

PROVIDERS MAY NOTICE A MINOR DIFFERENCE BETWEEN THE PUBLISHED PAYMENT AMOUNT ON THE FEE SCHEDULE AND THE ACTUAL PAYMENT AMOUNT. THE PAYMENT SYSTEM USES SEVEN DECIMAL PLACES IN THE REIMBURSEMENT CALCULATION, BUT THE FEE SCHEDULE PUBLISHES ONLY THE FIRST TWO DECIMAL PLACES.

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A2001		NOT COVERED				NC
000A2002		NOT COVERED				NC
000A2003		NOT COVERED				NC
000A2004		NOT COVERED				NC
000A2005		NOT COVERED				NC
000A2006		NOT COVERED				NC
000A2007		NOT COVERED				NC
000A2008		NOT COVERED				NC
000A2009		NOT COVERED				NC
000A2010		NOT COVERED				NC
000A4100		SKIN SUBSTITUTE FDA CLEARED AS A DEVICE NOT OTHERWISE SPECIFIED		NOT COVERED		NC
000A4206		SYRINGE W/NEEDLE STERILE 1 CC OR LESS EACH				\$0.48
000A4207		SYRINGE W/NEEDLE STERILE 2CC EACH				\$0.48
000A4208		SYRINGE W/NEEDLE STERILE 3CC EACH				\$0.48
000A4209		SYRINGE W/NEEDLE STERILE 5CC OR GREATER EACH				\$0.50
000A4212		NON-CORING NEEDLE OR STYLET W/OR W/O CATHETER				\$10.73
000A4213		SYRINGE STERILE 20CC OR GREATER EACH				\$1.43
000A4215		NEEDLE STERILE ANY SIZE EACH				\$0.53
000A4217		STERILE WATER/SALINE 500 ML		USE ONLY W/LG VOLUME NEBULIZER STATE ON CLAIM. (IF FOR IRRIGATIN BILL AS A LEGEND DRUG NOT A SUPPLY)		\$3.38
000A4218		STERILE SALINE OR WATER METERED DOSE DISPENSER 10 ML		USE ONLY W/LG VOL NEBULIZER FOR DX CYSTIC FIBROSIS ONLY. MAX OF60 PER MONTH		\$0.57
000A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP		NOT A SUPPLIER SERVICE		\$73.63
000A4221		SUPPLIES FOR MAINT OF DRUG INFUSION CATHETER PER WEEK		LIST DRUGS SEPARATELY		\$23.60
000A4222		INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP PER CASSETTE OR BAG		LIST DRUGS SEPARATELY		\$45.35
000A4223		INFUSION SUPPLIES NOT USED W/EXTERNAL INFUSION PUMP PER CASSETTE OR BAG		LIST DRUGS SEPARATELY		\$63.15
000A4224		SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER PER WEEK		RNE REQUIRES INVOICE		RNE

000A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE EACH		RNE REQUIRES INVOICE		RNE
000A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING PER WEEK		RNE REQUIRES INVOICE		RNE
000A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP NON NEEDLE CANNULA TYPE				\$11.15
000A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE		PAY AT INVOICE COST +30%		IC+30%
000A4232	SYRINGE W/NEEDLE FOR EXTERNAL INSULIN PUMP STERILE 3CC				\$3.48
000A4233	REPLACEMENT BATTERY ALKALINE (OTHER THAN J CELL) EACH		FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$1.01
000A4234	REPLACEMENT BATTERY ALKALINE J CELL EACH		FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$4.65
000A4235	REPLACEMENT BATTERY LITHIUM EACH		FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$3.00
000A4236	REPLACEMENT BATTERY SILVER OXIDE		FOR USE W/HOME BLOOD GLUCOSE MONITOR		\$2.16
000A4238	SUPPLY ALLOWANCE FOR ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR (CGM) INCLUDES ALL S	X	INITAL PA 6 MO. RENEWAL PA YRLY		\$248.19
000A4239	SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (C	X	INITAL PA 6 MO. RENEWAL YRLY.		\$262.64
000A4244	ALCOHOL OR PEROXIDE PER PINT				\$4.65
000A4245	ALCOHOL WIPES PER BOX		1 BOX=100 WIPES		\$7.15
000A4246	BETADINE OR PHISOHEX SOLUTION PER PINT				\$20.03
000A4247	BETADINE OR IODINE SWABS/WIPES PER BOX		1 BOX=50 SWABS/WIPES		\$21.46
000A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML		PAY AT INVOICE COST +30%		IC+30%
000A4250	URINE TEST OR REAGENT STRIPS OR TABLETS		100 TABLETS OR STRIPS/PAY AT INVOICE COST +30%		IC+30%
000A4252	BLOOD KETONE TEST OR REAGENT STRIP EACH		PAY AT INVOICE COST +30%		IC+30%
000A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR STRIPS		PER 50 STRIPS		\$40.45
000A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR		50 PER BOX		\$5.12
000A4256	NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS				\$3.62
000A4258	SPRING-POWERED DEVICE FOR LANCET EACH				\$2.27
000A4259	LANCETS		PER BOX OF 100		\$1.52
000A4261	CERVICAL CAP FOR CONTRACEPTIVE USE		AGES 12 TO 55 PAY AT INVOICE COST +30%		IC+30%

000A4265		PARAFFIN PER POUND			\$4.24
000A4266		DIAPHRAGM FOR CONTRACEPTIVE USE	AGES 12 TO 55 PAY AT INVOICE COST +30%		IC+30%
000A4267		CONTRACEPTIVE SUPPLY CONDOM MALE EACH	AGES 12 TO 55		\$3.30
000A4268		CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH			\$3.88
000A4269		CONTRACEPTIVE SUPPLY SPERMICIDE (E.G. FOAM GEL) EACH	PAY AT INVOICE COST +30%		IC+30%
000A4271		INTEGRATED LANCING AND BLOOD SAMPLE TESTING CARTRIDGES FOR HOME BLOOD GLUCOSE MO	NOT COVERED		NC
000A4280		ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE W/EXT BREAST PROSTHESIS EACH			\$6.58
000A4281		TUBING FOR BREAST PUMP REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4282		ADAPTER FOR BREAST PUMP REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4283		CAP FOR BREAST PUMP BOTTLE REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4284		BREAST SHIELD & SPLASH PROTECTOR FOR USE W/BREAST PUMP REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4285		POLYCARBONATE BOTTLE FOR USE W/BREAST PUMP REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4286		LOCKING RING FOR BREAST PUMP REPLACEMENT	PAY AT INVOICE COST +30%		IC+30%
000A4287		DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK ANY SIZE ANY TYPE EACH	RNE REQUIRES INVOICE KW 01012024		RNE
000A4288		VALVE FOR BREAST PUMP REPLACEMENT	RNE		RNE
000A4288	NU	VALVE FOR BREAST PUMP REPLACEMENT	RNE		RNE
000A4288	RA	VALVE FOR BREAST PUMP REPLACEMENT	RNE		RNE
000A4290		SACRAL NERVE STIMULATION TEST LEAD EACH	PAY AT INVOICE COST +30%		IC+30%
000A4295		INTERMITTENT URINARY CATHETER; STRAIGHT TIP HYDROPHILIC COATING EACH			\$2.26
000A4296		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP HYDROPHILIC COATING EACH			\$8.00
000A4297		INTERMITTENT URINARY CATHETER; HYDROPHILIC COATING WITH INSERTION SUPPLIES			\$8.73
000A4310		INSERTION TRAY W/O DRAINAGE BAG AND W/O CATHETER (ACCESS ONLY)			\$8.92
000A4311		INSERTION TRAY W/O DRAIN BAG W/INDWELLING CATH FOLEY TYPE 2-WAY LATEXW/COATING (TEFLON SILICONE SILICONE ELASTOMER HYDRO ETC.)			\$16.01

000A4312	INSERTION TRAY W/0 DRAINAGE BAG W/INDWELLING CATHETER FOLEY TYPE 2-WAY ALL SILICONE				\$22.49
000A4313	INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATHETER FOLEY TYPE 3-WAY FOR CONTINUOUS IRRIGATION				\$23.09
000A4314	INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER FOLEY TYPE LATEXW/COATING (TEFLON SILICONE SILICONE ELASTOMER HYDROPHILIC)				\$31.52
000A4315	INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER FOLEY TYPE 2-WAY ALL SILICONE				\$32.88
000A4316	INSERTION TRAY W/DRAINAGE BAG W/INDWELLING CATHETER FOLEY TYPE 3-WAY FOR CONTINUOUS IRRIGATION				\$35.10
000A4320	IRRIGATION TRAY W/BULB OR PISTON SYRINGE ANY PURPOSE				\$6.43
000A4322	IRRIGATION SYRINGE BULB OR PISTON EACH				\$3.79
000A4326	MALE EXTERNAL CATHETER W/INTEGRAL COLLECTION CHAMBER ANY TYPE EACH				\$11.85
000A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE METAL CUP EACH				\$55.61
000A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE POUCH EACH				\$12.15
000A4330	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH				\$8.93
000A4331	EXTENSION DRAINAGE TUBING ANY TYPE ANY LENGTH W/CONNECTOR/ADAPTOR EACH	FOR USE W/A URINARY LEG BAG UROSTOMY POUCH W/A URINARY LEG BAG OR UROSTOMY POUCH			\$3.95
000A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH				\$0.13
000A4333	URINARY CATHETER ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT EACH				\$2.76
000A4334	URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH				\$6.13
000A4335	INCONTINENCE SUPPLY MISCELLANEOUS	PAY AT INVOICE COST +30%			IC+30%
000A4337	INCONTINENCE SUPPLY RECTAL INSERT ANY TYPE EACH	PAY AT INVOICE COST +30%			IC+30%

000A4338	INDWELLING CATHETER FOLEY TYPE 2-WAY LATEX W/COATING (TEFLON SILICONE SILICONE ELASTOMER OR HYDROPHILIC ETC.) EACH				\$15.29
000A4340	INDWELLING CATHETER SPECIALTY TYPE EG COUDE MUSHROOM WING ETC. EACH				\$33.65
000A4344	INDWELLING CATHETER FOLEY TYPE 2-WAY ALL SILICONE EACH				\$19.96
000A4346	INDWELLING CATHETER FOLEY TYPE 3-WAY LATEX OR TEFLON FOR CONTINUOUSIRRIGATION EACH				\$24.42
000A4349	MALE EXTERNAL CATHETER W/OR W/O ADHESIVE DISPOSABLE EACH				\$2.50
000A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP W/OR W/OUT COATING (TEFLON SILICONE SILICONE ELASTOMER, ETC.) EACH				\$2.26
000A4352	INTERMITTENT URINARY CATHETER COUDE (CURVED) TIP W/OR W/O COATING (TEFLON SILICONE SILICONE ELASTOMERIC, ETC.)				\$8.00
000A4353	INTERMITTENT URINARY CATHETER W/INSERTION SUPPLIES				\$8.73
000A4354	INSERTION TRAY W/DRAINAGE BAG BUT W/O CATHETER				\$14.71
000A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A 3-WAY DWELLING FOLEY CATHETER EACH				\$11.00
000A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHTER CLAMP) EACH				\$54.55
000A4357	BEDSIDE DRAINAGE BAG DAY OR NIGHT W/OR W/O ANTI-REFLUX DEVICE W/OR W/O TUBE EACH				\$11.82
000A4358	URINARY DRAINAGE BAG LEG OR ABDOMEN VINYL W/OR W/O TUBE W/STRAPS EACH				\$8.27
000A4360	DISPOSABLE EXTERNAL URETHAL CLAMP OR COMPRESSION DEVICE W/PAD AND/OR POUCH EACH				\$0.57
000A4361	OSTOMY FACE PLATE EACH				\$19.46
000A4362	SKIN BARRIER; SOLID 4X4 OR EQUIVALENT EACH				\$4.31
000A4363	OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH				\$2.50

000A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE				\$3.67
000A4366	OSTOMY VENT ANY TYPE EACH				\$1.60
000A4367	OSTOMY BELT EACH				\$9.18
000A4368	OSTOMY FILTER ANY TYPE EACH				\$0.31
000A4369	OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC) PER OZ.				\$2.58
000A4371	OSTOMY SKIN BARRIER POWDER PER OZ.				\$4.47
000A4372	OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIVALENT STANDARD WEAR W/BUILT-IN CONVEXITY EACH				\$5.21
000A4373	OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDIAN) W/BUILT-IN CONVEXITY ANY SIZE EACH				\$7.79
000A4375	OSTOMY POUCH DRAINABLE W/FACEPLACE ATTACHED PLASTIC EACH				\$21.41
000A4376	OSTOMY POUCH DRAINABLE W/FACEPLACE ATTACHED RUBBER EACH				\$59.33
000A4377	OSTOMEY POUCH DRAINABLE W/FACEPLACE ATTACHED PLASTIC EACH				\$5.34
000A4378	OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH				\$38.34
000A4379	OSTOMY POUCH URINARY W/FACEPLACE ATTACHMENT PLASTIC EACH				\$18.72
000A4380	OSTOMY POUCH URINARY W/FACEPLATE ATTACHMENT RUBBER EACH				\$46.55
000A4381	OSTOMY POUCH URINARY FOR USE ON FACEPLATE PLASTIC EACH				\$5.76
000A4382	OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EACH				\$30.70
000A4383	OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH				\$35.15
000A4384	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH				\$11.98
000A4385	OSTOMY SKIN BARRIER W/FLANGE SOLID 4X4 OR EQUIVALENT EXTENDED WEAR W/O BUILT-IN CONVEXITY ANY SIZE EACH				\$6.35
000A4387	OSTOMY POUCH CLOSED W/BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE) EACH				\$2.79
000A4388	OSTOMY POUCH DRAINABLE W/EXTENDED WEAR BARRIER ATTACHED (1 PIECE) EACH				\$5.44
000A4389	OSTOMY POUCH DRAINABLE W/BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE) EACH				\$7.73

000A4390		OSTOMY POUCH DRAINABLE W/EXTENDED WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE) EACH			\$11.97
000A4391		OSTOMY POUCH URINARY W/EXTENDED WEAR BARRIER ATTACHED (1 PIECE) EACH			\$8.81
000A4392		OSTOMY POUCH URINARY W/STANDARD WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE) EACH			\$10.18
000A4393		OSTOMY POUCH URINARY W/EXTENDED WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY (1 PIECE) EACH			\$11.27
000A4394		OSTOMY DEODORANT W/OR W/O LUBRICANT FOR USE IN OSTOMY POUCH PER FLUID OZ.			\$3.22
000A4395		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH SOLIC PER TABLET			\$0.05
000A4396		OSTOMY BELT W/PERISTOMAL HERNIA SUPPORT			\$50.47
000A4398		OSTOMY IRRIGATION SUPPLY BAG EACH			\$17.23
000A4399		OSTOMY IRRIGATION SUPPLY CONE/CATHETER W/OR W/O BRUSH			\$13.00
000A4402		LUBRICANT PER OZ.			\$1.91
000A4404		OSTOMY RING EACH			\$2.08
000A4405		OSTOMY SKIN BARRIER NON-PECTIN BASED PASTE PER OZ.			\$4.26
000A4406		OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OZ.			\$7.13
000A4407		OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR W/BUILT-IN CONVEXITY 4 X 4 INCHES OR SMALLER EACH			\$10.92
000A4408		OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDEDWEAR W/BUILT-IN CONVEXITY LARGER THAN 4 X 4 INCHES EACH			\$12.30
000A4409		OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDEDWEAR W/O BUILT-IN CONVEXITY 4 X 4 INCHES OR SMALLER EACH			\$7.73
000A4410		OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) EXTENDED WEAR W/O BUILT-IN CONVEXITY LARGER THAN 4X4 INCHES EACH			\$11.27

000A4411	OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIVALENT EXTENDED WEAR W/BUILT-IN CONVEXITY EACH				\$6.35
000A4412	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER W/FLANGE (2PIECE SYSTEM) W/O FILTER EACH				\$3.37
000A4413	OSTOMY POUCH DRAINABLE HIGH OUTPUT FOR USE ON A BARRIER W/FLANGE (2PIECE SYSTEM) W/FILTER EACH				\$6.86
000A4414	OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) W/O BUILT-IN CONVEXITY 4 X 4 INCHES OR SMALLER EACH				\$6.13
000A4415	OSTOMY SKIN BARRIER W/FLANGE (SOLID FLEXIBLE OR ACCORDION) W/O BUILT-IN CONVEXITY LARGER THAN 4X4 INCHES EACH				\$7.45
000A4416	OSTOMY POUCH CLOSED W/BARRIER ATTACHED W/FILTER (1 PIECE) EACH				\$3.42
000A4417	OSTOMY POUCH CLOSED W/BARRIER ATTACHED W/BUILT-IN CONVEXITY W/FILTER (1 PIECE) EACH				\$4.64
000A4418	OSTOMY POUCH CLOSED W/O BARRIER ATTACHED W/FILTER (1 PIECE) EACH				\$2.26
000A4419	OSTOMY POUCH CLOSED FOR USE ON BARRIER W/NON-LOCKING FLANGE W/FILTER (2 PIECE) EACH				\$2.15
000A4420	OSTOMY POUCH CLOSED FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE) EACH	PAY AT INVOICE COST +30%			IC+30%
000A4421	OSTOMY SUPPLY MISCELLANEOUS	DO NOT USE IF SPECIFIC CODE AVAILABLE. INVOICE + 30%			IC+30%
000A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT EACH				\$0.13
000A4423	OSTOMY POUCH CLOSED FOR USE ON BARRIER W/LOCKING FLANGE W/FILTER (2 PIECE) EACH				\$2.31
000A4424	OSTOMY POUCH DRAINABLE W/BARRIER ATTACHED W/FILTER (1 PIECE) EACH				\$5.92
000A4425	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER W/NON-LOCKING FLANGE W/FILTER (2 PIECE SYSTEM) EACH				\$4.46

000A4426		OSTOMY POUCH DRAINABLE FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE SYSTEM) EACH			\$3.40
000A4427		OSTOMY POUCH DRAINABLE FOR USE ON BARRIER W/LOCKING FLANGE W/FILTER(2 PIECE SYSTEM) EACH			\$3.47
000A4428		OSTOMY POUCH URINARY W/EXTENDED WEAR BARRIER ATTACHED W/FAUCET-TYPE TAP W/VALVE (1 PIECE) EACH			\$8.13
000A4429		OSTOMY POUCH URINARY W/BARRIER ATTACHED W/BUILT-IN CONVEXITY W/FAUCET-TYPE TAP W/VALVE (1 PIECE) EACH			\$10.28
000A4430		OSTOMY POUCH URINARY W/EXTENDED WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY W/FAUCET-TYPE TAP W/VALVE (ONE-PIECE) EACH			\$10.61
000A4431		OSTOMY POUCH URINARY W/BARRIER ATTACHED W/FAUCET-TYPE TAP W/VALVE (1 PIECE) EACH			\$7.73
000A4432		OSTOMY POUCH URINARY FOR USE ON BARRIER W/NON-LOCKING FLANGE W/FAUCET-TYPE TAP W/VALVE (2 PIECE) EACH			\$4.47
000A4433		OSTOMY POUCH URINARY FOR USE ON BARRIER W/LOCKING FLANGE (2 PIECE) EACH			\$4.17
000A4434		OSTOMY POUCH URINARY FOR USE ON BARRIER W/LOCKING FLANGE W/FAUCET-TYPE TAP W/VALVE (2 PIECE) EACH			\$4.68
000A4435		OSTOMY POUCH DRAINABLE HIGH OUTPUT W/EXTENDED WEAR BARRIER (1 PIECESYSTEM) W/OR W/O FILTER EACH	PAY AT INVOICE COST +30%		IC+30%
000A4436		"IRRIGATION SUPPLY; SLEEVE REUSABLE PER MONTH"	REPLACES HCPCS A4397 RNE		RNE
000A4437		"IRRIGATION SUPPLY; SLEEVE DISPOSABLE PER MONTH"	REPLACES HCPCS A4397 RNE		RNE
000A4438		ADHESIVE CLIP APPLIED TO THE SKIN TO SECURE EXTERNAL ELECTRICAL NERVE STIMULATOR	RNE		RNE
000A4450		TAPE NON-WATERPROOF PER 18 SQUARE INCHES			\$0.17
000A4452		TAPE WATERPROOF PER 18 SQUARE INCHES			\$0.49
000A4455		ADHESIVE REMOVER OR SOLVENT (FOR TAPE CEMENT OR OTHER ADHESIVE) PER OZ			\$1.77

000A4456	ADHESIVE REMOVER WIPES ANY TYPE EACH				\$0.30
000A4457	ENEMA TUBE WITH OR WITHOUT ADAPTER ANY TYPE REPLACEMENT ONLY EACH	RNE REQUIRES INVOICE			RNE
000A4458	ENEMA BAG W/TUBING REUSABLE	PAY AT INVOICE COST +30%			IC+30%
000A4461	SURGICAL DRESSING HOLDER NON-REUSABLE EACH				\$4.11
000A4463	SURGICAL DRESSING HOLDER REUSABLE EACH				\$16.59
000A4465	NON-ELASTIC BINDER FOR EXTREMITY	PAY AT INVOICE COST +30%			IC+30%
000A4467	BELT STRAP SLEEVE GARMENT OR COVERING ANY TYPE	RNE REQUIRES INVOICE			RNE
000A4468	EXSUFFLATION BELT INCLUDES ALL SUPPLIES AND ACCESSORIES	RNE REQUIRES INVOICE			RNE
000A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH				\$0.46
000A4483	MOISTURE EXCHANGER DISPOSABLE FOR USE W/INVASIVE MECHANICAL VENTALATION	PAY AT ACTUAL INVOICE + 30%			IC+30%
000A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH EACH				\$19.67
000A4495	SURGICAL STOCKINGS THIGH LENGTH EACH				\$26.83
000A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH EACH				\$16.10
000A4510	SURGICAL STOCKINGS WAIST LENGTH EACH				\$62.61
000A4540	DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR STIMULATES PERIPHERAL NERVES	RNE REQUIRES INVOICE			RNE
000A4541	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT E0733	RNE REQUIRES INVOICE			RNE
000A4542	SUPPLIES AND ACCESSORIES FOR EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPH	RNE			RNE
000A4550	SURGICAL TRAYS	PAYABLE TO PODIATRISTS ONLY			\$23.25
000A4553	NON-DISPOSABLE UNDERPADS ALL SIZES	RNE REQUIRES INVOICE			RNE
000A4556	ELECTRODES PER PAIR E.G. APNEA MONITOR				\$12.87
000A4557	LEAD WIRES (E.G. APNEA MONITOR) PER PAIR				\$13.31
000A4558	CONDUCTIVE GEL OR PASTE FOR USE W/ELECTRICAL DEVICE (E.G. TENS NMES) PER OZ.				\$6.80
000A4561	PESSARY RUBBER ANY TYPE				\$25.38
000A4562	PESSARY NON RUBBER ANY TYPE				\$63.15

000A4563		RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION FOR LONG TERM USE INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES ANY TYPE EACH				\$137.66
000A4564		PESSARY DISPOSABLE ANY TYPE	RNE			RNE
000A4565		SLINGS				\$9.66
000A4593		NEUROMODULATION STIMULATOR SYSTEM ADJUNCT TO REHABILITATION THERAPY REGIME	NOT COVERED			NC
000A4594		NEUROMODULATION STIMULATOR SYSTEM ADJUNCT TO REHABILITATION THERAPY REGIME	NOT COVERED			NC
000A4595		ELECTRICAL STIMULATOR SUPPLIES 2 LEAD PER MONTH (E.G. TENS NMES)				\$16.57
000A4596		CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM SUPPLIES AND ACCESSORIES PER MO	RNE REQUIRES INVOICE			RNE
000A4600		SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE REPLACEMENT ONLY EACH	PAY AT INVOICE COST +30%			IC+30%
000A4601		LITHIUM ION BATTERY FOR NON-PROSTHETIC USE REPLACEMENT	PAY AT INVOICE COST +30%			IC+30%
000A4604		TUBING W/INTEGRATED HEATING ELEMENT FOR USE W/POSITIVE AIRWAY PRESSURE DEVICE				\$85.74
000A4605		TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH				\$21.46
000A4606	RB	OXYGEN PROBE FOR USE W/OXIMETER DEVICE REPLACEMENT	CLIENT-OWNED EQUIP. ONLY PAY AT INVOICE COST			IC
000A4608	RB	TRANSTRACHEAL OXYGEN CATHETER EACH	CLIENT-OWNED EQUIP. ONLY			\$71.15
000A4611	RB	BATTERY HEAVY DUTY REPLACEMENT FOR PATIENT- OWNED VENTILATOR	CLIENT-OWNED EQUIP. ONLY			\$217.39
000A4612	RB	BATTERY CABLES REPLACEMENT FOR PATIENT OWNED VENTILATOR	CLIENT-OWNED EQUIP. ONLY			\$102.09
000A4613	RB	BATTERY CHARGER REPLACEMENT FOR PATIENT- OWNED VENTILATOR	PAY AT INVOICE COST			IC
000A4614	NU	PEAK EXPIRATORY FLOW RATE METER HAND HELD				\$29.09
000A4614	RR	PEAK EXPIRATORY FLOW RATE METER HAND HELD				\$2.90
000A4615	RB	CANNULA NASAL	CLIENT-OWNED EQUIP. ONLY			\$0.89
000A4616	RB	TUBING OXYGEN PER FOOT	CLIENT-OWNED EQUIP. ONLY			\$0.09
000A4618	RB	BREATHING CIRCUITS	CLIENT-OWNED EQUIP. ONLY			\$12.12

000A4619	RB	FACE TENT	CLIENT-OWNED EQUIP. ONLY		\$15.23
000A4620	RB	VARIABLE CONCENTRATION MASK	CLIENT-OWNED EQUIP. ONLY		\$0.84
000A4623		TRACHEOSTOMY INNER CANNULA			\$6.95
000A4624	NU	TRACHEAL SUCTION CATHETER ANY TYPE OTHER THAN CLOSED SYSTEM EACH			\$3.28
000A4625		TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	COVERED FOR TWO WEEK POST OP PERIOD ONLY		\$8.47
000A4626		TRACHEOSTOMY CLEANING BRUSH			\$3.37
000A4627		SPACER BAG OR RESERVOIR W/OR W/O MASK FOR USE W/METERED DOSE INHALER (EXAMPLE:AEROCHAMBER)			\$50.09
000A4628		OROPHARYNGEAL SUCTION CATHETER EACH			\$4.46
000A4629		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY			\$5.76
000A4635	RB	UNDERARM PAD CRUTCH REPLACEMENT EACH	CLIENT-OWNED EQUIP. ONLY		\$5.68
000A4636	RB	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH	CLIENT-OWNED EQUIP. ONLY		\$3.88
000A4637	RB	REPLACEMENT TIP CAN CRUTCH OR WALKER EACH	CLIENT-OWNED EQUIP. ONLY		\$5.67
000A4639	RB	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM EACH	CLIENT-OWNED EQUIP. ONLY		\$388.75
000A4640	RB	REPLACEMENT PAD FOR USE W/MED. NEC. ALTERNATING PRESSURE PAD	CLIENT-OWNED EQUIP. ONLY		\$93.02
000A4649		SURGICAL SUPPLIES MISCELLANEOUS	PAY AT INVOICE COST +30%		IC+30%
000A4657		SYRINGE W/OR W/O NEEDLE EACH			\$0.48
000A4660	NU	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS W/CUFF AND STETHOSCOPE			\$53.67
000A4663	RB	BLOOD PRESSURE CUFF ONLY	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000A4670	NU	AUTOMATIC BLOOD PRESSURE MONITOR		X	\$89.45
000A4670	RR	AUTOMATIC BLOOD PRESSURE MONITOR			\$8.94
000A4911		DRAIN BAG/BOTTLE FOR DIALYSIS EACH	PAY AT INVOICE COST +30%		IC+30%
000A4927		GLOVES NON-STERILE PER 100	MAX UNITS: 3/MONTH		\$11.99
000A4928		SURGICAL MASK PER 20	PAY AT INVOICE COST +30%		IC+30%
000A4930		GLOVES STERILE PER PAIR			\$1.78
000A4931		ORAL THERMOMETER REUSABLE ANY TYPE EACH			\$6.26
000A4932		RECTAL THERMOMETER REUSABLE ANY TYPE EACH			\$6.26
000A5051		OSTOMY POUCH CLOSED W/BARRIER ATTACHED (1 PIECE) EACH			\$2.57
000A5052		OSTOMY POUCH CLOSED W/O BARRIER ATTACHED (1 PIECE) EACH			\$1.85

000A5053	OSTOMY POUCH CLOSED FOR USE ON FACEPLATE EACH				\$2.15
000A5054	OSTOMY POUCH CLOSED FOR USE ON BARRIER W/FLANGE (2 PIECE) EACH				\$2.23
000A5055	STOMA CAP				\$1.76
000A5056	OSTOMY POUCH DRAINABLE WITH EXTENDED WEAR BARRIER ATTACHED WITH FILTER (1 PIECE) EACH				\$5.89
000A5057	OSTOMY POUCH DRAINABLE W/EXTENDED WEAR BARRIER ATTACHED W/BUILT-IN CONVEXITY W/FILTER (1 PIECE) EACH				\$11.97
000A5061	OSTOMY POUCH DRAINABLE W/BARRIER ATTACHED (1 PIECE) EACH				\$4.39
000A5062	OSTOMY POUCH DRAINABLE W/O BARRIER ATTACHED (1 PIECE) EACH				\$2.59
000A5063	OSTOMY POUCH DRAINABLE FOR USE ON BARRIER W/FLANGE (2 PIECE SYSTEM) EACH				\$3.37
000A5071	OSTOMY POUCH URINARY W/BARRIER ATTACHED (1 PIECE) EACH				\$7.48
000A5072	OSTOMY POUCH URINARY W/O BARRIER ATTACHED (1 PIECE) EACH				\$4.30
000A5073	OSTOMY POUCH URINARY FOR USE ON BARRIER W/FLANGE (2 PIECE) EACH				\$3.95
000A5081	CONTINENT DEVICE STOMA PLUG OR SEAL ANY TYPE				\$4.12
000A5082	CONTINENT DEVICE CATHETER FOR CONTINENT STOMA				\$14.83
000A5083	CONTINENT DEVICE STOMA ABSORPTIVE COVER FOR CONTINENT STOMA				\$0.80
000A5093	OSTOMY ACCESSORY CONVEX INSERT				\$2.43
000A5102	BEDSIDE DRAINAGE BOTTLE W/OR W/O TUBING RIGID OR EXPANDABLE EACH				\$27.93
000A5105	URINARY SUSPENSORY W/LEG BAG W/OR W/OUT TUBE EACH				\$43.21
000A5112	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX W/OR W/OUT TUBE W/STRAPS EACH				\$39.56
000A5113	LEG STRAP LATEX REPLACEMENT ONLY PER SET				\$5.88
000A5114	LEG STRAP FOAM OR FABRIC REPLACEMENT ONLY PER SET				\$11.16
000A5120	SKIN BARRIER WIPES OR SWABS EACH				\$0.32
000A5121	SKIN BARRIER SOLID 6 X 6 OR EQUIVALENT EACH				\$9.27
000A5122	SKIN BARRIER SOLID 8 X 8 OR EQUIVALENT EACH				\$15.98

000A5126		ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD				\$1.62
000A5131		APPLIANCE CLEANER INCONTINENCE AND OSTOMY APPLIANCES PER 16 OZ.				\$16.79
000A5200		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT				\$14.05
000A5500		FITTING (INCLUDES FOLLOW UP) CUSTOM PREP AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOM MULTI-DENSITY INSERT(S) PER SHOE	FOR DIABETICS ONLY	X		\$79.29
000A5501		FITTING (INCLUDES FOLLOW-UP) CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CASTS(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE	FOR DIABETICS ONLY	X		\$238.90
000A5503		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/ROLLER OR RIGID ROCKER BOTTOM PER SHOE	FOR DIABETICS ONLY			\$39.64
000A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE W/WEDGE(S) PER SHOE	FOR DIABETICS ONLY			\$39.64
000A5505		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/METATARSAL BAR PER SHOE	FOR DIABETICS ONLY			\$39.64
000A5506		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/OFF-SET HEEL(S) PER SHOE	FOR DIABETICS ONLY			\$39.64
000A5507		NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE PER SHOE	FOR DIABETICS ONLY			\$39.64
000A5508		DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE PERSHOE	FOR DIABETICS ONLY INVOICE COST +30%			IC+30%
000A5510		DIRECT FORMED COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE MULTIPLE-DENSITY INSERT(S) PREFABRICATED	FOR DIABETICS ONLY INVOICE COST +30%			IC+30%

000A5512	MULTIPLE DENSITY INSERT DIRECT FORMED MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER	FOR DIABETICS ONLY	\$32.34
000A5513	MULTIPLE DENSITY INSERT CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT TOTAL CONTACT W/PATIENT'S FOOT INCLUDING ARCH	FOR DIABETICS ONLY	\$48.26
000A5514	FOR DIABETICS ONLY MULTIPLE DENSITY INSERT MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED		\$48.26
000A6010	COLLAGEN BASED WOUND FILLER DRY FORM STERILE PER GRAM OF COLLAGEN		\$38.61
000A6011	COLLAGEN BASED WOUND FILLER GEL/PASTE STERILE PER GRAM OF COLLAGEN		\$2.84
000A6021	COLLAGEN DRESSING STERILE PAD SIZE 16 SQ. IN. OR LESS EACH		\$26.21
000A6022	COLLAGEN DRESSING STERILE SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. EACH		\$26.21
000A6023	COLLAGEN DRESSING STERILE SIZE MORE THAN 48 SQ. IN. EACH		\$237.31
000A6024	COLLAGEN DRESSING WOUND FILLER STERILE PER 6 IN.		\$7.70
000A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION (E.G. SILICONE HYDROGEL OTHER) EACH	INVOICE COST +30%	IC+30%
000A6154	WOUND POUCH EACH		\$17.91
000A6196	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS EACH DRESSING		\$9.18
000A6197	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		\$20.50
000A6198	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. EACH DRESSING	PAY AT INVOICE COST +30%	IC+30%
000A6199	ALGINATE OR OTHER FIBER GELLING DRESSING WOUND FILLER STERILE PER 6 IN.		\$9.18

000A6203	COMPOSITE DRESSING STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$4.20
000A6204	COMPOSITE DRESSING STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$7.75
000A6205	COMPOSITE DRESSING STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING		PAY AT INVOICE COST +30%		IC+30%
000A6206	CONTACT LAYER STERILE 16 SQ. IN. OR LESS EACH DRESSING		INVOICE COST +30%		IC+30%
000A6207	CONTACT LAYER STERILE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. EACH DRESSING				\$9.15
000A6208	CONTACT LAYER STERILE MORE THAN 48 SQ. IN. EACH DRESSING		PAY AT INVOICE COST +30%		IC+30%
000A6209	FOAM DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING				\$9.32
000A6210	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$24.85
000A6211	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$36.62
000A6212	FOAM DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$12.10
000A6213	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH		INVOICE COST +30%		IC+30%
000A6214	FOAM DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$12.83
000A6215	FOAM DRESSING WOUND FILLER STERILE PER GRAM		INVOICE COST +30%		IC+30%
000A6216	GUAZE NON-IMPREGNATED NON-STERILE 16 SQ IN W/O ADHESIVE BORDER EACH DRESSING				\$0.05
000A6217	GUAZE NON-IMPREGNATED NON-STERILE 16 SQ IN TO 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$0.62

000A6218	GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 48 SQ IN W/O ADHESIVE BORDER EACH DRESSING	PAY AT INVOICE COST +30%		IC+30%
000A6219	GAUZE NON-IMPREGNATED STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING			\$1.18
000A6220	GAUZE NON-IMPREGNATED STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING			\$3.22
000A6221	GAUZE NON-IMPREGNATED STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING	PAY AT INVOICE COST +30%		IC+30%
000A6222	GAUZE IMPREGNATED W/OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING			\$2.65
000A6223	GAUZE IMPREGNATED W/OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.			\$3.03
000A6224	GAUZE IMPREGNATED W/OTHER THAN WATER NORMAL SALINE OR HYDROGEL STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING			\$4.48
000A6228	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING	INVOICE COST +30%		IC+30%
000A6229	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING			\$4.48
000A6230	GAUZE IMPREGNATED WATER OR NORMAL SALINE STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING	PAY AT INVOICE COST +30%		IC+30%
000A6231	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE 16 SQ. IN. OR LESS EACH DRESSING			\$5.83

000A6232	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE GREATER THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. EACH				\$8.56
000A6233	GAUZE IMPREGNATED HYDROGEL FOR DIRECT WOUND CONTACT STERILE PAD SIZE MORE THAN 48 SQ. IN. EACH DRESSING				\$23.91
000A6234	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING				\$8.16
000A6235	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER EACH				\$20.97
000A6236	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$33.98
000A6237	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$9.86
000A6238	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH				\$28.43
000A6239	HYDROCOLLOID DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING		PAY AT INVOICE COST +30%		IC+30%
000A6240	HYDROCOLLOID DRESSING WOUND FILLER PASTE STERILE PER OUNCE				\$15.27
000A6241	HYDROCOLLOID DRESSING WOUND FILLER DRY FORM STERILE PER GRAM				\$3.21
000A6242	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING				\$7.54
000A6243	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORDER EACH DRES				\$15.37

000A6244	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$48.98
000A6245	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$9.07
000A6246	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EA				\$12.38
000A6247	HYDROGEL DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$29.66
000A6248	HYDROGEL DRESSING WOUND FILLER GEL STERILE PER FLUID OZ.				\$20.26
000A6250	SKIN SEALANTS PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE OR SIZE				\$2.55
000A6251	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER EACH DRESSING				\$2.47
000A6252	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/O ADHESIVE BORD				\$4.04
000A6253	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$7.88
000A6254	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE 16 SQ. IN. OR LESS W/ANY SIZE ADHESIVE BORDER EACH DRESSING				\$1.48
000A6255	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. W/ANY SIZE ADHESIVE				\$3.78
000A6256	SPECIALTY ABSORPTIVE DRESSING WOUND COVER STERILE PAD SIZE MORE THAN 48 SQ. IN. W/ANY SIZE ADHESIVE BORDER EACH DRESSING		PAY AT INVOICE COST +30%		IC+30%
000A6257	TRANSPARENT FILM STERILE 16 SQ. IN. OR LESS EACH DRESSING				\$1.91

