



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER DME-25
July 2004

TO: Durable Medical Equipment Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Durable Medical Equipment Manual* (Revised Service Codes)

This letter transmits a substantially revised Subchapter 6, including covered service codes, for the *Durable Medical Equipment Manual*. This transmittal letter replaces Transmittal Letter DME-23, issued last April, and Transmittal Letter DME-24. (Please Note: In January 2004, the Division of Health Care Finance and Policy rescinded regulations that had been promulgated the same month, which made TL DME-24 invalid.) The revised Subchapter 6, and the billing and prior authorization (PA) instructions and guidelines appearing below are effective for dates of service on and after July 1, 2004.

MassHealth local codes including miscellaneous codes have been replaced with codes that are compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Subchapter 6 now lists all covered service codes in alphanumeric order. Descriptions of codes are no longer included in Subchapter 6. Providers should refer to www.cms.hhs.gov for code descriptions. Subchapter 6 is organized as follows.

- 601 Definitions
- 602 Covered Services
- 603 Modifiers
- 604 Place-of-Service Codes
- 605 Payment Categories
- 606 Direct Service Component Codes
- 607 Wheelchair Base Codes with Options/Accessories
- 608 Enteral Product Classification List
- 609 Absorbent Product Classification List

Revised Fee Schedule

In June 2004, the Division of Health Care Finance and Policy (DHCFP) issued revised regulations certifying new fees and payment methodologies for the services and products in Subchapter 6 of the *Durable Medical Equipment Manual*. The new fees and methodologies are effective for dates of service on and after July 1, 2004. The DHCFP regulations, including the fee schedule, are available on the DHCFP Web site at www.mass.gov/dhcfp.

Among other methodological changes, the new DHCFP fee schedule no longer includes the so-called third payment methodology for those services for which a fee has been established within the regulation. The established rate for these services is now the provider's usual and customary charge, or the rate established by DHCFP, whichever is lower. This change means that providers are no longer required to submit an invoice with a PA request or a claim in most instances.

Providers must now submit only an invoice for a PA or a claim for services that are priced on an individual consideration (I.C.) basis. These services are listed as I.C. in the DHCFF fee schedule and in Subchapter 6 of the *Durable Medical Equipment Manual*.

If you wish to obtain a paper copy of the fee schedule, you may purchase the schedule from either the Massachusetts State Bookstore or from DHCFF (see addresses and telephone numbers below). You must contact them first to find out the price of the regulation. DHCFF also has the regulations available on disk. The regulation title for Durable Medical Equipment and Oxygen and Respiratory Therapy Equipment is 114 CMR 22.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhccfp

MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at www.mass.gov/masshealth.

Impact of Effective Date of Subchapter 6 on Claims

Effective for dates of service on and after July 1, 2004, providers must bill for services provided to MassHealth members using only the HCPCS specified in the attached Subchapter 6. In addition to the new codes, providers must also use a modifier with certain codes to accurately reflect the service provided, and ensure the appropriate payment.

Claims submitted with codes not included in Subchapter 6 will be denied as not covered.

Impact of Effective Date of Subchapter 6 on Prior Authorization

Effective for dates of service on and after July 1, 2004, all requests for PA must be submitted using the codes appearing in this new Subchapter 6. Providers who have already received PAs using now obsolete codes must request a new PA. When requesting a new PA for services already approved by MassHealth as medically necessary, providers should reference the old PA number. Providers should also indicate the new code, the number of units already billed, any remaining units needed (not to exceed the units on the original PA decision), and provide a copy of the physician's prescription submitted with the old PA.

Providers who have already received PAs with new codes that can be used after July 1, 2004, do not need to request a new PA.

Providers are reminded that PA requests require an ICD-9-CM code that directly relates to the service being requested, along with a description of the diagnosis.

Service Code Limits

Section 602 of Subchapter 6 identifies the payment category, indicates whether prior authorization (PA) is required, and specifies other requirements and limits for each code. The limits were developed in consultation with clinical experts and are based on generally accepted clinical practice guidelines.

Providers may submit a PA request for all members for all services (even if a PA is not typically required for the service) for coverage of additional units beyond the specified guidelines, if additional units are medically necessary. The request should be submitted before the additional units are provided, and must be supported by medical documentation.

New Billing and PA Requirements

Diagnosis Codes

ICD-9-CM codes are required on all claims. The ICD-9-CM codes must be directly related to the service billed on the claim.

Services Provided to Members Aged 21 and Under and for Which No Code Appears in Subchapter 6

Miscellaneous codes have been removed from Subchapter 6 except where noted. If a member is aged 21 or under, and has a medically justified need for a product that is not listed in Subchapter 6, the provider should refer to MassHealth's Administrative and Billing Regulations at 130 CMR 450.000 for the EPSDT PA process.

To receive payment for any service described in 130 CMR 450.144(A)(1) that is not specifically included as a covered service under any MassHealth regulation, service code list, or contract, the requester must submit a request for prior authorization in accordance with 130 CMR 450.303. This request must include, without limitation, a letter and supporting documentation from a MassHealth enrolled physician or nurse practitioner documenting the medical need for the requested service. If MassHealth approves such a request for service for which there is no established payment rate, MassHealth will establish the appropriate payment rate for such service on an individual-consideration basis in accordance with 130 CMR 450.271.

