (Throughout this document, "manual" refers to the MHCP Provider Manual.)	Quantity limits (maximum that may be dispensed)	Rental or purchase	Policy review date
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2617	Custom fabricated wheelchair seat cushion, any size, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs to provide positioning or pressure relief that cannot be met with a prefabricated cushion. These custom molded seating system are fabricated from an impression or digital image of the member using molded-to-patient techniques.	1 per year	Rental or Purchase	February 2019
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Mobility Devices	Sometimes see manual	See policy	Covered for members with wheelchair seat or back cushions.	2 per year	Rental or Purchase	February 2019

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E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and require some positioning assistance. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	February 2019
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	January 2011
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	January 2011
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	January 2011
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Mobility Devices	Sometimes see manual	See policy	Covered for members who use wheelchairs, require some positioning assistance and are vulnerable to skin breakdown. Refer to manual. for complete information regarding mobility devices.	1 per year	Rental or Purchase	January 2011

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E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 5 years	Rental or Purchase	January 2012
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 5 years	Rental or Purchase	January 2012
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair	1 per 5 years	Rental or Purchase	January 2012
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 5 years	Rental or Purchase	January 2012
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 5 years	Rental or Purchase	January 2012

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E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair	1 per 3 years	Rental or Purchase	January 2012
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 3 years	Rental or Purchase	January 2012
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Mobility Devices	Sometimes see manual	See policy	Covered for members requiring a mobile arm support to complete activities of daily living in a wheelchair.	1 per 3 years	Rental or Purchase	January 2012
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Ambulatory Assist Devices	Always	No	Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.	1 per 5 years	Rental or Purchase	January 2011
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Ambulatory Assist Devices	Always	No	Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.	1 per 5 years	Rental or Purchase	January 2011
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Ambulatory Assist Devices	Always	No	Covered for members who require moderate to maximum support to walk, and who require the equipment to establish or maintain functional gait. Refer to manual.	1 per 5 years	Rental or Purchase	January 2011
K0001	Standard wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0002	Standard hemi (low seat) wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0003	Lightweight wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009

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K0004	High strength, lightweight wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0005	Ultra lightweight wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0006	Heavy duty wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0007	Extra heavy duty wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0009	Other manual wheelchair / base	Mobility Devices	Sometimes see manual	See policy	Covered for members who require a manual wheelchair to complete activities of daily living. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0011	Standard-weight frame motorized / power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Mobility Devices	Sometimes see manual	See policy	As of Mar. 1, 2008, this code may only be used for repair of a member owned device that was originally purchased using this code. See manual.			February 2009
K0012	Lightweight portable motorized / power wheelchair	Mobility Devices	Sometimes see manual	See policy	As of 3/1/2008, this code may only be used for repair of a member owned device that was originally purchased using this code. See manual.			February 2009
K0014	Other motorized / power wheelchair base	Mobility Devices	Sometimes see manual	See policy	As of 3/1/2008, this code may only be used for repair of a member owned device that was originally purchased using this code. See manual.			February 2009

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K0015	Detachable, non-adjustable height armrest, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0017	Detachable, adjustable height armrest, base, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0018	Detachable, adjustable height armrest, upper portion, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0019	Arm pad, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	4 per year	Rental or Purchase	November 2016
K0020	Fixed, adjustable height armrest, pair	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0037	High mount flip-up footrest, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0038	Leg strap, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0039	Leg strap, H style, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than once per year. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0040	Adjustable angle footplate, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Refer to manual.	2 per year	Rental or Purchase	February 2009

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K0041	Large size footplate, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0042	Standard size footplate, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0043	Footrest, lower extension tube, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0044	Footrest, upper hanger bracket, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0045	Footrest, complete assembly, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0046	Elevating leg rest, lower extension tube, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0047	Elevating leg rest, upper hanger bracket, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0050	Ratchet assembly, replacement only	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0051	Cam release assembly, footrest or leg rest, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016