000A6258	TRANSPARENT FILM STERILE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. EACH DRESSING				\$5.36
000A6259	TRANSPARENT FILM STERILE MORE THAN 48 SQ. IN. EACH DRESSING				\$13.63
000A6261	WOUND FILLER GEL/PASTE STERILE PER FLUID OUNCE NOT OTHERWISE SPECIFIED	INVOICE COST +30%			IC+30%
000A6262	WOUND FILLER DRY FORM STERILE PER GRAM NOT OTHERWISE SPECIFIED	INVOICE COST +30%			IC+30%
000A6266	GAUZE IMPREGNATED OTHER THAN WATER NORMAL SALINE OR ZINC PASTE STERILE ANY WIDTH PER LINEAR YARD				\$2.38
000A6402	GAUZE NON-IMPREGNATED STERILE 16 SQ IN OR LESS W/O ADH. BORDER EACH DRESSING				\$0.13
000A6403	GAUZE NON-IMPREGNATED STERILE 16 SQ. IN. TO 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING				\$0.52
000A6404	GAUZE NON-IMPREGNATED STERILE MORE THAN 48 SQ. IN. W/O ADHESIVE BORDER EACH DRESSING	PAY AT INVOICE COST +30%			IC+30%
000A6407	PACKING STRIPS NON-IMPREGNATED STERILE UP TO 2 INCHES IN WIDTH PER LINEAR YARD				\$2.33
000A6410	EYE PAD STERILE EACH				\$0.47
000A6411	EYE PAD NON-STERILE EACH				\$0.41
000A6412	EYE PATCH OCCLUSIVE EACH				\$0.41
000A6413	ADHESIVE BANDAGE FIRST-AID TYPE ANY SIZE EACH	PAY AT INVOICE COST +30%			IC+30%
000A6441	PADDING BANDAGE NON-ELASTIC NON-WOVEN/NON-KNITTED WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$0.85
000A6442	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN NON-STERILE WIDTH LESS THAN THREE IN. PER YARD				\$0.19
000A6443	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN NON-STERILE WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$0.34
000A6444	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN NON-STERILE WIDTH GREATER THAN OR EQUAL TO 5 IN. PER YARD				\$0.69

000A6445	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN STERILE WIDTH LESS THAN THREE IN. PER YARD				\$0.39
000A6446	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN STERILE WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$0.49
000A6447	CONFORMING BANDAGE NON-ELASTIC KNITTED/WOVEN STERILE WIDTH GREATER THAN OR EQUAL TO FIVE IN. PER YARD				\$0.85
000A6448	LIGHT COMPRESSION BANDAGE ELASTIC KNITTED/WOVEN WIDTH LESS THAN THREE IN. PER YARD				\$1.43
000A6449	LIGHT COMPRESSION BANDAGE ELASTIC KNITTED/WOVEN WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$2.18
000A6450	LIGHT COMPRESSION BANDAGE ELASTIC KNITTED/WOVEN WIDTH GREATER THAN OR EQUAL TO FIVE IN. PER YARD	INVOICE COST +30%			IC+30%
000A6451	MODERATE COMPRESSION BANDAGE ELASTIC KNITTED/WOVEN LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH WIDTH GREATER THAN OR EQUAL TO FIVE IN. PER YARD	INVOICE COST +30%			IC+30%
000A6452	HIGH COMPRESSION BANDAGE ELASTIC KNITTED/WOVEN LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH WIDTH				\$7.34
000A6453	SELF-ADHERENT BANDAGE ELASTIC NON-KNITTED/NON- WOVEN WIDTH LESS THAN THREE IN. PER YARD				\$0.78
000A6454	SELF-ADHERENT BANDAGE ELASTIC NON-KNITTED/NON- WOVEN WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$0.97
000A6455	SELF-ADHERENT BANDAGE ELASTIC NON-KNITTED/NON- WOVEN WIDTH GREATER THAN OR EQUAL TO FIVE IN. PER YARD				\$1.73

000A6456	ZINC PASTE IMPREGNATED BANDAGE NON-ELASTIC KNITTED/WOVEN WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN. PER YARD				\$1.57
000A6457	TUBULAR DRESSING W/OR W/O ELASTIC ANY WIDTH PER LINEAR YARD				\$1.41
000A6460	SYNTHETIC RESORBABLE WOUND DRESSING STERILE PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER EACH DRESSING	RNE REQUIRES INVOICE			RNE
000A6461	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	RNE			RNE
000A6501	COMPRESSION BURN GARMENT BODYSUIT (HEAD TO FOOT) CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6502	COMPRESSION BURN GARMENT CHIN STRAP CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6503	COMPRESSION BURN GARMENT FACIAL HOOD CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6504	COMPRESSION BURN GARMENT GLOVE TO WRIST CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6505	COMPRESSION BURN GARMENT GLOVE TO ELBOW CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6506	COMPRESSION BURN GARMENT GLOVE TO AXILLA CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6507	COMPRESSION BURN GARMENT FOOT TO KNEE LENGTH CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6508	COMPRESSION BURN GARMENT FOOT TO THIGH LENGTH CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6509	COMPRESSION BURN GARMENT UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST) CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6510	COMPRESSION BURN GARMENT TRUNK INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD) CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%
000A6511	COMPRESSION BURN GARMENT LOWER TRUNK INCLUDING LEG OPENINGS (PANTY) CUSTOM FABRICATED	PAY AT INVOICE COST +30%			IC+30%

000A6512	COMPRESSION BURN GARMENT NOT OTHERWISE CLASSIFIED	PAY AT INVOICE COST +30%		IC+30%
000A6513	COMPRESSION BURN MASK FACE AND/OR NECK PLASTIC OR EQUAL CUSTOM FABRICATED	PAY AT INVOICE COST +30%		IC+30%
000A6515	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FULL LEG EACH CUSTOM	RNE		RNE
000A6516	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS FOOT EACH CUSTOM	RNE		RNE
000A6517	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS BELOW KNEE EACH CUSTOM	RNE		RNE
000A6518	GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ARM EACH CUSTOM	RNE		RNE
000A6519	GRADIENT COMPRESSION GARMENT NOT OTHERWISE SPECIFIED FOR NIGHTTIME USE EACH	RNE		RNE
000A6529	GRADIENT COMPRESSION GARMENT BRA FOR NIGHTTIME USE CUSTOM EACH	NOT COVERED		NC
000A6530	GRADIENT COMPRESSION STOCKING BELOW KNEE 18-30 MMHG EACH			\$37.56
000A6531	GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG EACH	USED AS 1 DRESSING		\$60.82
000A6532	GRADIENT COMPRESSION STOCKING BELOW KNEE 40-50 MMHG EACH		X	\$78.23
000A6533	GRADIENT COMPRESSION STOCKING THIGH LENGTH 18-30 MMHG EACH			\$53.67
000A6534	GRADIENT COMPRESSION STOCKING THIGH LENGTH 30-40 MMHG EACH		X	\$82.29
000A6535	GRADIENT COMPRESSION STOCKING THIGH LENGTH 40-50 MMHG EACH		X	\$89.45
000A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 18-30 MMHG EACH			\$53.67
000A6537	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 30-40 MMHG EACH		X	\$82.29
000A6538	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE 40-50 MMHG EACH		X	\$103.76
000A6539	GRADIENT COMPRESSION STOCKING WAIST LENGTH 18-30 MMHG EACH		X	\$66.19
000A6540	GRADIENT COMPRESSION STOCKING WAIST LENGTH 30-40 MMHG EACH	1 UNIT = 1 PAIR; COPAY IF EXCEEDS \$50 PAY AT INVOICE COST +30%	X	IC+30%

000A6541		GRADIENT COMPRESSION STOCKING WAIST LENGTH 40-50 MMHG EACH		X	\$232.57
000A6544		GRADIENT COMPRESSION STOCKING GARTER BELT		X	\$62.61
000A6545		GRADIENT COMPRESSION WRAP NON-ELASTIC BELOW KNEE 30-50 MM HG EACH	PAY AT INVOICE COST +30%	X	IC+30%
000A6549		GRADIENT COMPRESSION STOCKING/SLEEVE NOT OTHERWISE SPECIFIED	MUST USE SPECIFIC COMPRESSION STOCKING OR SLEEVE CODE IF APPLICALE. COMPRESSION SYSTEMS NOT COVERED.PAY AT INVOICE COST +30%	X	IC+30%
000A6552		GRADIENT COMPRESSION STOCKING BELOW KNEE 30-40 MMHG EACH	RNE		RNE
000A6554		GRADIENT COMPRESSION STOCKING BELOW KNEE 40 MMHG OR GREATER EACH	RNE		RNE
000A6575		GRADIENT COMPRESSION ARM SLEEVE AND GLOVE COMBINATION EACH	RNE		RNE
000A6578		GRADIENT COMPRESSION ARM SLEEVE EACH	RNE		RNE
000A6583		GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS BELOW KNEE 30-50 MMHG EACH	RNE		RNE
000A6584		GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS NOT OTHERWISE SPECIFIED	RNE		RNE
000A6585		GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS ABOVE KNEE EACH	RNE		RNE
000A6586		GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS FULL LEG EACH	RNE		RNE
000A6587		GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS FOOT EACH	RNE		RNE
000A6588		GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS ARM EACH	RNE		RNE
000A6589		GRADIENT PRESSURE WRAP WITH ADJUSTABLE STRAPS BRA EACH	RNE		RNE
000A6590		EXTERNAL URINARY CATHETERS; DISPOSABLE WITH WICKING MATERIAL FOR USE WITH SUCT	RNE REQUIRES INVOICE		RNE
000A6591		EXTERNAL URINARY CATHETER; NON-DISPOSABLE FOR USE WITH SUCTION PUMP PER MONTH	RNE REQUIRES INVOICE		RNE
000A6593		ACCESSORY FOR GRADIENT COMPRESSION GARMENT OR WRAP WITH ADJUSTABLE STRAPS NOT-O	RNE		RNE
000A6611		GRADIENT COMPRESSION WRAP WITH ADJUSTABLE STRAPS ABOVE KNEE EACH CUSTOM	RNE		RNE

000A7000		CANISTER DISPOSABLE USED W/SUCTION PUMP EACH				\$11.67
000A7001	NU	CANISTER NON-DISPOSABLE USED W/SUCITON PUMP EACH				\$41.25
000A7002		TUBING USED W/SUCTION PUMP EACH				\$4.68
000A7003		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE				\$3.35
000A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE				\$2.20
000A7005		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER NON-DISPOSABLE				\$37.72
000A7006		ADMIN SET W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER				\$11.67
000A7007		LARGE VOLUME NEBULIZER DISPOSABLE UNFILLED USED W/AEROSOL COMPRESSOR				\$2.69
000A7008		LARGE VOLUME NEBULIZER DISPOSABLE PREFILLED USED W/AEROSOL COMPRESSOR				\$13.46
000A7009	NU	RESERVOIR BOTTLE NON-DISPOSABLE USED W/LARGE VOLUME ULTRASONIC NEBULIZER				\$52.43
000A7010		CORRUGATED TUBING DISPOSABLE USED W/LARGE VOLUME NEBULIZER 100 FT.				\$28.86
000A7012		WATER COLLECTION DEVICE USED W/LARGE VOLUME NEBULIZER				\$4.62
000A7013		FILTER DISPOSABLE USED W/AEROSOL COMPRESSOR				\$1.01
000A7014		FILTER NONDISPOSABLE USED W/AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR				\$5.49
000A7015	RB	AEROSOL MASK USED W/DME NEBULIZER				\$2.30
000A7016		DOME AND MOUTHPIECE USED W/SMALL VOLUME ULTRASONIC NEBULIZER				\$8.87
000A7020		INTERFACE FOR COUGH STIMULATING DEVICE INCLUDES ALL COMPONENTS REPLACEMENT ONLY	PAY AT INVOICE COST +30%			IC+30%
000A7023		MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER CREAM NASAL TOPICAL	RNE REQUIRES INVOICE			RNE
000A7027		COMBINATION ORAL/NASAL MASK USED W/CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE EACH	1 PER 3 MONTHS. COPAY IF EXCEEDS \$50	X		\$233.50

000A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK REPLACEMENT ONLY EACH		PAY AT INVOICE COST +30%		IC+30%
000A7029		NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK REPLACEMENT ONLY PAIR		PAY AT INVOICE COST +30%		IC+30%
000A7032	RB	CUSHION FOR USE ON NASAL MASK INTERFACE REPLACEMENT ONLY EACH		2/MONTH		\$43.96
000A7033		PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE REPLACEMENT ONLY PAIR				\$34.76
000A7034	RA	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE WITH OR WITHOUT HEAD STRAP				\$67.07
000A7035	RA	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE				\$21.72
000A7036	RA	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$12.13
000A7037	RA	TUBING USED W/POSITIVE AIRWAY PRESSURE DEVICE				\$12.21
000A7038	RA	FILTER DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE				\$2.26
000A7039	RA	FILTER NON DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE*****				\$6.27
000A7040		ONE WAY CHEST DRAIN VALVE				\$50.19
000A7041		WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE W/IMPLANTED CHEST TUBE				\$94.33
000A7044		ORAL INTERFACE USED W/POSITIVE AIRWAY PRESSURE DEVICE EACH				\$147.95
000A7045		EXHALATION PORT W/OR W/OUT SWIVEL USED W/ACCESSORIES FOR POSITIVE AIRWAY DEVICES REPLACEMENT ONLY				\$25.47
000A7046	RB	WATER CHAMBER FOR HUMIDIFIER USED WITH POSITIVE AIRWAY PRESSURE DEVICE REPLACEMENT EACH				\$23.87
000A7047		ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP EACH		PAY AT INVOICE COST +30%		IC+30%
000A7049		EXPIRATORY POSITIVE AIRWAY PRESSURE INTRANASAL RESISTANCE VALVE		RNE REQUIRES INVOICE		RNE
000A7501		TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH				\$130.96
000A7502		REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE EACH				\$62.26

000A7503	FILTER HOLDER OR FILTER CAP REUSABLE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH				\$14.15
000A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH				\$0.85
000A7505	HOUSING REUSABLE WITHOUT ADHESIVE FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE EACH				\$5.83
000A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE ANY TYPE EACH				\$0.40
000A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH				\$3.10
000A7508	HOUSING AND INTEGRATED ADHESIVE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE EACH				\$3.57
000A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH				\$1.75
000A7520	TRACHEOSTOMY/LARYNGECA TOMY TUBE NON-CUFFED POLYVINYLCHLORIDE (PVC) SILICONE EQUAL EACH				\$59.20
000A7521	TRACHEOSTOMY/LARYNGECA TOMY TUBE CUFFED POLYVINYLCHLORIDE (PVC) SILICONE OR EQUAL EACH				\$58.66
000A7522	TRACHEOSTOMY/LARYNGECA TOMY TUBE STAINLESS STEEL OR EQUAL (STERILIZABLEAND REUSABLE) EACH				\$56.31
000A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH	PAY AT INVOICE COST +30%			IC+30%
000A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH				\$96.53
000A7525	TRACHEOSTOMY MASK EACH				\$2.57
000A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH				\$4.22
000A7527	TRACHEOSTOMY/LARYNGECA TOMY TUBE PLUG/STOP EACH				\$4.46

000A8000		HELMET PROTECTIVE SOFT PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		X	\$192.92
000A8001		HELMET PROTECTIVE HARD PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		X	\$192.92
000A8003		HELMET PROTECTIVE HARD CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	COVERED ONLY IF SEIZURE OR CONVULSION DISORDER PAY AT INVOICE COT +30%		IC+30%
000A9285		INVERSION/EVERSION CORRECTION DEVICE	RNE REQUIRES INVOICE		RNE
000A9286		HYGIENIC ITEM OR DEVICE DISPOSABLE OR NON-DISPOSABLE ANY TYPE EACH	RNE REQUIRES INVOICE		RNE
000A9291		PRESCRIPTION DIGITAL BEHAVIORAL THERAPY FDA CLEARED PER COURSE OF TREATMENT	NOT COVERED		NC
000A9293		FERTILITY CYCLE (CONTRACEPTION AND CONCEPTION) TRACKING SOFTWARE APPLICATION FDA CLEARED PER MONTH INCLUDES ACCESSORIES	NOT COVERED		NC
000A9506		GRAPHITE CRUCIBLE FOR PREPARATION OF TECHNETIUM TC 99M-LABELED CARBON AEROSOLE	RNE		RNE
000A9574		AIR POLYMER-TYPE A INTRAUTERINE FOAM 0.1 ML	NOT COVERED		NC
000A9602		FLUORODOPA F-18 DIAGNOSTIC PER MILLICURIE			\$152.25
000A9610		XENON XE-129 HYPERPOLARIZED GAS DIAGNOSTIC PER STUDY DOSE	RNE		RNE
000A9615		INJECTION PEGULICIANINE 1 MG	NOT COVERED		NC
000A9900		MISCELLANEOUS DME SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	PAY AT INVOICE COST +30%		IC+30%
000A9999		MISCELLANEOUS DME SUPPLY OR ACCESSORY NOT OTHERWISE SPECIFIED	PAY AT INVOICE COST +30%		IC+30%
000B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE FED PER DAY			\$8.01
000B4035		ENTERAL FEEDING SUPPLY KIT: PUMP FED PER DAY			\$15.28
000B4036		ENTERAL FEEDING SUPPLY KIT: GRAVITY FED PER DAY			\$10.48
000B4081		NASOGASTRIC TUBING WITH STYLET			\$28.33
000B4082		NASOGASTRIC TUBING WITHOUT STYLET			\$21.08
000B4083		STOMACH TUBE LEVINE TYPE			\$3.22

000B4087		GASTROSTOMY/JEJUNOSTOMY TUBE STANDARD ANY MATERIAL ANY TYPE EACH		MAX 1 UNIT/3 MO		\$46.17
000B4088		GASTROSTOMY/JEJUNOSTOMY TUBE LOW-PROFILE ANY MATERIAL ANY TYPE EACH		MAX 1 UNIT/3 MO. PAY AT INVOICE COST +30		IC+30%
000B4105		IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S) FOR ENTERAL FEEDING EACH	X	MUST MEET MED NEC.		\$102.70
000B4148		ENTERAL FEEDING SUPPLY KIT; ELASTOMERIC CONTROL FED PER DAY INCLUDES BUT NOT L		RNE		RNE
000B4149		ENTERAL FORMULA MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS CARBOHYDRATES VITAMINS AND MINERALS M		THICK-IT IS NOT COVERED.		\$2.05
000B4149	BO	ENTERAL FORMULA MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS CARBOHYDRATES VITAMINS AND MINERALS M		THICK-IT IS NOT COVERED.		\$2.05
000B4150		ENTERAL FORMULA NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS INCLUDES 100 CALORIES = 1 UNIT				\$0.88
000B4150	BO	ENTERAL FORMULA NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS INCLUDES 100 CALORIES = 1 UNIT				\$0.88
000B4152		ENTERAL FORMULA NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS				\$0.73
000B4152	BO	ENTERAL FORMULA NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS				\$0.73
000B4153		ENTERAL FORMULA NUTRITIONALLY COMPLETE HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN) INCLUDES FATS CARBOHYDRATES VITAMINS AND MINER				\$2.49

000B4153	BO	ENTERAL FORMULA NUTRITIONALLY COMPLETE HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN) INCLUDES FATS CARBOHYDRATES VITAMINS AND MINER				\$2.49
000B4154		ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS EXCLUDES INHERITED DISEASE OF METABOLISM INCLUDES ALTERED COMPOSITION OF				\$1.59
000B4154	BO	ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS EXCLUDES INHERITED DISEASE OF METABOLISM INCLUDES ALTERED COMPOSITION OF				\$1.59
000B4155		ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS INCLUDES SPECIFIC NUTRIENTS CARBOHYDRATES (E.G. GLUCOSE POLYMERS) PROTEINS/AMINO				\$1.24
000B4155	BO	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS INCLUDES SPECIFIC NUTRIENTS CARBOHYDRATES (E.G. GLUCOSE POLYMERS) PROTEINS/AMINO				\$1.24
000B4157		ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM INCLUDES PROTEINS FATS CARBOH		PAY AT INVOICE COST +30%		IC+30%
000B4157	BO	ENTERAL FORMULA NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CAL = 1 UNIT		PAY AT INVOICE COST +30%		IC+30%
000B4158		ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS CARBOHYDRATES VITAMINS AND MINERALS M		FOR CHILDREN 0-20 YEARS OLD ONLY.		\$0.86
000B4158	BO	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS 100 CALORIES = 1 UNIT		FOR CHILDREN 0-20 YEARS OLD ONLY.		\$0.86

000B4159		ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS INCLUDES PROTEINS FATS CARBOHYDRATES VITAMINS AND			\$0.86
000B4159	BO	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS MAY INCL FIBER AND/OR IRON 100 CALORIES = 1 UNIT			\$0.86
000B4160		ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS IN			\$0.86
000B4160	BO	ENTERAL FORMULA FOR PEDIATRICS NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) 100 CALORIES = 1 UNIT			\$0.86
000B4161		ENTERAL FORMULA FOR PEDIATRICS HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS INCLUDES FATS CARBOHYDRATES VITAMINS AND MINERALS M			\$2.46
000B4161	BO	ENTERAL FORMULA FOR PEDIATRICS HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS 100 CALORIES = 1 UNIT			\$2.46
000B4162		ENTERAL FORMULA FOR PEDIATRICS SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM INCLUDES PROTEINS FATS CARBOHYDRATES VITAMINS	PAY AT INVOICE COST +30%		IC+30%
000B4162	BO	ENTERAL FORMULA FOR PEDIATRICS SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM. 100 CALORIES = 1 UNIT	PAY AT INVOICE COST +30%		IC+30%
000B4164		PARENTERAL NUTRITION SOLUTION: CARBONYDRATES (DEXTROSE) 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX			\$21.59
000B4168		PARENTERAL NUTRITION SOLUTION AMINO ACID 3.5% (500 ML = 1 UNIT)(HOME MIX)			\$31.47
000B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID 5.5% THROUGH 7% (500 ML = 1 UNIT) (HOMEMIX)			\$130.04

000B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID 7% THROUGH 8.5% (500ML = 1 UNIT) - HOMEMIX				\$60.90
000B4178	PARENTERAL NUTRITION SOLUTION; AMINO ACID GRATER THAN 8.5% (500ML = 1 UNIT) - HOMEMIX				\$73.11
000B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GREATER THAN 50% (500 ML = 1 UNIT)				\$30.98
000B4185	PARENTERAL NUTRITION SOLUTION PER 10 GRAMS LIPIDS				\$14.28
000B4187	OMEGAVEN 10 GRAMS LIPIDS	NOT COVERED			NC
000B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES (SEE HCPC MANUAL) ANY STRENGTH 10 TO 51 GRAMS PROTEIN				\$225.85
000B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH (SEE HCPCS MANUAL) ANY STRENGTH 52 TO 73 GRAMS OF PROTEIN - PREMIX				\$291.85
000B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH (SEE HCPC MANUAL) 74 TO 100 GRAMS OF PROTEIN - PREMIX				\$355.31
000B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH (SEE HCPC MANUAL) ANY STRENGTH OVER 100 GRAMS OF PROTEIN - PREMIX				\$406.02
000B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS ELECTROLYTES)HOMEMIX PER DAY				\$9.81
000B4220	PARENTERAL NUTRITION SUPPLY KIT PREMIX PER DAY				\$10.16
000B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY				\$12.54
000B4224	PARENTERAL NUTRITION ADMIN KIT PER DAY				\$31.77
000B5000	PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMENTS AND VITAMINS INCLUDING PREP ANY STR				\$15.10

000B5100		PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMENTS AND VITAMINS INCLUDING PREP ANY STRENT				\$5.91
000B5200		PARENTERAL NUTRITION SOLUTION;COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES TRACE ELEMENTS VITAMINS INCLUDING PREP...;PREMIX		PAY AT INVOICE COST +30%		IC+30%
000B9002	KR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM				\$5.18
000B9002	LL	ENTERAL NUTRITION INFUSION PUMP		PAY AT INVOICE COST +30%	X	IC+30%
000B9002	MS	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM. MAINTENANCE AND SERVICING FEE FOR REASONABLE AND NECESSARY PARTS & LABOR				\$155.67
000B9002	NU	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,607.31
000B9002	RB	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM CLIENT-OWNED REPAIR	X	PRIOR AUTHORIZATION REQUIRED		\$1,607.31
000B9002	RR	ENTERAL NUTRITION INFUSION PUMP-WITH ALARM				\$155.67
000B9004	KR	PARENTERAL NUTRITION INFUSION PUMP PORTABLE				\$16.91
000B9004	RR	PARENTERAL NUTRITION INFUSION PUMP PORTABLE	X			\$507.55
000B9006	KR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY				\$16.91
000B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY	X			\$507.55
000B9998		NOC FOR ENTERAL SUPPLIES		PAY AT INVOICE COST +30%		IC+30%
000E0100	NU	CANE ALL MATERIALS ADJ OR FIXED WITH TIPS				\$26.28
000E0100	RR	CANE ALL MATERIALS ADJ OR FIXED WITH TIPS				\$7.39
000E0105	NU	CANE QUAD OR THREE-PRONG ALL MATERIALS ADJ OR FIXED WITH TIPS				\$61.24
000E0105	RR	CANE QUAD OR THREE-PRONG ALL MATERIALS ADJ OR FIXED WITH TIPS				\$9.39
000E0105	UE	CANE QUAD OR THREE PRONG ADJ OR FIXED WITH TIPS (USED)				\$47.20
000E0110	NU	CRUTCHES FOREARM VARIOUS MATERIALS ADJ OR FIXED W/TIPS AND HANDGRIPSEACH			X	\$96.75

000E0110	RR	CRUTCHES FOREARM VARIOUS MATERIALS ADJ OR FIXED WITH TIPS & HANDGRIP				\$19.93
000E0111	NU	CRUTCH FOREARM VARIOUS MATERIAL ADJ OR FIXED EACH W/TIP AND HANDGRIP		X		\$63.70
000E0111	RR	CRUTCH FOREARM VARIOUS MATERIAL ADJ OR FIXED EACH W/TIP & HANDGRIP				\$8.93
000E0112	NU	CRUTCHES UNDERARM WOOD ADJ OR FIXED PAIR W/PADS TIPS & HANDGRIPS				\$46.15
000E0112	RR	CRUTCHES UNDERARM WOOD ADJ OR FIXED PAIR W/PADWS TIPS & HANDGRIPS				\$12.39
000E0113	NU	CRUTCH UNDERARM WOOD ADJ OR FIXED EACH W/PAD TIP & HANDGRIPS				\$22.41
000E0113	RR	CRUTCH UNDERARM WOOD ADJ OR FIXED EACH W/PAD TIP & HANDGRIP				\$6.40
000E0114	NU	CRUTCHES UNDERARM OTHER THAN WOOD ADJ OR FIXED PAIR				\$58.85
000E0114	RR	CRUTCHES UNDERARM OTHER THAN WOOD ADJ OR FIXED PAIR				\$10.68
000E0114	UE	CRUTCHES UNDERARM OTHER THAN WOOD ADJ OR FIXED PAIR				\$44.49
000E0116	NU	CRUTCH UNDERARM OTHER THAN WOOD ADJUSTABLE OR FIXED WITH PAD TIP HANDGRIP WITH OR WITHOUT SHOCK ABSORBER EACH				\$34.60
000E0116	RR	CRUTCH UNDERARM OTHER THAN WOOD ADJUSTABLE OR FIXED WITH PAD TIP HANDGRIP WITH OR WITHOUT SHOCK ABSORBER EACH				\$6.73
000E0117	NU	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EACH		X		\$235.81
000E0117	RR	CRUTCH UNDERARM ARTICULATING SPRING ASSISTED EACH				\$24.01
000E0118	NU	CRUTCH SUBSTITUTE LOWER LEG PLATFORM WITH OR WITHOUT WHEELS EACH	PAY AT INVOICE COST +30%	X		IC+30%
000E0118	RR	CRUTCH SUBSTITUTE LOWER LEG PLATFORM WITH OR WITHOUT WHEELS EACH	PAY AT INVOICE COST +30%			IC+30%
000E0135	LL	WALKER FOLDING (PICKUP) ADJ OR FIXED HEIGHT	PAY AT INVOICE COST +30%			IC+30%
000E0140	NU	WALKER WITH TRUNK SUPPORT ADJUSTABLE OR FIXED HEIGHT ANY TYPE		X		\$441.38

000E0144	NU	WALKER ENCLOSED FOUR SIDED FRAMED RIGID OR FOLDING WHEELED WITH POSTERIOR SEAT		X	\$389.67
000E0144	RR	WALKER ENCLOSED FOUR SIDED FRAMED RIGID OR FOLDING WHEELED WITH POSTERIOR SEAT			\$30.59
000E0147	NU	WALKER HEAVY DUTY MULTIPLE BRAKING SYSTEM VARIABLE WHEEL RESISTANCE		X	\$486.06
000E0147	RR	WALKER HEAVY DUTY MULTIPLE BRAKING SYSTEM VARIABLE WHEEL RESISTANCE			\$48.61
000E0149	NU	WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE		X	\$125.73
000E0150		COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR FOLDING ADJUSABLE OR FIXED HEIGHT	RNE		RNE
000E0150	KR	COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR FOLDING ADJUSTABLE OR	X	RNE	RNE
000E0150	NU	COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR FOLDING ADJUSTABLE OR	X	RNE	RNE
000E0150	RA	COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR FOLDING ADJUSTABLE OR FIXED HEIGHT	RNE		RNE
000E0150	RR	COMBINATION WHEELED WALKER WITH SEAT AND TRANSPORT CHAIR FOLDING ADJUSTABLE OR	X	RNE	RNE
000E0152		WALKER BATTERY POWERED WHEELED FOLDING ADJUSTABLE OR FIXED		NOT COVERED	NC
000E0152	KR	WALKER BATTERY POWERED WHEELED FOLDING ADJUSTABLE OR FIXED HEIGHT		NOT COVERED	NC
000E0152	NU	WALKER BATTERY POWERED WHEELED FOLDING ADJUSTABLE OR FIXED HEIGHT		NOT COVERED	NC
000E0152	RR	WALKER BATTERY POWERED WHEELED FOLDING ADJUSTABLE OR FIXED HEIGHT		NOT COVERED	NC
000E0153	NU	PLATFORM ATTACHMENT FOREARM CRUTCH EACH			\$73.75
000E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH			\$8.31
000E0154	RA	PLATFORM ATTACHMENT WALKER EACH			\$86.28
000E0154	RB	PLATFORM ATTACHMENT WALKER EACH			\$86.28
000E0155	RA	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR			\$32.83

000E0155	RB	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				\$32.83
000E0162	NU	SITZ BATH CHAIR		X		\$181.69
000E0162	RR	SITZ BATH CHAIR				\$19.06
000E0165	NU	COMMODE CHAIR MOBILE OR STATIONARY WITH DETACHABLE ARMS		X		\$227.35
000E0170	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM ELECTRIC ANY TYPE	X	X		\$1,966.67
000E0171	NU	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE		X		\$353.88
000E0172	NU	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET ANY TYPE		PAY AT INVOICE COST +30%	X	IC+30%
000E0172	RR	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET ANY TYPE		PAY AT INVOICE COST +30%		IC+30%
000E0175	NU	FOOT REST FOR USE WITH COMMODE CHAIR EACH				\$82.59
000E0175	RR	FOOTREST FOR USE WITH COMMODE CHAIR EACH				\$8.25
000E0181	NU	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD ALTERNATING WITH PUMP INCLUDES HEAVY DUTY			X	\$318.88
000E0182	NU	PUMP FOR ALTERNATING PRESSURE PAD FOR REPLACEMENT ONLY				\$320.35
000E0182	RA	PUMP FOR ALTERNATING PRESSURE PAD FOR REPLACEMENT ONLY				\$320.35
000E0183	NU	POWERED PRESSURE REDUCING UNDERLAY/PAD ALTERNATING WITH PUMP INCLUDES HEAVY DUTY		NOT COVERED		NC
000E0183	RR	POWERED PRESSURE REDUCING UNDERLAY/PAD ALTERNATING WITH PUMP INCLUDES HEAVY DUTY		NOT COVERED		NC
000E0186	NU	AIR PRESSURE MATTRESS				\$211.20
000E0187	NU	WATER PRESSURE MATTRESS			X	\$284.01
000E0190	NU	POSITIONING CUSHION/PILLOW/WEDGE ANY SHAPE OR SIZE INCLUDES ALL COMPONENTS AND ACCESSORIES		PAY AT INVOICE COST +30%	X	IC+30%
000E0190	RR	POSITIONING CUSHION/PILLOW/WEDGE ANY SHAPE OR SIZE INCLUDES ALL COMPONENTS AND ACCESSORIES		PAY AT INVOICE COST +30%		IC+30%
000E0191	NU	HEEL OR ELBOW PROTECTOR EACH				\$10.59
000E0194	RR	AIR FLUIDIZED BED	X	PRIOR AUTHORIZATION REQUIRED		\$4,058.19
000E0196	NU	GEL PRESSURE MATTRESS.			X	\$345.42
000E0197	NU	AIR PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH			X	\$271.13

000E0197	RA	AIR PRESSURE PAD FOR MATTRESS LENGTH AND WIDTH		X	\$271.13
000E0198	NU	WATER PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH		X	\$271.13
000E0198	RR	WATER PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH			\$27.62
000E0200	KR	HEAT LAMP W/O STAND (TABLE MODEL) INCLUDES BULB OR INFRARED ELEMENT			\$0.37
000E0200	NU	HEAT LAMP W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT		X	\$85.47
000E0200	RR	HEAT LAMP W/O STAND (TBL MDL) INCLUDES BULB OR INFRARED ELEMENT			\$11.41
000E0202	KR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER			\$125.23
000E0205	KR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT			\$0.87
000E0205	NU	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT		X	\$241.99
000E0205	RR	HEAT LAMP W/STAND INCLUDES BULB OR INFRARED ELEMENT			\$26.62
000E0210	NU	ELECTRIC HEAT PAD STANDARD			\$40.71
000E0215	NU	ELECTRIC HEAT PAD MOIST			\$88.33
000E0215	RR	ELECTRIC HEAT PAD MOIST			\$9.24
000E0217	NU	WATER CIRC HEAT PAD WITH PUMP	X	X	\$526.23
000E0217	RR	WATER CIRC HEAT PAD WITH PUMP			\$58.58
000E0221	NU	INFRARED HEATING PAD SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X
000E0221	RR	INFRARED HEATING PAD SYSTEM			\$2,821.62
000E0225	NU	HYDROCOLLATOR UNIT INCLUDES PADS		X	\$484.64
000E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS			\$47.77
000E0235	NU	PARAFFIN BATH UNIT PORTABLE		X	\$189.66
000E0235	RR	PARAFFIN BATH UNIT PRTBL			\$19.32
000E0236	RB	PUMP FOR WATER CIRCULATING PAD		FOR CLIENT-OWNED HEATING PAD ONLY PAY AT INVOICE COST +30%	IC+30%
000E0239	NU	HUDROCOLLATOR UNIT PRTBL		X	\$476.80
000E0239	RR	HYDROCOLLATOR UNIT PRTBL			\$47.68
000E0240	NU	BATH/SHOWER CHAIR WITH OR WITHOUT WHEELS ANY SIZE		X	\$84.50
000E0240	RR	BATH/SHOWER CHAIR WITH OR WITHOUT WHEELS ANY SIZE		PAY AT INVOICE COST +30%	IC+30%
000E0241	NU	BATH TUB WALL RAIL EACH			\$42.93
000E0241	RR	BATH TUB WALL RAIL EACH			\$4.29

000E0242	NU	BATH TUB RAIL FLOOR BASE			X	\$98.39
000E0243	NU	TOILET RAIL EACH				\$71.56
000E0243	RR	TOILET RAIL EACH				\$7.15
000E0244	NU	RAISED TOILET SEAT			X	\$82.29
000E0245	NU	TUB STOOL OR BENCH			X	\$87.66
000E0245	RR	TUB STOOL OR BENCH				\$8.76
000E0246	NU	TRANSFER TUB RAIL ATTACHMENT.				\$53.40
000E0246	RR	TRANSFER TUB RAIL ATTACHMENT				\$5.34
000E0247	NU	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		PAY AT INVOICE COST +30%	X	IC+30%
000E0247	RR	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		PAY AT INVOICE COST +30%		IC+30%
000E0248	NU	TRANSFER BENCH HEAVY DUTY FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		PAY AT INVOICE COST +30%	X	IC+30%
000E0248	RR	TRANSFER BENCH HEAVY DUTY FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		PAY AT INVOICE COST +30%		IC+30%
000E0249	RB	PAD FOR WATER CIRCULATING HEAT UNIT FOR REPLACEMENT ONLY				\$121.65
000E0250	NU	HOSPITAL BED FIXED HEIGHT WITH ANY TYPE SIDE RAILS WITH MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,196.25
000E0251	NU	HOSPITAL BED FIXED HEIGHT WITH ANY TYPE SIDE RAILS W/O MATTRESS	X		X	\$770.54
000E0255	NU	HOSPITAL BED VARIABLE HGT HI-LO WITH ANY TYPE SIDE RAILS WITH MATTRES	X	PRIOR AUTHORIZATION REQUIRED	X	\$667.89
000E0256	KR	HOSPITAL BED VARIABLE HGT HI-LO WITH ANY TYPE SIDE RAILS W/O MATTRESS				\$3.30
000E0256	NU	HOSPITAL BED VARIABLE HGT HI-LO WITH ANY TYPE SIDE RAILS W/O MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$990.92
000E0260	LL	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AINVOCIE COST + 30%		IC+30%
000E0260	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS	X	PRIOR AUTHORIZATION REQUIRED	X	\$643.82
000E0260	UE	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATT	X	PRIOR AUTH REQUIRED	X	\$482.86
000E0261	KR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATT				\$4.74
000E0261	NU	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MATT	X	PRIOR AUTHORIZATION REQUIRED	X	\$586.85
000E0265	NU	HOSPITAL BED ELECTRIC (HEAD FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,297.80