Services Purchased as Capped Rental for Members with MassHealth Coverage Only

For equipment considered capped rental, modifiers NU (new purchase) and UE (used equipment purchase) can be substituted for the KH, KI, KJ, and BP modifiers accepted by Medicare. If a member is covered by MassHealth only, and there is written medical documentation to justify the ongoing need of the equipment, providers can bill using the NU or UE modifier (whichever is applicable) to purchase the equipment for a MassHealth member. Providers do not have to bill over a 15-month period. If, however, a member has other insurance, a provider must follow the primary insurer's payment methodology when billing MassHealth.

Inexpensive and Routinely Purchased DME

Certain HCPCS codes listed in Subchapter 6 require modifiers NU (new), RR (rental), and UE (used equipment). Providers are reminded that the RR modifier is for short-term use only. The rate attached to the RR modifier can never exceed the cost of purchasing the equipment new or used.

Breast Pumps

MassHealth has added a code that will allow for the purchase of an electric breast pump. The purchase of the product will be approved in situations in which the mother and child are separated for medical reasons. For example, MassHealth will purchase an electric breast pump for a mother who is discharged from the hospital and whose baby must remain hospitalized.

Diabetic Supplies

The KS modifier must be used for a member that is non-insulin dependant. The KX modifier must be used to identify a member that is insulin dependant.

Enteral Formulas

To correspond to the new HIPAA-compliant HCPCS codes, MassHealth has revised the way in which units are counted when billing enteral formulas. Enteral formulas that are used in conjunction with parenteral enteral (PEN) services require the BA modifier.

Enteral formulas that are used orally require the BO modifier. For PEN services, one unit equals 100 calories. For oral supplements, one unit equals one can. The following are examples of the codes, modifiers, and units:

B4150 BA	1 unit = 100 calories
B4150 BO	1 unit = each (8 ounce can)
B4151 BA	1 unit = 100 calories
B4151 BO	1 unit = each (8 ounce can)

MassHealth has also revised the way in which units are counted when billing for food thickener. One unit equals one ounce.

Service Code B4086 (only when product is a Mikey-Tube) can be billed separately for members aged 21 and under when billing Service Codes S9340, S9341, S9342, and S9343.

Specialized Custom Mobility Systems

Providers submitting PA requests for custom mobility products must include newly created direct service component codes in their supply list under Service Code K0108. The new codes (RE-1 through RE-23) represent time in hours, along with the level of complexity involved in customizing the requested mobility system. The direct service component codes replace local Code X1790, and can be used only for custom mobility systems. The direct service component codes require PA and should only be submitted on the PA request; the direct service component codes should not be included on claims.

Specialized Rehabilitation Equipment for Children

Providers can use Service Code E1399 with a UC modifier for specialized rehab equipment that does not have a HCPCS code. This code and modifier can be billed only by an RTS provider and only for specialty rehabilitation equipment.

Power-Operated Vehicles (POV)

MassHealth will accept a physician order for a POV only when the physician specializes in physical medicine, orthopedic surgery, neurology, or rheumatology.

Repairs

Providers of mobility products must use Service Code E1340 with the UB modifier for all repairs of customized mobility systems not under warranty. Direct service component codes cannot be used with this code and modifier.

All other providers must use Service Code E1340 RP for the repair of equipment not under warranty.

A PA is required for all repairs in all settings when the fee for the repairs will exceed \$1000. A prescription is not required for repair of equipment that was previously approved as medically necessary by MassHealth.

Claims for repairs must be supported by an itemized bill indicating parts and labor. Payment for repairs will be a lump sum payment that cannot exceed the purchase price of a new item, or the payment that would be necessary to rent a replacement item for the remaining period for which the product has been determined to be medically necessary.

Claims submitted for repairs must use Service Code E1340 and the RP and UB modifiers, must be billed in 15-minute increments, and must be supported by the following information:

- a description of the repair;
- an explanation as to why the repair is medically necessary;
- an itemization of parts and labor; and
- invoices for all parts.

Prescription Requirements for Services Provided to Members Who Are in Nursing Facilities

A prescription from a physician on a prescription pad or physician's letterhead is no longer required when providing services to MassHealth members who are in nursing facilities. Instead, providers are required to submit a copy of the order from the member's medical record along with any treatment plan (i.e., wound care) written by the facility's staff.

Wound Care Modifiers

Modifiers A1-A9 have been established to indicate that a particular item is being used as a primary or secondary dressing on a surgical or debrided wound, and also to indicate the number of wounds on which that dressing is being used.

The modifier number must correspond to the number of wounds on which the dressing is being used and not the total number of wounds treated. For example, if the patient has four wounds but a particular dressing is used on only two of them, then the A2 modifier must be used with the applicable HCPCS code.