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K0052	Swingaway, detachable footrests, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	November 2016
K0053	Elevating leg rest, articulating (telescoping), each	Mobility Devices	Sometimes see manual	See policy	Covered when attached to a covered wheelchair. Usually don't need replacement more than every 3 years. Cannot be billed with initial issue of manual or power wheelchair. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0056	Seat height of less than 17" or equal to or greater than 21" for high strength, lightweight or ultra lightweight wheelchair	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Because this is a modification to the base chair, it should not require replacement. Refer to manual.	1 per 5 years	Rental or Purchase	February 2009
K0065	Spoke protectors, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered manual wheelchair. Usually does not require replacement more than every 2 - 3 years. Refer to manual.	2 per year	Rental or Purchase	February 2009
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	2 per year	Purchase only	November 2016
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	2 per year	Purchase only	February 2009
K0071	Front caster assembly, complete with pneumatic tire, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	2 per year	Purchase only	November 2016
K0072	Front caster assembly, complete with semi-pneumatic tire, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	2 per year	Purchase only	November 2016

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K0073	Caster pin lock, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 2 years. Refer to manual.	2 per year	Purchase only	February 2009
K0077	Front caster assembly, complete with solid tire, replacement only, each	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 3 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	2 per year	Purchase only	November 2016
K0098	Drive belt for power wheelchair, replacement only	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Usually does not require replacement more than once per 2 years. Cannot be billed with initial issue of a wheelchair. Refer to manual.	1 per year	Purchase only	November 2016
K0105	IV Hanger, each	Equipment	No	See policy	Covered for members receiving IV medications / fluids / nutrition.	1 per year	Rental or Purchase	July 2009
K0108	Wheelchair component or accessory, not otherwise specified	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Only to be used when a more specific code is not available. Refer to manual.	medical necessity	Rental or Purchase	July 2009
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	Mobility Devices	Sometimes see manual	See policy	Covered when part of a covered wheelchair. Refer to manual.	1 per year	Rental or Purchase	July 2009
K0455	Infusion pump used for uninterrupted parenteral administration of medication (for example, epoprostenol or trepostinol)	Drug Infusion Supplies	Always	No	Covered when the member is receiving a medication that requires continuous parenteral infusion. Only one pump is covered, but the supplier is responsible for ensuring that there is an appropriate contingency plan to address any emergency situations. K0455 has been found by Medicare to require frequent and substantial servicing, therefore the 10 month rental limit does not apply.	1 per month during period of infusion	Monthly Rental only	July 2009
K0462	Temporary replacement for patient-owned equipment being repaired, any type	Equipment	Sometimes see manual	No	Covered when providers do not have appropriate loaner equipment for the member to use while their equipment is being repaired.	1 per month	Capped Rental only	October 2010

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K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	Drug Infusion Supplies	No	Y - NF N-ICF/DD	Covered when medically necessary for members using external drug infusion pump.	30 per month	Purchase only	November 2016
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit of service = 1 month's supply	Diabetes	Yes	Yes	Covered for insulin dependent diabetics with frequent adjustments to insulin dosing based on blood glucose test results. Refer to manual.	1 per month	Purchase only	September 2019
K0554	Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor system	Diabetes	Yes	Yes	Covered for insulin dependent diabetics with frequent adjustments to insulin dosing based on blood glucose test results. Refer to manual.	1 per 3 years	Purchase only	September 2019
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Drug Infusion Supplies	No	No	Covered for member owned external infusion pumps.	4 per month	Purchase only	July 2009
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Drug Infusion Supplies	No	No	Covered for member owned external infusion pumps.	4 per month	Purchase only	July 2009
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Drug Infusion Supplies	No	No	Covered for member owned external infusion pumps.	4 per month	Purchase only	July 2009

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K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Drug Infusion Supplies	No	No	Covered for member owned external infusion pumps.	4 per month	Purchase only	July 2009
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Drug Infusion Supplies	No	No	Covered for member owned external infusion pumps.	4 per month	Purchase only	July 2009
K0606	Automatic External Defibrillator, with integrated electrocardiogram analysis, garment type	External Defibrillator	Always	No	Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia. See manual.	1 per 5 years	Capped Rental only	December 2007
K0607	Replacement battery for automated External Defibrillator, garment type only, each	External Defibrillator	No	No	Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. See manual.	1 per year	Purchase only	December 2007
K0608	Replacement garment for use with automated External Defibrillator	External Defibrillator	No	No	Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. See manual.	1 per 6 months	Purchase only	December 2007
K0609	Replacement electrodes for use with automated External Defibrillator, garment type only, each	External Defibrillator	No	No	Covered for adult members at risk of sudden cardiac death due to ventricular fibrillation or ventricular tachyarrhythmia with patient-owned garment type External Defibrillator. See manual.	1 per 2 years	Purchase only	December 2007