000E0265	RR	HOSPITAL BED ELECTRIC (HEAD FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR - PA REQUIRED AS OF 07012017 CL	X	PRIOR AUTHORIZATION REQUIRED		\$168.45
000E0265	UE	HOSPITAL BED ELECTRIC (HEAD FT & HGT ADJ) W/ANY TYPE SIDE RAILS W/MATTR	X	PRIOR AUTH REQUIRED	X	\$1,627.99
000E0266		HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC WITHOUT MATTRESS		NOT COVERED		NC
000E0266	NU	HOSPITAL BED ELECTRIC (HEAD FT & HGT ADJ) WITH ANY TYPE RAILS W/O MATT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,354.40
000E0266	RR	HOSPITAL MED ELECTRIC (HEAD FT & HGT ADJ) W/ANY TYPE RAILS W/O MATTRES - PA REQUIRED AS OF 07012017 CL	X	PRIOR AUTHORIZATION REQUIRED		\$148.69
000E0271	LL	MATTRESS INNERSPRING		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.9. PAY ATINVOICE COST + 30%		IC+30%
000E0271	RA	MATTRESS INNERSPRING			X	\$247.63
000E0290	NU	HOSPITAL BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	X		X	\$834.41
000E0291	NU	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITHOUT MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$564.84
000E0292	NU	HOSP BED VARIABLE HEIGHT HI-LO WITHOUT SIDE RAILS WITH MATTRESS	X	REQUIRES PRIOR AUTHORIZATION	X	\$979.30
000E0293	NU	HOSP BED VARIABLE HEIGHT HI-LO WITHOUT SIDE RAILS WITHOUT MATTRESS	X		X	\$789.26
000E0294	NU	HOSP BED SEMI ELEC. WITHOUT SIDE RAILS WITH MATTRESS	X	PRIOR AUTH REQUIRED	X	\$1,358.88
000E0295	NU	HOSP BED SEMI ELEC WITHOUT SIDE RAILS WITHOUT MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,324.61
000E0296	NU	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS W MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,707.87
000E0296	RR	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS W MATTRESS				\$129.56
000E0297	NU	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITHOUT MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,633.71
000E0297	RR	HOSP BED TOTAL ELEC. WITHOUT SIDE RAILS WITHOUT MATTRESS				\$117.12
000E0300	NU	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED	X	PRIOR AUTH REQUIRED	X	\$3,473.52
000E0300	RR	PEDIATRIC CRIB HOSPITAL GRADE FULLY ENCLOSED	X	PRIOR AUTH REQUIRED		\$281.42
000E0301	NU	HOSPITAL BED HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS BUT LESS THAN OR EQUAL TO 600 POUNDS WITH ANY TYPE SID E	X	PRIOR AUTH REQUIRED	X	\$3,312.70

000E0302	NU	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITHOUT MATTRESS	X	PRIOR AUTH REQUIRED	X	\$8,754.59
000E0303	NU	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	X	PRIOR AUTH REQUIRED	X	\$1,557.48
000E0304	NU	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITH MATTRESS	X	PRIOR AUTH REQUIRED	X	\$9,430.42
000E0305	NU	BED SIDE RAILS HALF LENGTH (NOTE: UNIT 1 PAIR)			X	\$217.69
000E0305	RB	BED SIDE RAILS HALF LENGTH (NOTE 1 UNIT OF SERVICE = 1 PAIR OF RAILS)				\$217.69
000E0305	UE	BED SIDE RAILS HALF LENGTH (NOTE: UNIT-1 PAIR)			X	\$194.55
000E0316	NU	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED ANY TYPE	X	PRIOR AUTH REQUIRED	X	\$2,585.36
000E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED ANY TYPE				\$213.20
000E0328	NU	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING INCLU			X	\$5,342.31
000E0328	RR	HOSPITAL BED PEDIATRIC MANUAL 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING INCLU		PAY AT INVOICE COST +30%		IC+30%
000E0329	NU	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE		PAY AT INVOICE COST +30%	X	IC+30%
000E0329	RR	HOSPITAL BED PEDIATRIC ELECTRIC OR SEMI-ELECTRIC 360 DEGREE SIDE ENCLOSURES TOP OF HEADBOARD FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE		PAY AT INVOICE COST + 30%		IC+30%
000E0370	NU	AIR PRESSURE ELEVATOR FOR HEEL		PAY AT INVOICE COST +30%	X	IC+30%

000E0371	NU	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS STD LGTH/WID	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,226.83
000E0373	NU	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	X	PRIOR AUTHORIZATION REQUIRED	X	\$7,519.06
000E0441	NU	STATIONARY OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$94.77
000E0441	QE	STATIONARY OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$47.39
000E0441	QF	STATIONARY OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0441	QG	STATIONARY OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0442	NU	STATIONARY OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$94.77
000E0442	QE	STATIONARY OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$47.39
000E0442	QF	STATIONARY OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0442	QG	STATIONARY OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0443	NU	PORTABLE OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$94.77
000E0443	QE	PORTABLE OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$47.39
000E0443	QF	PORTABLE OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0443	QG	PORTABLE OXYGEN CONTENTS GASEOUS 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0444	NU	PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$94.77
000E0444	QE	PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$47.39
000E0444	QF	PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0444	QG	PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT				\$142.16
000E0445	MS	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	X	6 MONTH MAINTENANCE BILLED AT END OF THE PERIOD. CLAIM MUST HAVE 6 MONTH DATE SPAN.		\$118.45
000E0445	RR	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	X			\$236.90

000E0447	NU	PORABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)		RNE		
000E0447	RR	PORABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)		RNE		RNE
000E0453	RR	THERAPEUTIC VENTILATOR; SUITABLE FOR 12 HRS OR LESS PER DAY	X	PRIOR AUTHORIZATION REQUIRED		\$918.29
000E0455	RA	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		PAY AT ACTUAL INVOICE + 30%		IC+30%
000E0455	RB	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E0457		CHEST SHELL (CUIRASS)				\$100.18
000E0457	RA	CHEST SHELL (CUIRASS)				\$100.18
000E0459		CHEST WRAP				\$66.19
000E0459	RA	CHEST WRAP				\$66.19
000E0465		HOME VENTILATOR ANY TYPE USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)		NOT COVERED		NC
000E0465	NU	HOME VENTILATOR ANY TYPE USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	X			\$1,770.03
000E0465	RR	HOME VENTILATOR ANY TYPE USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	X	PRIOR AUTHORIZATION REQUIRED		\$1,150.35
000E0466		HOME VENTILATOR ANY TYPE USED WITH NON-INVASIVE INTERFACE (E.G. MASK CHEST SHELL)		NOT COVERED		NC
000E0466	KR	HOME VENTILATOR ANY TYPE USED WITH NON-INVASIVE INTERFACE (E.G. MASK CHEST SHELL)				\$180.49
000E0466	NU	HOME VENTILATOR ANY TYPE USED WITH NON-INVASIVE INTERFACE (E.G. MASK CHEST SHELL)	X			\$1,770.03
000E0466	RR	HOME VENTILATOR ANY TYPE USED WITH NON-INVASIVE INTERFACE (E.G. MASK CHEST SHELL)	X	PRIOR AUTHORIZATION REQUIRED		\$1,150.35
000E0467		HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION DRUG NEBULIZAT		NOT COVERED		NC

000E0467	NU	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION DRUG NEBULIZAT		RNE		
000E0467	RR	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION DRUG NEBULIZAT	X			\$1,336.82
000E0468		HOME VENTILATOR DUAL-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ADDITIONAL FUNCTION		NOT COVERED		NC
000E0468	KR	HOME VENTILATOR DUAL-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ADDTL FUNCTION OF COUGH STIMULATION INCLUDES ALL ACCESSORIES/COMPONENTS		NOT COVERED		NC
000E0468	NU	HOME VENTILATOR DUAL-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ADDTL FUNCTION OF COUGH STIMULATION INCLUDES ALL ACCESSORIES/COMPONENTS		NOT COVERED		NC
000E0468	RR	HOME VENTILATOR DUAL-FUNCTION RESPIRATORY DEVICE ALSO PERFORMS ADDITIONAL FUNCTION OF COUGH STIMULATION INCLUDES ACCESSORIES/COMPONENTS		NOT COVERED		NC
000E0470	LL	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE USED WITH NONINVASIVE INTERFACE E.G. NASAL OR FACIAL	X	SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E0470	NU	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE USED WITH NONINVASIVE INTERFACE E.G. NASAL OR FACIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,139.92
000E0480	LL	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.009. PAY AT INVOICE COST + 30%		IC+30%
000E0480	NU	PERCUSSOR ELEC OR PNEUMATIC HM MODEL			X	\$493.50
000E0480	RB	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL				\$493.50
000E0480	RR	PERCUSSOR ELEC OR PNEUMATIC HM MODEL				\$50.29

000E0482	NU	COUGH STIMULATING DEVICE ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	X	PRIOR AUTHORIZATION REQUIRED	X	\$5,262.00
000E0482	RR	COUGH STIMULATING DEVICE ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	X			\$536.26
000E0483	LL	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES & VEST) EACH	X	PRIOR AUTHORIZATION REQUIRED		\$1,188.75
000E0483	RR	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM (INCLUDES HOSES & VEST) EACH	X	PA REQUIRED EXCEPT FOR IN A NF/ICF-DD COVERED ONLY BY EXCEPTION 3 MONTH TRAIL PERIOD. NEW PA FOR PAID UP LEASE		\$1,325.74
000E0484	NU	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE NON-ELECTRIC ANY TYPE EACH				\$46.06
000E0484	RR	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE NON-ELECTRIC ANY TYPE EACH				\$4.60
000E0485	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT ACTUAL INVOICE +30%	X	IC+30%
000E0485	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E0486	NU	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT ACTUAL INVOICE COST PLUS 30%	X	IC+30%
000E0486	RR	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY ADJUSTABLE OR NON-ADJUSTABLE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E0487	NU	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		PAY AT INVOICE COST +30%	X	IC+30%
000E0487	RR	SPIROMETER ELECTRONIC INCLUDES ALL ACCESSORIES		PAY AT INVOICE COST +30%		IC+30%
000E0500	LL	IPPB MACHINE ALL TYPES WITH BUILT-IN NEBULIZATION; MANUAL OR AUTO VALV		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AACTUAL INVOICE COST + 30%		IC+30%
000E0500	NU	IPPB MACHINE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,343.21
000E0500	RR	IPPB MACHINE				\$136.87

000E0530	KR	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT WITH SENSOR INCLUDES ALL COMPONENTS		NOT COVERED		NC
000E0530	RR	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT WITH SENSOR INCLUDES ALL COMPONENTS		NOT COVERED		NC
000E0550	RA	HUMIDIFIER DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,073.40
000E0550	RB	HUMIDIFIER DURABLE FOR EXT SUPP HUMID IPPB TRTMENTS OR OXY DELIVERY	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,073.40
000E0555	RB	HUMIDIFIER DURABLE GLASS OR ATUO PLASTIC BOTTLE TYPE W/REG OR FLOWMET				\$2.77
000E0560	RA	HUMID DURABLE FOR SUPP HUMID DURING IPPB OR OXYGEN DELIVERY			X	\$197.32
000E0565	MS	COMP AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				\$89.45
000E0570	LL	NEBULIZER WITH COMPRESSOR.		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AACTUAL INVOICE COST + 30%	X	IC+30%
000E0570	NU	NEBULIZER W COMPRESSOR			X	\$52.94
000E0570	UE	NEBULIZER WITH COMPRESSOR			X	\$39.71
000E0572	NU	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR INTERMITTENT USE			X	\$466.09
000E0574	NU	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER			X	\$492.64
000E0574	RR	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER				\$50.19
000E0575	NU	NEBULIZER ULTRASONIC LARGE VOLUME	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,068.99
000E0575	RR	NEBULIZER ULTRASONIC LARGE VOLUME				\$108.94
000E0580	RA	NEBULIZER DURABLE GLASS OR AUTO PLASTIC BOTTLE TYPE WITH REG OR FLOW				\$5.36
000E0580	RB	NEBULIZER DURABLE GLASS OR AUTO PLASTIC BOTTLE TYPE WITH REG OR FLOW				\$145.41
000E0585	NU	NEBULIZER W COMPRESSOR AND HEATER			X	\$364.77
000E0600	LL	RESPIRATORY SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AACTUAL INVOICE COST + 30%	X	IC+30%

000E0600	NU	RESPIRATORY SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC	X		X	\$505.00
000E0600	RR	RESPIRATORY SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC				\$51.48
000E0600	UE	RESPIRATORY SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC			X	\$388.46
000E0601	LL	CONTINUOUS AIRWAY PRESSURE CPAP DEVICE	X	SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AACTUAL INVOICE COST + 30%	X	IC+30%
000E0601	NU	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	X	PRIOR AUTHORIZATION REQUIRED	X	\$394.02
000E0602	NU	BREAST PUMP MANUAL ANY TYPE				\$36.12
000E0603	NU	BREAST PUMP ELECTRIC (AC AND/OR DC) ANY TYPE				\$155.33
000E0604	KR	BREAST PUMP HOSPITAL GRADE ELECTRIC (AC AND / OR DC) ANY TYPE				\$2.80
000E0604	RR	BREAST PUMP HOSPITAL GRADE ELECTRIC (AC AND / OR DC) ANY TYPE				\$84.08
000E0605	KR	VAPORIZER ROOM TYPE				\$0.12
000E0605	NU	VAPORIZER ROOM TYPE				\$32.94
000E0605	RR	VAPORIZER ROOM TYPE				\$3.83
000E0606	NU	POSTURAL DRAINAGE BOARD			X	\$280.70
000E0606	RR	POSTURAL DRAINAGE BOARD				\$28.62
000E0607	NU	HM BLOOD GLUCOSE MONITOR			X	\$83.32
000E0607	RR	HM BLOOD GLUCOSE MONITOR				\$8.32
000E0610	NU	PACEMAKER MONITOR SELF CONTAINED			X	\$296.59
000E0610	RR	PACEMAKER MONITOR SELF CONTAINED				\$31.28
000E0615	NU	PACEMAKER MONITOR SELF CONTAINED	X	PRIOR AUTHORIZATION REQUIRED	X	\$591.14
000E0615	RR	PACEMAKER MONITOR SELF CONTAINED				\$62.01
000E0617	NU	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,720.55
000E0617	RR	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS				\$379.14
000E0618	MS	APNEA MONITOR		MAX AGE 1 CLAIM NEEDS 6 MONTH DATE SPAN		\$348.85
000E0618	RR	APNEA MONITOR WITHOUT RECORDING FEATURE		MAX AGE 1		\$321.74
000E0621	RB	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON			X	\$117.45
000E0625	NU	PATIENT LIFT BATHROOM OR TOILET NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL IVOICE COST PLUS 30%	X	IC+30%
000E0625	RR	PATIENT LIFT BATHROOM OR TOILET NOT OTHERWISE CLASSIFIED	X	PRIOR AUTH REQUIRED		\$143.12

000E0630	NU	PATIENT LIFT HYDRAULIC OR MECHANICAL INCLUDES ANY SEAT SLING STRAP(S) OR PAD(S)	X	PRIOR AUTHORIZATION REQUIRED	X	\$640.47
000E0635	NU	PATIENT LIFT ELEC W SEAT OR SLING	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,373.93
000E0636	NU	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM WITH INTEGRATED LIFT PATIENT ACCESSIBLE CONTROLS	X	PRIOR AUTHORIZATION REQUIRED	X	\$12,904.29
000E0637	NU	COMBINATION SIT TO STAND SYSTEM ANY SIZE INCLUDING PEDIATRIC WITH SEATLIFT FEATURE WITH OR WITHOUT WHEELS		PAY AT INVOICE COST +30%	X	IC+30%
000E0637	RR	COMBINATION SIT TO STAND SYSTEM ANY SIZE INCLUDING PEDIATRIC WITH SEATLIFT FEATURE WITH OR WITHOUT WHEELS		PAY AT INVOICE COST +30%		IC+30%
000E0638	NU	STANDING FRAME SYSTEM ONE POSITION (E.G. UPRIGHT SUPINE OR PRONE STANDER) ANY SIZE INCLUDING PEDIATRIC WITH OR WITHOUT WHEELS		RNE REQUIRES INVOICE	X	RNE
000E0638	RR	STANDING FRAME SYSTEM ONE POSITION (E.G. UPRIGHT SUPINE OR PRONE STANDER) ANY SIZE INCLUDING PEDIATRIC WITH OR WITHOUT WHEELS		PAY AT INVOICE COST +30%		IC+30%
000E0639	NU	PATIENT LIFT MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY INCLUDES ALL COMPONENTS/ACCESSORIES		PAY AT INVOICE COST +30%	X	IC+30%
000E0639	RR	PATIENT LIFT MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY INCLUDES ALL COMPONENTS/ACCESSORIES		PAY AT INVOICE COST +30%		IC+30%
000E0641	NU	STANDING FRAME SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INCLUDING PEDIATRIC WITH OR WITHOUT WHEELS			X	\$2,161.80
000E0641	RR	STANDING FRAME SYSTEM MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INCLUDING PEDIATRIC WITH OR WITHOUT WHEELS		PAY AT INVOICE COST +30%		IC+30%
000E0642	NU	STANDING FRAME SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRIC		PAY AT INVOICE COST +30%	X	IC+30%
000E0642	RR	STANDING FRAME SYSTEM MOBILE (DYNAMIC STANDER) ANY SIZE INCLUDING PEDIATRIC		PAY AT INVOICE COST +30%		IC+30%
000E0650	NU	PNEUMATIC COMPRESSOR NON SEGMENTAL HM MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$898.10
000E0650	RR	PNEUMATIC COMPRESSOR NON SEGMENTAL HM MODEL				\$100.54

000E0651	NU	PNEUMATIC COMP SEGMENTAL HM MODEL WITHOUT CAL GRADIENT PRESSURE	X	PRIOR AUTHORIZATION REQUIRED	X	\$973.48
000E0651	RR	PNEUMATIC COMP SEGMENTAL HM MODEL WITHOUT CALIBRATED GRADIENT PRESSURE				\$99.45
000E0652	NU	PNEUMATIC COMP SEGMENTAL HM MODEL W CALIBRATED GRADIENT PRESSURE	X	PRIOR AUTHORIZATION REQUIRED	X	\$6,610.98
000E0652	RR	PNEUMATIC COMP SEGMENTAL HOM MODEL W CALIBRATED GRADIENT PRESSURE	X			\$653.36
000E0655	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMPRESSOR HALF ARM			X	\$134.59
000E0655	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP HALF ARM				\$15.82
000E0656	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR TRUNK				\$752.11
000E0656	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR TRUNK				\$72.06
000E0657	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR CHEST				\$706.59
000E0657	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR CHEST				\$67.69
000E0658		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 F		RNE		RNE
000E0658	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 F		RNE		RNE
000E0658	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 F		RNE		RNE
000E0658	RA	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 F		RNE		RNE
000E0658	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 F		RNE		RNE
000E0659		SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED HEA		RNE		RNE
000E0659	KR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED HEA		RNE		RNE

000E0659	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED HEA		RNE		RNE
000E0659	RA	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED HEA		RNE		RNE
000E0659	RR	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED HEA		RNE		RNE
000E0660	NU	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR				\$199.22
000E0660	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL LEG				\$20.72
000E0665	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL ARM				\$170.84
000E0665	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL ARM				\$17.53
000E0666	NU	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP HALF LEG				\$167.55
000E0666	RR	NON-SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP HALF LEG				\$16.75
000E0667	NU	SEGMENTAL PNEUMATIC APPL FOR USE WITH PNEUMATIC COMPRESSOR FULL LEG	X	PRIOR AUTHORIZATION REQUIRED		\$343.18
000E0667	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL LEG				\$38.75
000E0668	KR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL ARM				\$1.51
000E0668	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL ARM	X	PRIOR AUTHORIZATION REQUIRED		\$468.37
000E0668	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP FULL ARM				\$46.22
000E0669	NU	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP HALF LEG				\$228.60
000E0669	RR	SEGMENTAL PNEUMATIC APPL W PNEUMATIC COMP HALF LEG				\$22.86
000E0670	NU	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 FULL LEGS AND TRUNK	X	PRIOR AUTH REQUIRED		\$1,349.91
000E0670	RR	SEGMENTAL PNEUMATIC APPLICANCE FOR USE WITH PNEUMATIC COMPRESSOR INTEGRATED 2 FULL LEGS AND TRUNK				\$135.00

000E0671	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL FULL LEG				\$517.95
000E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL FULL LEG				\$51.82
000E0672	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL FULL ARM				\$402.43
000E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL FULL ARM				\$40.27
000E0673	NU	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL HALF LEG				\$334.40
000E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPL HALF LEG				\$33.44
000E0675	NU	PNEUMATIC COMPRESSION DEVICE HIGH PRESSURE RAPID INFLATION/DEFLATIONCYCLE FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,705.60
000E0675	RR	PNEUMATIC COMPRESSION DEVICE HIGH PRESSURE RAPID INFLATION/DEFLATIONCYCLE FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)				\$479.52
000E0677		NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT TRUNK		RNE		RNE
000E0677	NU	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT TRUNK		RNE		RNE
000E0677	RR	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT TRUNK		RNE		RNE
000E0678		NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG		NOT COVERED		NC
000E0678	KR	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG		NOT COVERED		NC
000E0678	NU	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG		NOT COVERED		NC
000E0678	RR	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG		NOT COVERED		NC
000E0683		NON-PNEUMATIC NON- SEQUENTIAL PERISTALTIC WAVE COMPRESSION PUMP		NOT COVERED		NC
000E0691	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS				\$3.66

000E0691	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS	X	PRIOR AUTH REQUIRED	X	\$1,120.54
000E0691	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUARE FEET OR LESS				\$112.05
000E0692	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 4 FOOT PANEL				\$4.60
000E0692	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 4 FOOT PANEL	X	PRIOR AUTH REQUIRED	X	\$1,407.10
000E0692	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 4 FOOT PANEL				\$140.68
000E0693	KR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 6 FOOT PANEL				\$5.67
000E0693	NU	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 6 FOOT PANEL	X	PRIOR AUTH REQUIRED	X	\$1,734.55
000E0693	RR	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION 6 FOOT PANEL				\$173.45
000E0694	KR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION				\$18.05
000E0694	NU	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION	X	PRIOR AUTH REQUIRED	X	\$5,520.96
000E0694	RR	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET INCLUDES BULBS/LAMPS TIMER AND EYE PROTECTION	X			\$552.09

000E0720	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE TWO LEAD LOCALIZED				\$44.97
000E0720	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE TWO LEAD LOCALIZED		X		\$375.69
000E0730	LL	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE FOUR OR MORE LEADS FOR MULTIPLE NERVE STIMULATION	SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000E0730	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE FOUR OR MORE LEADS FOR MULTIPLE NERVE STIMULATION				\$44.39
000E0730	UE	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE FOUR OR MORE LEADS FOR MULTIPLE NERVE STIMULATION		X		\$41.48
000E0731		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMESCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)		X		\$434.72
000E0731	RA	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES		X		\$434.72
000E0732		CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM ANY TYPE	NOT COVERED			NC
000E0732	KR	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM ANY TYPE	NOT COVERED			NC
000E0732	NU	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM ANY TYPE	NOT COVERED			NC
000E0732	RR	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM ANY TYPE	NOT COVERED			NC
000E0733		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI	RNE REQUIRES INVOICE			RNE
000E0733	KR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI	RNE REQUIRES INVOICE			RNE

000E0733	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI		RNE REQUIRES INVOICE			RNE
000E0733	RR	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI		RNE REQUIRES INVOICE			RNE
000E0734		EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST		RNE REQUIRES INVOICE			RNE
000E0734	KR	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST		RNE REQUIRES INVOICE			RNE
000E0734	NU	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST		RNE REQUIRES INVOICE			RNE
000E0734	RR	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST		RNE REQUIRES INVOICE			RNE
000E0735		NON-INVASIVE VAGUS NERVE STIMULATOR		RNE REQUIRES INVOICE			RNE
000E0735	KR	NON-INVASIVE VAGUS NERVE STIMULATOR		RNE REQUIRES INVOICE			RNE
000E0735	NU	NON-INVASIVE VAGUS NERVE STIMULATOR		RNE REQUIRES INVOICE			RNE
000E0735	RR	NON-INVASIVE VAGUS NERVE STIMULATOR		RNE REQUIRES INVOICE			RNE
000E0736		TRANSCUTANEOUS TIBIAL NERVE STIMULATOR		NOT COVERED			NC
000E0736	KR	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR		NOT COVERED			NC
000E0736	NU	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR		NOT COVERED			NC
000E0736	RR	TRANSCUTANEOUS TIBIAL NERVE STIMULATOR		NOT COVERED			NC
000E0738		UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE		NOT COVERED			NC
000E0738	KR	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE		NOT COVERED			NC
000E0738	NU	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE		NOT COVERED			NC
000E0738	RR	UPPER EXTREMITY REHABILITATION SYSTEM PROVIDING ACTIVE ASSISTANCE TO FACILITATE		NOT COVERED			NC
000E0739		REHAB SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY		NOT COVERED			NC
000E0739	KR	REHAB SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY		NOT COVERED			NC

000E0739	NU	REHAB SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY		NOT COVERED		NC
000E0739	RR	REHAB SYSTEM WITH INTERACTIVE INTERFACE PROVIDING ACTIVE ASSISTANCE IN REHABILITATION THERAPY		NOT COVERED		NC
000E0740	NU	INCONTINENCE TREATMENT SYSTEM PELVIC FLOOR STIMULATOR MONITOR SENSOR SEND CLAIM TO MEDICAL SERVICES	X		X	\$639.81
000E0740	RR	INCONTINENCE TREATMENT SYSTEM PELVIC FLOOR STIMULATOR MONITOR SENSOR SEND CLAIM TO MEDICAL SERVICES				\$65.20
000E0745	LL	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT - CONVERT TO PURCHASE	X	SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY ACTUAL INVOICE COST + 30%	X	IC+30%
000E0745	NU	NEUROMUSCULAR STIMULATOR ELEC SHOCK UNIT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,095.30
000E0745	RR	NEUROMUSCULAR STIMULATOR ELEC SHOCK UNIT	X	PRIOR AUTHORIZATION REQUIRED		\$111.63
000E0745	UE	NEUROMUSCULAR STIMULATOR ELECT SHOCK UNIT	X	PRIOR AUTHORIZATION REQUIRED	X	\$895.39
000E0746	NU	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE		PAY AT INVOICE COST +30%	X	IC+30%
000E0746	RR	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE		PAY AT INVOICE COST +30%		IC+30%
000E0747	NU	OSTEOGENESIS STIM ELEC NON-INVASIVE OTHER THAN SPINAL APPL	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,837.75
000E0747	RR	OSTEOGENESIS STIMULATOR ELEC NON INVASIVE OTHER THAN SPINAL APPL	X	PRIOR AUTHORIZATION REQUIRED		\$483.74
000E0748	NU	OSTEOGENIC STIMULATOR SPINAL APPLICATIONS	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,851.76
000E0748	RA	OSTEOGENIC STIMULATOR SPINAL APPLICATIONS	X	PRIOR AUTHORIZATION REQUIRED PAY AT INVOICE COST +30%		IC+30%
000E0748	RB	OSTEOGENIC STIMULATOR SPINAL APPLICATIONS	X	PRIOR AUTHORIZATION REQUIRED PAY AT INVOICE COST +30%		IC+30%
000E0748	RR	OSTEOGENIC STIMULATOR SPINAL APPLICATIONS USE NU MODIFIER				\$485.14
000E0755		ELECTRONIC SALIVARY REFLEX		PAY AT INVOICE COST +30%	X	IC+30%
000E0760	LL	OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASIVE	X	SEE CONVERSION RENTAL TO PURCHASE 471 NAC 7- 010.09. PAY AT ACTAL INVOICE COST + 30%		IC+30%
000E0760	RR	OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NONINVASIVE	X	PRIOR AUTHORIZATION REQUIRED		\$403.17

000E0765	NU	FDA APPROVED NERVE STIMULATOR WITH REPLACEABLE BATTERIES FOR TREATMENT OF NAUSEA AND VOMITING		X	\$104.91
000E0765	RR	FDA APPROVED NERVE STIMULATOR WITH REPLACEABLE BATTERIES FOR TREATMENT OF NAUSEA AND VOMITING			\$10.51
000E0766	NU	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT INCLUDES ALL ACCESSORIES ANY TYPE		PAY AT INVOICE COST +30%	IC+30%
000E0766	RR	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT INCLUDES ALL ACCESSORIES ANY TYPE	X	REQUIRES PRIOR AUTH	\$14,524.97
000E0770		FUNCTIONAL ELECTRICAL STIMULATOR TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS ANY TYPE COMPLETE SYSTEM NOT OTHERWISE SPECIFIC		PAY AT INVOICE COST +30%	IC+30%
000E0776	KR	IV POLE			\$0.64
000E0779	KR	AMBULATORY INFUSION PUMP MECHANICAL REUSABLE FOR INFUSION 8 HOURS OR GREATER			\$0.68
000E0779	NU	AMBULATORY INFUSION PUMP MECHANICAL REUSABLE FOR INFUSION 8 HOURS OR GREATER		X	\$204.71
000E0779	RR	AMBULATORY INFUSION PUMP MECHANICAL REUSABLE FOR INFUSION 8 HOURS OR GREATER			\$20.55
000E0780	KR	AMBULATORY INFUSION PUMP MECHANICAL REUSABLE FOR INFUSION LESS THAN* 8 HOURS			\$0.04
000E0780	NU	AMBULATORY INFUSION PUMP MECHANICAL REUSABLE FOR INFUSION LESS THAN 8 HOURS			\$12.93
000E0780	RR	AMBULATORY INFUSION PUMP. MECHANICAL REUSABLE FOR INFUSION LESS THAN**8 HOURS			\$1.26
000E0781	KR	AMBULATORY INFUSION PUMP SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT.			\$10.80
000E0781	NU	AMBULATORY INFUSION PUMP SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT.	X	PRIOR AUTHORIZATION REQUIRED	X
					\$3,241.12

000E0781	RR	AMBULATORY INFUSION PUMP SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED WITH ADMINISTRATIVE EQUIPMENT WORN BY PATIENT					\$281.71
000E0784	NU	EXTERNAL AMBULATORY INFUSION PUMP INSULIN	X	PRIOR AUTH REQUIRED	X		\$5,179.53
000E0787		EXTERNAL AMBULATORY INFUSION PUMP INSULIN DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING		RNE			RNE
000E0787	NU	EXTERNAL AMBULATORY INFUSION PUMP INSULIN DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING		RNE			RNE
000E0787	RR	EXTERNAL AMBULATORY INFUSION PUMP INSULIN DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING		RNE			RNE
000E0791	KR	PARENTERAL INFUSION PUMP STATIONARY SGL OR MULTI CHANNEL					\$12.89
000E0791	NU	PARENTERAL INFUSION PUMP STATIONARY SGL OR MULTI CHANNEL	X	PRIOR AUTHORIZATION REQUIRED	X		\$3,869.23
000E0791	RR	PARENTERAL INFUSION PUMP STATIONARY SGL OR MULTI CHANNEL					\$335.15
000E0830	NU	AMBULATORY TRACTION DEVICE ALL TYPES EACH		PAY AT INVOICE COST +30%	X		IC+30%
000E0830	RR	AMBULATORY TRACTION DEVICE ALL TYPES EACH		PAY AT INVOICE COST +30%			IC+30%
000E0840	NU	TRACTION FRAME ATTACHED TO HEADBOARD CERVICAL TRACTION			X		\$91.36
000E0840	RR	TRACTION FRAME ATTACHED TO HEADBOARD CERVICAL TRACTION					\$17.31
000E0849	NU	TRACTION EQUIPMENT CERVICAL FREE-STANDING STAND/FRAME PNEUMATIC APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE			X		\$646.60
000E0849	RR	TRACTION EQUIPMENT CERVICAL FREE-STANDING STAND/FRAME PNEUMATIC APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE					\$64.26
000E0850	NU	TRACTION FRAME FREE STANDING CERVICAL TRACTION			X		\$111.34
000E0850	RR	TRACTION FRAME FREE STANDING CERVICAL TRACTION					\$17.98
000E0855	NU	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME			X		\$604.76

000E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME				\$61.64
000E0855	UE	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME		X		\$512.95
000E0856	NU	CERVICAL TRACTION DEVICE W/INFLATABLE AIR BLADDER(S)	PAY AT INVOICE COST +30%			IC+30%
000E0856	RR	CERVICAL TRACTION DEVICE W/INFLATABLE AIR BLADDER(S)	IC + 30%			IC+30%
000E0860	NU	TRACTION EQUIPT OVERDOOR CERVICAL				\$41.90
000E0860	RR	TRACTION EQUIPT OVERDOOR CERVICAL				\$6.91
000E0870	NU	TRACTION FRAME ATTACHED TO FOOTBOARD EXTREMITY TRACTION (E.G. BUCK'S)		X		\$145.04
000E0870	RR	TRACTION FRAME ATTACHED TO FOOTBOARD EXTREMITY TRACTION (E.G. BUCK'S)				\$16.12
000E0880	NU	TRACTION STAND FREE STANDING EXTREMITY TRACTION (E.G. BUCK'S)		X		\$156.55
000E0880	RR	TRACTION STAND FREE STANDING EXTREMITY TRACTION (E.G. BUCK'S)				\$20.88
000E0890	NU	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION		X		\$150.13
000E0890	RR	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION				\$34.80
000E0900	NU	TRACTION STAND FREE STANDING PELVIC TRACTION (E.G. BUCK'S)		X		\$135.82
000E0900	RR	TRACTION STAND FREE STANDING PELVIC TRACTION (E.G. BUCK'S)				\$29.28
000E0910	NU	TRAPEZE BAR A.K.A. PAT HELPER ATTACHED TO BED COMPLETE W GRAB BAR		X		\$116.59
000E0910	RA	TRAPEZE BAR AKA PATIENT HELPER ATTACHED TO BED COMPLETE WITH GRAB BAR		X		\$244.73
000E0911	NU	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS ATTACHED TO BED WITH GRAB BAR	X	X		\$609.99
000E0912	NU	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS FREE STANDING COMPLETE WITH GRAB BAR	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,400.73
000E0920	NU	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	X	X		\$564.59
000E0920	RA	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS	X	X		\$564.59

000E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS				\$57.55
000E0930	NU	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS		X		\$476.98
000E0930	RR	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS				\$48.60
000E0935	KR	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY				\$25.71
000E0940	NU	TRAPEZE BAR FREE STANDING COMPLETE W GRAB BAR		X		\$425.46
000E0940	RA	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR		X		\$425.46
000E0941	KR	GRAVITY ASSISTED TRACTION				\$1.60
000E0941	NU	GRAVITY ASSISTED TRACTION		X		\$481.14
000E0941	RR	GRAVITY ASSISTED TRACTION				\$49.05
000E0942	RA	CERVICAL HEAD HARNESS/HALTER				\$31.30
000E0944	RA	PELVIC BELT/HARNESS/BOOT		X		\$71.56
000E0945	RA	EXTREMITY BELT/HARNESS				\$53.67
000E0947	NU	FRACTURE FRAME ATTACHMNTS FOR COMPLEX PELVIC TRACTION	X	X		\$756.26
000E0947	RR	FRACTURE FRAME ATTACHMNTS FOR COMPLEX PELVIC TRACTION				\$78.41
000E0948	NU	FRACTURE FRAME ATTACHMNTS FOR COMPLEX CERVICAL TRACTION	X	X		\$731.47
000E0948	RR	FRACTURE FRAME ATTACHMNTS FOR COMPLEX CERVICAL TRACTION				\$73.12
000E0950	KA	WHEELCHAIR ACCESSORY TRAY EACH				\$108.12
000E0952	KA	TOE LOOP/HOLDER ANY TYPE EACH				\$22.03
000E0952	NU	TOE LOOP/HOLDER ANY TYPE EACH				\$18.13
000E0952	RB	TOE LOOP/HOLDER ANY TYPE EACH				\$22.03
000E0952	RR	TOE LOOP/HOLDER ANY TYPE EACH				\$1.82
000E0953	NU	WHEELCHAIR ACCESSORY LATERAL THIGH OR KNEE SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$95.95
000E0953	RR	WHEELCHAIR ACCESSORY LATERAL THIGH OR KNEE SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$9.60

000E0954	NU	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE INCLUDES ATTACHMENT AND MOUNTING HARDWARE EACH FOOT				\$63.41
000E0954	RR	WHEELCHAIR ACCESSORY FOOT BOX ANY TYPE INCLUDES ATTACHMENT AND MOUNTING HARDWARE EACH FOOT				\$6.34
000E0955	KA	WHEELCHAIR ACCESSORY HEADREST CUSHIONED ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$247.40
000E0955	NU	WHEELCHAIR ACCESSORY HEADREST CUSHIONED ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$247.40
000E0955	RA	WHEELCHAIR ACCESSORY HEADREST CUSHIONED ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$247.40
000E0955	RB	WHEELCHAIR ACCESSORY HEADREST CUSHIONED ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$247.40
000E0955	RR	WHEELCHAIR ACCESSORY HEADREST CUSHIONED ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$17.24
000E0956	KA	WHEELCHAIR ACCESSORY LATERAL TRUNK OR HIP SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$120.62
000E0958	KA	MANUAL WHEELCHAIR ACCESSORY ONE-ARM DRIVE ATTACHMENT EACH	X			\$533.88
000E0958	NU	MANUAL WHEELCHAIR ACCESSORY ONE-ARM DRIVE ATTACHMENT EACH	X			\$533.88
000E0958	RB	MANUAL WHEELCHAIR ACCESSORY ONE-ARM DRIVE ATTCHMENT EACH	X			\$533.88
000E0960	KA	WHEELCHAIR ACCESSORY SHOULDER HARNESS/STRAPS OR CHEST STRAP INCL ANY TYPE MOUNTING HARDWARE				\$111.32
000E0968	KA	COMMODE SEAT WHEELCHAIR				\$219.40
000E0968	NU	COMMODE SEAT WHEELCHAIR				\$219.40
000E0968	RB	COMMODE SEAT WHEELCHAIR				\$219.40
000E0968	RR	COMMODE SEAT WHEELCHAIR				\$22.34
000E0969	NU	NARROWING DEVICE WHEELCHAIR				\$195.31
000E0969	RB	NARROWING DEVICE WHEELCHAIR				\$191.66

000E0969	RR	NARROWING DEVICE WHEELCHAIR				\$19.33
000E0971	KA	MANUAL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVICE EACH				\$53.09
000E0978	KA	WHEELCHAIR ACCESSORY POSITIONING BELT/SAFETY BELT/PELVIC STRAP EACH				\$52.25
000E0981	RB	WHEELCHAIR ACCESSORY SEAT UPHOLSTERY REPLACEMENT ONLY EACH				\$62.95
000E0982	RB	WHEELCHAIR ACCESSORY BACK UPHOLSTERY REPLACEMENT ONLY EACH				\$68.80
000E0983	KA	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED		\$3,058.30
000E0983	NU	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR JOYSTICK CONTROL	X	PRIOR AUTH REQUIRED		\$3,058.30
000E0983	RR	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR JOYSTICK CONTROL				\$311.67
000E0984	KA	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR TILLER CONTROL	X	PRIOR AUTH REQUIRED		\$2,337.91
000E0984	NU	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR TILLER CONTROL	X	PRIOR AUTH REQUIRED		\$2,337.91
000E0984	RB	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR TILLER CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$2,337.91
000E0984	RR	MANUAL WHEELCHAIR ACCESSORY POWER ADD- ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR TILLER CONTROL				\$238.23
000E0985	KA	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM				\$248.22
000E0985	NU	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM				\$248.22
000E0985	RB	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM				\$248.22
000E0986	KA	MANUAL WHEELCHAIR ACCESSORY PUSH ACTIVATED POWER ASSIST EACH	X	PRIOR AUTH REQUIRED EXCEPT IN A NF OR ICF/DD		\$5,952.20

000E0986	NU	MANUAL WHEELCHAIR ACCESSORY PUSH ACTIVATED POWER ASSIST EACH	X	PRIOR AUTH REQUIRED EXCEPT IN A NF OR ICF/DD		\$5,952.20
000E0986	RA	MANUAL WHEELCHAIR ACCESSORY PUSH-RIM ACTIVATED POWER ASSIST SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$5,952.20
000E0986	RB	MANUAL WHEELCHAIR ACCESSORY PUSH ACTIVATED POWER ASSIST EACH	X	PRIOR AUTHORIZATION REQUIRED EXCEPT IN A NF OR ICF/DD		\$5,952.20
000E0986	RR	MANUAL WHEELCHAIR ACCESSORY PUSH ACTIVATED POWER ASSIST EACH	X			\$606.58
000E0990	KA	WHEELCHAIR ACCESSORY ELEVATING LEGREST COMPLETE ASSEMBLY EACH				\$143.69
000E0994	KA	ARMREST EACH				\$21.48
000E0994	KR	ARMREST EACH				\$0.07
000E0994	NU	ARMREST EACH				\$21.89
000E0994	RB	ARMREST EACH				\$21.48
000E0994	RR	ARMREST EACH				\$2.18
000E0995	KA	WHEELCHAIR ACCESSORY CALF REST/PAD EACH				\$37.19
000E0995	NU	WHEELCHAIR ACCESSORY CALF REST/PAD EACH				\$29.58
000E0995	RB	WHEELCHAIR ACCESSORY CALF REST/PAD EACH				\$37.19
000E0995	RR	WHEELCHAIR ACCESSORY CALF REST/PAD EACH				\$2.96
000E1002	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM TILT ONLY	X	PRIOR AUTH REQUIRED		\$4,959.77
000E1002	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM TILT ONLY	X	PRIOR AUTH REQUIRED		\$4,959.77
000E1002	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM TILT ONLY	X	PRIOR AUTHORIZATION REQUIRED		\$4,959.77
000E1002	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM TILT ONLY				\$406.09
000E1003	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITHOUT SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$5,373.48
000E1003	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITHOUT SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$5,373.48
000E1003	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITHOUT SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$5,373.48
000E1003	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITHOUT SHEAR REDUCTION				\$465.84
000E1004	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$5,958.09

000E1004	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$5,958.09
000E1004	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$5,958.09
000E1004	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH MECHANICAL SHEAR REDUCTION	X			\$513.16
000E1005	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$6,449.16
000E1005	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$6,449.16
000E1005	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH POWER SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$6,449.16
000E1005	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM RECLINE ONLY WITH POWER SHEAR REDUCTION	X			\$559.86
000E1006	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITHOUT SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$7,899.62
000E1006	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITHOUT SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$7,899.62
000E1006	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITHOUT SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$7,899.62
000E1006	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITHOUT SHEAR REDUCTION	X			\$689.15
000E1007	KA	WHEELCHAIR ACCESSORY POWER SETING SYSTEM COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$10,696.39
000E1007	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$10,696.39
000E1007	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$10,696.39

000E1007	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH MECHANICAL SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$875.00
000E1008	KA	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$10,697.35
000E1008	NU	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$10,697.35
000E1008	RB	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH POWER SHEAR REDUCTION	X	PRIOR AUTHORIZATION REQUIRED		\$10,697.35
000E1008	RR	WHEELCHAIR ACCESSORY POWER SEATING SYSTEM COMBINATION TILT AND RECLINE WITH POWER SHEAR REDUCTION	X	PRIOR AUTH REQUIRED		\$891.49
000E1009	KA	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM INCLUDING PUSHROD AND LEGREST EACH		PAY AT INVOICE COST +30%		IC+30%
000E1009	NU	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM INCLUDING PUSHROD AND LEG REST EACH		PAY AT INVOICE COST +30%		IC+30%
000E1009	RB	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM INCLUDING PUSHROD AND LEGREST EACH		PAY AT INVOICE COST +30%		IC+30%
000E1009	RR	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM MECHANICALLY LINKED LEG ELEVATION SYSTEM INCLUDING PUSHROD AND LEG REST EACH		PAY AT INVOICE COST +30%		IC+30%
000E1010	KA	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM POWER LEG ELEVATION SYSTEM INCLUDING LEG REST PAIR	X	PRIOR AUTH REQUIRED		\$1,399.61
000E1010	NU	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM POWER LEG ELEVATION SYSTEM INCLUDING LEG REST PAIR	X	PRIOR AUTH REQUIRED		\$1,399.61

000E1010	RB	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM POWER LEG ELEVATION SYSTEM INCLUDING LEG REST PAIR	X	PRIOR AUTH REQUIRED		\$1,399.61
000E1010	RR	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM POWER LEG ELEVATION SYSTEM INCLUDING LEG REST PAIR				\$119.95
000E1011	KA	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		PAY AT INVOICE COST +30%		IC+30%
000E1011	NU	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		PAY AT INVOICE COST +30%		IC+30%
000E1011	RR	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)		PAY AT INVOICE COST +30%		IC+30%
000E1012	NU	WHEELCHAIR ACCESSORY ADDITION TO POWER SEATING SYSTEM CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM COMPLETE SYSTEM ANY TYPE EACH				\$1,699.37
000E1014	KA	RECLINING BACK ADDITION TO PEDIATRIC SIZE WHEELCHAIR				\$446.80
000E1014	NU	RECLINING BACK ADDITION TO PEDIATRIC SIZE WHEELCHAIR				\$446.80
000E1014	RB	RECLINING BACK ADDITION TO PEDIATRIC SIZE WHEELCHAIR				\$446.80
000E1014	RR	RECLINING BACK ADDITION TO PEDIATRIC SIZE WHEELCHAIR				\$45.55
000E1015	KA	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH				\$140.35
000E1017	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%
000E1017	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%
000E1017	RR	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%

000E1018	KA	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%
000E1018	NU	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%
000E1018	RB	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR EACH		PAY AT INVOICE COST +30%		IC+30%
000E1020	KA	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				\$297.85
000E1020	NU	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				\$297.85
000E1020	RB	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				\$297.85
000E1028	KA	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR				\$252.73
000E1028	NU	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK OTHER CONTROL INTERFACE OR POSITIONING AC				\$252.73
000E1028	RB	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK OTHER CONTROL INTERFACE OR POSITIONING ACCESSOR				\$252.73
000E1029	KA	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED				\$452.19
000E1029	NU	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED				\$452.19
000E1029	RB	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED				\$452.19
000E1029	RR	WHEELCHAIR ACCESSORY VENTILATOR TRAY FIXED				\$39.70
000E1030	KA	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	X	PRIOR AUTH REQUIRED		\$1,425.90
000E1030	NU	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	X	PRIOR AUTH REQUIRED		\$1,425.90
000E1030	RB	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED	X	PRIOR AUTHORIZATION REQUIRED		\$1,425.90
000E1030	RR	WHEELCHAIR ACCESSORY VENTILATOR TRAY GIMBALED				\$125.21

000E1032		WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	X	RNE			RNE
000E1032	NU	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWA	X	RNE			RNE
000E1033		WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST CUSHIONED ANY TYPE	X	RNE			RNE
000E1033	NU	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR HEADREST CUSHIONED ANY TYPE	X	RNE			RNE
000E1034		WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT ANY TYPE	X	RNE			RNE
000E1034	NU	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR LATERAL TRUNK OR HIP SUPPORT ANY TYPE	X	RNE			RNE
000E1035	NU	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM WITH INTEGRATED SEAT OPERATED BY CARE GIVER PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS	X	PRIOR AUTH REQUIRED	X		\$7,503.52
000E1037	NU	TRANSPORT CHAIR PEDIATRIC SIZE	X	PRIOR AUTH REQUIRED	X		\$1,327.55
000E1038	NU	TRANSPORT CHAIR ADULT SIZE PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS			X		\$220.62
000E1039	NU	TRANSPORT CHAIR ADULT SIZE HEAVY DUTY PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS			X		\$418.49
000E1050	NU	FULLY RECLINING WHEELCHAIR; FIXED FULL- LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X		\$1,246.18
000E1050	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL- LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS					\$127.00

000E1060	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,542.67
000E1060	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,542.67
000E1060	RR	FULLY RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$157.19
000E1070	NU	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED	X	\$1,340.28
000E1070	RB	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,340.28
000E1070	RR	FULLY RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE FOOTRESTS				\$136.59
000E1083	NU	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$963.51
000E1083	RR	HEMI-WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$98.19
000E1084	NU	HEMI-WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,198.58
000E1084	RR	HEMI-WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$122.17
000E1087	NU	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,548.06
000E1087	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,548.06
000E1087	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$157.78

000E1088	NU	HIGH-STRENGTH LIG;HTWEIGHT WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,844.92
000E1088	RB	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,844.92
000E1088	RR	HIGH-STRENGTH LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE ELEVATING LEGRESTS				\$188.01
000E1092	NU	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,572.53
000E1092	RB	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,572.53
000E1092	RR	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$160.26
000E1093	NU	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH ARMS SWING-AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED	X	\$1,352.39
000E1093	RB	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH ARMS SWING-AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,352.39
000E1093	RR	WIDE HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL- LENGTH ARMS SWING-AWAY DETACHABLE FOOTRESTS				\$137.82
000E1100	NU	SEMI-RECLINING WHEELCHAIR; FIXED FULL- LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,262.82
000E1100	RB	SEMI-RECLINING WHEELCHAIR; FIXED FULL- LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,262.82

000E1100	RR	SEMI-RECLINING WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$128.69
000E1110	NU	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH ELEVATING LEGREST	X	PRIOR AUTH REQUIRED	X	\$1,243.97
000E1110	RB	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH ELEVATING LEGREST	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,243.97
000E1110	RR	SEMI-RECLINING WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH ELEVATING LEGREST				\$126.76
000E1150	NU	WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$998.26
000E1150	RB	WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTHORIZATION REQUIRED	X	\$998.26
000E1150	RR	WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$101.72
000E1160	NU	WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X		X	\$764.79
000E1160	RB	WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X		X	\$764.79
000E1160	RR	WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$77.95
000E1161	NU	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED	X	\$2,968.29
000E1161	RB	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT IN SPACE	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,895.30
000E1161	RR	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED		\$295.04
000E1161	UE	MANUAL ADULT SIZE WHEELCHAIR INCLUDES TILT IN SPACE	X	PRIOR AUTH REQUIRED	X	\$2,226.21
000E1170	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$928.88
000E1170	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$94.67

000E1171	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS WITHOUT FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$961.06
000E1171	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS WITHOUT FOOTRESTS OR LEGRESTS				\$97.93
000E1172	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH WITHOUT FOOTRESTS OR LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,018.82
000E1172	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH WITHOUT FOOTRESTS OR LEGRESTS				\$103.84
000E1180	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED	X	\$1,240.06
000E1180	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE FOOTRESTS				\$126.36
000E1190	NU	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,297.69
000E1190	RR	AMPUTEE WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING- AWAY DETACHABLE ELEVATING LEGRESTS				\$132.25
000E1195	NU	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,537.29
000E1195	RR	HEAVY DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$156.65
000E1200	NU	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE FOOTRESTS	X	PRIOR AUTH REQUIRED	X	\$985.17
000E1200	RR	AMPUTEE WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE FOOTRESTS				\$100.39
000E1220	NU	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME MODEL NUMBER IF ANY AND JUSTIFICATION)		PAY AT INVOICE COST +30%		IC+30%
000E1220	RR	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED (INDICATE BRAND NAME MODEL NUMBER IF ANY AND JUSTIFICATION)		PAY AT INVOICE COST +30%		IC+30%
000E1221	NU	WHEELCHAIR WITH FIXED ARM FOOTRESTS	X		X	\$523.97
000E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS				\$53.39
000E1222	NU	HEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS	X		X	\$731.75

000E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS				\$74.57
000E1223	NU	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS	X	PRIOR AUTH REQUIRED	X	\$905.75
000E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS				\$92.29
000E1224	NU	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$844.08
000E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS				\$86.01
000E1225	NU	WHEELCHAIR ACCESSORY MANUAL SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGREES BUT LESS THAN 80 DEGREES) EACH	X			\$553.09
000E1227	NU	PECIAL HEIGHT ARMS FOR WHEELCHAIR				\$321.33
000E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR				\$32.14
000E1228	NU	SPECIAL BACK HEIGHT FOR WHEELCHAIR				\$342.87
000E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR				\$34.95
000E1229	NU	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%	X	IC+30%
000E1229	RR	WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%		IC+30%
000E1230	NU	POWER OPERATED VEHICLE (3 OR 4 WHEEL NON HIGHWAY)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,820.50
000E1230	RR	POWER OPERATED VEHICLE (3 OR 4 WHEEL NON HIGHWAY)	X	PRIOR AUTHORIZATION REQUIRED		\$277.40
000E1230	UE	POWER OPERATED VEHICLE (3 OR 4 WHEEL NON HIGHWAY)	X	PRIOR AUTH REQUIRED	X	\$2,230.68
000E1231	NU	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITH SEATING SYSTEM		PAY AT INVOICE COST +30%	X	IC+30%
000E1231	RR	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITH SEATING SYSTEM		PAY AT INVOICE COST +30%		IC+30%
000E1232	NU	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,682.83
000E1232	RR	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$266.68
000E1233	NU	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,779.58
000E1233	RR	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$276.30

000E1234	NU	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,360.39
000E1234	RR	WHEELCHAIR PEDIATRIC SIZE TILT-IN-SPACE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$240.55
000E1235	NU	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,330.38
000E1235	RR	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$231.63
000E1236	NU	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,055.84
000E1236	RR	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITH SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$204.35
000E1237	NU	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,022.78
000E1237	RR	WHEELCHAIR PEDIATRIC SIZE RIGID ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$206.13
000E1238	NU	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED	X	\$2,055.84
000E1238	RR	WHEELCHAIR PEDIATRIC SIZE FOLDING ADJUSTABLE WITHOUT SEATING SYSTEM	X	PRIOR AUTH REQUIRED		\$204.35
000E1239	NU	POWER WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%	X	IC+30%
000E1239	RR	POWER WHEELCHAIR PEDIATRIC SIZE NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%		IC+30%
000E1240	NU	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGREST	X	PRIOR AUTH REQUIRED	X	\$1,260.62
000E1240	RR	LIGHTWEIGHT WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH SWING-AWAY DETACHABLE ELEVATING LEGREST				\$128.47
000E1270	NU	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$965.96
000E1270	RR	LIGHTWEIGHT WHEELCHAIR; FIXED FULL-LENGTH ARMS SWING-AWAY DETACHABLE ELEVATING LEGRESTS				\$98.43
000E1280	NU	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,606.18
000E1280	RR	HEAVY-DUTY WHEELCHAIR; DETACHABLE ARMS DESK OR FULL-LENGTH ELEVATING LEGRESTS				\$163.67

000E1295	NU	HEAVY-EUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS ELEVATING LEGRESTS	X	PRIOR AUTH REQUIRED	X	\$1,355.94
000E1295	RR	HEAVY-DUTY WHEELCHAIR; FIXED FULL-LENGTH ARMS ELEVATING LEGRESTS				\$138.19
000E1296	KA	SPECIAL WHEELCHAIRSEAT HEIGHT FROM FLOOR	X		X	\$601.63
000E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	X		X	\$613.09
000E1296	RR	WPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR				\$62.29
000E1297	KA	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY			X	\$128.00
000E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY			X	\$130.44
000E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY				\$14.49
000E1298	KA	SPECIAL WHEELCHAIR SEATDEPTH AND/OR WIDTH BY CONSTRUCTION	X		X	\$518.40
000E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION	X		X	\$528.31
000E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION				\$54.05
000E1310	NU	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	X	PRIOR AUTH REQUIRED	X	\$2,276.16
000E1310	RR	WHIRLPOOL NON PORTABLE (BULITY IN TYPE)				\$194.66
000E1352	NU	OXYGEN ACCESSORY FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE		PAY AT INVOICE COST +30%		IC+30%
000E1352	RR	OXYGEN ACCESSORY FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE		PAY AT INVOICE COST +30%		IC+30%
000E1353	RB	REGULATOR -				\$35.65
000E1355	RB	STAND/RACK				\$26.85
000E1390	QE	OXYGEN CONCENTRATOR SINGLE DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$121.38
000E1390	QF	OXYGEN CONCENTRATOR SINGLE DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$364.16
000E1390	QG	OXYGEN CONCENTRATOR SINGLE DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$364.16
000E1399	KR	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		PAY AT INVOICE COST +30%		IC+30%

000E1399	LL	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.09. PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000E1399	NU	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS PA OVER \$500/REV. PA FOR PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000E1399	RA	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS PA OVER \$500 REVIEW PA FOR PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000E1399	RB	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS PRIOR AUTHORIZATION REQUIRED IF BILLING OVER \$500; REVIEW PA FOR PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000E1399	RR	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS PA OVER \$500/REV. PA FOR PRICING		PAY AT INVOICE COST +30%		IC+30%
000E1406	RA	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,624.88
000E1629		TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE		NOT COVERED		NC
000E1629	KR	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE		NOT COVERED		NC
000E1629	NU	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE		NOT COVERED		NC
000E1629	RR	TABLO HEMODIALYSIS SYSTEM FOR THE BILLABLE DIALYSIS SERVICE		NOT COVERED		NC
000E1700	NU	JAW MOTION REHABILITATION SYSTEM			X	\$421.96
000E1700	RR	JAW MOTION REHABILITATION SYSTEM				\$43.01
000E1701	RB	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM PACKAGE OF SIX				\$128.98
000E1702	RB	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM PACKAGE OF 200		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E1800	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	REQUIRES PRIOR AUTHORIZATION	X	\$1,498.99
000E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$152.76
000E1801	NU	STATIC PROGRESSIVE STRETCH ELBOW DEVICE EXTENSION AND/OR FLEXION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND	X		X	\$1,578.52

000E1801	RR	STATIC PROGRESSIVE STRETCH ELBOW DEVICE EXTENSION AND/OR FLEXION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND				\$160.88
000E1802	NU	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,998.94
000E1802	RR	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$407.53
000E1803	NU	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1803	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1804	NU	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1804	RR	DYNAMIC ADJUSTABLE ELBOW FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1805	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,545.97
000E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION / FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$157.56
000E1806	NU	STATIC PROGRESSIVE STRETCH WRIST DEVICE FLEXION AND/OR EXTENSION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,295.98
000E1806	RR	STATIC PROGRESSIVE STRETCH WRIST DEVICE FLEXION AND/OR EXTENSION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND				\$132.09
000E1807	NU	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1807	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE

000E1808	NU	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1808	RR	DYNAMIC ADJUSTABLE WRIST FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1810	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,524.44
000E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION / FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$155.36
000E1811	NU	STATIC PROGRESSIVE STRETCH KNEE DEVICE EXTENSION AND/OR FLEXION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,641.18
000E1811	RR	STATIC PROGRESSIVE STRETCH KNEE DEVICE EXTENSION AND/OR FLEXION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND				\$167.24
000E1812	NU	DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,052.23
000E1812	RR	DYNAMIC KNEE EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL				\$107.23
000E1813	NU	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1813	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1814	NU	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1814	RR	DYNAMIC ADJUSTABLE KNEE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1815	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZAITON REQUIRED	X	\$1,545.97
000E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$157.56
000E1815	UE	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED		\$1,265.05

000E1816	NU	STATIC PROGRESSIVE STRETCH ANKLE DEVICE FLEXION AND/OR EXTENSION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,667.12
000E1816	RR	STATIC PROGRESSIVE STRETCH ANKLE DEVICE FLEXION AND/OR EXTENSION WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND				\$169.90
000E1818	NU	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE WITHOR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,701.99
000E1818	RR	STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE WITHOR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND				\$173.43
000E1820	NU	REPLACEMENT SOFT INTERFACE MATERIAL DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE			X	\$96.15
000E1820	RR	REPLACEMENT SOFT INTERFACE MATERIAL DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE				\$9.63
000E1821	NU	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE			X	\$131.23
000E1821	RR	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE				\$13.09
000E1822	NU	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1822	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1823	NU	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1823	RR	DYNAMIC ADJUSTABLE ANKLE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE

000E1825	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,545.97
000E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$157.56
000E1826	NU	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1826	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1827	NU	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1827	RR	DYNAMIC ADJUSTABLE FINGER FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1828	NU	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1828	RR	DYNAMIC ADJUSTABLE TOE EXTENSION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1829	NU	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1829	RR	DYNAMIC ADJUSTABLE TOE FLEXION ONLY DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	RNE		RNE
000E1830	NU	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,545.97
000E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$157.56
000E1840	NU	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE INCLUDES SOFT INTERFACE MATERIAL			X	\$4,683.09
000E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE INCLUDES SOFT INTERFACE MATERIAL				\$477.25
000E1841	NU	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND ACCESSORIES	X	PRIOR AUTHORIZATION REQUIRED	X	\$5,543.20

000E1841	RR	STATIC PROGRESSIVE STRETCH SHOULDER DEVICE WITH OR WITHOUT RANGE OF MOTION ADJUSTMENT INCLUDES ALL COMPONENTS AND ACCESSORIES	X				\$564.88
000E1902	NU	COMMUNICATION BOARD NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE		PAY AT ACTUAL INVOICE COST PLUS 30%	X		IC+30%
000E1902	RR	COMMUNICATION BOARD NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE		PAY AT ACTUAL INVOICE COST PLUS 30%			IC+30%
000E2000	KR	GASTRIC SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC					\$2.11
000E2000	RR	GASTRIC SUCTION PUMP HOME MODEL PORTABLE OR STATIONARY ELECTRIC					\$64.62
000E2100	NU	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	X		X		\$802.05
000E2100	RR	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER					\$80.22
000E2102		ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER		NOT COVERED			NC
000E2102	NU	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X				\$211.50
000E2102	RA	ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X				\$211.50
000E2102	RB	ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X	PAY AT ACTUAL INVOICE COST PLUS 30%			IC+30%
000E2103		NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER		NOT COVERED			NC
000E2103	NU	NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X				\$289.54
000E2103	RA	NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X				\$289.54
000E2103	RB	NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER	X	PAY AT ACTUAL INVOICE COST PLUS 30%			IC+30%
000E2103	RR	NON-ADJUNCTIVE NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER		NOT COVERED			NC
000E2104		HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING		RNE			RNE

000E2104	KR	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING	RNE		RNE
000E2104	NU	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING	RNE		RNE
000E2104	RR	HOME BLOOD GLUCOSE MONITOR FOR USE WITH INTEGRATED LANCING/BLOOD SAMPLE TESTING	RNE		RNE
000E2201	KA	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES			\$456.54
000E2216	NU	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED PROPULSION TIRE ANY SIZE EACH			\$56.99
000E2216	RB	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED PROPULSION TIRE ANY SIZE EACH	PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E2216	RR	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED PROPULSION TIRE ANY SIZE EACH			\$5.70
000E2217	NU	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED CASTER TIRE ANY SIZE EACH			\$50.42
000E2217	RB	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED CASTER TIRE ANY SIZE EACH	PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E2217	RR	MANUAL WHEELCHAIR ACCESSORY FOAM FILLED CASTER TIRE ANY SIZE EACH			\$5.04
000E2218	NU	MANUAL WHEELCHAIR ACCESSORY FOAM PROPULSION TIRE ANY SIZE EACH			\$56.99
000E2218	RB	MANUAL WHEELCHAIR ACCESSORY FOAM PROPULSION TIRE ANY SIZE EACH	PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E2218	RR	MANUAL WHEELCHAIR ACCESSORY FOAM PROPULSION TIRE ANY SIZE EACH	PAY AT ACTUAL INVOICE COST PLUS 30%		\$5.70
000E2225	RB	MANUAL WHEELCHAIR ACCESSORY CASTER WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH			\$21.89
000E2226	RB	MANUAL WHEELCHAIR ACCESSORY CASTER FORK ANY SIZE REPLACEMENT ONLY EACH			\$47.73

000E2227	NU	MANUAL WHEELCHAIR ACCESSORY GEAR REDUCTION DRIVE WHEEL EACH	X	PRIOR AUTHORIZATION REQUIRED		\$2,341.74
000E2227	RR	MANUAL WHEELCHAIR ACCESSORY GEAR REDUCTION DRIVE WHEEL EACH				\$224.29
000E2228	RB	MANUAL WHEELCHAIR ACCESSORY WHEEL BRAKING SYSTEM AND LOCK COMPLETE EACH	X	PRIOR AUTHORIZATION REQUIRED		\$1,218.91
000E2230	NU	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E2230	RR	MANUAL WHEELCHAIR ACCESSORY MANUAL STANDING SYSTEM		PAY AT ACTUAL INVOICE COST PLUS 30%		IC+30%
000E2291	NU	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2291	RR	BACK PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2292	NU	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2292	RR	SEAT PLANAR FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2293	NU	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2293	RR	BACK CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2294	NU	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2294	RR	SEAT CONTOURED FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2295	NU	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATU		PAY AT INVOICE COST +30%		IC+30%

000E2295	RR	MANUAL WHEELCHAIR ACCESSORY FOR PEDIATRIC SIZE WHEELCHAIR DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURE		PAY AT INVOICE COST +30%		IC+30%
000E2298		COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM		RNE		RNE
000E2298	KR	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM		RNE		RNE
000E2298	NU	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM		RNE		RNE
000E2298	RR	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY POWER SEAT ELEVATION SYSTEM		RNE		RNE
000E2310	KA	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR INC ELECTRONICS IND FEATURE	X	PRIOR AUTH REQUIRED		\$1,431.98
000E2310	NU	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR INCLUDING ALL RELATED ELECTR	X	PRIOR AUTH REQUIRED		\$1,431.98
000E2310	RB	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR INC ELECTRONICS IND FEATUR	X	PRIOR AUTHORIZATION REQUIRED		\$1,431.98
000E2310	RR	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR INCLUDING ALL RELATED ELECTR				\$118.46
000E2311	KA	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS INCL ELECTRONICS I	X	PRIOR AUTH REQUIRED		\$2,899.10

000E2311	NU	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS INCLUDING ALL RELAT	X	PRIOR AUTH REQUIRED		\$2,899.10
000E2311	RB	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS INCL ELECTRONICS I	X	PRIOR AUTHORIZATION REQUIRED		\$2,899.10
000E2311	RR	POWER WHEELCHAIR ACCESSORY ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS INCLUDING ALL RELAT				\$239.26
000E2312	NU	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE MINI- PROPORTIONAL REMOTE JOYSTICK PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2312	RR	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE MINI- PROPORTIONAL REMOTE JOYSTICK PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE		IC + 30%		IC+30%
000E2313	NU	POWER WHEELCHAIR ACCESSORY HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER INCLUDING ALL FASTENERS CONNECTORS AND MOUNTING HARDWARE EACH		PAY AT INVOICE COST +30%		IC+30%
000E2313	RR	POWER WHEELCHAIR ACCESSORY HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER INCLUDING ALL FASTENERS CONNECTORS AND MOUNTING HARDWARE EACH		INVOICE COST + 30%		IC+30%
000E2321	NU	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE REMOTE JOYSTICK NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS	X	PRIOR AUTH REQUIRED		\$1,944.52
000E2321	RB	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE REMOTE JOYSTICK NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL STOP SWITCH	X	PRIOR AUTHORIZATION REQUIRED		\$1,944.52

000E2321	RR	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE REMOTE JOYSTICK NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS				\$160.94
000E2322	KA	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE MULTIPLE MECHANICAL SWITCHES NONPROPORTIONAL INCL ELECTRONICS MECHANICAL STOP SWITCH FIX	X	PRIOR AUTH REQUIRED		\$1,725.80
000E2322	NU	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE MULTIPLE MECHANICAL SWITCHES NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS ME	X	PRIOR AUTH REQUIRED		\$1,725.80
000E2322	RB	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE MULT MECHANICAL SWITCHES NONPROPORTIONAL INCL ALL RELATED ELECTRONICS MECHANICAL STOP SWIT	X	PRIOR AUTHORIZATION REQUIRED		\$1,725.80
000E2322	RR	POWER WHEELCHAIR ACCESSORY HAND CONTROL INTERFACE MULTIPLE MECHANICAL SWITCHES NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS ME				\$149.60
000E2323	KA	POWER WHEELCHAIR ACCESSORY SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE PREFBRICATED				\$84.62
000E2323	NU	POWER WHEELCHAIR ACCESSORY SPECIALTY JOYSTICK HANDLE FOR HAND CONTROLINTERFACE PREFABRICATED				\$73.03
000E2323	RB	POWER WHEELCHAIR ACCESSORY SPECIALTY JOYSTICK HANDLE FOR HAND CONTROLINTERFACE PREFABRICATED				\$84.62
000E2323	RR	POWER WHEELCHAIR ACCESSORY SPECIALTY JOYSTICK HANDLE FOR HAND CONTROLINTERFACE PREFABRICATED				\$7.30
000E2324	KA	POWER WHEELCHAIR ACCESSORY CHIN CUP FOR CHIN CONTROL INTERFACE				\$53.62
000E2324	NU	POWER WHEELCHAIR ACCESSORY CHIN CUP FOR CHIN CONTROL INTERFACE				\$47.09

000E2324	RR	POWER WHEELCHAIR ACCESSORY CHIN CUP FOR CHIN CONTROL INTERFACE				\$4.68
000E2325	KA	POWER WHEELCHAIR ACCESSORY SIP AND PUFF INTERFACE NONPORPORTIONAL INCL ALL ELECTRONICS MECHANICAL STOP SWITCH MANUAL SWINGAWAY MOUNTING HAR	X	PRIOR AUTH REQUIRED		\$1,648.07
000E2325	NU	POWER WHEELCHAIR ACCESSORY SIP AND PUFF INTERFACE NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL STOP SWITCH AND MANUAL SWIN	X	PRIOR AUTH REQUIRED		\$1,648.07
000E2325	RB	POWER WHEELCHAIR ACCESSORY SIP AND PUFF INTERFACE NONPROPORTIONAL INCL ALL ELECTRONICS MECH STOP SWITCH MAN SWINGAWAY MOUNTING HARDWARE	X	PRIOR AUTHORIZATION REQUIRED		\$1,648.07
000E2325	RR	POWER WHEELCHAIR ACCESSORY SIP AND PUFF INTERFACE NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL STOP SWITCH AND MANUAL SWIN				\$142.96
000E2326	KA	POWER WHEELCHAIR ACCESSORY BREATH TUBE KIT FOR SIP AND PUFF INTERFACE				\$424.78
000E2326	NU	POWER WHEELCHAIR ACCESSORY BREATH TUBE KIT FOR SIP AND PUFF INTERFACE				\$424.78
000E2326	RB	POWER WHEELCHAIR ACCESSORY BREATH TUBE KIT FOR SIP AND PUFF INTERFACE				\$424.78
000E2326	RR	POWER WHEELCHAIR ACCESSORY BREATH TUBE KIT FOR SIP AND PUFF INTERFACE				\$37.32
000E2327	KA	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE MECHANICAL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL DIRECTION CHANGE SWI	X	PRIOR AUTH REQUIRED		\$3,196.68
000E2327	NU	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE MECHANICAL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL DIRECTION CHANGES	X	PRIOR AUTHORIZATION REQUIRED		\$3,196.68

000E2327	RR	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE MECHANICAL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL DIRECTION CHANGES				\$279.04
000E2328	KA	POWER WHEELCHAIR ACCESSORY HEAD CONTROL OR EXTREMITY CONTROL INTERFACE ELECTRONIC PORPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED M	X	PRIOR AUTH REQUIRED		\$6,063.65
000E2328	NU	POWER WHEELCHAIR ACCESSORY HEAD CONTROL OR EXTREMITY CONTROL INTERFACE ELECTRONIC PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND	X	PRIOR AUTH REQUIRED		\$6,063.65
000E2328	RB	POWER WHEELCHAIR ACCESSORY HEAD CONTROL OR EXTREMITY CONTROL INTERFACE ELECTRONIC PORPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED M	X	PRIOR AUTHORIZATION REQUIRED		\$6,063.65
000E2328	RR	POWER WHEELCHAIR ACCESSORY HEAD CONTROL OR EXTREMITY CONTROL INTERFACE ELECTRONIC PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND				\$527.33
000E2329	KA	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE CONTACT SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL STO	X	PRIOR AUTH REQUIRED		\$2,161.15
000E2329	NU	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE CONTACT SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL S	X	PRIOR AUTH REQUIRED		\$2,161.15
000E2329	RB	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE CONTACT SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICAL STO	X	PRIOR AUTHORIZATION REQUIRED		\$2,161.15

000E2329	RR	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE CONTACT SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS				\$189.80
000E2330	KA	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE PROXIMITY SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS	X	PRIOR AUTH REQUIRED		\$4,187.49
000E2330	NU	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE PROXIMITY SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS	X	PRIOR AUTH REQUIRED		\$4,187.49
000E2330	RB	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE PROXIMITY SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS	X	PRIOR AUTHORIZATION REQUIRED		\$4,187.49
000E2330	RR	POWER WHEELCHAIR ACCESSORY HEAD CONTROL INTERFACE PROXIMITY SWITCH MECHANISM NONPROPORTIONAL INCLUDING ALL RELATED ELECTRONICS MECHANICALS				\$365.25
000E2331	KA	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2331	NU	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2331	RB	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2331	RR	POWER WHEELCHAIR ACCESSORY ATTENDANT CONTROL PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%

000E2340	KA	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES				\$438.51
000E2340	NU	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES				\$446.87
000E2340	RB	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES				\$438.51
000E2340	RR	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES				\$44.70
000E2341	KA	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES'	X			\$657.81
000E2341	NU	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	X			\$670.37
000E2341	RB	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	X			\$657.81
000E2341	RR	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES				\$67.03
000E2342	KA	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 OR 21 INCHES	X			\$548.17
000E2342	NU	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 OR 21 INCHES	X			\$558.65
000E2342	RA	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 OR 21 INCHES	X			\$548.17
000E2342	RB	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 OR 21 INCHES	X			\$548.17
000E2342	RR	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 OR 21 INCHES				\$55.85
000E2343	KA	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	X	PRIOR AUTH REQUIRED		\$877.09
000E2343	NU	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	X	PRIOR AUTH REQUIRED		\$893.85

000E2343	RB	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	X	PRIOR AUTHORIZATION REQUIRED		\$877.09
000E2343	RR	POWER WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES				\$89.37
000E2351	KA	POWER WHEELCHAIR ACCESSORY ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED		\$854.88
000E2351	NU	POWER WHEELCHAIR ACCESSORY ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTH REQUIRED		\$751.15
000E2351	RB	POWER WHEELCHAIR ACCESSORY ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE	X	PRIOR AUTHORIZATION REQUIRED		\$854.88
000E2351	RR	POWER WHEELCHAIR ACCESSORY ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE				\$75.11
000E2360	KA	POWER WHEELCHAIR ACCESSORY 22 NF NON- SEALED LEAD ACID BATTERY EACH				\$129.36
000E2360	NU	POWER WHEELCHAIR ACCESSORY 22 NF NON- SEALED LEAD ACID BATTERY EACH				\$122.10
000E2360	RB	POWER WHEELCHAIR ACCESSORY 22NF NON- SEALED LEAD ACID BATTERY EACH				\$129.36
000E2360	RR	POWER WHEELCHAIR ACCESSORY 22 NF NON- SEALED LEAD ACID BATTERY EACH				\$12.20
000E2361	KA	POWER WHEELCHAIR ACCESSORY 22 NF SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)				\$167.82
000E2362	KA	POWER WHEELCHAIR ACCESSORY GROUP 24 NON- SEALED LEAD ACID BATTERY EACH				\$110.66
000E2362	NU	POWER WHEELCHAIR ACCESSORY GROUP 24 NON- SEALED LEAD ACID BATTERY EACH				\$111.21

000E2362	RB	POWER WHEELCHAIR ACCESSORY GROUP 24 NON-SEALED LEAD ACID BATTERY EACH				\$110.66
000E2362	RR	POWER WHEELCHAIR ACCESSORY GROUP 24 NON-SEALED LEAD ACID BATTERY EACH				\$11.12
000E2363	KA	POWER WHEELCHAIR ACCESSORY GROUP 24 SEALED LEAD ACID BATTERY EACH (E.G.GEL CELL ABSORBED GLASSMAT)				\$223.79
000E2364	KA	POWER WHEELCHAIR ACCESSORY U-1 NON-SEALED LEAD ACID BATTERY EACH				\$129.36
000E2364	NU	POWER WHEELCHAIR ACCESSORY U-1 NON-SEALED LEAD ACID BATTERY EACH				\$121.56
000E2364	RB	POWER WHEELCHAIR ACCESSORY U-1 NON-SEALED LEAD ACID BATTERY EACH				\$129.36
000E2364	RR	POWER WHEELCHAIR ACCESSORY U-1 NON-SEALED LEAD ACID BATTERY EACH				\$12.15
000E2365	KA	POWER WHEELCHAIR ACCESSORY U-1 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)				\$134.98
000E2366	KA	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER SINGLE MODE FOR USE WITH ONLY ONEBATTERY TYPE SEALED OR NON-SEALED EACH				\$322.58
000E2367	KA	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER DUAL MODE FOR USE WITH EITHER BATTERY TYPE SEALED OR NON-SEALED EACH	X			\$512.81
000E2367	NU	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER DUAL MODE FOR USE WITH EITHER BATTERY TYPE SEALED OR NON-SEALED EACH				\$409.99
000E2367	RB	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER DUAL MODE FOR USE WITH EITHER BATTERY TYPE SEALED OR NON-SEALED EACH	X			\$512.81
000E2367	RR	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER DUAL MODE FOR USE WITH EITHER BATTERY TYPE SEALED OR NON-SEALED EACH				\$40.99
000E2368	RB	POWER WHEELCHAIR COMPONENT MOTOR REPLACEMENT ONLY	X			\$632.10