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K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	Mobility Devices	Sometimes see manual	See policy	Covered for members for whom a cushion with a specific code is not appropriate.	2 per year	Rental or Purchase	July 2009
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Orthotics	Sometimes see manual	No	Covered when patient owns a lower extremity orthosis requiring a soft interface replacement.	2 per year	Purchase only	July 2009
K0730	Controlled dose inhalation drug delivery system	Respiratory	No	Y - NF N-ICF/DD	Covered only if there is an approved prior authorization for Ventavis. Enter PA # in notes field.	1 per month during treatment period	Capped Rental only	July 2009
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (for example, gel cell, absorbed glassmat)	Mobility Devices	Sometimes see manual	See policy	Covered for power wheelchairs requiring this kind of battery. Refer to manual. for complete information regarding mobility devices.	2 per year	Rental or Purchase	February 2008
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Respiratory	Sometimes see manual	No	Covered for members who require portable oxygen and are willing and capable to use the home compressor to fill their own cylinders. MHCP will not pay for portable liquid or portable gas oxygen for members using the home compressor. Refer to manual. for complete information regarding oxygen and the oxygen contract.	1 per month	Capped Rental only	July 2009

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K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Labor/Repairs	Sometimes see manual	No	Covered for necessary repairs to patient owned medically necessary equipment.	48 units per day	Purchase only	January 2010
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Labor/Repairs	Sometimes see manual	No	Covered for necessary repairs to patient owned medically necessary equipment.	48 units per day	Purchase only	January 2010
K0741	Portable gaseous oxygen system, rental, includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing, for cluster headaches	Oxygen			not covered. Use E0431.			July 2011
K0742	Portable oxygen contents, gaseous, 1 month's supply = 1 unit, for cluster headaches, for initial month's supply or to replace used contents	Oxygen			Not covered. Use E0443 or S8120.			July 2011
K0743	Suction pump, home model, portable, for use on wounds	Wound Care	Always	No	Covered for members with chronic non-healing wounds. Refer to manual.	1 per month	Capped Rental only	July 2011
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Wound Care	No	No	covered for members with approved K0743.	31 per month	Purchase only	July 2011

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K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	Wound Care	No	No	covered for members with approved K0743.	31 per month	Purchase only	July 2011
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Wound Care	No	No	covered for members with approved K0743.	31 per month	Purchase only	July 2011
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	No	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0812	Power operated vehicle, not otherwise classified	Mobility Devices	Sometimes see manual	No	As of 3/1/2008, this code may only be used for repair of a member owned device that was originally purchased using this code. See manual.			February 2008
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0822	Power wheelchair, group 2 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat and back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat and back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat and back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008

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K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information	1 per 5 years	Rental or Purchase	February 2008
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008

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K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Mobility Devices	Sometimes see manual	See policy	Mobility devices are covered for eligible MHCP members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Refer to manual. for complete information.	1 per 5 years	Rental or Purchase	February 2008
K0898	Power wheelchair, not otherwise classified	Mobility Devices	Sometimes see manual	See policy	As of 3/1/2008, this code may only be used for repair of a member owned device that was originally purchased using this code. See manual.			February 2008
K0899	Power mobility device, not coded by SADMERC or does not meet criteria	Mobility Devices			Not covered. Only power mobility devices reviewed and classified by the SADMERC are covered. See manual.			February 2008
K0900	Customized Durable Medical Equipment, other than wheelchair	Miscellaneous Supplies	Always	See policy	Covered when non-custom equipment cannot meet a member's needs.	1 per dispensing, as medically necessary	Rental or Purchase	July 2013

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K0903	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Footwear			Not covered- discontinued code. Replaced with A5514.			January 2019
K1005	Disposable collection and storage bag for breast milk, any size, any type	Breast Pump	No	No	Covered for members who are nursing	6 per day	Purchase only	January 2020
L7900	Male vacuum erection system	Prosthetics	No	No	Covered for members who are unable to obtain an erection.	1 per 5 years	Purchase only	July 2019
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	Prosthetics	No	No	Covered for members with a patient-owned vacuum erection system who are unable to obtain an erection.	1 per year	Purchase only	July 2019
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 3 per 6 months.	3 per dispensing	Purchase only	September 2019