000E2369	RB	POWER WHEELCHAIR COMPONENT GEAR BOX REPLACEMENT ONLY	X			\$550.57
000E2370	RB	POWER WHEELCHAIR COMPONENT MOTOR AND GEAR BOX COMBINATION REPLACEMENT ONLY	X	PRIOR AUTHORIZATION REQUIRED		\$982.40
000E2372	NU	POWER WHEELCHAIR ACCESSORY GROUP 27 NON- SEALED LEAD ACID BATTERY EACH		PAY AT INVOICE COST +30%		IC+30%
000E2372	RB	POWER WHEELCHAIR ACCESSORY GROUP 27 NON- SEALED LEAD ACID BATTERY EACH		PAY AT INVOICE COST +30%		IC+30%
000E2372	RR	POWER WHEELCHAIR ACCESSORY GROUP 27 NON- SEALED LEAD ACID BATTERY EACH		PAY AT INVOICE COST +30%		IC+30%
000E2373	NU	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE COMPACT REMOTE JOYSTICK PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE	X			\$827.10
000E2373	RB	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE COMPACT REMOTE JOYSTICK PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE	X			\$827.10
000E2373	RR	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE COMPACT REMOTE JOYSTICK PROPORTIONAL INCLUDING FIXED MOUNTING HARDWARE				\$84.30
000E2374	RB	POWER WHEELCHAIR ACCESSORY HAND OR CHIN CONTROL INTERFACE STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER) REPLACEMENT ONLY	X			\$653.46
000E2375	RB	POWER WHEELCHAIR ACCESSORY NON- EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE REPLACEMENT ONLY	X	PRIOR AUTHORIZATION REQUIRED		\$1,048.14
000E2376	RB	POWER WHEELCHAIR ACCESSORY EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE REPLACEMENT ONLY	X	PRIOR AUTHORIZATION REQUIRED		\$1,688.69
000E2377	NU	POWER WHEELCHAIR ACCESSORY EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE UPGRADE PROVIDED AT INITIAL I	X			\$594.34

000E2377	RR	POWER WHEELCHAIR ACCESSORY EXPANDABLE CONTROLLER INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE UPGRADE PROVIDED AT INITIAL I				\$49.95
000E2378	RB	POWER WHEELCHAIR COMPONENT ACTUATOR REPLACEMENT ONLY		PAY AT INVOICE COST +30%		IC+30%
000E2381	RB	POWER WHEELCHAIR ACCESSORY PNEUMATIC DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH				\$91.40
000E2382	RB	POWER WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH				\$25.67
000E2383	RB	POWER WHEELCHAIR ACCESSORY INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOV				\$187.88
000E2384	RB	POWER WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH				\$100.11
000E2385	RB	POWER WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH				\$61.23
000E2386	RB	POWER WHEELCHAIR ACCESSORY FOAM FILLED DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH				\$186.16
000E2387	RB	POWER WHEELCHAIR ACCESSORY FOAM FILLED CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH				\$80.31
000E2388	RB	POWER WHEELCHAIR ACCESSORY FOAM DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH				\$63.39
000E2389	RB	POWER WHEELCHAIR ACCESSORY FOAM CASTER TIRE ANY SIZE REPLACEMENT ONLY EACH				\$34.42
000E2390	RB	POWER WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE ANY SIZE REPLACEMENT ONLY EACH				\$53.83
000E2391	RB	POWER WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE REPLACEMENT ONLY EACH				\$25.79
000E2392	RB	POWER WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE REPLACEMENT ONLY EACH				\$67.78

000E2394	RB	POWER WHEELCHAIR ACCESSORY DRIVE WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH				\$96.55
000E2395	RB	POWER WHEELCHAIR ACCESSORY CASTER WHEEL EXCLUDES TIRE ANY SIZE REPLACEMENT ONLY EACH				\$68.62
000E2396	RB	POWER WHEELCHAIR ACCESSORY CASTER FORK ANY SIZE REPLACEMENT ONLY EACH				\$83.67
000E2398		WHEELCHAIR ACCESSORY DYNAMIC POSITIONING HARDWARE FOR BACK		PAY AT INVOICE COST +30%		IC+30%
000E2398	NU	WHEELCHAIR ACCESSORY DYNAMIC POSITIONING HARDWARE FOR BACK	X	PAY AT INVOICE COST +30%		IC+30%
000E2398	RR	WHEELCHAIR ACCESSORY DYNAMIC POSITIONING HARDWARE FOR BACK	X	PAY AT INVOICE COST +30%		IC+30%
000E2402	KR	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP STATIONARY OR PORTABLE				\$140.38
000E2500	NU	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES LESS			X	\$487.63
000E2500	RR	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES LESS				\$48.77
000E2502	NU	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO	X	PRIOR AUTH REQUIRED		\$1,491.15
000E2502	RR	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECO				\$149.13
000E2504	NU	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTESREC	X	PRIOR AUTH REQUIRED		\$1,967.06
000E2504	RR	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTESREC				\$196.72
000E2506	NU	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 40 MINUTES RECORDING TIME	X	PRIOR AUTH REQUIRED		\$2,884.28

000E2506	RR	SPEECH GENERATING DEVICE DIGITIZED SPEECH USING PRE-RECORDED MESSAGES GREATER THAN 40 MINUTES RECORDING TIME				\$288.41
000E2508	NU	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	X	PRIOR AUTH REQUIRED		\$4,460.07
000E2508	RR	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE				\$446.00
000E2510	NU	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	X	PRIOR AUTH REQUIRED	X	\$8,440.10
000E2510	RR	SPEECH GENERATING DEVICE SYNTHESIZED SPEECH PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	X	PRIOR AUTH REQUIRED		\$844.01
000E2511	NU	SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT		PAY AT INVOICE COST +30%	X	IC+30%
000E2511	RR	SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT		PAY AT INVOICE COST +30%		IC+30%
000E2512	NU	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E2512	RB	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E2512	RR	ACCESSORY FOR SPEECH GENERATING DEVICE MOUNTING SYSTEM	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E2599	NU	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E2599	RB	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED**** **	X	PAY AT ACTUAL INVOICE COST + 30 %		IC+30%
000E2599	RR	ACCESSORY FOR SPEECH GENERATING DEVICE NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000E2609	NU	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION ANY SIZE		PAY AT INVOICE COST +30%	X	IC+30%

000E2609	RR	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION ANY SIZE		PAY AT INVOICE COST +30%		IC+30%
000E2617	NU	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING HARDWARE		PAY AT INVOICE COST +30%	X	IC+30%
000E2617	RR	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION ANY SIZE INCLUDING ANY TYPE MOUNTING HARDWARE		PAY AT INVOICE COST +30%		IC+30%
000E2619	RB	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION EACH				\$62.79
000E2622	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH LESS THAN 22 INCHES ANY DEPTH			X	\$338.35
000E2622	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH LESS THAN 22 INCHES ANY DEPTH				\$33.84
000E2623	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH			X	\$428.57
000E2623	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH				\$42.86
000E2624	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH LESS THAN 22 INCHES ANY DEPTH			X	\$343.12
000E2624	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH LESS THAN 22 INCHES ANY DEPTH				\$34.31
000E2625	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH			X	\$427.18
000E2625	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION ADJUSTABLE WIDTH 22 INCHES OR GREATER ANY DEPTH				\$42.72
000E3000		Speech volume modulation system any type including all components and accessor		NOT COVERED		NC
000E8000	NU	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%	X	IC+30%

000E8000	RR	GAIT TRAINER PEDIATRIC SIZE POSTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%		IC+30%
000E8001	NU	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%	X	IC+30%
000E8001	RR	GAIT TRAINER PEDIATRIC SIZE UPRIGHT SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%		IC+30%
000E8002	NU	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%	X	IC+30%
000E8002	RR	GAIT TRAINER PEDIATRIC SIZE ANTERIOR SUPPORT INCLUDES ALL ACCESSORIES AND COMPONENTS		PAY AT INVOICE COST +30%		IC+30%
000K0001	KR	STANDARD WHEELCHAIR				\$2.17
000K0001	LL	STANDARD WHEELCHAIR		SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.9. PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0001	NU	STANDARD WHEELCHAIR			X	\$206.20
000K0001	UE	STANDARD CHAIR (USED EQUIPMENT)		PAY AT INVOICE COST +30%	X	IC+30%
000K0002	KR	STANDARD HEMI (LOW SEAT) WHEELCHAIR		PRIOR AUTHORIZATION REQUIRED		\$3.17
000K0002	NU	STANDARD HEMI (LOW SEAT) WHEELCHAIR	X		X	\$323.24
000K0003	NU	LT WT WHLCHR	X	PRIOR AUTH REQUIRED	X	\$1,096.28
000K0004	NU	HIGH STRENGTH LT WT WHLCHR	X	PRIOR AUTH REQUIRED	X	\$422.44
000K0005	NU	ULTRALIGHT WT WHLCHR	X	PRIOR AUTH REQUIRED	X	\$2,266.86
000K0005	RR	ULTRALIGHT WT WHLCHR	X	PRIOR AUTH REQUIRED		\$226.68
000K0006	KR	HEAVY DUTY WHLCHR				\$4.89
000K0006	NU	HEAVY DUTY WHLCHR	X	PRIOR AUTH REQUIRED	X	\$1,469.01
000K0007	KR	EXTRA HEAVY DUTY WHLCHR				\$7.28
000K0007	NU	EXTRA HEAVY DUTY WHLCHR	X	PRIOR AUTH REQUIRED	X	\$748.69
000K0007	UE	EXTRA HEAVY DUTY WHEELCHAIR	X	PRIOR AUTH REQUIRED		\$564.28
000K0008		CUSTOM MANUAL WHEELCHAIR/BASE		PAY AT INVOICE COST +30%	X	IC+30%
000K0009	NU	OTHER MANUAL WHLCHR/BASE		PAY AT INVOICE COST +30%	X	IC+30%
000K0009	RR	OTHER MANUAL WHEELCHAIR/BASE				\$89.12
000K0009	UE	OTHER MANUAL WHEELCHAIR/BASE REVIEW PA FOR PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000K0010	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	X	PRIOR AUTH REQUIRED	X	\$5,212.69
000K0010	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR	X			\$531.21

000K0011	NU	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	X	PRIOR AUTH REQUIRED	X	\$6,268.59
000K0011	RR	STANDARD WT FRAME MOTORIZED/POWER WHLCHR W/PROGRAMMABLE CONTROL	X	PRIOR AUTH REQUIRED		\$638.81
000K0012	NU	LT WT PORTABLE MOTORIZED/POWER WHLCHR	X	PRIOR AUTH REQUIRED	X	\$3,975.93
000K0012	RR	LT WT PORTABLE MOTORIZED/POWER WHLCHR				\$405.18
000K0013		CUSTOM MOTORIZED/POWER WHEELCHAIR BASE		PAY AT INVOICE COST +30%		IC+30%
000K0014	NU	OTHER MOTORIZED/POWER WHEELCHAIR BASE	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0015	RA	DETACHABLE NON ADJ HT ARMREST EACH				\$218.63
000K0015	RB	DETACHABLE NON ADJ HT ARMREST EACH				\$218.63
000K0017	RB	DETACHABLE ADJ HEIGHT ARMREST BASE EACH				\$61.48
000K0018	RB	DETACHABLE ADJ HEIGHT ARMREST UPPER PORTION EACH				\$34.37
000K0019	RB	ARM PAD EACH				\$21.09
000K0020	NU	FIXED ADJUSTABLE HEIGHT ARMREST PAIR				\$49.09
000K0020	RB	FIXED ADJ HEIGHT ARMREST PAIR				\$55.88
000K0020	RR	FIXED ADJ HEIGHT ARMREST PAIR				\$4.90
000K0037	KA	HIGH MOUNT FLIP-UP FOOTREST EACH				\$50.09
000K0037	NU	HIGH MOUNT FLIP-UP FOOTREST EACH				\$43.99
000K0037	RB	HIGH MOUNT FLIP-UP FOOTREST EACH				\$50.09
000K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH				\$3.92
000K0038	KA	LEG STRAP EACH				\$29.17
000K0038	NU	LEG STRAP EACH				\$25.31
000K0038	RB	LEG STRAP EACH				\$29.17
000K0038	RR	LEG STRAP EACH				\$2.51
000K0039	KA	LEG STRAP H STYLE EACH				\$64.84
000K0039	NU	LEG STRAP H STYLE EACH				\$54.83
000K0039	RB	LEG STRAP H STYLE EACH				\$64.84
000K0039	RR	LEG STRAP H STYLE EACH				\$5.49
000K0040	KA	ADJ ANGLE FOOTPLATE EACH				\$89.82
000K0041	NU	LARGE SIZE FOOTPLATE EACH				\$52.79
000K0041	RR	LARGE SIZE FOOTPLATE EACH				\$5.28
000K0042	RB	STANDARD SIZE FOOTPLATE EACH				\$37.89
000K0043	RB	FOOTREST LOWER EXTENSION TUBE EACH				\$23.49
000K0044	RB	FOOTREST UPPER HANGER BRACKET EACH				\$20.03

000K0045	RB	FOOTREST COMPLETE ASSEMBLY				\$58.89
000K0046	RB	ELEVATING LEGREST LOWER EXTENSION TUBE EACH				\$23.49
000K0047	RB	ELEVATING LEGREST UPPER HANGER BRACKET EACH				\$91.99
000K0050	RB	RATCHET ASSEMBLY				\$39.10
000K0051	RB	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH				\$63.28
000K0052	RB	SWINGAWAY DETACHABLE FOOTRESTS EACH				\$111.23
000K0053	KA	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH				\$122.74
000K0065	KA	SPOKE PROTECTORS EACH				\$53.48
000K0108	KA	OTHER ACCESSORIES (WHEELCHAIR)	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0108	NU	OTHER ACCESSORIES (WHEELCHAIR)	X	PAY AT ACTUAL INVOICE COST + 30% CAN BILL 1 UNIT PER CLAIM LINE		IC+30%
000K0108	RB	OTHER ACCESSORIES (WHEELCHAIR) REV. FOR COVERAGE	X	PAY AT ACTUAL INVOICE COST + 30 %		IC+30%
000K0108	RR	OTHER ACCESSORIES (WHEELCHAIR) REV. PA FOR PRICING	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0108	UE	OTHER ACCESSORIES (WHEELCHAIR)	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0552		SUPPLIES FOR EXTERNAL INFUSION PUMP SYRINGE TYPE CARTRIDGE STERILE EACH				\$3.05
000K0601		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT SILVER OXIDE 1.5 VOLT EACH				\$1.34
000K0602		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT SILVER OXIDE 3 VOLT EACH.				\$8.49
000K0603		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT ALKALINE 1.5 VOLT EACH				\$0.76
000K0604		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT LITHIUM 3.6 VOLT EACH				\$8.12
000K0605		REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT LITHIUM 4.5 VOLT EACH				\$19.50
000K0606	RR	AUTOMATIC EXTERNAL DEFIBRILLATOR W/INTEGRATED ELECTROCARDIOGRAM ANALYSIS GARMENT TYPE	X	PA REQUIRED EXCEPT FOR IN A NF OR ICF/DD		\$3,140.33
000K0730		CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,168.94

000K0739		REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN REQUIRING THE SKILL OF A TECHNICIAN LABOR COMPONENT PER/15 MINUTE				\$12.52
000K0800	LL	POWER OPERATED VEHICLE GROUP 1 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	SEE CONVERSION RENTAL TO PURCHASE. SEE 471 NAC 7-010.9. PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0806	NU	POWER OPERATED VEHICLE GROUP 2 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$1,541.70
000K0806	RA	POWER OPERATED VEHICLE GROUP 2 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$1,913.70
000K0806	RR	POWER OPERATED VEHICLE GROUP 2 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X PRIOR AUTHORIZATION REQUIRED			\$154.16
000K0807	NU	POWER OPERATED VEHICLE GROUP 2 HEAVY DUTY PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$2,375.66
000K0807	RA	POWER OPERATED VEHICLE GROUP 2 HEAVY DUTY PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$2,903.82
000K0807	RR	POWER OPERATED VEHICLE GROUP 2 HEAVY DUTY PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X PRIOR AUTHORIZATION REQUIRED			\$237.56
000K0808	NU	POWER OPERATED VEHICLE GROUP 2 VERY HEAVY DUTY PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$3,673.25
000K0808	RA	POWER OPERATED VEHICLE GROUP 2 VERY HEAVY DUTY PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X PRIOR AUTHORIZATION REQUIRED	X		\$4,492.81
000K0808	RR	POWER OPERATED VEHICLE GROUP 2 VERY HEAVY DUTY PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X PRIOR AUTHORIZATION REQUIRED			\$367.32
000K0812	NU	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	PAY AT INVOICE COST +30%	X		IC+30%
000K0812	RA	POWER OPERATED VEHICLE NOT OTHERWISE SPECIFIED	PAY AT INVOICE COST +30%	X		IC+30%
000K0812	RR	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	PAY AT INVOICE COST +30%			IC+30%
000K0813	NU	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE SLING/SOLID SEAT AND BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X PRIOR AUTH REQUIRED	X		\$2,951.97

000K0813	RA	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE SLING/SOLID SEAT AND BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$2,951.97
000K0814	NU	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$3,778.43
000K0814	RA	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE CAPTAIN'S CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$3,778.43
000K0815	NU	POWER WHEELCHAIR GROUP 1 STANDARD SLING/SOLID SEAT AND BACK PATIENTWEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,302.77
000K0816	NU	POWER WHEELCHAIR GROUP 1 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,120.57
000K0816	RA	POWER WHEELCHAIR GROUP 1 STANDARD CAPTAIN'S CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,120.57
000K0820	NU	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$3,152.89
000K0820	RA	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$3,152.89
000K0821	NU	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,047.52
000K0821	RA	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,047.52

000K0822	NU	POWER WHEELCHAIR GROUP 2 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$2,117.81
000K0822	RA	POWER WHEELCHAIR GROUP 2 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,891.60
000K0823	NU	POWER WHEELCHAIR GROUP 2 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$2,052.72
000K0823	RA	POWER WHEELCHAIR GROUP 2 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CA PAC	X	PRIOR AUTH REQUIRED	X	\$4,923.66
000K0824	NU	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,925.84
000K0824	RA	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,925.84
000K0825	NU	POWER WHEELCHAIR GROUP 2 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,424.75
000K0825	RA	POWER WHEELCHAIR GROUP 2 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,424.75
000K0826	NU	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,671.53
000K0826	RA	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,671.53
000K0827	NU	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,523.24
000K0827	RA	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,523.24
000K0828	NU	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$8,453.33

000K0828	RA	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$8,453.33
000K0829	NU	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$7,762.57
000K0829	RA	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$7,762.57
000K0830	NU	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0830	RA	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0830	RR	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0831	NU	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0831	RA	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0831	RR	POWER WHEELCHAIR GROUP 2 STANDARD SEAT ELEVATOR CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0835	NU	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,964.90

000K0835	RA	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$4,964.90
000K0835	RR	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$451.68
000K0836	NU	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,148.57
000K0836	RA	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,148.57
000K0836	RR	POWER WHEELCHAIR GROUP 2 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$468.47
000K0837	NU	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,925.84
000K0837	RA	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,925.84
000K0837	RR	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$564.77
000K0838	NU	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,301.28
000K0838	RA	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION CAPTAIN'S CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,301.28

000K0838	RR	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$502.19
000K0839	NU	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,671.53
000K0839	RA	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,671.53
000K0839	RR	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$743.63
000K0840	NU	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,622.74
000K0840	RA	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,622.74
000K0840	RR	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,136.58
000K0841	NU	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED	X	\$5,284.52
000K0841	RA	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,284.52
000K0841	RR	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED		\$498.78

000K0842	NU	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,284.52
000K0842	RA	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,284.52
000K0842	RR	POWER WHEELCHAIR GROUP 2 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$498.32
000K0843	NU	POWER WHEELCHAIR GROUP 2 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,362.57
000K0843	RA	POWER WHEELCHAIR GROUP 2 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,362.57
000K0843	RR	POWER WHEELCHAIR GROUP 2 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$594.50
000K0848	NU	POWER WHEELCHAIR GROUP 3 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$5,713.95
000K0848	RA	POWER WHEELCHAIR GROUP 3 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,466.34
000K0848	RR	POWER WHEELCHAIR GROUP 3 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$851.97
000K0849	NU	POWER WHEELCHAIR GROUP 3 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,217.08
000K0849	RA	POWER WHEELCHAIR GROUP 3 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO & INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,217.08

000K0849	RR	POWER WHEELCHAIR GROUP 3 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$819.10
000K0850	NU	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,500.82
000K0850	RA	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,500.82
000K0850	RR	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$988.22
000K0851	NU	POWER WHEELCHAIR GROUP 3 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,211.92
000K0851	RA	POWER WHEELCHAIR GROUP 3 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,211.92
000K0851	RR	POWER WHEELCHAIR GROUP 3 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$950.19
000K0852	NU	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$8,666.73
000K0852	RA	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$8,666.73
000K0852	RR	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$1,141.84
000K0853	NU	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,866.84
000K0853	RA	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$8,902.90
000K0853	RR	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$1,172.97

000K0854	NU	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,794.42
000K0854	RA	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,794.42
000K0854	RR	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,553.92
000K0855	NU	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,141.60
000K0855	RA	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENTWEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$11,141.60
000K0855	RR	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,467.91
000K0856	NU	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,133.20
000K0856	RA	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$6,941.00
000K0856	RR	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$914.46
000K0857	NU	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,080.13
000K0857	RA	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,080.13

000K0857	RR	POWER WHEELCHAIR GROUP 3 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED			\$932.80
000K0858	NU	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X		\$8,611.67
000K0858	RA	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X		\$8,611.67
000K0858	RR	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED			\$1,134.60
000K0859	NU	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X		\$8,212.88
000K0859	RA	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS SCREEN BATCH-	X	PRIOR AUTH REQUIRED	X		\$8,212.88
000K0859	RR	POWER WHEELCHAIR GROUP 3 HEAVY DUTY SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED			\$1,082.06
000K0860	NU	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X		\$12,302.86
000K0860	RA	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X		\$12,302.86
000K0860	RR	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED			\$1,620.93

000K0861	NU	POWER WHEELCHAIR GROUP 3 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED	X	\$6,143.01
000K0861	RA	POWER WHEELCHAIR GROUP 3 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	X	PRIOR AUTH REQUIRED	X	\$6,952.13
000K0861	RR	POWER WHEELCHAIR GROUP 3 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PRIOR AUTH REQUIRED		\$915.93
000K0862	NU	POWER WHEELCHAIR GROUP 3 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$7,609.58
000K0862	RA	POWER WHEELCHAIR GROUP 3 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED	X	\$8,611.67
000K0862	RR	POWER WHEELCHAIR GROUP 3 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$1,134.60
000K0863	NU	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$12,302.86
000K0863	RA	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED	X	\$12,302.86
000K0863	RR	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$1,620.93
000K0864	NU	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$14,640.55

000K0864	RA	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED	X	\$14,640.55
000K0864	RR	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,928.90
000K0868	NU	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0868	RA	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0868	RR	POWER WHEELCHAIR GROUP 4 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0869	NU	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0869	RA	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0869	RR	POWER WHEELCHAIR GROUP 4 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0870	NU	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0870	RA	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0870	RR	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		PAY AT INVOICE COST +30%		IC+30%

000K0871	NU	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0871	RA	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0871	RR	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0877	NU	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0877	RA	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0877	RR	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0878	NU	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0878	RA	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0878	RR	POWER WHEELCHAIR GROUP 4 STANDARD SINGLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0879	NU	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%

000K0879	RA	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0879	RR	POWER WHEELCHAIR GROUP 4 HEAVY DUTY SINGLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS		RNE REQUIRES INVOICE		RNE
000K0880	NU	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT 451 TO 600 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0880	RA	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT 450 TO 600 POUNDS		PAY AT INVOICE COST +30%	X	IC+30%
000K0880	RR	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT 451 TO 600 POUNDS		PAY AT INVOICE COST +30%		IC+30%
000K0884	NU	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0884	RA	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0884	RR	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K0885	NU	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0885	RA	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%

000K0885	RR	POWER WHEELCHAIR GROUP 4 STANDARD MULTIPLE POWER OPTION CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%			IC+30%
000K0886	NU	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0886	RA	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLIDSEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0886	RR	POWER WHEELCHAIR GROUP 4 HEAVY DUTY MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%			IC+30%
000K0890	NU	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0890	RA	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK/PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0890	RR	POWER WHEELCHAIR GROUP 5 PEDIATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PAY AT ACTUAL INVOICE COST + 30%			IC+30%
000K0891	NU	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0891	RA	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	X	PAY AT ACTUAL INVOICE COST + 30%	X		IC+30%
000K0891	RR	POWER WHEELCHAIR GROUP 5 PEDIATRIC MULTIPLE POWER OPTION SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUND	X	PAY AT ACTUAL INVOICE COST + 30%			IC+30%

000K0898	NU	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0898	RA	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL INVOICE COST + 30%	X	IC+30%
000K0898	RR	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	X	PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000K1001		ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT WITH SENSOR INCLUDES ALL COMPONENTS AND ACCESSORIES ANY TYPE		OBsolete		OBsolete
000K1002		CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM INCLUDES ALL SUPPLIES AND ACCESSORIES ANY TYPE		OBsolete		OBsolete
000K1003		WHIRLPOOL TUB WALK-IN PORTABLE		OBsolete		OBsolete
000K1004		LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE INCLUDES ALL COMPONENTS AND ACCESSORIES		RNE		RNE
000K1005		DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK ANY SIZE ANY TYPE EACH		OBsolete		OBsolete
000K1013		"ENEMA TUBE ANY TYPE REPLACEMENT ONLY EACH"		OBsolete		OBsolete
000K1014		"ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM 4 BAR LINKAGE OR MULTIAXIAL FLUID SWI		OBsolete		OBsolete
000K1015		"FOOT ADDUCTUS POSITIONING DEVICE ADJUSTABLE"		OBsolete		OBsolete
000K1016		TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRI		OBsolete		OBsolete
000K1017		MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016		OBsolete		OBsolete
000K1018		EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST		OBsolete		OBsolete
000K1019		MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1018		OBsolete		OBsolete
000K1020		NON-INVASIVE VAGUS NERVE STIMULATOR		OBsolete		OBsolete
000K1021		"EXSUFFLATION BELT INCLUDES ALL SUPPLIES AND ACCESSORIES"		OBsolete		OBsolete
000K1022		"ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE DISARTICULATION ABO		OBsolete		OBsolete
000K1023		"DISTAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR STIMULATES PERIPHERAL NERVES		OBsolete		OBsolete

000K1024	NON-PNEUMATIC COMPRESSION CONTROLLER WITH SEQUENTIAL CALIBRATED GRADIENT PRESSURE	OBsolete		OBsolete
000K1025	"NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL ARM"	OBsolete		OBsolete
000K1026	"MECHANICAL ALLERGEN PARTICLE BARRIER/INHALATION FILTER CREAM NASAL TOPICAL"	OBsolete		OBsolete
000K1027	"ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY WITHOUT FIXED"	RNE		RNE
000K1028	POWER SOURCE AND CONTROL ELECTRONICS UNIT FOR ORAL DEVICE/APPLIANCE FOR NEUROMUS	OBsolete		OBsolete
000K1029	ORAL DEVICE/APPLIANCE FOR NEUROMUSCULAR ELECTRICAL STIMULATION OF THE TONGUE MUS	OBsolete		OBsolete
000K1030	EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTED CARDIAC CONTRACTILITY MODULATION GENERATOR REPLACEMENT ONLY	NOT COVERED		NC
000K1031	NON-PNEUMATIC COMPRESSION CONTROLLER WITHOUT CALIBRATED GRADIENT PRESSURE	OBsolete		OBsolete
000K1032	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT FULL LEG	OBsolete		OBsolete
000K1033	NON-PNEUMATIC SEQUENTIAL COMPRESSION GARMENT HALF LEG	OBsolete		OBsolete
000K1034	PROVISION OF COVID-19 TEST NONPRESCRIPTION SELF-ADMINISTERED AND SELF COLLECTED			\$12.00
000K1035	MOLECULAR DIAGNOSTIC TEST READER NONPRESCRIPTION SELF-ADMINISTERED AND SELF-COL	NOT COVERED		NC
000K1037	DOCKING STATION FOR USE WITH ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY	NOT COVERED		NC
000L0112	CRANIAL CERVICAL ORTHOSIS CONGENITAL TORTICOLLIS TYPE WITH OR WITHOUT SOFT INTERFACE MATERIAL ADJUSTABLE RANGE OF MOTION JOINT CUSTOM FAB	X	PRIOR AUTHORIZATION REQUIRED	X
				\$1,469.62

000L0113	CRANIAL CERVICAL ORTHOSIS TORTICOLLIS TYPE WITH OR WITHOUT JOINT WITH OR WITHOUT SOFT INTERFACE MATERIAL PREFABRICATED INCLUDES FITTING				\$307.89
000L0120	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)				\$34.89
000L0130	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT		X		\$160.96
000L0140	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)				\$84.20
000L0150	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)				\$141.40
000L0160	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT		X		\$171.81
000L0170	CERVICAL COLLAR MOLDED TO PATIENT MODEL		X		\$648.45
000L0172	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE (CORRECTEDUV FROM .4 TO 4. ON 6/30/97)				\$130.27
000L0174	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE WITH THORACIC EXTENSION		X		\$286.89
000L0180	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORTS ADJUSTABLE		X		\$368.28
000L0190	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORTS ADJUSTABLE CERVICAL BARS (SOMI GUILFORD TAYLOR TYPES)		X		\$517.75
000L0200	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORTS ADJUSTABLE CERVICAL BARS AND THORACIC EXTENSION		X		\$621.60
000L0220	THORACIC RIB BELT CUSTOM FABRICATED		X		\$134.65
000L0450	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT UPPER THORACIC REGION PRODUCES INCLUDES FITTING AND ADJUSTMENT		X		\$193.05
000L0452	TLSO FLEXIBLE PROVIDES TRUNK SUPPORT UPPER THORACIC REGION PRODUCES STAYS OR PANEL(S) INCLUDES SHOULDER AND CLOSURES CUSTOM	PAY AT INVOICE COST +30%	X		IC+30%

000L0454		TLSO FLEXIBLE PROVIDES TRUNK SUPPORT EXTENDS FROM SACROCOCCYGEAL JUNCTION TO INCLUDES FITTING AND ADJUSTMENT		X	\$364.18
000L0455		TLSO FLEXIBLE PROVIDES TRUNK SUPPORT EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA RESTRICTS GROSS TRUNK MOTION IN THE SAGITTA			\$374.47
000L0456		TLSO FLEXIBLE PROVIDES TRUNK SUPPORT THORACIC REGION RIGID POSTERIOR PANEL FITTING AND ADJUSTMENT	X	X	\$1,044.34
000L0457		TLSO FLEXIBLE PROVIDES TRUNK SUPPORT THORACIC REGION RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON EXTENDS FROM THE SACROCOCCYGEAL JUNCTIO			\$1,073.88
000L0458		TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X
000L0460		TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X
000L0462		TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM THREE RIGID PLASTIC INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X
000L0464		TLSO TRIPLANAR CONTROL MODULAR SEGMENTED SPINAL SYSTEM FOUR RIGID PLASTIC FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X
000L0466		TLSO SAGITTAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON ADJUSTMENT		X	\$385.06
000L0467		TLSO SAGITTAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLOSURES AND PADDING RESTRICTS GROSS TRUNK MOTION			\$395.96
000L0468		TLSO SAGITTAL-CORONAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ADJUSTMENT		X	\$489.07

000L0469		TLSO SAGITTAL-CORONAL CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS CLOSURES AND PADDING EXTENDS FROM	X				\$502.90
000L0470		TLSO TRIPLANAR CONTROL RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON FITTING AND SHAPING THE FRAME PREFABRICATED INCLUDES FITTING A			X		\$674.50
000L0472		TLSO TRIPLANAR CONTROL HYPEREXTENSION RIGID ANTERIOR AND LATERAL FRAME INCLUDES FITTING AND ADJUSTMENT			X		\$425.02
000L0480		TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER CARVED PLASTER OR CAD-CAM MODEL CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,819.57
000L0482		TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER OR CAD-CAM MODEL CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,702.93
000L0484		TLSO TRIPLANAR CONTROL TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER PLANES INCLUDES A CARVED PLASTER OR CAD-CAM MODEL CUSTOM FABRI	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,773.59
000L0486		TLSO TRIPLANAR CONTROL TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER INCLUDES A CARVED PLASTER OR CAD-CAM MODEL CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,860.29
000L0488		TLSO TRIPLANAR CONTROL ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,054.04
000L0490		TLSO SAGITTAL-CORONAL CONTROL ONE PIECE RIGID PLASTIC SHELL WITH OVERLAPPING AND ADJUSTMENT			X		\$297.01
000L0491		TLSO SAGITTAL-CORONAL CONTROL MODULAR SEGMENTED SPINAL SYSTEM TWO RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION	X		X		\$806.43

000L0492		TLSO SAGITTAL-CORONAL CONTROL MODULAR SEGMENTED SPINAL SYSTEM THREE RIGID PLASTIC SHELLS POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION		X	\$495.77
000L0621		SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC-SACRAL SUPPORT REDUCES MOTION ABOUT THE SACROILIAC JOINT INCLUDES STRAPS CLOSURES MAY INCLUDE		X	\$118.70
000L0622		SACROILIAC ORTHOSIS FLEXIBLE PROVIDES PELVIC-SACRAL SUPPORT REDUCES MOTION ABOUT THE SACROILIAC JOINT INCLUDES STRAPS CLOSURES MAY INCLUDE		X	\$304.59
000L0623		SACROILIAC ORTHOSIS PROVIDES PELVIC-SACRAL SUPPORT WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN REDUCES MOTION ABOUT THE SAC		X	\$191.07
000L0625		LUMBAR ORTHOSIS FLEXIBLE PROVIDES LUMBAR SUPPORT POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PRODUCES INTRACAVITARY PRESSURE TO REDUCE			\$57.82
000L0626		LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PRODUCES INTRACAVITARY P		X	\$81.85
000L0627		LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PRODUCES INTRA		X	\$431.61
000L0628		LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA PRODUCES I		X	\$88.08
000L0629		LUMBAR-SACRAL ORTHOSIS FLEXIBLE PROVIDES LUMBO-SACRAL SUPPORT POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA PRODUCES I	PAY AT INVOICE COST +30%	X	IC+30%

000L0630	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA			X	\$170.03
000L0631	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,077.93
000L0633	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIORFRAME/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T			X	\$301.10
000L0635	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID POSTERIOR FRAME/PANEL(S) LATERAL ARTICULATING DESIGN TO FLEX THE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,056.07
000L0636	LUMBAR SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL LUMBAR FLEXION RIGID POSTERIOR FRAME/PANELS LATERAL ARTICULATING DESIGN TO FLEX THE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,737.11
000L0637	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,250.62
000L0638	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JU	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,384.90
000L0639	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S)/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,250.62
000L0640	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S)/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,098.75

000L0641	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PRODUCES INTRACAVITARY P				\$84.17
000L0642	LUMBAR ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA PRODUCES INTRA				\$443.82
000L0643	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID POSTERIOR PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA				\$174.84
000L0648	LUMBAR-SACRAL ORTHOSIS SAGITTAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR PANELS POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VE				\$1,108.45
000L0649	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID POSTERIORFRAME/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION T				\$309.60
000L0650	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL	X			\$1,286.02
000L0651	LUMBAR-SACRAL ORTHOSIS SAGITTAL-CORONAL CONTROL RIGID SHELL(S)/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	X			\$1,286.02
000L0700	CERVICAL-THORACIC- LUMBAR-SACRAL ORTHOSIS (CTLSO) ANTERIOR- POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL (MINERVA TYPE)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,659.65
000L0710	CTLSO ANTERIOR- POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL WITH INTERFACE MATERIAL (MINERVA TYPE)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,206.71

000L0720	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO) ANTERIOR-POSTERIOR-LATERAL CONTROL PREFABRICATED ITEM CUSTOMIZED TO FIT A SPECIFIC PATIENT	X	RNE			RNE
000L0810	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST	X	PRIOR AUTHORIZATION REQUIRED	X		\$2,715.38
000L0820	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	X	PRIOR AUTHORIZATION REQUIRED	X		\$2,171.22
000L0830	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	X	PRIOR AUTHORIZATION REQUIRED	X		\$3,196.91
000L0859	ADDITION TO HALO PROCEDURE MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS RINGS AND PINS ANY MATERIAL	X	PRIOR AUTHORIZATION REQUIRED	X		\$1,201.98
000L0861	ADDITION TO HALO PROCEDURE REPLACEMENT LINER/INTERFACE MATERIAL					\$226.28
000L0970	LSO CORSET FRONT			X		\$112.76
000L0972	LSO CORSET FRONT			X		\$103.26
000L0974	LSO FULL CORSET			X		\$188.18
000L0976	LSO FULL CORSET			X		\$175.77
000L0978	AXILLARY CRUTCH EXTENSION			X		\$251.77
000L0980	PERONEAL STRAPS PAIR					\$17.22
000L0982	STOCKING SUPPORTER GRIPS SET OF FOUR (4)					\$18.44
000L0984	PROTECTIVE BODY SOCK EACH					\$68.76
000L0999	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%			IC+30%
000L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE) INCLUSIVE OF FURNISHING INITIAL ORTHOSIS INCLUDING MODEL	X	PRIOR AUTHORIZATION REQUIRED	X		\$2,095.13
000L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS IMMOBILIZER INFANT SIZE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT INVOICE COST +30%	X		IC+30%
000L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X		\$3,360.78
000L1006	SCOLIOSIS ORTHOSIS SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME	X	PRIOR AUTHORIZATION REQUIRED RNE			RNE
000L1007	SCOLIOSIS ORTHOSIS SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME	X	RNE			RNE

000L1007	NU	SCOLIOSIS ORTHOSIS SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME	X	RNE		RNE
000L1007	RA	SCOLIOSIS ORTHOSIS SAGITTAL-CORONAL CONTROL PROVIDED BY A RIGID LATERAL FRAME	X	RNE		RNE
000L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO) OR SCOLIOSIS ORTHOSIS AXILLA SLING				\$73.89
000L1020		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD				\$85.27
000L1025		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD FLOATING				\$123.03
000L1030		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD				\$62.76
000L1040		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS LUMBAR OR LUMBAR RIB PAD				\$77.80
000L1050		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD				\$82.14
000L1060		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD				\$97.07
000L1070		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS TRAPEZE SLING				\$88.77
000L1080		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER				\$54.59
000L1085		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER BILATERAL WITH VERTICAL EXTENSIONS				\$151.86
000L1090		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING				\$91.35
000L1100		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS RING FLANGE PLASTIC OR LEATHER				\$172.57
000L1110		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS RING FLANGE PLASTIC OR LEATHER MOLDED TO PATIENT MODEL				\$317.48
000L1120		ADDITION TO TLSO OR SCOLIOSIS ORTHOSIS COVER FOR UPRIGHT EACH				\$39.18
000L1200		THORACIC-LUMBAR-SACRAL-ORTHOSES (TLSO) INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,790.50
000L1210		ADDITION TO TLSO (LOW PROFILE) LATERAL THROACIC EXTENSION				\$258.16
000L1220		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION				\$226.29

000L1230	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUCTURE	X			\$560.86
000L1240	ADDITION TO TLSO (LOW PROFILE) LUMAR DEROTATION PAD				\$76.61
000L1250	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD				\$71.27
000L1260	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC DEROTATION PAD				\$74.64
000L1270	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD				\$76.44
000L1280	ADDITION TO TLSO (LOW PROFILE) RIB BUSSET (ELASTIC) EACH				\$85.11
000L1290	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD				\$77.54
000L1300	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,774.60
000L1310	OTHER SCOLIOSIS PROCEDURE POST-OPERATIVE BODY JACKET	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,891.53
000L1320	THORACIC PECTUS CARINATUM ORTHOSIS STERNAL COMPRESSION RIGID CIRCUMFERENTIAL		NOT COVERED		NC
000L1499	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED REVIEW PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000L1600	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA TYPE WITH COVER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$127.13
000L1610	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE (FREJKA COVERONLY) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT				\$51.00
000L1620	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE (PAVLIK HARNESS) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$136.42
000L1630	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE (VON ROSEN TYPE) CUSTOM-FABRICATED			X	\$183.03
000L1640	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC BAND OR SPREADER BAR THIGH CUFFS CUSTOM-FABRICATED	X		X	\$513.91

000L1650	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE (ILFLED TYPE) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$240.59
000L1652	HIP ORTHOSIS BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR ADULT SIZE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT ANY			X	\$374.31
000L1653	HIP ORTHOSIS BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR ADULT		RNE		RNE
000L1660	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$168.85
000L1680	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC CONTROL ADJ HIP MOTION CONTROL THIGH CUFFS(RANCHO HIP ACTION)CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,464.06
000L1681	HIP ORTHOSIS BILATERAL HIP JOINTS AND THIGH CUFFS ADJUSTABLE FLEXION EXTENSIO		RNE		RNE
000L1685	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINT POSTOPERATIVE HIP ABDUCTION TYPE CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,173.63
000L1686	HIP ORTHOSIS ABDUCTION CONTROL OF HIP JOINT POSTOPERATIVE HIP ABDUCTION TYPE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$900.03
000L1690	COMBINATION BILATERAL LUMBO-SACRAL HIP FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL PREFABRICATED INCLUDES FITTINGA	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,030.47
000L1700	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,649.06
000L1710	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,763.82
000L1720	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDJIAN TYPE) CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,527.14
000L1730	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,227.38
000L1755	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,598.45

000L1810	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$98.76
000L1812	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFABRICATED OFF-THE-SHELF		PAY AT INVOICE COST +30%		IC+30%
000L1820	KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS AND JOINTS WITH OR WITHOUT PATELLAR CONTROL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$130.98
000L1821	KNEE ORTHOSIS ELASTIC WITH CONDYLAR PADS AND JOINTS WITH OR WITHOUT PATELLAR C		RNE		RNE
000L1830	KNEE ORTHOSIS IMMOBILIZER CANVAS LONGITUDINAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$89.91
000L1831	KNEE ORTHOSIS LOCKING KNEE JOINT(S) POSITIONAL ORTHOSIS PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$309.04
000L1832	KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC) POSITIONAL ORTHOSIS RIGID SUPPORT PREFABRICATED INCLUDES FITTING AND A DJ	X		X	\$599.86
000L1833	KNEE ORTHOSIS ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC) POSITIONAL ORTHOSIS RIGID SUPPORT PREFABRICATED OFF-THE SHELF	X	PRIOR AUTH REQUIRED		\$499.19
000L1834	KNEE ORTHOSIS WITHOUT KNEE JOINT RIGID CUSTOM-FABRICATED	X		X	\$827.16
000L1836	KNEE ORTHOSIS RIGID WITHOUT JOINT(S) INCLUDES SOFT INTERFACE MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$140.12
000L1840	KNEE ORTHOSIS DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$929.47
000L1843	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$942.17

000L1844	KNEE ORTHOSIS SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,985.38
000L1845	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X		X	\$806.45
000L1846	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,102.24
000L1847	KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT WITH INFLATABLE AIR SUPPORT CHAMBER(S) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X		X	\$603.94
000L1848	KNEE ORTHOSIS DOUBLE UPRIGHT WITH ADJUSTABLE JOINT WITH INFLATABLE AIR SUPPORT CHAMBER(S) PREFABRICATED OFF-THE-SHELF	X	PRIOR AUTH REQUIRED		\$591.04
000L1850	KNEE ORTHOSIS SWEDISH TYPE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$294.36
000L1851	KNEE ORTHOSIS (KO) SINGLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X	PRIOR AUTH REQUIRED		\$725.78
000L1852	KNEE ORTHOSIS (KO) DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC) MEDIAL-LATERAL AND	X	PRIOR AUTH REQUIRED		\$653.14
000L1860	KNEE ORTHOSIS MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM-FABRICATED (SK)	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,345.22
000L1900	ANKLE FOOT ORTHOSIS SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM-FABRICATED			X	\$277.18
000L1902	ANKLE FOOT ORTHOSIS ANKLE GAUNTLET PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$83.12

000L1904	ANKLE FOOT ORTHOSIS MOLDED ANKLE GAUNTLET CUSTOM-FABRICATED			X	\$466.40
000L1906	ANKLE FOOT ORTHOSIS MULTILIGAMENTUS ANKLE SUPPORT PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$118.65
000L1907	AFO SUPRAMALLEOLAR WITH STRAPS WITH OR WITHOUT INTERFACE/PADS CUSTOM FABRICATED	X		X	\$590.81
000L1910	ANKLE FOOT ORTHOSIS POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$263.85
000L1920	ANKLE FOOT ORTHOSIS SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE) CUSTOM- FABRICATED			X	\$344.93
000L1930	ANKLE FOOT ORTHOSIS PLASTIC OR OTHER MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$272.79
000L1932	AFO RIGID ANTERIOR TIBIAL SECTION TOTAL CARBON FIBER OR EQUAL MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$937.01
000L1933	ANKLE FOOT ORTHOSIS RIGID ANTERIOR TIBIAL SECTION TOTAL CARBON FIBER OR EQUAL MATERIAL PREFABRICATED OFF-THE- SHELF	X	RNE		RNE
000L1940	ANKLE FOOT ORTHOSIS PLASTIC OR OTHER MATERIAL CUSTOM- FABRICATED	X		X	\$534.36
000L1945	ANKLE FOOT ORTHOSIS MOLDED TO PATIENT MODEL PLASTIC RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION) CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$913.35
000L1950	ANKLE FOOT ORTHOSIS SPIRAL (INSTITUTE OF REHABILITATIVE MEDICINE TYPE) PLASTIC CUSTOM- FABRICATED	X		X	\$768.02
000L1951	ANKLE FOOT ORTHOSIS SPIRAL (INSTITUTE OF REHABILITATIVE MEDICINE TYPE) PLASTIC OR OTHER MATERIAL PREFABRICATED INCLUDES FITTING AND A	X	PRIOR AUTHORIZATION REQUIRED	X	\$881.85
000L1952	ANKLE FOOT ORTHOSES/SPIRAL/PLASTIC OR OTHER MATERIAL PREFABRICATED OFF-THE- SHELF	X	RNE		RNE

000L1960	ANKLE FOOT ORTHOSIS POSTERIOR SOLID ANKLE PLASTIC CUSTOM- FABRICATED	X		X	\$546.90
000L1970	ANKLE FOOT ORTHOSIS PLASTIC WITH ANKLE JOINT CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$839.17
000L1971	ANKLE FOOT ORTHOSIS PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$492.17
000L1980	ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS) CUSTOM- FABRICATED			X	\$401.69
000L1990	ANKLE FOOT ORTHOSIS DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS) CUSTOM- FABRICATED	X		X	\$507.67
000L2000	KNEE ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS) CUSTOM-FA	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,000.76
000L2005	KNEE ANKLE FOOT ORTHOSIS ANY MATERIAL SINGLE OR DOUBLE UPRIGHT STANCE CONTROL AUTOMATIC LOCK AND SWING PHASE RELEASE MECHANICA ACTI	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,302.75
000L2006	KNEE ANKLE FOOT DEVICE ANY MATERIAL SINGLE OR DOUBLE UPRIGHT SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY INCLUDES		NOT COVERED		NC
000L2010	KNEE ANKLE FOOT ORTHOSIS SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP THIGH&CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) WITHOUT KNEE JOINT CUS FA	X	PRIOR AUTHORIZATION REQUIRED	X	\$917.19
000L2020	KNEE ANKLE FOOT ORTHOSIS DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP THIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) CUSTOM- FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,152.08

000L2030	KNEE ANKLE FOOT ORTHO DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP THIGH& CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) WITH OUT KNEE JOINT CUST F	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,064.50
000L2034	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC SINGLE UPRIGHT WITH OR WITHOUT FREE MOTION KNEE MEDIAL LATERAL ROTATION CONTROL WITH OR WITHOUT FR	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,177.89
000L2035	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC STATIC (PEDIATRIC SIZE) WITHOUT FREE MOTION ANKLE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$181.88
000L2036	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC DOUBLE UPRIGHT WITH OR WITHOUT FREE MOTION KNEE WITH OR WITHOUT FREE MOTION ANKLE CUSTOM FABRICATE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,830.59
000L2037	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC SINGLE UPRIGHT WITH OR WITHOUT FREE MOTION KNEE WITH OR WITHOUT FREE MOTION ANKLE CUSTOM FABRICATE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,643.39
000L2038	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC WITH OR WITHOUT FREE MOTION KNEE MULTI-AXIS ANKLE CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,410.67
000L2040	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL ROTATION STRAPS PELVIC BAND/BELT CUSTOM FABRICATED			X	\$175.18
000L2050	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL TORSION CABLES HIP JOINT PELVIC BAND/BELT CUSTOM-FABRICATED			X	\$470.01
000L2060	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL BILATERAL TORSION CABLES BALL BEARING HIP JOINT PELVIC BAND/ BELT CUSTOM-FABRICATED	X		X	\$593.11
000L2070	HIP KNEE ANKLE FOOT ORTHOSIS TORSION CONTROL UNILATERAL ROTATION STRAPS PELVIC BAND/BELT CUSTOM FABRICATED			X	\$137.38

000L2080	HIP KNEE ANKLE FOOT ORTHOSES TORSION CONTROL UNILATERAL TORSION CABLE HIP JOINT PELVIC BAND/BELT CUSTOM- FABRICATED			X	\$385.66
000L2090	HIP KNEE ANKLE FOOT ORTHOSES TORSION CONTROL UNILATERAL TORSION CABLE BALL BEARING HIP JOINT PELVIC BAND/ BELT CUSTOM- FABRICATED			X	\$479.23
000L2106	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERMOPLASTIC TYPE CASTING MATERIAL CUSTOM- FABRICATED			X	\$670.85
000L2108	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,054.21
000L2112	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$460.33
000L2114	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI- RIGID PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X		X	\$605.01
000L2116	ANKLE FOOT ORTHOSIS FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X		X	\$743.57
000L2126	KNEE ANKLE FOOT ORTHOSES FRACTURE ORTHOSES FEMORAL FRACTURE CAST ORTHOSIS THERMOPLASTIC TYPE CASTING MATERIAL CUSTOM- FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,181.49
000L2128	KNEE ANKLE FOOT ORTHOSES FRACTURE ORTHOSES FEMORAL FRACTURE CAST ORTHOSIS CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,691.87
000L2132	KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSES SOFT PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X		X	\$795.92
000L2134	KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSES SEMI-RIGID PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$954.28

000L2136		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIGID PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,178.10
000L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS PLASTIC SHOE INSERT WITH ANKLE JOINTS				\$116.41
000L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS DROP LOCK KNEE JOINT				\$108.49
000L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS LIMITED MOTION KNEE JOINT				\$122.21
000L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS ADJUSTABLE MOTION KNEE JOINT LERMAN TYPE				\$154.09
000L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS QUADRILATERAL BRIM				\$295.50
000L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS WAIST BELT				\$91.07
000L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS HIP JOINT PELVIC BAND THIGH FLANGE AND PELVIC BELT				\$445.68
000L2200		ADDITION TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT				\$46.91
000L2210		ADDITION TO LOWER EXTREMITY DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST) EACH JOINT				\$66.32
000L2220		ADDITION TO LOWER EXTREMITY DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST EACH JOINT				\$82.84
000L2230		ADDITION TO LOWER EXTREMITY SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT				\$77.94
000L2232		ADDITION TO LOWER EXTREMITY ORTHOSIS ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$102.49
000L2240		ADDITION TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT				\$86.94
000L2250		ADDITION TO LOWER EXTREMITY FOOT PLATE MOLDED TO PATIENT MODEL STIRR UP ATTACHMENT				\$413.04

000L2260	ADDITION TO LOWER EXTREMITY REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)				\$197.79
000L2265	ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP				\$118.58
000L2270	ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION ("T") STRAP PADDE D/LINED OR MALLEOLUS PAD				\$52.98
000L2275	ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION PLASTIC MODIFICATION PADDED/LINED				\$157.33
000L2280	ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT				\$446.78
000L2300	ADDITION TO LOWER EXTREMITY ABDUCTION BAR (BILATERAL HIP INVOLVEMENT) JOINTED ADJUSTABLE				\$275.85
000L2310	ADDITION TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT				\$121.37
000L2320	ADDITION TO LOWER EXTREMITY NON-MOLDED LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$217.05
000L2330	ADDITION TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL FOR CUSTOMFABRICATED ORTHOSIS ONLY				\$410.60
000L2335	ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND				\$298.86
000L2340	ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL MOLDED TO PATIENT MODEL				\$443.78
000L2350	ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE "BK" SOCKET MOLDED TO PATIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)	X	PRIOR AUTHORIZATION REQUIRED		\$961.82
000L2360	ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK				\$54.61
000L2370	ADDITION TO LOWER EXTREMITY PATTEN BOTTOM				\$337.71
000L2375	ADDITION TO LOWER EXTREMITY TORSION CONTROL ANKLE JOINT AND HALF SOLID STIRRUP				\$120.23
000L2380	ADDITION TO LOWER EXTREMITY TORSION CONTROL STRAIGHT KNEE JOINT EACH JOINT				\$146.83
000L2385	ADDITION TO LOWER EXTREMITY STRAIGHT KNEE JOINT HEAVY DUTY EACH JOINT				\$134.38

000L2387	ADDITION TO LOWER EXTREMITY POLYCENTRIC KNEE JOINT FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS EACH JOINT				\$163.28
000L2390	ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT				\$108.00
000L2395	ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT HEAVY DUTY EACH JOINT				\$162.39
000L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE				\$132.93
000L2405	ADDITION TO KNEE JOINT DROP LOCK EACH				\$91.53
000L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL CABLE OR EQUAL) ANY MATERIAL EACH JOINT				\$127.54
000L2425	ADDITION TO KNEE JOINT DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION EACH JOINT				\$150.49
000L2430	ADD. TO KNEE JNT. RATCHET LOCK FOR ACTIVE AND PROG. KNEE EXT. EA. JNT.				\$150.49
000L2492	ADDITION TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING				\$100.60
000L2500	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING BULTEAL/ISCHIAL WEIG HT BEARING RING				\$312.01
000L2510	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-LATERAL BRIM MOLDED TO PATIENT MODEL	X			\$775.46
000L2520	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-LATERAL BRIM CUSTOM FITTED				\$454.53
000L2525	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL CONTAINMENT/ NARROW M-L BRIM MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED		\$1,317.64
000L2526	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL CONTAINMENT/ NARROW M-L BRIM CUSTOM FITTED.	X			\$675.81
000L2530	ADDITION TO LOWER EXTREMITY THIGH-WEIGHT BEARING LACER NON-MOLDED				\$254.81
000L2540	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING LACER MOLDED TO PATIENT MODEL				\$417.14

000L2550	ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING HIGH ROLL CUFF				\$283.37
000L2570	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEVIS TYPE TWO POSITION JOINT EACH	X			\$540.67
000L2580	ADDITION TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING				\$457.92
000L2600	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEVIS TYPE OR THRUST BEARING FREE EACH				\$202.63
000L2610	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEVIS OR THRUST BEARING LOCK EACH				\$239.61
000L2620	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT HEAVY DUTY EACH				\$333.09
000L2622	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJUSTABLE FLEXION EACH				\$318.11
000L2624	ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJUSTABLE FLEXION EXTENSION ABDUCTION CONTROL EACH				\$385.39
000L2627	ADDITION TO LOWER EXTREMITY PELVIC ONCTROL PLASTIC MOLDED TO PT MODEL	X	PRIOR AUTHORIZATION REQUIRED		\$1,691.43
000L2628	ADDITION TO LOWER EXTREMITY PELVIC CONTROL METAL FRAME	X	CAN ONLY BILL ONE LINE PER UNIT ON CLAIM.PA REQ		\$1,653.06
000L2630	ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT UNILATERAL				\$244.31
000L2640	ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT BILATERAL				\$331.57
000L2650	ADDITION TO LOWER EXTREMITY PELVIC AND THORACIC CONTROL GLUTEAL PAD EACH				\$146.15
000L2660	ADDITION TO LOWER EXTREMITY THORACIC CONTROL THORACIC BAND				\$183.89
000L2670	ADDITION TO LOWER EXTREMITY THORACIC CONTROL PARASPINAL UPRIGHTS				\$171.03
000L2680	ADDITION TO LOWER EXTREMITY THORACIC CONTROL LATERAL SUPPORT UPRIGHTS				\$173.02

000L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS PLATING CHROME OR NICKEL PER BAR				\$91.08
000L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH LIGHTWEIGHT MATERIAL ALL HYBRID LAMINATION/PREPREG COMPOSITE PER SEGMENT FOR CUSTOM FAB				\$137.20
000L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER EXTENSION PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				\$59.94
000L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE PER BAR				\$136.84
000L2780	ADDITION TO LOWER EXTREMITY NON-CORROSIVE FINISH PER BAR				\$66.77
000L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS DROP LOCK RETAINER EACH				\$33.36
000L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL FULL KNEECAP				\$83.83
000L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP MEDIAL OR LATERAL PULL FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY				\$105.24
000L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL CONDYLAR PAD				\$77.06
000L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOLDED PLASTIC BELOW KNEE SECTION				\$85.68
000L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOLDED PLASTIC ABOVE KNEE SECTION				\$92.69
000L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS TIBIAL LENGTH SOCK FRACTURE OR EQUAL EACH				\$44.60
000L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS FEMORAL LENGTH SOCK FRACTURE OR EQUAL EACH				\$81.45
000L2999	LOWER EXTREMITY ORTHOSIS NOT OTHERWISE SPECIFIED	INVOICE COST +30%			IC+30%

000L3000	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL "UCB" TYPE BERKELEY SHELL EACH		X	\$329.85
000L3001	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SPENCO EACH		X	\$138.87
000L3002	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL PLASTAZOTE OR EQUAL EACH		X	\$169.60
000L3003	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SILICONE GEL EACH		X	\$182.98
000L3010	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDINAL ARCH SUPPORT EACH		X	\$182.98
000L3020	FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDINAL/METATARSAL SUPPORT EACH		X	\$208.34
000L3030	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH		X	\$80.13
000L3031	FOOT INSERT/PLATE REMOVABLE ADDITION TO LOWER EXTREMITY ORTHOSIS HIGH STRENGTH LIGHTWEIGHT MATERIAL ALL HYBRID LAMINATION/PREPREG CO	INVOICE COST +30%		IC+30%
000L3040	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH			\$49.42
000L3050	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH			\$49.42
000L3060	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL/METATARSAL EACH		X	\$77.43
000L3070	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGITUDINAL EACH			\$33.39
000L3080	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE METATARSAL EACH			\$33.39
000L3090	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGITUDINAL/METATARSAL EACH			\$42.73
000L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT EACH			\$45.41
000L3140	FOOT ROTATION POSITIONING DEVICE INCLUDING SHOE(S)		X	\$93.48
000L3150	FOOT ROTATION POSITIONING DEVICE WITHOUT SHOE(S)		X	\$85.47
000L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	INVOICE COST +30%	X	IC+30%

000L3161	FOOT ADDUCTUS POSITIONING DEVICE ADJUSTABLE	RNE REQUIRES INVOICE		RNE
000L3170	FOOT PLASTIC SILICONE OR EQUAL HEEL STABILIZER EACH			\$53.41
000L3201	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT			\$35.78
000L3202	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD			\$40.25
000L3203	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR			\$42.93
000L3204	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT			\$35.78
000L3206	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD			\$40.25
000L3207	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR			\$42.93
000L3208	SURGICAL BOOT EACH INFANT			\$40.25
000L3209	SURGICAL BOOT EACH CHILD			\$44.72
000L3211	SURGICAL BOOT EACH JUNIOR			\$49.19
000L3212	BENESCH BOOT PAIR INFANT		X	\$71.56
000L3213	BENESCH BOOT PAIR CHILD		X	\$71.56
000L3214	BENESCH BOOT PAIR JUNIOR		X	\$71.56
000L3215	ORTHOPEDIC FOOTWEAR LADIES SHOE OXFORD EACH		X	\$143.12
000L3216	ORTHOPEDIC FOOTWEAR LADIES SHOE DEPTH INLAY EACH		X	\$143.12
000L3217	ORTHOPEDIC FOOTWEAR LADIES SHOE HIGHTOP DEPTH INLAY EACH		X	\$143.12
000L3219	ORTHOPEDIC FOOTWEAR MENS SHOE OXFORD EACH		X	\$143.12
000L3221	ORTHOPEDIC FOOTWEAR MENS SHOE DEPTH INLAY EACH		X	\$169.95
000L3222	ORTHOPEDIC FOOTWEAR MENS SHOE HIGHTOP DEPTH INLAY EACH		X	\$169.95
000L3224	ORTHOPEDIC FOOTWEAR WOMAN'S SHOE OXFORD INTEGRAL PART OF A BRACE 1 UNIT = 1 SHOE		X	\$70.91
000L3225	ORTHOPEDIC FOOTWEAR MAN'S SHOE OXFORD INTEGRAL PART OF A BRACE	1 UNIT=1 SHOE	X	\$82.48
000L3230	ORTHOPEDIC FOOTWEAR CUSTOM SHOE DEPTH INLAY EACH	INVOICE COST +30%	X	IC+30%
000L3250	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE REMOVABLE INNER MOLD PROSTHETIC SHOE EACH		X	\$447.25

000L3251		FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE EACH		X	\$173.53
000L3252		FOOT SHOE MOLDED TO PATIENT MODEL PLASTAZOTE (OR SIMILAR) CUSTOM FABRICATED EACH		X	\$173.53
000L3253		FOOT MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED EACH		X	\$173.53
000L3254		NON-STANDARD SIZE OR WIDTH			\$24.52
000L3255		NON-STANDARD SIZE OR LENGTH			\$24.52
000L3257		ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE			\$65.47
000L3260		SURGICAL BOOT/SHOE EACH			\$44.72
000L3265		PLASTAZOTE SANDAL EACH		X	\$71.56
000L3300		LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH			\$54.77
000L3310		LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH			\$85.47
000L3320		LIFT ELEVATION HEEL AND SOLE CORK PER INCH			\$143.12
000L3330		LIFTS ELEVATION METAL EXTENSION (SKATE)			\$594.24
000L3332		LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH			\$77.43
000L3334		LIFT ELEVATION HEEL PER INCH			\$40.05
000L3340		HEEL WEDGE SACH			\$89.48
000L3350		HEEL WEDGE			\$24.04
000L3360		SOLE WEDGE OUTSIDE SOLE			\$37.38
000L3370		SOLE WEDGE BETWEEN SOLE			\$52.06
000L3380		CLUBFOOT WEDGE			\$52.06
000L3390		OUTFLARE WEDGE			\$52.06
000L3400		METATARSAL BAR WEDGE ROCKER			\$42.73
000L3410		METATARSAL BAR WEDGE BETWEEN SOLE			\$97.48
000L3420		FULL SOLE AND HEEL WEDGE BETWEEN SOLE			\$57.42
000L3430		HEEL COUNTER PLASTIC REINFORCED			\$168.27
000L3440		HEEL COUNTER LEATHER REINFORCED			\$80.13
000L3450		HEEL SACH CUSHION TYPE			\$110.83
000L3455		HEEL NEW LEATHER STANDARD			\$42.73
000L3460		HEEL NEW RUBBER STANDARD			\$36.04
000L3465		HEEL THOMAS WITH WEDGE			\$61.45
000L3470		HEEL THOMAS EXTENDED TO BALL			\$65.45
000L3480		HEEL PAD AND DEPRESSION FOR SPUR			\$65.45
000L3485		HEEL PAD REMOVABLE FOR SPUR			\$26.83

000L3500	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER				\$30.70
000L3510	ORTHOPEDIC SOLE ADDITION INSOLE RUBBER				\$30.70
000L3520	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER				\$33.39
000L3530	ORTHOPEDIC SHOE ADDITION SOLE HALF				\$33.39
000L3540	ORTHOPEDIC SHOE ADDITION SOLE FULL				\$53.41
000L3550	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD				\$9.38
000L3560	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE				\$24.04
000L3570	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)				\$89.48
000L3580	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCO CLOSURE				\$68.13
000L3590	ORTHOPEDIC SHOE ADDITION CONVERT FIRM SHOE COUNTER TO SOFT COUNTER				\$56.10
000L3595	ORTHOPEDIC SHOE ADDITION MARCH BAR				\$44.03
000L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER PLATE EXISTING				\$80.13
000L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER PLATE NEW				\$105.50
000L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID STIRRUP EXISTING				\$80.13
000L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID STIRRUP NEW				\$105.50
000L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER DENNIS BROWNE SPLINT(RIVETON) BOTH SHOES				\$45.41
000L3649	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS	PAY AT INVOICE COST +30%			IC+30%
000L3650	SHOULDER ORTHOSIS FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		X		\$67.96
000L3660	SHOULDER ORTHOSIS FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER CANVAS AND WEBBING PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		X		\$124.27

000L3670	SHOULDER ORTHOSIS ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$145.57
000L3671	SHOULDER ORTHOSIS SHOULDER CAP DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUST	X		X	\$861.05
000L3674	SHOULDER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR WITH OR WITHOUT NONTORSION JOINT/TURNBUCKLE MA	X	PRIOR AUTH REQUIRED		\$1,038.02
000L3675	SHOULDER ORTHOSIS VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE OR EQUAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$167.67
000L3677	SHOULDER ORTHOSIS HARD PLASTIC SHOULDER STABILIZER PRE-FABRICATED INCLUDES FITTING AND ADJUSTMENT		PAY AT INVOICE COST +30%	X	IC+30%
000L3678	SHOULDER ORTHOSIS SHOULDER JOINT DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED OFF-THE-SHELF		PAY AT INVOICE COST +30%		IC+30%
000L3702	ELBOW ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$275.96
000L3710	ELBOW ORTHOSIS ELASTIC WITH METAL JOINTS PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$119.35
000L3720	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTOM-FABRICATED			X	\$661.19
000L3730	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS EXTENSION/FLEXIONASSIST CUSTOM-FABRICATED	X	PRIOR AUTHORIZAITON REQUIRED	X	\$1,036.43
000L3740	ELBOW ORTHOSIS DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,096.25

000L3760	ELBOW ORTHOSIS WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED INCLUDES FITTING AND ADJUSTMENTS ANY TYPE			X	\$477.90
000L3761	ELBOW ORTHOSIS (EO) WITH ADJUSTABLE POSITION LOCKING JOINT(S) PREFABRICATED OFF-THE-SHELF	X	PRIOR AUTH REQUIRED		\$518.66
000L3762	ELBOW ORTHOSIS RIGID WITHOUT JOINTS INCLUDES SOFT INTERFACE MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$102.76
000L3763	ELBOW WRIST HAND ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$678.43
000L3764	ELBOW WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM F			X	\$713.32
000L3765	ELBOW WRIST HAND FINGER ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,225.36
000L3766	ELBOW WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,297.56
000L3806	WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS/SPRINGS MAY INCLUDE SOFT INTERFACE M			X	\$434.09
000L3807	WRIST HAND FINGER ORTHOSIS WITHOUT JOINT(S) PREFABRICATED INCLUDES FITTING AND ADJUSTMENTS ANY TYPE			X	\$238.94
000L3808	WRIST HAND FINGER ORTHOSIS RIGID WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUST			X	\$328.34

000L3809	WRIST HAND FINGER ORTHOSIS WITHOUT JOINT(S) PREFABRICATED OFF-THE-SHELF ANY TYPE		PAY AT INVOICE COST +30%		IC+30%
000L3891	ADDITION TO UPPER EXTREMITY JOINT WRIST OR ELBOW CONCENTRIC ADJUSTABLE		PAY AT INVOICE COST +30%		IC+30%
000L3900	TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY EA	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,562.89
000L3901	WRIST HAND FINGER ORTHOSIS DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/FLEXION FINGER FLEXION/EXTENSION CABLE DRIVEN CUSTOM-FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,811.03
000L3904	WRIST HAND FINGER ORTHOSIS EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,827.42
000L3905	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED	X	PRIOR AUTHORIZATION REQUIRED	X	\$947.69
000L3906	WRIST HAND ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$385.93
000L3908	WRST HAND ORTHOSIS WRIST EXTENSION CONTROL COCK-UP NON-MOLDED PREFABRICATED INCLUDES FITTING AND ADJUSTMENT				\$58.78
000L3912	HAND FINGER ORTHOSIS FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$113.27
000L3913	HAND FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$258.81
000L3915	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) ELASTICBANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED	X		X	\$508.00

000L3916	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) ELASTICBANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED	X	PRIOR AUTH REQUIRED		\$516.12
000L3917	HAND ORTHOSIS METACARPAL FRACTURE ORTHOSIS PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$100.92
000L3918	HAND ORTHOSIS METACARPAL FRACTURE ORTHOSIS PREFABRICATED OFF-THE-SHELF		PAY AT INVOICE COST +30%		IC+30%
000L3919	HAND ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$258.81
000L3921	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICAT			X	\$306.94
000L3923	HAND FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$85.76
000L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS PREFABRICATED OFF-THE-SHELF		PAY AT INVOICE COST +30%		IC+30%
000L3925	FINGER ORTHOSIS PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL(DIP) NON TORSION JOINT/SPRING EXTENSION/FLEXION MAY INCLUDE SOFT IN			X	\$63.09
000L3927	FINGER ORTHOSIS PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEA (DIP) WITHOUT JOINT/SPRING EXTENSION/FLEXION (E.G. STATIC OR RING TYPE			X	\$34.39
000L3929	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS/SPRINGS MAY INCLUDE SOFT INTERFACE MATERIAL STRA			X	\$100.04

000L3930	HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS/SPRINGS MAY INCLUDE SOFT INTERFACE MATERIAL STRAPS		PAY AT INVOICE COST +30%		IC+30%
000L3931	WRIST HAND FINGER ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT(S) TURNBUCKLES ELASTIC BANDS/SPRINGS MAY INCLUDE SOFT INTERFACE M			X	\$222.49
000L3933	FINGER ORTHOSIS WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$203.89
000L3935	FINGER ORTHOSIS NONTORSION JOINT MAY INCLUDE SOFT INTERFACE CUSTOM FABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$211.13
000L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS ANY MATERIAL PER JOINT		PAY AT INVOICE COST +30%		IC+30%
000L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$777.72
000L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS SHOULDER CAP DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES FITTING	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,605.57
000L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRICATED INCLUDES FITTING AND ADJUSTMENT	X		X	\$808.57
000L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS MAY INCLUDE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,895.64
000L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS SHOULDER CAP DESIGN INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE SOFT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,799.37

000L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR INCLUDES ONE OR MORE NONTORS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,895.64
000L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS SHOULDER CAP DESIGN WITHOUT JOINTS MAY INCLUDE SOFT INTERFACE STRAPS CUSTOM FABRICATED INCLUDES	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,605.57
000L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS MAY	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,605.57
000L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS SHOULDER CAP DESIGN INCLUDES ONE OR MORE NONTORSION JOINTS ELASTIC BANDS TURNBUCKLES MAY INCLUDE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,799.37
000L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR INCLUDES ONE OR MOR	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,895.64
000L3980	UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$355.46
000L3982	UPPER EXTREMITY FRACTURE ORTHOSIS RADIUS/ULNAR PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$375.53
000L3984	UPPER EXTREMITY FRACTURE ORTHOSIS WRIST PREFABRICATED INCLUDES FITTING AND ADJUSTMENT			X	\$399.96
000L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS SOCK FRACTURE OR EQUAL EACH				\$31.57
000L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED REVIEW PRICING		PAY AT INVOICE COST +30%	X	IC+30%
000L4000	REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,399.33
000L4002	REPLACEMENT STRAP ANY ORTHOSIS INCLUDES ALL COMPONENTS ANY LENGTH ANY TYPE		PAY AT INVOICE COST +30%	X	IC+30%

000L4010	REPLACE TRILATERAL SOCKET BRIM	X		X	\$741.81
000L4020	REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$955.40
000L4030	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED	X		X	\$514.09
000L4040	REPLACE MOLDED THIGH LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$424.55
000L4045	REPLACE NON-MOLDED THIGH LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$348.48
000L4050	REPLACE MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$459.76
000L4055	REPLACE NON-MOLDED CALF LACER FOR CUSTOM FABRICATED ORTHOSIS ONLY			X	\$282.01
000L4060	REPLACE HIGH ROLL CUFF			X	\$322.92
000L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO			X	\$315.76
000L4080	REPLACE METAL BAND KAFO PROXIMAL THIGH			X	\$120.88
000L4090	REPLACE METAL BAND KAFO-AFO CALF OR DISTAL THIGH			X	\$114.25
000L4100	REPLACE LEATHER CUFF KAFO-AFO PROXIMAL THIGH			X	\$108.52
000L4110	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH			X	\$88.89
000L4130	REPLACE PRETIBIAL SHELL	X		X	\$539.66
000L4205	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES				\$20.96
000L4210	REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS		PAY AT INVOICE COST +30%		IC+30%
000L4350	ANKLE CONTROL ORTHOSIS STIRRUP STYLE RIGID INCLUDES ANY TYPE INTERFACE (E.G. PNEUMATIC GEL) PREFABRICATED INCLUDES FITTING AND ADJAD			X	\$88.20
000L4360	WALKING BOOT PNEUMATIC AND/OR VACUUM WITH OR WITHOUT JOINTS WITH OR WITHOUT INTERFACE MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTME			X	\$273.19
000L4361	WALKING BOOT PNEUMATIC AND/OR VACUUM WITH OR WITHOUT JOINTS WITH OR WITHOUT INTERFACE MATERIAL PREFABRICATED OFF-THE-SHELF		INVOICE COST +30%		IC+30%

000L4370		PNEUMATIC FULL LEG SPLINT PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		X	\$186.26
000L4386		WALKING BOOT NON-PNEUMATIC WITH OR WITHOUT JOINTS WITH OR WITHOUT INTERFACE MATERIAL PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		X	\$166.49
000L4387		WALKING BOOT NON-PNEUMATIC WITH OR WITHOUT JOINTS WITH OR WITHOUT INTERFACE MATERIAL PREFABRICATED OFF-THE-SHELF	INVOICE COST +30%		IC+30%
000L4392		REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO			\$23.83
000L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT			\$17.36
000L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS INCLUDING SOFT INTERFACE MATERIAL ADJUSTABLE FOR FIT FOR POSITIONING MAY BE USED FOR MINIMAL AM		X	\$169.95
000L4397		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS INCLUDING SOFT INTERFACE MATERIAL ADJUSTABLE FOR FIT FOR POSITIONING MAY BE USED FOR MINIMAL AMB	INVOICE COST +30%		IC+30%
000L4398		FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICATED INCLUDES FITTING AND ADJUSTMENT		X	\$78.24
000L4631		ANKLE FOOT ORTHOSIS WALKING BOOT TYPE VARUS/VALGUS CORRECTION ROCKER BOTTOM ANTERIOR TIBIAL SHELL SOFT INTERFACE CUSTOM ARCH SUPPORT PLAS	X	PRIOR AUTHORIZATION REQUIRED	\$1,553.93
000L5000		PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER	X	X	\$554.82
000L5010		PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER	X	PRIOR AUTHORIZATION REQUIRED	\$1,481.85
000L5020		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HEIGHT WITH TOE FILLER	X	PRIOR AUTHORIZATION REQUIRED	\$2,083.16
000L5050		ANKLE SYMES MOLDED SOCKET SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	\$2,431.84
000L5060		ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET ARTICULATED ANKLE/FOOT	X	PRIOR AUTHORIZATION REQUIRED	\$3,204.08
000L5100		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	\$2,768.67

000L5105	BELOW KNEE PLASTIC SOCKET JOINTS AND THIGH LACER SACH FOOT (J90 ONLY)	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,911.79
000L5150	KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET EXTERNAL KNEE JOINTS SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,308.93
000L5160	KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT KNEE CONFIGURATION EXTERNAL KNEE JOINTS SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,578.86
000L5200	ABOVE KNEE MOLDED SOCKET SINGLE AXIS CONSTANT FRICTION KNEE SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,707.64
000L5210	ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WITH FOOT BLOCKS NO ANKLE JOINTS EACH	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,738.06
000L5220	ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WITH ARTICULATED ANKLE/FOOT DYNAMICALLY ALIGNED EACH	X	PRIOR AUTHORIZATION REQUIRED		\$3,205.35
000L5230	ABOVE KNEE FOR PROXIMAL FEMORAL FOCAL DEFICIENCY CONSTANT FRICTION KNEE SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,267.26
000L5250	HIP DISARTICULATION CANADIAN TYPE MOLDED SOCKET HIP JOINT SINGLE AXIS CONSTANT FRICTION KNEE SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$6,129.79
000L5270	HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCKET LOCKING HIP JOINT SINGLE AXIS CONSTANT FRICTION KNEE SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$6,421.04
000L5280	HEMIPELVECTOMY CANADIAN TYPE MOLDED SOCKET HIP JOINT SINGLE AXIS CONSTANT FRICTION KNEE SHIN SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$6,302.30
000L5301	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT ENDOSKELETAL SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,734.75
000L5312	KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET SINGLE AXIS KNEE PYLON SACH FOOT ENDOSKELETAL SYSTEM	X	PRIOR AUTH REQUIRED		\$3,694.43
000L5321	ABOVE KNEE MOLDED SOCKET OPEN END SACH FOOT ENDOSKELETAL SYSTEM SINGLE AXIS KNEE	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,454.89
000L5331	HIP DISARTICULATION CANADIAN TYPE MOLDED SOCKET ENDOSKELETAL SYSTEM HIP JOINT SINGLE AXIS KNEE SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$5,840.24