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L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 4 per year.	4 per dispensing	Purchase only	September 2019
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 4 per year.	4 per dispensing	Purchase only	September 2019
L8010	Breast prosthesis, mastectomy sleeve	Prosthetics	No	No	Covered for members with post-mastectomy lymphedema. Most patients can be served with 4 per year.	4 per dispensing	Purchase only	September 2019
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 4 per year.	4 per dispensing	Purchase only	September 2019
L8020	Breast prosthesis, mastectomy form	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 2 per breast per year. Use modifiers LT and RT as appropriate.	2 per breast per dispensing	Purchase only	September 2019
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 2 per breast per year. Use modifiers LT and RT as appropriate.	2 per breast per dispensing	Purchase only	September 2019
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 2 per breast per year. Use modifiers LT and RT as appropriate.	2 per breast per dispensing	Purchase only	September 2019
L8032	Nipple prosthesis, reusable, any type, each	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 2 per breast per year. Use modifiers LT and RT as appropriate.	2 per breast per dispensing	Purchase only	September 2019

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L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Prosthetics	No	No	Covered for members post-mastectomy. Most patients can be served with 2 per breast per year. Use modifiers LT and RT as appropriate.	2 per breast per dispensing	Purchase only	September 2019
L8039	Breast prosthesis, NOS	Prosthetics	Sometimes	No	Covered for members post-mastectomy. Authorization is required for submitted charge over \$3000.	2 per dispensing	Purchase only	September 2019
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments	Orthotics	Sometimes see manual	No	Covered for infants requiring treatment of head deformities. Refer to manual.	1 / dispensing	Purchase only	July 2013
S9435	Medical foods for inborn errors of metabolism	Nutritional Products	No	Yes	Covered for members with disorders of amino-acid transport and metabolism when dispensed by an enrolled medical foods supplier. Refer to manual.	\$525 per month	Purchase only	February 2009
T4521	Adult sized disposable Incontinence product, brief/diaper, small, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4522	Adult sized disposable Incontinence product, brief/diaper, medium, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4523	Adult sized disposable Incontinence product, brief/diaper, large, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4524	Adult sized disposable Incontinence product, brief/diaper, extra large, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009

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T4525	Adult sized disposable Incontinence product, protective underwear/pull-on, small size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4526	Adult sized disposable Incontinence product, protective underwear/pull-on, medium size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4527	Adult sized disposable Incontinence product, protective underwear/pull-on, large size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4528	Adult sized disposable Incontinence product, protective underwear/pull-on, extra large size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4529	Pediatric sized disposable Incontinence product, brief/diaper, small/medium size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4530	Pediatric sized disposable Incontinence product, brief/diaper, large size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4531	Pediatric sized disposable Incontinence product, protective underwear/pull-on, small/medium size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009

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T4532	Pediatric sized disposable Incontinence product, protective underwear/pull-on, large size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4533	Youth sized disposable Incontinence product, brief/diaper, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4534	Youth sized disposable Incontinence product, protective underwear/pull-on, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4535	Disposable liner/ shield/ guard/ pad/ undergarment, for Incontinence, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4536	Incontinence product, protective underwear/pull on, reusable, any size, each	Incontinence			Not covered. Only disposable Incontinence products are covered.			June 2009
T4537	Incontinence product, protective underpad, reusable, bed size, each	Incontinence			Not covered. Only disposable incontinence products are covered.			June 2009
T4538	Diaper service, reusable diaper, each diaper	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information	Varies - Refer to manual.	Monthly Rental only	June 2009
T4539	Incontinence product, diaper/brief, reusable, any size, each	Incontinence			Not covered. Only disposable incontinence products are covered.			June 2009

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T4540	Incontinence product, protective underpad, reusable, chair size, each	Incontinence			Not covered. Only disposable incontinence products are covered.			June 2009
T4541	Incontinence product, disposable underpad, large, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4542	Incontinence product, disposable underpad, small size, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	June 2009
T4543	Adult sized disposable Incontinence product, protective brief/diaper, above extra-large, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	January 2014
T4544	Adult sized disposable Incontinence product, protective underwear/pull-on, above extra-large, each	Incontinence	Sometimes see manual	Yes	Covered for members who are incontinent of bladder or bowel. Refer to manual. for complete information.	Varies - Refer to manual.	Purchase only	January 2014
T5999	Supply, not otherwise classified	Miscellaneous Supplies	No	Yes	Use for covered disposable supplies that do not fit into any of the other more specific miscellaneous supply codes. Refer to manual.	medical necessity	Purchase only	July 2009

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