000L5341	HEMIPELVECTOMY CANADIAN TYPE MOLDED SOCKET ENDOSKELETAL SYSTEM HIPJOINT SINGLE AXIS KNEE SACH FOOT	X	PRIOR AUTHORIZATION REQUIRED	X	\$5,969.54
000L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INITIAL RIGID DRESSING INC FITTING ALIGNMENT SUSPENSION & 1 CAST CHANGE BELOW KNEE	X	PRIOR AUTHORIZATION REQUIRED		\$1,422.90
000L5500	INITIAL BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT PLASTER SOCKET DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED		\$1,768.52
000L5505	INITIAL ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT PLASTER SOCKET DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED		\$2,070.33
000L5510	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQUAL DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED		\$1,816.43
000L5520	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "UXMC" OR EQUAL PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQUAL DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED		\$1,845.01
000L5530	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQUAL MOLDED TO PATIENT	X	PRIOR AUTHORIZATION REQUIRED		\$1,933.75
000L5535	PREPARTORY BELOW KNEE PTB TYPE SOCKET NON- ALIGNALBE SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$2,140.17
000L5540	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT LAMINATED SOCKET MOLDED TO MODEL	X	PRIOR AUTHORIZATION REQUIRED		\$2,373.25
000L5560	PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVE SACH FOOT PLASTER SOCKET MOLDED TO MODEL	X	PRIOR AUTHORIZATION REQUIRED		\$2,282.68
000L5570	PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQ DIRECT FO	X	PRIOR AUTHORIZATION REQUIRED		\$2,524.87

000L5580	PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT THERMOPLASTIC OR EQUAL MOLDED	X	PRIOR AUTHORIZATION REQUIRED		\$2,740.75
000L5585	PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT PREFAB. ADJUSTABLE OPEN END SC	X	PRIOR AUTHORIZATION REQUIRED		\$2,922.76
000L5590	PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET "USMC" OR EQUAL PYLON NO COVER SACH FOOT LAMINATED SOCKET MOLDED TO MODE	X	PRIOR AUTHORIZATION REQUIRED		\$2,952.95
000L5595	PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON	X	PRIOR AUTHORIZATION REQUIRED		\$4,232.55
000L5600	PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO COVER	X	PRIOR AUTHORIZATION REQUIRED		\$4,717.13
000L5610	ADDITION TO LOWER EXTREMITY ABOVE KNEE HYDRACADENCE SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$2,901.78
000L5611	ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION 4 BAR LINKAGE WITH FRICTION SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,941.46
000L5613	ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION 4 BAR LINKAGE WITH HYDRAULIC SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$3,136.34
000L5614	ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION 4-BAR LINKAGE WITH PNEUMATIC SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,775.35
000L5615	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM 4 BAR LINKAGE OR MULTIAXIAL FLUID SWIN	X	RNE		RNE
000L5616	ADDITION TO LOWER EXTREMITY ABOVE KNEE UNIVERSAL MULTIPLEX SYSTEM FRICTION SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,671.57
000L5617	ADDITION TO LOWER EXTREMITY QUICK CHANGE SELF-ALIGNING UNIT ABOVE KNEE OR BELOW KNEE EACH	X			\$588.03
000L5618	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES				\$312.64

000L5620	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE				\$297.52
000L5622	ADDITION TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION				\$383.35
000L5624	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE				\$382.16
000L5626	ADDITION TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION	X			\$512.53
000L5628	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY	X			\$531.96
000L5629	ADDITION TO LOWER EXTREMITY BEOW KNEE ACRYLIC SOCET	X			\$334.06
000L5630	ADDITION TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET	X			\$605.97
000L5631	ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULATION ACRYLIC SOCKET				\$461.86
000L5632	ADDITION TO LOWER EXTREMITY SYMES TYPE "PTB" BRIM DESIGN SOCKET				\$264.69
000L5634	ADDITION TO LOWER EXTREMITY SYMES TYPE POSTERIOR OPENING (CANADIAN) SOCKET				\$343.82
000L5636	ADDITION YO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET				\$271.13
000L5637	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT (FOR J90 USE ONLY)				\$303.67
000L5638	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET	X			\$511.56
000L5639	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET	X	PRIOR AUTHORIZATION REQUIRED		\$1,178.54
000L5640	ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION LEATHER SOCKET	X			\$702.86
000L5642	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET	X			\$667.33
000L5643	ADDITION TO LOWER EXTREMITY HIP DISARTICULATION FLEXIBLE INNER SOCKET EXTERNAL FRAME	X	PRIOR AUTHORIZATION REQUIRED		\$1,636.09
000L5644	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET				\$678.66
000L5645	ADDITION TO LOWER EXTREMITY BELOW KNEE FLEXIBLE INNER SOCKET EXTERNAL FRAME	X	PRIOR AUTHORIZATION REQUIRED		\$838.72
000L5646	ADDITION TO LOWER EXTREMITY BELOW KNEE AIR FLUID GEL OR EQUAL CUSHION SOCKET	X			\$575.94

000L5647		ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET	X	PRIOR AUTHORIZATION REQUIRED		\$1,114.88
000L5648		ADDITION TO LOWER EXTREMITY ABOVE KNEE AIR FLUID GEL OR EQUAL CUSHION SOCKET	X			\$757.30
000L5649		ADDITION TO LOWER EXTREMITY CAT-CAM SOCKET	X	PRIOR AUTHORIZATION REQUIRED		\$2,001.36
000L5650		ADDITIONS TO LOWER EXTREMITY TOTAL CONTACT ABOVE KNEE OR KNEE DISARTICULATION SOCKET	X			\$513.16
000L5651		ADDITION TO LOWER EXTREMITY ABOVE KNEE FLEXIBLE INNER SOCKET EXTERNAL FRAME	X	PRIOR AUTHORIZATION REQUIRED		\$1,262.37
000L5652		ADDITIONS TO LOWER EXTREMITY SUCTION SUSPENSION ABOVE KNEE OR KNEE DISARTICULATION SOCKET				\$458.28
000L5653		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION EXPANDABLE WALL SOCK ET	X			\$708.18
000L5654		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES (KEMBLO PELITE ALI PLAST PLASTAZOTE OR EQUAL)				\$372.60
000L5655		ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE (KEMBLO PELITE ALIPLAST PLASTAZOTE OR EQUAL)				\$278.81
000L5656		ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICULATION (KEMBLO ALIPLAST PLASTAZOTE OR EQUAL)				\$441.85
000L5657		ADDITION TO LOWER EXTREMITY PROSTHESIS MANUAL/AUTOMATED ADJUSTABLE AIR FLUID	X	RNE		RNE
000L5657	NU	ADDITION TO LOWER EXTREMITY PROSTHESIS MANUAL/AUTOMATED ADJUSTABLE AIR FLUID	X	RNE		RNE
000L5657	RA	ADDITION TO LOWER EXTREMITY PROSTHESIS MANUAL/AUTOMATED ADJUSTABLE AIR FLUID	X	RNE		RNE
000L5658		ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE (KEMBLO PELITE ALIPLAST PLASTAZOTE OR EQUAL)				\$460.17
000L5661		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER SYMES	X			\$717.57

000L5665	ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUORMETER BELOW KNEE	X			\$709.22
000L5666	ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION				\$78.44
000L5668	ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION				\$107.43
000L5670	ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED SUPRECONDULAR SUSPENSIO N ("PTS" OR SIMILAR)				\$285.23
000L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE LANYARD OR EQUAL) EXCLUDES SOCKET INSERT	X			\$697.14
000L5672	ADDITION TO LOWER EXTREMITY BELOW KNEE REMOVABLE MEDIAL BRIM SUSPENSION				\$324.07
000L5673	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED SOCKET INSERT SILICONE GEL ELA	X			\$787.42
000L5676	ADDITION TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS SINGLE AXIS PAIR				\$380.91
000L5677	ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS POLYCENTRIC PAIR	X			\$557.52
000L5678	ADDITION TO LOWER EXTREMITY BELOW KNEE JOINTS COVERS PAIR				\$46.96
000L5679	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED SOCKET INSERT SILICONE GEL ELA	X			\$656.17
000L5680	ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER NON-MOLDED				\$351.11
000L5681	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE SILICONE GE	X	PRIOR AUTHORIZATION REQUIRED		\$1,383.89
000L5682	ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER GLUTEAL/ISCHIAL MOLDED	X			\$707.05

000L5683	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE	X	PRIOR AUTHORIZATION REQUIRED		\$1,383.89
000L5684	ADDITION TO LOWER EXTREMITY BELOW KNEE FORK STRAP				\$56.00
000L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS BELOW KNEE SUSPENSION/SEALING SLEEVE WITH OR WITHOUT VALVE ANY MATERIAL EACH				\$134.77
000L5686	ADDITION TO LOWER EXTREMITY BELOW KNEE BACK CHECK (EXTENSION CONTROL)				\$57.87
000L5688	ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBING				\$74.57
000L5690	ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT PADDED AND LINED				\$104.81
000L5692	ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BELT LIGHT				\$167.49
000L5694	ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BELT PADDED AND LINED				\$190.69
000L5695	ADDITION TO LOWER EXTREMITY EACH KNEE PELVIC CONTROL SLEEVE SUSPENSION NEOPRENE OR EQUAL EACH (J90 ONLY)				\$171.42
000L5696	ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULATION PELVIC JOINT				\$207.60
000L5697	ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULATION PELVIC BAND				\$84.38
000L5698	ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULATION SILESIAN BANDAGE				\$121.90
000L5699	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS				\$195.99
000L5700	REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,542.50
000L5701	REPLACEMENT SOCKET ABOVE KNEE/KNEE DISARTICULATION INCLUDING ATTACHMENT PLATE MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,167.97
000L5702	REPLACEMENT SOCKET HIP DISARTICULATION INCLUDING HIP JOINT MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$6,068.22

000L5703	ANKLE SYMES MOLDED TO PATIENT MODEL SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,211.40
000L5704	CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE			X	\$653.53
000L5705	CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,072.91
000L5706	CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULATION	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,063.40
000L5707	CUSTOM SHAPED PROTECTIVE COVER HIP DISARTICULATION	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,511.61
000L5710	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL LOCK				\$428.51
000L5711	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL LOCK ULTRA-LIGHT MATERIAL	X			\$601.81
000L5712	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)				\$456.56
000L5714	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS VARIABLE FRICTION SWING PHASE CONTROLL	X			\$500.98
000L5716	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHANICAL STANCE PHASE LOCK	X	PRIOR AUTHORIZATION REQUIRED		\$860.02
000L5718	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTION SWING AND STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,276.78
000L5722	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMATIC SWING FRICTION STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,134.46
000L5724	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,924.43
000L5726	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS EXTERNAL JOINTS FLUID SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$2,130.90
000L5728	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID SWING AND STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$2,662.24
000L5780	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMATIC HYDRA PNEUMATIC SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,604.65

000L5781	ADDITION TO LOWER LIMB PROSTHESIS VACUUM PUMP RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$4,209.58
000L5783	Addition to lower extremity user adjustable mechanical residual limb volume m		NOT COVERED		NC
000L5785	ADDITION EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)	X			\$546.13
000L5790	ADDITION EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)	X			\$776.61
000L5795	ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)	X	PRIOR AUTHORIZATION REQUIRED		\$1,128.63
000L5810	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL LOCK	X			\$511.77
000L5811	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL LOCK ULTRA-LIGHT MATERIAL	X			\$805.93
000L5812	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)				\$637.66
000L5814	ADDITION ENDOSKELETAL KNEE-SHIN SYS POLYCENTRIC HYDRAULIC SWING PHASE	X	PRIOR AUTHORIZATION REQUIRED		\$3,907.31
000L5816	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHANICAL STANCE PHASE LOCK	X	PRIOR AUTHORIZATION REQUIRED		\$893.96
000L5818	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTION SWING AND STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,191.33
000L5822	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMATIC SWING FRICTION STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,790.05
000L5824	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$1,671.95
000L5826	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAULIC SWING PHASE CONTROL W MINIATURE HIGH ACTIVITY FRAME	X	PRIOR AUTHORIZATION REQUIRED		\$3,285.59
000L5828	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID SWING AND STANCE PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$3,296.55

000L5830	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMATIC/HYDRAPNEUMATIC SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$2,182.88
000L5840	ADDITION ENDOSKELETAL KNEE/SHIN SYSTEM MULTIAXIAL PNEUMATIC SWING PHASE CONTROL	X	PRIOR AUTHORIZATION REQUIRED		\$4,325.57
000L5841	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC PNEUMATIC SWING AND STANCE	X	RNE		RNE
000L5845	ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM STANCE FLEXION FEATURE ADJUSTABLE	X	PRIOR AUTHORIZATION REQUIRED		\$1,885.71
000L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYSTEM FLUID STANCE EXTENSION DAMPENING FEATURE WITH OR WITHOUT ADJUSTABILITY	X	PRIOR AUTHORIZATION REQUIRED		\$1,131.32
000L5850	ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULATION KNEE EXTENSION ASSIST				\$134.46
000L5855	ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION MECHANICAL HIP EXTENSION ASSIST				\$432.84
000L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE-SHIN SYSTEM POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL INCLUDES ANY		NOT COVERED		NC
000L5910	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM				\$380.70
000L5920	ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULATION ALIGNABLE SYSTEM	X			\$557.73
000L5925	ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE KNEE DISARTICULATION OR HIP DISARTICULATION MANUAL LOCK				\$467.37
000L5926	ADDITION TO LOWER EXTREMITY PROSTHESIS ENDOSKELETAL KNEE DISARTICULATION ABOVE	X	RNE		RNE
000L5930	ADDITION ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME	X	PRIOR AUTHORIZATION REQUIRED		\$3,537.63
000L5940	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)	X			\$699.32
000L5950	ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)	X	PRIOR AUTHORIZATION REQUIRED		\$878.58

000L5960	ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIGHT MATERIAL(TITANIUM CARBON FIBER OR EQUAL)	X	PRIOR AUTHORIZATION REQUIRED		\$1,123.68
000L5961	ADDITION ENDOSKELETAL SYSTEM POLYCENTRIC HIP JOINT PNEUMATIC OR HYDRAULIC CONTROL ROTATION CONTROL WITH OR WITHOUT FLEXION AND/OR EXTENSION	X	PRIOR AUTHORIZATION REQUIRED		\$5,276.01
000L5962	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	X			\$823.83
000L5964	ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE FLEXIBLE PROTECTION OUTER SURFACE COVERING SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$1,209.14
000L5966	ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	X	PRIOR AUTHORIZATION REQUIRED		\$1,567.58
000L5968	ADDITION TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	X	PRIOR AUTHORIZATION REQUIRED		\$3,823.19
000L5969	ADDITION ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM POWER ASSIST INCLUDES ANY TYPE MOTOR(S)		PAY AT INVOICE COST +30%		IC+30%
000L5970	ALL LOWER EXTREMITY PROSTHESES FOOT EXTERNAL KEEL SACH FOOT				\$220.41
000L5971	ALL LOWER EXTREMITY PROSTHESIS SOLID ANKLE CUSHION HEEL (SACH) FOOT REPLACEMENT ONLY				\$220.41
000L5972	ALL LOWER EXTREMITY PROSTHESES FLEXIBLE KEEL FOOT (SAFE STEN BOCK DYNAMIC OR EQUAL)			X	\$410.05
000L5974	ALL LOWER EXTREMITY PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT			X	\$266.78
000L5975	ALL LOWER EXTREMITY PROSTHESIS COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT			X	\$487.72
000L5976	ALL LOWER EXTREMITY PROSTHESES ENERGY STORING FOOT (SEATTLE CARBON COP II OR EQUAL	X		X	\$663.09
000L5978	ALL LOWER EXTREMITY PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT			X	\$409.02
000L5979	ALL LOWER EXTREMITY PROSTHESES MULTI-AXIAL ANKLE DYNAMIC RESPONSE FOOTONE PIECE SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,198.03

000L5980	ALL LOWER EXTREMITY PROSTHESES FLEX FOOT SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,337.70
000L5981	ALL LOWER EXTREMITY PROSTHESES FLEX-WALK SYSTEM OR EQUAL	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,510.45
000L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION UNIT (J90 ONLY)	X		X	\$708.18
000L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION UNIT WITHOR WITHOUT ADJUSTABILITY	X		X	\$701.71
000L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES DYNAMIC PROSTHETIC PYLON			X	\$296.78
000L5986	ALL LOWER PROSTHETICS MULTIPLE AXLE ROTATION UNITS.	X		X	\$750.91
000L5987	ALL LOWER EXTREMITY PROSTHESES SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	X	PRIOR AUTHORIZATION REQUIRED	X	\$7,568.47
000L5988	ADDITION TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLON FEATURE	X	PRIOR AUTHORIZATION REQUIRED		\$2,101.74
000L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS USER ADJUSTABLE HEEL HEIGHT	X	PRIOR AUTHORIZATION REQUIRED		\$1,908.69
000L5999	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%	X	IC+30%
000L6000	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,810.64
000L6010	PARTIAL HAND ROBIN-AIDS LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,021.96
000L6020	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL) L6110	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,932.16
000L6028	PARTIAL HAND INCLUDING FINGERS FLEXIBLE/NONFLEXIBLE ENDOSKELETAL MOLDED TO PT MODEL USE W/O EXTERNAL POWER NOT INCLUDING INSERTS IN L6692	X	RNE		RNE
000L6029	UPPER EXTREMITY ADDITION TEST SOCKET/INTERFACE PARTIAL HAND INCLUDING FINGERS	X	RNE		RNE
000L6030	UPPER EXTREMITY ADDITION EXTERNAL FRAME PARTIAL HAND INCLUDING FINGERS	X	RNE		RNE

000L6031		REPLACEMENT SOCKET/INTERFACE PARTIAL HAND INCLUDING FINGERS MOLDED TO PATIENT MODEL USE WITH/WITHOUT EXTERNAL POWER	X	RNE		RNE
000L6032		ADDITION TO UPPER EXTREMITY PROSTHESIS PARTIAL HAND INCLUDING FINGERS ULTRALIGHT MATERIAL	X	RNE		RNE
000L6033		ADDITION TO UPPER EXTREMITY PROSTHESIS PARTIAL HAND INCLUDING FINGERS ACRYLIC MATERIAL	X	RNE		RNE
000L6034		Partial hand finger and thumb prosthesis without prosthetic digit(s)/thumb am	X	RNE		RNE
000L6034	NU	PARTIAL HAND FINGER AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB AM	X	RNE		RNE
000L6034	RA	PARTIAL HAND FINGER AND THUMB PROSTHESIS WITHOUT PROSTHETIC DIGIT(S)/THUMB AM	X	RNE		RNE
000L6035		Single prosthetic digit mechanical can include metacarpophalangeal (mcp) prox	X	RNE		RNE
000L6035	NU	SINGLE PROSTHETIC DIGIT MECHANICAL CAN INCLUDE METARPOPHALANGEAL (MCP) PROX	X	RNE		RNE
000L6035	RA	SINGLE PROSTHETIC DIGIT MECHANICAL CAN INCLUDE METACARPOPHALANGEAL (MCP) PROX	X	RNE		RNE
000L6036		Prosthetic thumb mechanical can include metacarpophalangeal (mcp) interphalan	X	RNE		RNE
000L6036	NU	PROSTHETIC THUMB MECHANICAL CAN INCLUDE METACARPOPHALANGEAL (MCP) INTERPHALAN	X	RNE		RNE
000L6036	RA	PROSTHETIC THUMB MECHANICAL CAN INCLUDE METACARPOPHALANGEAL (MCP) INERPHALAN	X	RNE		RNE
000L6037		IMMEDIATE POST-SURGICAL OR EARLY FITTING APPL OF INITIAL RIGID DRSGN FITTING ALIGNMENT/SUSPENSION 1 CAST CHANGE PARTIAL HAND/FINGERS	X	RNE		RNE
000L6038		Addition to single prosthetic digit or thumb mechanical attachment multiaxial	X	RNE		RNE
000L6038	NU	ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB MECHANICAL ATTACHMENT MULTIAXIAL	X	RNE		RNE

000L6038	RA	ADDITION TO SINGLE PROSTHETIC DIGIT OR THUMB MECHANICAL ATTACHMENT MULTIAXIAL	X	RNE		RNE
000L6039		Passive prosthetic digit or thumb prosthesis not including hand restoration part	X	RNE		RNE
000L6039	NU	PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PART	X	RNE		RNE
000L6039	RA	PASSIVE PROSTHETIC DIGIT OR THUMB PROSTHESIS NOT INCLUDING HAND RESTORATION PART	X	RNE		RNE
000L6050		WRIST DISARTICULATION MOLDED SOCKET FLEXIBLE ELBOW HINGES TRICEPS PAD	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,394.53
000L6055		WRIST DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFACE FLEXIBLE ELBOW HINGES TRICEPS PAD	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,929.89
000L6100		BELOW ELBOW MOLDED SOCKET FLEXIBLE ELBOW HINGE TRICEPS PAD	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,475.42
000L6110		BELOW ELBOW MOLDED SOCKET (MUNSTER OR NORTHWESTERN SUSPENSION TYPES)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,680.39
000L6120		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES HALF CUFF	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,982.61
000L6130		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STUMP ACTIVATED LOCKING HINGE HALF CUFF	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,117.60
000L6200		ELBOW DISARTICULATION MOLDED SOCKET OUTSIDE LOCKING HINGE FOREARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,433.52
000L6205		ELBOW DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFACE OUTSIDE LOCKING HINGES FOREARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,932.22
000L6250		ABOVE ELBOW MOLDED DOUBLE WALL SOCKET INTERNAL LOCKING ELBOW FOREARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,326.04
000L6300		SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD HUMERAL SECTION INTERNAL LOCKING ELBOW FOREARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,409.83
000L6310		SHOULDER DISARTICULATION PASSIVE RESTORATION (COMPLETE PROSTHESIS)	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,890.42
000L6320		SHOULDER DISARTICULATION PASSIVE RESTORATION (SHOULDER CAP ONLY)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,395.19

000L6350	INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD HUMERAL SECTION INTERNAL LOCKING ELBOW FOREARM	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,957.56
000L6360	INTERSACRULAR THORACIC PASSIVE RESTORATION (COMPLETE PROSTHESIS)	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,377.34
000L6370	INTERSACRULAR THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY)	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,369.37
000L6380	POST OR EARLY FIT APP.OF INIT RIGID DRESSING INC FIT ALIGN AND SUSPEN IF PLACE OF SERVICE = 21 OR 22 DENY INCLUDED IN HOSPITAL PAYMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,345.69
000L6382	POST SURG OR EARLY FIT APP OF INIT RIGID DRESSING INCLUF FIT ALIGN ANDIF PLACE OF SERVICE = 21 OR 22 DENY INCLUDED IN HOSPITAL PAYMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,581.34
000L6384	IMM POST SURG OR EARLY FIT APP OF INIT RIGID DRESS INC FIT ALIGN AND IF PLACE OF SERVICE = 21 OR 22 DENY INCLUDED IN HOSPITAL PAYMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,004.18
000L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING EACH ADDITIONAL CAST CHANGE IF PLACE OF SERVICE = 21 OR 22 DENY AS INCLUDED IN HOSPITAL PAYMENT			X	\$479.93
000L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF RIGID DRESSING IF PLACE OF SERVICE = 21 OR 22 DENY AS INCLUDED IN HOSPITAL PAYMENT			X	\$497.32
000L6400	BELOW ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,644.25
000L6450	ELBOW DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,660.76
000L6500	ABOVE ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,952.30
000L6550	SHOULDER DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING SOFT PROSTHETIC TISSUE SHAPING	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,310.55

000L6570		INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,693.49
000L6580		PREP WR DISART OR BEL ELB SGL WALL PLAS SOCK FRICT WR FLEX ELB HNG "8" HARN HUM CUFF BOWDEN CABLE CONT USMC OR EQ PYLON NO COV MOLD TO PAT MO	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,768.12
000L6582		PREP WR DISART OR BEL ELB SGL WALL SOCK FRICT WR FLEX ELB HNG "8" HARN HUM CUF BOWDEN CABLE CONT USMC OR EQ PYLON NO COV DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,503.29
000L6584		PREP ELB DISART OR AB ELB SGL WALL PLAS SOCK FRICT WR LOCKING ELB "8" HARN FAIR LEAD CBL CONT USMC OR EQ PYLON NO COV MOLD OT PAT MO	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,181.60
000L6586		PREP ELB DISART OR AB ELB SGL WALL SOCK FRICT WR LOCK ELB "8" HARN FAIR LEAD CABLE CONT USMC OR EQ PYLON NO COV DIRECT FORMED	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,019.48
000L6588		PREP SHLD DISART OR INTSCAP THORAC SGL WALL PLAST SOCK SHLDJT LOCK ELB FRICT WR CHEST STRAP FAIR LEAD CAB CONT NO COV MOLD TO PAT MOD	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,198.03
000L6590		PREP SHLDER DISART OR INTSCAP THORAC SGL WALL SOCK SHLDER JT LOCK ELB.FRICT WR CHEST STRAP FAIR LEAD CAB CONT NO COV DIRECT FORM	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,821.95
000L6600		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR				\$198.40
000L6605		UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR				\$194.68
000L6610		UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR			X	\$194.46
000L6611		ADDITION TO UPPER EXTREMITY PROSTHESIS EXTERNAL POWERED ADDITIONAL SWITCH ANY TYPE				\$433.17
000L6615		UPPER EXTREMITY ADDITION DISCONNECT LOCKING WRIST UNIT				\$200.43
000L6620		UPPER EXTREMITY ADDITION FLEXION/EXTENSION WRIST UNIT WITH OR WITHOUT FRICTION				\$398.95
000L6623		UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	X			\$763.45

000L6624		UPPER EXTREMITY ADDITION FLEXION/EXTENSION AND ROTATION WRIST UNIT	X	PRIOR AUTHORIZATION REQUIRED		\$3,962.28
000L6625		UPPER EXTREMITY ADDITION ROTATION WRIST UNIT WITH CABLE LOCK	X			\$559.06
000L6628		UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OTTO BOCK OR EQUAL	X			\$618.30
000L6629		UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE OTTO BOCK OR EQUAL				\$158.57
000L6630		UPPER EXTREMITY ADDITION STAINLESS STEEL ANY WRIST				\$226.54
000L6632		UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH				\$75.32
000L6635		UPPER EXTREMITY ADDITION LIFT ASSIST FOR ELBOW				\$207.96
000L6637		UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK				\$409.26
000L6640		UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR				\$302.22
000L6641		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE				\$205.09
000L6642		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE				\$280.81
000L6645		UPPER EXTREMITY ADDITION SHOULDER FLEXION-ABDUCTION JOINT EACH				\$355.64
000L6647		UPPER EXTREMITY ADDITION SHOULDER LOCK MECHANISM BODY POWERED ACTUATOR	X			\$546.28
000L6650		UPPER EXTREMITY ADDITION SHOULDER UNIVERSAL JOINT EACH				\$355.80
000L6655		UPPER EXTREMITY ADDITION STANDARD CONTROL CABLE EXTRA				\$94.50
000L6660		UPPER EXTREMITY ADDITION HEAVY DUTY CONTROL CABLE				\$120.05
000L6665		UPPER EXTREMITY ADDITION TEFLON OR EQUAL CABLE LINING				\$48.40
000L6670		UPPER EXTREMITY ADDITION HOOK TO HAND CABLE ADAPTER				\$60.85
000L6672		UPPER EXTREMITY ADDITION HARNESS CHEST OR SHOULDER SADDLE TYPE				\$177.35

000L6675		UPPER EXTREMITY ADDITION HARNESS (E.G. FIGURE OF EIGHT TYPE) SINGLECABLE DESIGN				\$126.23
000L6676		UPPER EXTREMITY ADDITION HARNESS (E.G. FIGURE OF EIGHT TYPE) DUAL CABLE DESIGN				\$136.81
000L6677		UPPER EXTREMITY ADDITION HARNESS TRIPLE CONTROL SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW				\$312.07
000L6680		UPPER EXTREMITY ADDITION TEST SOCKET WRIST DISARTICULATION OR BELOW E LBOW				\$253.27
000L6682		UPPER EXTREMITY ADDITION TEST SOCKET ELBOW DISARTICULATION OR ABOVE E LBOW				\$273.68
000L6684		UPPER EXTREMITY ADDITION TEST SOCKET SHOULDER DISARTICULATION OR INTE RSCAPULAR THORACIC				\$366.41
000L6686		UPPER EXTREMITY ADDITION SUCTION SOCKET	X			\$620.58
000L6687		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET BELOW ELBOW	X			\$606.32
000L6688		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET ABOVE ELBOW	X			\$585.67
000L6689		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISARTICULATION	X			\$731.01
000L6690		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-THORACIC	X			\$766.38
000L6691		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH				\$431.68
000L6692		UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH	X			\$594.83
000L6693		UPPER EXTREMITY ADDITION LOCKING ELBOW FOREARM COUNTERBALANCE	X	PRIOR AUTHORIZATION REQUIRED		\$2,986.88
000L6694		ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/ABOVE ELBOW CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED SOCKET INSERT S	X			\$787.42

000L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/ABOVE ELBOW CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED SOCKET INSERT S	X			\$656.17
000L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/ABOVE ELBOW CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AM	X	PRIOR AUTHORIZATION REQUIRED		\$1,383.89
000L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/ABOVE ELBOW CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL T	X	PRIOR AUTHORIZATION REQUIRED		\$1,383.89
000L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/ABOVE ELBOW LOCK MECHANISM EXCLUDES SOCKET INSERT	X			\$697.14
000L6703	TERMINAL DEVICE PASSIVE HAND/MITT ANY MATERIAL ANY SIZE			X	\$355.74
000L6704	TERMINAL DEVICE SPORT/RECREATIONAL/WORK ATTACHMENT ANY MATERIAL ANY SIZE	X		X	\$725.23
000L6706	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE LINED OR UNLINED			X	\$429.12
000L6707	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE LINED OR UNLINED	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,549.16
000L6708	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,040.69
000L6709	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,445.13
000L6711	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE LINED OR UNLINED PEDIATRIC	X		X	\$727.36
000L6712	TERMINAL DEVICE HOOK MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE LINED OR UNLINED PEDIATRIC	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,339.21
000L6713	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE PEDIATRIC	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,690.16

000L6714	TERMINAL DEVICE HAND MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE PEDIATRIC	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,431.58
000L6721	TERMINAL DEVICE HOOK OR HAND HEAVY DUTY MECHANICAL VOLUNTARY OPENING ANY MATERIAL ANY SIZE LINED OR UNLINED	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,544.49
000L6722	TERMINAL DEVICE HOOK OR HAND HEAVY DUTY MECHANICAL VOLUNTARY CLOSING ANY MATERIAL ANY SIZE LINED OR UNLINED	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,193.56
000L6805	ADDITION TO TERMINAL DEVICE MODIFIER WRIST UNIT				\$457.57
000L6810	ADDITION TO TERMINAL DEVICE PRECISION PINCH DEVICE				\$213.98
000L6881	AUTOMATIC GRASP FEATURE ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL DEVICE	X	PRIOR AUTHORIZATION REQUIRED		\$4,301.17
000L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS GLOVE FOR TERMINAL DEVICE ANY				\$238.39
000L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS GLOVE FOR TERMINAL DEVICE ANYMATERIAL CUSTOM FABRICATED	X			\$672.30
000L6900	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE THUMB OR ONE FINGER REMAINING	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,076.69
000L6905	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE MULTIPLE FINGERS REMAINING	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,649.15
000L6910	HAND RESTORATION (CASTS SHADING AND MEARUREMENTS INCLUDED) PARTIAL HAND WITH GLOVE NO FINGERS REMAINING	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,004.70
000L6915	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED) REPLACEMENT GLOVE FOR ABOVE	X	PRIOR AUTHORIZATION REQUIRED	X	\$870.51
000L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/WRIST DISARTICULATION ULTRALIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)				\$322.46

000L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS ABOVE ELBOW DISARTICULATION ULTRALIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)				\$360.98
000L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCA PULAR THORACIC ULTRALIGHT MATERIAL (TITANIUM CARBON FIBER OR EQUAL)				\$389.84
000L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS BELOW ELBOW/WRIST DISARTICULATION ACRYLIC MATERIAL				\$387.43
000L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS ABOVE ELBOW DISARTICULATION ACRYLIC MATERIAL	X			\$584.76
000L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCA PULAR THORACIC ACRYLIC MATERIAL	X			\$764.77
000L7406	ADDITION TO UPPER EXTREMITY USER ADJUSTABLE MECHANICAL RESIDUAL LIMB VOLUME MANAGEMENT SYSTEM	X	RNE		RNE
000L7499	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED REVIEW PRICE		PAY AT INVOICE COST +30%	X	IC+30%
000L7510	REPAIR OF PROSTHETIC DEVICE REPAIR OR REPLACE MINOR PARTS		PAY AT INVOICE COST +30%		IC+30%
000L7520	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES				\$12.52
000L7600	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH		PAY AT INVOICE COST +30%		IC+30%
000L7700	GASKET OR SEAL FOR USE WITH PROSTHETIC SOCKET INSERT ANY TYPE EACH		PAY AT INVOICE COST +30%		IC+30%
000L8000	BREAST PROSTHESIS MASTECTOMY BRA				\$42.51
000L8001	BREAST PROSTHESIS MASTECTOMY BRA WITH INTEGRATED BREAST PROSTHESIS FORM UNILATERAL			X	\$131.96
000L8002	BREAST PROSTHESIS MASTECTOMY BRA WITH INTEGRATED BREAST PROSTHESIS FORM BILATERAL			X	\$173.61
000L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE		OBsolete	X	OBsolete

000L8015	EXTERNAL BREAST PROSTHESES GARMENT WITH MASTECTOMY FORM POST MASTECTOMY			X	\$63.04
000L8020	BREAST PROSTHESIS MASTECTOMY FORM			X	\$250.39
000L8030	BREAST PROSTHESIS SILICONE OR EQUAL WITHOUT INTEGRAL ADHESIVE			X	\$374.84
000L8031	BREAST PROSTHESIS SILICONE OR EQUAL WITH INTEGRAL ADHESIVE				\$374.87
000L8032	NIPPLE PROSTHESIS REUSABLE ANY TYPE EACH				\$41.22
000L8033	NIPPLE PROSTHESIS CUSTOM FABRICATED REUSABLE ANY MATERIAL ANY TYPE EACH	X	PAY AT INVOICE COST +30%		IC+30%
000L8035	CUSTOM BREAST PROSTHESIS POST MASTECTOMY MOLDED TO PATIENT MODEL	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,854.45
000L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		PAY AT INVOICE COST +30%	X	IC+30%
000L8040	NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,414.94
000L8041	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,910.83
000L8042	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,270.59
000L8043	UPPER FACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$3,663.06
000L8044	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$4,055.51
000L8045	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,584.94
000L8046	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,616.46
000L8047	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,340.94
000L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT PROVIDED BY A NON-PHYSICIAN		PAY AT INVOICE COST +30%	X	IC+30%
000L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR COMPONENT 15 MINUTE INCREMENTS PROVIDED BY A NON-PHYSICIAN				\$22.54
000L8300	TRUSS SINGLE WITH STANDARD PAD			X	\$118.21
000L8310	TRUSS DOUBLE WITH STANDARD PADS			X	\$179.03
000L8320	TRUSS ADDITION TO STANDARD PAD WATER PAD				\$56.19

000L8330		TRUSS ADDITION TO STANDARD PAD SCROTAL PAD				\$51.89
000L8400		PROSTHETIC SHEATH BELOW KNEE EACH				\$19.24
000L8410		PROSTHETIC SHEATH ABOVE KNEE EACH				\$22.25
000L8415		PROSTHETIC SHEATH UPPER LIMB EACH				\$25.56
000L8417		PROSTHETIC SHEATH/SOCK INCLUDING A GEL CUSHION LAYER BELOW KNEE OR ABOVE KNEE EACH		X		\$79.12
000L8420		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH				\$22.63
000L8430		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH				\$25.67
000L8435		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH				\$24.47
000L8440		PROSTHETIC SHRINKER BELOW KNEE EACH				\$44.07
000L8460		PROSTHETIC SHRINKER ABOVE KNEE EACH		X		\$70.05
000L8465		PROSTHETIC SHRINKER UPPER LIMB EACH				\$51.27
000L8470		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH				\$7.02
000L8480		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH				\$9.66
000L8485		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH				\$15.41
000L8499		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	PAY AT INVOICE COST +30%	X		IC+30%
000L8499	RR	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES REVIEW SERVICE AND PRICING	PAY AT INVOICE COST +30%			IC+30%
000L8500		ARTIFICIAL LARYNX ANY TYPE	X	REQUIRES PA	X	\$683.76
000L8501		TRACHEOSTOMY SPEAKING VALVE			X	\$126.97
000L8505		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY ANY TYPE	X	PRIOR AUTH REQUIRED		\$436.29
000L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS PATIENT INSERTED ANY TYPE EACH				\$44.10
000L8510		VOICE AMPLIFIER			X	\$265.86
000L8511		INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS WITH OR WITHOUT VALVE REPLACEMENT ONLY EACH				\$76.54

000L8512		GELATIN CAPSULES OR EQUIVALENT FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS REPLACEMENT ONLY PER 10				\$2.26
000L8513		CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS PIPET BRUSH OR EQUAL REPLACEMENT ONLY EACH				\$5.46
000L8514		TRACHEOESOPHAGEAL PUNCTURE DILATOR REPLACEMENT ONLY EACH				\$99.22
000L8515		GELATIN CAPSULE APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS EACH				\$66.42
000L8600		IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL NOT A SUPPLIER SERVICE	X	NOT A SUPPLIER SERVICE PRIOR AUTH REQUIRED		\$777.84
000L8607		INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION 0.1 ML INCLUDES SHIPPING AND NECESSARY SUPPLIES		PAY AT INVOICE COST +30%		IC+30%
000L8608		MISCELLANEOUS EXTERNAL COMPONENT SUPPLY OR ACCESSORY FOR USE WITH THEARGUS II RETINAL PROSTHESIS SYSTEM		NOT COVERED		NC
000L8614		COCHLEAR DEVICE INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	X	CAN BE USED AS A BAHA		\$18,367.73
000L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE REPLACEMENT		PA REQUIRED EXCEPT IN A NF ICF/DD	X	\$474.50
000L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE REPLACEMENT		PRIOR AUTHORIZATION REQUIRED	X	\$110.50
000L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE REPLACEMENT		PRIOR AUTHORIZATION REQUIRED	X	\$96.52
000L8618		TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE REPLACEMENT		PRIOR AUTHORIZATION REQUIRED		\$27.60
000L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER INTEGRATED SYSTEM REPLACEMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$8,561.79
000L8619	RA	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER INTEGRATED SYSTEM REPLACEMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$8,561.79
000L8619	RB	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER INTEGRATED SYSTEM REPLACEMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$8,561.79

000L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE REPLACEMENT EACH				\$0.64
000L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE ANY SIZE REPLACEMENT EACH				\$0.34
000L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR				\$68.07
000L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR EAR				\$169.67
000L8629	TRANSMITTING COIL & CABLE INTEGRATED FOR USE W/ COCHLEAR IMPLANT DEVICE REPLACEMENT		PAY AT INVOICE COST +30%		IC+30%
000L8678	ELECTRICAL STIMULATOR SUPPLIES (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULAT		RNE		RNE
000L8679	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY TYPE	X	PA REQUIRED		\$9,234.82
000L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH		PAY AT INVOICE COST +30%		IC+30%
000L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	X	PA REQUIRED		\$5,692.44
000L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	X	PRIOR AUTHORIZATION REQUIRED	X	\$5,574.93
000L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL AND BLADDER MANAGEMENT REPLA	X	PRIOR AUTHORIZATION REQUIRED	X	\$893.69
000L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY RECHARGEABLE INCLUDES EXTENSION		PAY AT INVOICE COST +30%		IC+30%
000L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR SINGLE ARRAY NON-RECHARGEABLE INCLUDES EXTENSION		PAY AT INVOICE COST +30%		IC+30%
000L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY RECHARGEABLE INCLUDES EXTENSION		PAY AT INVOICE COST +30%		IC+30%

000L8688		IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR DUAL ARRAY NON-RECHARGEABLE INCLUDES EXTENSION		PAY AT INVOICE COST +30%		IC+30%
000L8691	RA	AUDITORY OSSEointegrated device EXTERNAL SOUND PROCESSOR REPLACEMENT	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,805.45
000L8692		AUDITORY OSSEointegrated device EXTERNAL SOUND PROCESSOR USED W/O OSSEointegration BODY WORN INCLUDES HEADBAND OR OTHER MEANS OF		DESCRIPTION & ACTUAL COST INVOICE NEEDED PAY AT INVOICE COST +30		IC+30%
000L8693		AUDITORY OSSEointegrated device ABUTMENT ANY LENGTH REPLACEMENT ONLY	X	PRIOR AUTH REQUIRED		\$1,494.12
000L8694		AUDITORY OSSEointegrated device TRANSDUCER/ACTUATOR REPLACEMENT ONLY EACH	X	PRIOR AUTH REQUIRED		\$970.41
000L8698		MISCELLANEOUS COMPONENT SUPPLY OR ACCESSORY FOR USE WITH TOTAL ARTIFICIAL HEART SYSTEM		PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000L9900		ORTHOTIC AND PROSTHETIC SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS L CODE.		PAY AT INVOICE COST +30%		IC+30%
000Q4010		CAST SUPPLIES SHORT ARM CAST ADULT (11 YEARS+) FIBERGLASS				\$20.03
000Q4022		CAST SUPPLIES SHORT ARM SPLINT ADULT (11+ YEARS) FIBERGLASS				\$12.51
000Q4038		CAST SUPPLIES SHORT LEG CAST ADULT (11+ YEARS) FIBERGLASS				\$42.37
000Q4045		CAST SUPPLIES SHORT LEG SPLINT ADULT (11 YEARS +) PLASTER				\$11.93
000S5560		INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SIZE		PAY AT INVOICE COST +30%		IC+30%
000S5561		INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE		PAY AT INVOICE COST +30%		IC+30%
000S8185	NU	FLUTTER DEVICE		PAY AT INVOICE COST +30%		IC+30%
000S8189		TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED		PAY AT INVOICE COST +30%		IC+30%
000S8210		MUCUS TRAP		PAY AT INVOICE COST +30%		IC+30%
000S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION) CUSTOM MADE		PAY AT INVOICE COST +30%		IC+30%
000S8422		GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE MEDIUM WEIGHT		PAY AT INVOICE COST +30%		IC+30%
000S8425		GRADIENT PRESSURE AID (GLOVE) CUSTOM MADE MEDIUM WEIGHT		PAY AT INVOICE COST +30%		IC+30%

000S8426		GRADIENT PRESSURE AID (GLOVE) CUSTOM MADE HEAVY WEIGHT		PAY AT INVOICE COST +30%		IC+30%
000S8427		GRADIENT PRESSURE AID (GLOVE) READY MADE EACH		PAY AT INVOICE COST +30%		IC+30%
000S8428		GRADIENT PRESSURE AID (GAUNTLET) READY MADE		PAY AT INVOICE COST +30%		IC+30%
000S8460		CAMISOLE POST-MASTECTOMY		PAY AT INVOICE COST +30%		IC+30%
000S8490		INSULIN SYRINGES (PER 100 SYRINGES ANY SIZE)				\$53.67
000S8999		RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)		PAY AT INVOICE COST +30%		IC+30%
000S9001	RR	HOME UTERINE MONITOR W OR W/O ASSOCIATED NURSING SERVICES	X	PRIOR AUTHORIZATION REQUIRED		\$2,468.82
000T4521		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL EACH				\$0.98
000T4522		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER MEDIUM EACH				\$1.07
000T4523		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER LARGE EACH				\$1.19
000T4524		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER EXTRA LARGE EACH				\$1.19
000T4525		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON SMALL SIZE EACH				\$0.98
000T4526		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON MEDIUM SIZE EACH				\$1.07
000T4527		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON LARGE SIZE EACH				\$1.19
000T4528		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON EXTRA LARGE SIZE EACH				\$1.19
000T4529		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL/MEDIUM SIZE EACH				\$0.91
000T4530		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER LARGE SIZE EACH				\$0.98
000T4531		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR /PULL-ON SMALL/MEDIUM SIZE EACH				\$0.91

000T4532		PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON LARGE SIZE EACH			\$0.98
000T4533		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER EACH			\$0.98
000T4534		YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON EACH			\$0.98
000T4535		DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT FOR INCONTINENCE EACH			\$0.54
000T4536		INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON REUSABLE ANY SIZE EACH	MAX 14 INITIALLY THEN 14 IN 6 MO. PAY AT ACTUAL INVOICE COST + 30%		IC+30%
000T4537	NU	INCONTINENCE PRODUCT PROTECTIVE UNDERPAD REUSABLE BED SIZE EACH			\$19.68
000T4538		DIAPER SERVICE REUSABLE DIAPER EACH DIAPER			\$1.19
000T4539		INCONTINENCE PRODUCT DIAPER/BRIEF REUSABLE ANY SIZE EACH	PAY AT INVOICE COST +30%		IC+30%
000T4540		INCONTINENCE PRODUCT PROTECTIVE UNDERPAD REUSABLE CHAIR SIZE EACH			\$12.30
000T4541		INCONTINENCE PRODUCT DISPOSABLE UNDERPAD LARGE EACH			\$0.62
000T4542		INCONTINENCE PRODUCT DISPOSABLE UNDERPAD SMALL SIZE EACH			\$0.62
000T4543		DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER BARIATRIC EACH			\$1.23
000T4544		ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON ABOVE EXTRA LARGE EACH			\$1.19
000T5001		POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	PAY AT INVOICE COST +30%		IC+30%
000V5266		BATTERY FOR USE IN HEARING DEVICE	UP TO (32 UNITS PER CLAIM) 1 BATTERY = 1 UNIT		\$1.25
NEBRASKA MEDICAID IS REQUIRED TO COMPLY WITH THE - Consolidated Appropriations Act of 2016 - (SECTION 503), WHICH MEANS NEBRASKA MEDICAID CANNOT PAY MORE THAN WHAT MEDICARE WOULD HAVE PAID IN THE AGGREGATE FOR CERTAIN DME SERVICES. THE DEPARTMENT IS REFERRING TO THIS REQUIREMENT AS THE DME UPPER PAYMENT (UPL). BELOW IS THE FEE SCHEDULE FOR THE CODES THAT FALL WITHIN THE SCOPE OF THE DME UPL.					
		UPL DMEPOS FS			MEDICAID
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY ALLOWABLE
000A7017	NU	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE NOT USED W/OXYGEN			\$95.51
000A7018		WATER DISTILLED USED W/LARGE VOLUME NEBULIZER 1000 ML			\$0.37

000A7030	NU	FULL FACE MASK USED W/POSITIVE AIRWAY PRESSURE DEVICE EACH	1 PER 3 MONTHS		\$107.87
000A7031	NU	FACE MASK INTERFACE REPLACEMENT FOR FULL FACE MASK EACH	1/MONTH		\$41.59
000A7034	NU	NASAL INTERFACE (MASK OR CANNULA TYPE) USED W/POSITIVE AIRWAY PRESSURE DEVICE W/OR W/O HEAD STRAP			\$70.94
000A7035	NU	HEADGEAR USED W/POSITIVE AIRWAY PRESSURE DEVICE			\$22.96
000A7036	NU	CHINSTRAP USED W/POSITIVE AIRWAY PRESSURE DEVICE			\$12.84
000A7037	NU	TUBING USED W/POSITIVE AIRWAY PRESSURE DEVICE			\$12.91
000A7038	NU	FILTER DISPOSABLE USED WITH POSITIVE AIRWAY PRESSURE DEVICE			\$2.39
000A7039	NU	FILTER NON DISPOSABLE USED W/POSITIVE AIRWAY PRESSURE DEVICE			\$6.63
000E0130	NU	WALKER RIGID(PICKUP) ADJ OR FIXED HEIGHT		X	\$56.83
000E0130	RR	WALKER RIGID (PICKUP) ADJ OR FIXED HEIGHT			\$5.68
000E0135	NU	WALKER FOLDING (PICKUP) ADJ OR FIXED HEIGHT		X	\$51.24
000E0135	RR	WALKER FOLDING (PICKUP) ADJ OR FIXED HEIGHT			\$5.11
000E0135	UE	WALKER FOLDING (PICKUP) ADJ OR FIXED HEIGHT (UNIT VALUE FOR USED EQUIP (UE) ADDED 8/27/99)		X	\$38.42
000E0140	RR	WALKER WITH TRUNK SUPPORT ADJUSTABLE OR FIXED HEIGHT ANY TYPE			\$32.74
000E0141	NU	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT		X	\$59.54
000E0141	RR	WALKER RIGID WHEELED ADJUSTABLE OR FIXED HEIGHT			\$5.95
000E0143	NU	WALKER FOLDING WHEELED ADJUSTABLE OR FIXED HEIGHT		X	\$53.03
000E0143	RR	WALKER FOLDING WHEELED ADJUSTABLE OR FIXED HEIGHT			\$5.29
000E0143	UE	WALKER FOLDING WHEELED ADJUSTABLE OR FIXED HEIGHT		X	\$39.78
000E0148	NU	WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE EACH		X	\$103.19
000E0148	RR	WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE EACH			\$10.31
000E0148	UE	WALKER HEAVY DUTY WITHOUT WHEELS RIGID OR FOLDING ANY TYPE EACH		X	\$77.40

000E0149	RR	WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE				\$14.49
000E0154	NU	PLATFORM ATTACHMENT WALKER EACH				\$56.13
000E0154	RR	PLATFORM ATTACHMENT WALKER EACH				\$5.59
000E0155	NU	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				\$25.11
000E0155	RR	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				\$2.51
000E0156	NU	SEAT ATTACHMENT WALKER				\$19.24
000E0156	RR	SEAT ATTACHMENT WALKER				\$1.91
000E0157	NU	CRUTCH ATTACHMENT WALKER EACH				\$67.39
000E0157	RR	CRUTCH ATTACHMENT WALKER EACH				\$6.73
000E0158	NU	LEG EXTENSIONS FOR WALKER PER SET OF 4				\$24.56
000E0158	RR	LEG EXTENSIONS FOR WALKER PER SET OF 4				\$2.47
000E0159	NU	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH				\$17.53
000E0159	RR	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH				\$1.77
000E0160	NU	SITZ TYPE BATH OR EQUIP PORTABLE WITH OR WITHOUT COMMODE				\$35.96
000E0161	NU	SITZ TYPE BATH OR EQUIP PORTABLE WITH OR WITHOUT COMMODE WITH FAUCET ATTACHMENTS				\$31.28
000E0163	NU	COMMODE CHAIR MOBILE OR STATIONARY WITH FIXED ARMS		X		\$62.17
000E0163	RR	COMMODE CHAIR MOBILE OR STATIONARY WITH FIXED ARMS				\$6.22
000E0163	UE	COMMODE CHAIR MOBILE OR STATIONARY WITH FIXED ARMS		X		\$46.62
000E0165	RR	COMMODE CHAIR MOBILE OR STATIONARY WITH DETACHABLE ARMS				x
000E0168	NU	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR MOBILE WITH OR WITHOUT ARMS ANY TYPE EACH		X		\$139.24
000E0168	RR	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR MOBILE WITH OR WITHOUT ARMS ANY TYPE EACH				\$13.92
000E0170	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM ELECTRIC ANY TYPE				\$207.26
000E0171	RR	COMMODE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM NON-ELECTRIC ANY TYPE				\$39.01

000E0181	RR	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD ALTERNATING WITH PUMP INCLUDES HEAVY DUTY				\$18.06
000E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD FOR REPLACEMENT ONLY				\$25.56
000E0184	NU	DRY PRESSURE MATTRESS		X		\$205.36
000E0184	RR	DRY PRESSURE MATTRESS TO MED SVS IF IN NURSING FACILITY				\$20.54
000E0185	NU	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH		X		\$196.89
000E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STD MATT LENGTH AND WIDTH				\$19.68
000E0186	RR	AIR PRESSURE MATTRESS				\$22.89
000E0187	RR	WATER PRESSURE MATTRESS				\$26.43
000E0188	NU	SYNTHETIC SHEEPSKIN PAD				\$29.08
000E0189	NU	LAMBSWOOL SHEEPSKIN PAD ANY SIZE				\$58.09
000E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	X	PRIOR AUTHORIZATION REQUIRED		\$820.13
000E0196	RR	GEL PRESSURE MATTRESS				\$39.69
000E0197	RR	AIR PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH				\$23.93
000E0199	NU	DRY PRESSURE PAD FOR MATTRESS STD MATTRESS LENGTH AND WIDTH				\$37.74
000E0250	RR	HOSPITAL BED FIXED HEIGHT WITH ANY TYPE SIDE RAILS WITH MATTRESS				\$71.24
000E0251	RR	HOSPITAL BED FIXED HEIGHT WITH ANY TYPE OF SIDE RAILS W/O MATTRESS				\$69.68
000E0255	RR	HOSPITAL BED VARIABLE HGT HI-LO WITH ANY TYPE SIDE RAILS WITH MATTRES				\$76.74
000E0256	RR	HOSPITAL BED VARIABLE HGT HI-LO WITH ANY TYPE SIDE RAILS W/O MATTRESS				\$74.42
000E0260	RR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/MATTRS				\$74.16
000E0261	RR	HOSPITAL BED SEMI-ELEC (HEAD & FT ADJ) WITH ANY TYPE SIDE RAILS W/O MAT				\$67.60
000E0271	NU	MATTRESS INNERSPRING		X		\$148.55
000E0271	RR	MATTRESS INNERSPRING				\$14.85
000E0272	NU	MATTRESS FOAM RUBBER		X		\$173.00
000E0272	RR	MATTRESS FOAM RUBBER				\$17.28
000E0275	NU	BED PAN STANDARD METAL OR PLASTIC				\$15.61
000E0276	NU	BED PAN FRACTURE METAL OR PLASTIC				\$14.59
000E0280	NU	BED CRADLE ANY TYPE				\$39.52
000E0290	RR	HOSPITAL BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS				\$70.09

000E0291	RR	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITHOUT MATTRESS				\$54.75
000E0292	RR	HOSP BED VARIABLE HEIGHT HI-LO WITHOUT SIDE RAILS WITH MATTRESS				\$76.35
000E0293	RR	HOSP BED VARIABLE HEIGHT HI-LO WITHOUT SIDE RAILS WITHOUT MATTRESS				\$70.21
000E0294	RR	HOSP BED SEMI ELEC. WITHOUT SIDE RAILS WITH MATTRESS				\$74.31
000E0295	RR	HOSP BED SEMI ELEC. WITHOUT SIDE RAILS WITHOUT MATTRESS				\$70.80
000E0301	RR	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				\$184.51
000E0302	RR	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITHOUT MATTRESS	X	PRIOR AUTH REQUIRED		\$555.93
000E0303	RR	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	X	PRIOR AUTH REQUIRED		\$179.42
000E0304	RR	HOSPITAL BED EXTRA HEAVY DUTY EXTRA WIDE WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS WITH ANY TYPE SIDE RAILS WITH MATTRESS	X	PRIOR AUTH REQUIRED		\$519.89
000E0305	RR	BED SIDE RAILS HALF LENGTH (NOTE UNIT 1 PAIR)				\$12.68
000E0310	NU	BED SIDE RAILS FULL LENGTH (NOTE UNIT 1 PAIR)			X	\$129.06
000E0310	RR	BED SIDE RAILS FULL LENGTH (NOTE UNIT = 1 PAIR)				\$12.88
000E0325	NU	URINAL; MALE JUG-TYPE ANY MATERIAL				\$11.73
000E0326	NU	URINAL; FEMALE JUG-TYPE ANY MATERIAL				\$11.81
000E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS STD LGTH/WID				\$255.83
000E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				\$257.63

000E0424	RR	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER/CANNULA/MASK & TUBING				\$99.10
000E0431	RR	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL; INCLUDES PORTABLE CONTAINER/REGULATOR/FL OWMETER/HUMIDIFIER/CANNULA OR MASK AND TUBING				\$22.47
000E0434	RR	PORTABLE LIQUID OXYGEN SYSTEM RENTAL				\$49.53
000E0439	RR	STATIONARY LIQUID OXYGEN SYSTEM RENTAL; INCLUDES CONTAINER/CONTENTS/REGULATOR/FLOWMETER/HUMIDIFIER/NEBULIZER CANNULA OR MASK & TUBING				\$99.10
000E0447		PORTABLE OXYGEN CONTENTS LIQUID 1 MONTH'S SUPPLY = 1 UNIT PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)				\$95.41
000E0470	RR	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE USED WITH NONINVASIVE INTERFACE E.G. NASAL OR FACIAL	X	PRIOR AUTHORIZATION REQUIRED		\$128.40
000E0471	RR	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITH BACK-UP RATE FEATURE USED WITH NONINVASIVE INTERFACE E.G. NASAL OR FACIAL	X	PRIOR AUTHORIZATION REQUIRED		\$317.98
000E0472	RR	RESPIRATORY ASSIST DEVICE BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE USED WITH INVASIVE INTERFACE E.G. TRACHEOSTOMY TUBE)				\$531.26
000E0561	NU	HUMIDIFIER NON-HEATED USED WITH POSITIVE AIRWAY PRESSURE DEVICE		X		\$83.69
000E0561	RR	HUMIDIFIER NON-HEATED USED WITH POSITIVE AIRWAY PRESSURE DEVICE				\$8.35
000E0562	NU	HUMIDIFIER HEATED USED WITH POSITIVE AIRWAY PRESSURE DEVICE		X		\$165.74
000E0562	RR	HUMIDIFIER HEATED USED WITH POSITIVE AIRWAY PRESSURE DEVICE				\$16.57
000E0565	RR	COMP AIR POWER SOURCE FOR EQUIP NOT SELF CONT OR CYLINDER DRIVE				\$51.57
000E0570	RR	NEBULIZER W COMPRESSOR				\$6.10

000E0572	RR	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR INTERMITTENT USE				\$15.77
000E0585	RR	NEBULIZER WITH COMPRESSOR AND HEATER				\$25.00
000E0601	RR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE				\$45.39
000E0621	NU	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON		X		\$100.96
000E0627	NU	SEAT LIFT MECHANISM INcorp COMBINATION LIFT CHR MECHANISM	X	PRIOR AUTH REQUIRED	X	\$342.06
000E0627	RR	SEAT LIFT MECHANISM INcorp COMBINATION LIFT CHR MECHANISM				\$34.20
000E0627	UE	SEAT LIFT MECHANISM INcorp COMB LIFT CHAIR MECH	X	PRIOR AUTH REQUIRED	X	\$256.55
000E0629	NU	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC			X	\$319.05
000E0629	RR	SEPARATE SEAT LIFT MECHANISM W PATIENT OWNED FURITURE-NON ELEC				\$33.59
000E0630	RR	PATIENT LIFT HYDRAULIC OR MECHANICAL INCLUDES ANY SEAT SLING STRAP(S) OR PAD(S)				\$73.77
000E0635	RR	PATIENT LIFT ELEC W SEAT OR SLING				\$145.04
000E0636	RR	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM WITH INTEGRATED LIFT PATIENT ACCESSIBLE CONTROLS	X	PRIOR AUTHORIZATION REQUIRED		\$1,281.77
000E0705	NU	TRANSFER DEVICE ANY TYPE EACH		PIVOT DISC NOT COVERED		\$57.14
000E0705	RR	TRANSFER DEVICE ANY TYPE EACH		PIVOT DISC NOT COVERED		\$5.70
000E0720	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE TWO LEAD LOCALIZED			X	\$70.98
000E0730	NU	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE FOUR OR MORE LEADS FOR MULTIPLE NERVE STIMULATION			X	\$63.72
000E0776	NU	IV POLE			X	\$63.75
000E0776	RR	IV POLE				\$6.36
000E0910	RR	TRAPEZE BAR A.K.A. PAT HELPER ATTACHED TO BED COMPLETE W GRAB BAR				\$13.43
000E0911	RR	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS ATTACHED TO BED WITH GRAB BAR				\$52.72
000E0912	RR	TRAPEZE BAR HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS FREE STANDING COMPLETE WITH GRAB BAR				\$97.36

000E0940	RR	TRAPEZE BAR FREE STANDING COMPLETE W GRAB BAR				\$25.94
000E0950	NU	WHEELCHAIR ACCESSORY TRAY EACH				\$96.16
000E0950	RR	WHEELCHAIR ACCESSORY TRAY EACH				\$9.61
000E0951	NU	HEEL LOOP/HOLDER ANY TYPE WITH OR WITHOUT ANKLE STRAP EACH				\$16.68
000E0951	RR	HEEL LOOP/HOLDER ANY TYPE WITH OR WITHOUT ANKLE STRAP EACH				\$1.67
000E0956	NU	WHEELCHAIR ACCESSORY LATERAL TRUNK OR HIP SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$98.35
000E0956	RR	WHEELCHAIR ACCESSORY LATERAL TRUNK OR HIP SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$9.84
000E0957	NU	WHEELCHAIR ACCESSORY MEDIAL THIGH SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$144.26
000E0957	RR	WHEELCHAIR ACCESSORY MEDIAL THIGH SUPPORT ANY TYPE INCLUDING FIXED MOUNTING HARDWARE EACH				\$14.43
000E0958	RR	MANUAL WHEELCHAIR ACCESSORY ONE-ARM DRIVE ATTACHMENT EACH				\$54.39
000E0959	NU	MANUAL WHEELCHAIR ACCESSORY ADAPTER FOR AMPUTEE EACH				\$53.79
000E0959	RR	MANUAL WHEELCHAIR ACCESSORY ADAPTER FOR AMPUTEE EACH				\$5.38
000E0960	NU	WHEELCHAIR ACCESSORY SHOULDER HARNESS/STRAPS OR CHEST STRAP INCLUDING ANY TYPE MOUNTING HARDWARE				\$88.60
000E0960	RR	WHEELCHAIR ACCESSORY SHOULDER HARNESS/STRAPS OR CHEST STRAP INCLUDING ANY TYPE MOUNTING HARDWARE				\$8.86
000E0961	NU	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK BRAKE EXTENSION (HANDLE) EACH				\$25.32
000E0961	RR	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK BRAKE EXTENSION (HANDLE) EACH				\$2.53
000E0966	NU	MANUAL WHEELCHAIR ACCESSORY HEADREST EXTENSION EACH				\$91.44

000E0966	RR	MANUAL WHEELCHAIR ACCESORY HEADREST AEXTENSION EACH				\$9.14
000E0967	NU	MANUAL WHEELCHAIR ACCESSORY HAND RIM WITH PROJECTIONS ANY TYPE EACH				\$89.88
000E0967	RR	MANUAL WHEELCHAIR ACCESSORY HAND RIM WITH PROJECTIONS ANY TYPE EACH				\$8.99
000E0971	NU	MANUAL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVICE EACH				\$35.96
000E0971	RR	MANUAL WHEELCHAIR ACCESSORY ANTI-TIPPING DEVICE EACH				\$3.61
000E0973	NU	WHEELCHAIR ACCESSORYK ADJUSTABLE HEIGHT DETACHABLE ARMREST COMPLETE ASSEMBLY EACH				\$59.86
000E0973	RR	WHEELCHAIR ACCESSORY ADJUSTABLE HEIGHT DETACHABLE ARMREST COMPLETE ASSEMBLY EACH				\$5.97
000E0974	NU	MNUAL WHEELCHAIR ACCESSORY ANTI- ROLLBACK DEVICE EACH				\$92.89
000E0974	RR	MANUAL WHEELCHAIR ACCESSORY ANTI- ROLLBACK DEVICE EACH				\$9.28
000E0978	NU	WHEELCHAIR ACCESSORY POSITIONING BELT/SAFETY BELT/PELVIC STRAP EACH				\$29.64
000E0978	RR	WHEELCHAIR ACCESSORY POSITIONING BELT/SAFETY BELT/PELVIC STRAP EACH				\$2.96
000E0985	RR	WHEELCHAIR ACCESSORY SEAT LIFT MECHANISM				\$27.20
000E0990	NU	WHEELCHAIR ACCESSORY ELEVATING LEG REST COMPLETE ASSEMBLY EACH				\$83.45
000E0990	RR	WHEELCHAIR ACCESSORY ELEVATING LEG REST COMPLETE ASSEMBLY EACH				\$8.33
000E0992	NU	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT				\$95.99
000E0992	RR	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT INSERT				\$9.60
000E1015	NU	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH				\$152.69
000E1015	RR	SHOCK ABSORBER FOR MANUAL WHEELCHAIR EACH				\$15.27
000E1016	NU	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH				\$128.08
000E1016	RR	SHOCK ABSORBER FOR POWER WHEELCHAIR EACH				\$12.80
000E1020	RR	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR				\$22.41

000E1028	RR	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK OTHER CONTROL INTERFACE OR POSITIONING AC				\$15.72
000E1032	RR	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWARE USED WITH JOYSTICK OR OTHER DRIVE CONTROL INTERFACE	X			\$15.72
000E1033	RR	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWA	X			\$15.72
000E1034	RR	WHEELCHAIR ACCESSORY MANUAL SWINGAWAY RETRACTABLE OR REMOVABLE MOUNTING HARDWA	X			\$15.72
000E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM WITH INTEGRATED SEAT OPERATED BY CARE GIVER PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS				\$737.99
000E1037	RR	TRANSPORT CHAIR PEDIATRIC SIZE				\$138.01
000E1038	RR	TRANSPORT CHAIR ADULT SIZE PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$16.67
000E1039	RR	TRANSPORT CHAIR ADULT SIZE HEAVY DUTY PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS				\$43.00
000E1225	RR	WHEELCHAIR ACCESSORY MANUAL SEMI-RECLINING BACK (RECLINE GREATER THAN 15 DEGREES BUT LESS THAN 80 DEGREES) EACH				\$41.98
000E1226	NU	WHEELCHAIR ACCESSORY MANUAL FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES) EACH				\$481.68
000E1226	RR	WHEELCHAIR ACCESSORY MANUAL FULLY RECLINING BACK (RECLINE GREATER THAN 80 DEGREES) EACH				\$48.17
000E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER				\$98.74
000E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER				\$9.87
000E1390	RR	OXYGEN CONCENTRATOR SINGLE DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE				\$99.10

000E1391	RR	OXYGEN CONCENTRATOR DUAL DELIVERY PORT CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE EACH				\$99.10
000E1392	RR	PORTABLE OXYGEN CONCENTRATOR RENTAL				\$49.53
000E2201	NU	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH GREATER THAN OR				\$367.36
000E2201	RR	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH GREATER THAN OR				\$36.73
000E2202	NU	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES				\$563.68
000E2202	RR	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES				\$56.36
000E2203	NU	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 TO LESS THAN 22 INCHES				\$458.40
000E2203	RR	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 20 TO LESS THAN 22 INCHES				\$45.84
000E2204	NU	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22 TO 25 INCHES	X	PRIOR AUTH REQUIRED		\$919.71
000E2204	RR	MANUAL WHEELCHAIR ACCESSORY NONSTANDARD SEAT FRAME DEPTH 22 TO 25 INCHES				\$91.96
000E2206	NU	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK ASSEMBLY COMPLETE EACH				\$46.22
000E2206	RR	MANUAL WHEELCHAIR ACCESSORY WHEEL LOCK ASSEMBLY COMPLETE EACH				\$4.62
000E2207	NU	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH				\$55.69
000E2207	RR	WHEELCHAIR ACCESSORY CRUTCH AND CANE HOLDER EACH				\$5.57
000E2208	NU	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH				\$96.98
000E2208	RR	WHEELCHAIR ACCESSORY CYLINDER TANK CARRIER EACH				\$9.69

000E2209	NU	ACCESSORY ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH				\$100.16
000E2209	RR	ACCESSORY ARM TROUGH WITH OR WITHOUT HAND SUPPORT EACH				\$10.00
000E2211	NU	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC PROPULSION TIRE ANY SIZE EACH				\$35.96
000E2211	RR	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC PROPULSION TIRE ANY SIZE EACH				\$3.61
000E2212	NU	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC PROPULSION TIRE ANY SIZE EACH				\$7.72
000E2212	RR	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC PROPULSION TIRE ANY SIZE EACH				\$0.75
000E2213	NU	MANUAL WHEELCHAIR ACCESSORY INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE) ANY TYPE ANY SIZE EACH				\$35.94
000E2213	RR	MANUAL WHEELCHAIR ACCESSORY INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE) ANY TYPE ANY SIZE EACH				\$3.58
000E2214	NU	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE EACH				\$39.80
000E2214	RR	MANUAL WHEELCHAIR ACCESSORY PNEUMATIC CASTER TIRE ANY SIZE EACH				\$3.97
000E2215	NU	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC CASTER TIRE ANY SIZE EACH				\$12.84
000E2215	RR	MANUAL WHEELCHAIR ACCESSORY TUBE FOR PNEUMATIC CASTER TIRE ANY SIZE EACH				\$1.28
000E2219	NU	MANUAL WHEELCHAIR ACCESSORY FOAM CASTER TIRE ANY SIZE EACH	PRIOR AUTH REQUIRED			\$53.04
000E2219	RR	MANUAL WHEELCHAIR ACCESSORY FOAM CASTER TIRE ANY SIZE EACH				\$5.30
000E2220	NU	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) PROPULSION TIRE ANY SIZE EACH				\$35.47
000E2220	RR	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) PROPULSION TIRE ANY SIZE EACH				\$3.54

000E2221	NU	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE EACH			\$32.56
000E2221	RR	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE) ANY SIZE EACH			\$3.25
000E2222	NU	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE EACH			\$27.34
000E2222	RR	MANUAL WHEELCHAIR ACCESSORY SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL ANY SIZE EACH			\$2.73
000E2224	NU	MANUAL WHEELCHAIR ACCESSORY PROPULSION WHEEL EXCLUDES TIRE ANY SIZE EACH			\$117.12
000E2224	RR	MANUAL WHEELCHAIR ACCESSORY PROPULSION WHEEL EXCLUDES TIRE ANY SIZE EACH			\$11.71
000E2228	RR	MANUAL WHEELCHAIR ACCESSORY WHEEL BRAKING SYSTEM AND LOCK COMPLETE EACH			\$119.47
000E2231	NU	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT) INCLUDES ANY TYPE MOUNTING HARDWARE			\$170.15
000E2231	RR	MANUAL WHEELCHAIR ACCESSORY SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT) INCLUDES ANY TYPE MOUNTING HARDWARE			\$17.00
000E2359	NU	POWER WHEELCHAIR ACCESSORY GROUP 34 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$213.87
000E2361	NU	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$134.38
000E2361	RR	POWER WHEELCHAIR ACCESSORY 22NF SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$13.45
000E2363	NU	POWER WHEELCHAIR ACCESSORY GROUP 24 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$167.00

000E2363	RR	POWER WHEELCHAIR ACCESSORY GROUP 24 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)				\$16.71
000E2365	NU	POWER WHEELCHAIR ACCESSORY U-1 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)				\$91.16
000E2365	RR	POWER WHEELCHAIR ACCESSORY U-1 SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)				\$9.11
000E2366	NU	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE SEALED OR NON-SEALED EACH				\$195.18
000E2366	RR	POWER WHEELCHAIR ACCESSORY BATTERY CHARGER SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE SEALED OR NON-SEALED EACH				\$19.51
000E2371	NU	POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY (E.G. GEL CELL ABSORBED GLASSMAT) EACH				\$169.51
000E2371	RR	POWER WHEELCHAIR ACCESSORY GROUP 27 SEALED LEAD ACID BATTERY (E.G. GEL CELL ABSORBED GLASSMAT) EACH				\$16.95
000E2397	NU	POWER WHEELCHAIR ACCESSORY LITHIUM-BASED BATTERY EACH				\$568.15
000E2601	NU	GENERAL USE WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH		X		\$41.08
000E2601	RR	GENERAL USE WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH				\$4.11
000E2602	NU	GENERAL USE WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH		X		\$103.20
000E2602	RR	GENERAL USE WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH				\$10.32
000E2603	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH		X		\$128.54
000E2603	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH				\$12.85

000E2604	NU	SKIN PROTECTION WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH		X	\$181.94
000E2604	RR	SKIN PROTECTION WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH			\$18.19
000E2605	NU	POSITIONING WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH		X	\$250.06
000E2605	RR	POSITIONING WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH			\$25.02
000E2606	NU	POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH		X	\$401.01
000E2606	RR	POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH			\$40.10
000E2607	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH		X	\$231.25
000E2607	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION WIDTH LESS THAN 22 INCHES ANY DEPTH			\$23.12
000E2608	NU	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH		X	\$308.16
000E2608	RR	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION WIDTH 22 INCHES OR GREATER ANY DEPTH			\$30.80
000E2611	NU	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$165.62
000E2611	RR	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$16.56
000E2612	NU	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$356.97
000E2612	RR	GENERAL USE WHEELCHAIR BACK CUSHION WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$35.69

000E2613	NU	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$383.93
000E2613	RR	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$38.38
000E2614	NU	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$521.48
000E2614	RR	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$52.14
000E2615	NU	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$433.98
000E2615	RR	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$43.40
000E2616	NU	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE		X	\$580.02
000E2616	RR	POSITIONING WHEELCHAIR BACK CUSHION POSTERIOR-LATERAL WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HARDWARE			\$57.98
000E2620	NU	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HAR		X	\$451.97
000E2620	RR	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH LESS THAN 22 INCHES ANY HEIGHT INCLUDING ANY TYPE MOUNTING HAR			\$45.19

000E2621	NU	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HAR		X	\$512.59
000E2621	RR	POSITIONING WHEELCHAIR BACK CUSHION PLANAR BACK WITH LATERAL SUPPORTS WIDTH 22 INCHES OR GREATER ANY HEIGHT INCLUDING ANY TYPE MOUNTING HAR			\$51.27
000K0001	RR	STANDARD WHEELCHAIR			\$23.75
000K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR			\$37.23
000K0003	RR	LT WT WHLCHR			\$35.55
000K0004	RR	HIGH STRENGTH LT WT WHLCHR			\$48.66
000K0006	RR	HEAVY DUTY WHLCHR			\$62.39
000K0007	RR	EXTRA HEAVY DUTY WHLCHR	X	PRIOR AUTH REQUIRED	\$86.67
000K0040	NU	ADJ ANGLE FOOTPLATE EACH			\$59.11
000K0040	RR	ADJ ANGLE FOOTPLATE EACH			\$5.90
000K0053	NU	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH			\$101.28
000K0053	RR	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH			\$10.13
000K0056	NU	SEAT HT <17" OR >21" FOR HIGH STRGTH LTWT OR ULTRALWT WC			\$114.59
000K0056	RR	SEAT HT <17" OR >21" FOR HIGH STRGTH LTWT OR ULTRALWT WC			\$10.13
000K0065	NU	SPOKE PROTECTORS EACH			\$59.08
000K0065	RR	SPOKE PROTECTORS EACH			\$5.90
000K0073	NU	CASTER PIN LOCK EACH			\$43.75
000K0073	RR	CASTER PIN LOCK EACH			\$4.38
000K0105	NU	IV HANGER EACH			\$122.16
000K0105	RR	IV HANGER EACH			\$12.21
000K0733	NU	POWER WHEELCHAIR ACCESSORY 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$35.23
000K0733	RR	POWER WHEELCHAIR ACCESSORY 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY EACH (E.G. GEL CELL ABSORBED GLASSMAT)			\$3.52
000K0738	RR	PORTABLE GASEOUS OXYGEN SYSTEM RENTAL; HOME COMPRESSOR TO FILL PORT O2*CYLINDERS INCL PORT CONTAINERS REG FLOWMETER HUMID CANNULA/MSK TUBE			\$49.53

000K0800	NU	POWER OPERATED VEHICLE GROUP 1 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,007.94
000K0800	RR	POWER OPERATED VEHICLE GROUP 1 STANDARD PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$100.79
000K0801	NU	POWER OPERATED VEHICLE GROUP 1 HEAVY DUTY PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTHORIZATION REQUIRED	X	\$1,903.51
000K0801	RR	POWER OPERATED VEHICLE GROUP 1 HEAVY DUTY PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTHORIZATION REQUIRED		\$190.34
000K0802	NU	POWER OPERATED VEHICLE GROUP 1 VERY HEAVY DUTY PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTHORIZATION REQUIRED	X	\$2,438.39
000K0802	RR	POWER OPERATED VEHICLE GROUP 1 VERY HEAVY DUTY PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTHORIZATION REQUIRED		\$243.82
000K0813	RR	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE SLING/SOLID SEAT AND BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$331.67
000K0814	RR	POWER WHEELCHAIR GROUP 1 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$352.87
000K0815	RR	POWER WHEELCHAIR GROUP 1 STANDARD SLING/SOLID SEAT AND BACK PATIENTWEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$400.00
000K0816	RR	POWER WHEELCHAIR GROUP 1 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$353.74
000K0820	RR	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				\$348.62
000K0821	RR	POWER WHEELCHAIR GROUP 2 STANDARD PORTABLE CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$353.74

000K0822	RR	POWER WHEELCHAIR GROUP 2 STANDARD SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$365.95
000K0823	RR	POWER WHEELCHAIR GROUP 2 STANDARD CAPTAINS CHAIR PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	X	PRIOR AUTH REQUIRED		\$353.74
000K0824	RR	POWER WHEELCHAIR GROUP 2 HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$535.45
000K0825	RR	POWER WHEELCHAIR GROUP 2 HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	X	PRIOR AUTH REQUIRED		\$509.98
000K0826	RR	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$954.05
000K0827	RR	POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	X	PRIOR AUTH REQUIRED		\$808.35
000K0828	RR	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY SLING/SOLID SEAT/BACK PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,111.78
000K0829	RR	POWER WHEELCHAIR GROUP 2 EXTRA HEAVY DUTY CAPTAINS CHAIR PATIENT WEIGHT 601 POUNDS OR MORE	X	PRIOR AUTH REQUIRED		\$1,089.98