Other Billing Guideline Reminders

Place-of-Service Codes

Section 602 of Subchapter 6 identifies covered place-of-service codes for each HCPCS code. Please refer to Section 604 in Subchapter 6 for the crosswalk to the appropriate place-of-service codes if billing HIPAA-compliant transactions. This crosswalk is to be referenced only for HIPAA transactions, and should not be used for paper claims.

Providers are reminded that the place of service is where the product is used (e.g., member's home, nursing facility, or rest home). For a member residing in a group home, providers are required to use the code for home. The PA, if applicable, and the claim must reflect the accurate place of service. Providers are reminded that MassHealth does not pay a DME provider for equipment and supplies provided to MassHealth members in institutions licensed as acute, chronic, or rehabilitation hospitals.

Individual Consideration (I.C.)

Providers must submit an invoice for claims for services that are I.C. Providers are required to enter the acquisition cost, plus the appropriate mark-up, in the "usual fee" data element, and provide a complete description of the service in the "remarks" data element.

Billing for DME Equipment for Which Multiple PA Numbers Have Been Issued

In certain instances, PAs require multiple lines. MassHealth's Automated PA System (APAS) can accommodate an unlimited number of HCPCS codes on a PA request. However, in situations where a PA requires more than 5 lines, typically for specialized mobility products situations, providers will receive more than one PA number for the requested equipment. Providers are reminded when billing for the service that the correct PA number must correspond to the appropriate service being billed.

IV and Enteral products

Effective for dates of services on and after April 1, 2003, providers should not bill the "From" and "Thru" dates on claims for "S" codes IV and Enteral HCPCS products. To ensure that claims are processed appropriately, providers must enter the date the service was furnished in the "From" data element on the claim and leave the "To" data element blank.

Claims for Custom-Made Goods Provided to Members Who Become Ineligible

As stated in 130 CMR 450.231(B), "the 'date of service' is the date on which a medical service is furnished to a member or, if the medical service consists principally of custom-made goods such as durable medical equipment, the date on which the goods are delivered to a member. If a provider delivers medical goods to member, which goods had to be ordered, fitted or altered for the member, and the member ceases to be eligible for such MassHealth services on a date prior to the final delivery of the goods, the Division will reimburse the provider for the goods..."

Providers must submit paper claims for these services with all applicable documentation outlined in 130 CMR 450.231(B) to the following address.

MassHealth
Claims Operations Unit
Attention: After Cancel Unit
600 Washington Street
Boston, MA 02111

Members with Other Insurance

All claims submitted to MassHealth, on which MassHealth is a secondary payer, must be billed to MassHealth with the same HCPCS code as was billed to the other primary insurer. MassHealth will deny all claims for services provided to members with other insurance if those claims are billed using Service Code A9270.

If a service code is never covered by a primary insurer, but is covered by MassHealth, an explanation of benefits (EOB) is not required when billing MassHealth. For example, Medicare does not cover diapers. If the member is covered by Medicare, the provider does not have to bill Medicare first, and can bill MassHealth directly. MassHealth will pay up to the MassHealth amount, or the member's responsibility, whichever is less.

If a service code is covered by Medicare, but not in the place of service in which the service was provided, the provider must obtain a letter from CMS, annually, that indicates that the specific code is not covered by Medicare in the specific setting. For example, oxygen is a service that is covered by Medicare, but it is not covered in a nursing facility. If the member is covered by Medicare, the provider must obtain a letter from CMS, annually, to submit in support of each claim.

Medical Necessity Documentation

Medical necessity determinations are based on specific clinical information and documentation that supports appropriate medical use of the services being requested.

When documenting medical necessity, a provider should include at least the following information:

- the member's diagnosis;
- a summary of the member's medical history and physical exam from medical records. Current test results, lab reports, and visiting nurse's notes are examples of appropriate supporting documentation.
- a description of the severity of the medical problem (acute, chronic, stable) and clinical findings to support this;
- whether the medical condition is life threatening; and
- whether the member's medical status or condition is permanent or reversible.

MassHealth requires medical necessity documentation to demonstrate that the service will contribute to the member's treatment or recovery process.

Noncovered Services

Providers are reminded that air conditioners, HEPA filters, light boxes, and disposable washcloths (baby wipes) are not covered by MassHealth.

Case Management for Complex-Care Members

Beginning August 1, 2003, the *Home Health Agency Manual* was revised to include a new initiative for MassHealth members under the age of 22 who require a nurse encounter of more than two continuous hours.

MassHealth refers to these members as complex-care members. The new initiative, called Community Case Management (CCM), assigns each complex-care member a case manager who performs a comprehensive needs assessment, and authorizes all medically necessary home health and other community services, including durable medical equipment, for these members. The Recipient Eligibility Verification System (REVS) identifies complex-care members enrolled in CCM.

All requests for prior authorization for members enrolled in CCM will be reviewed and authorized by the case manager assigned to the member. PA requests received from providers will automatically be forwarded to the appropriate case manager for review. Providers must continue to follow the PA process as outlined in the MassHealth regulations in Subchapter 4 of the *Durable Medical Equipment Manual*. The case manager will be responsible for direct interaction with the prescriber to ensure proper documentation is received.

Questions

Providers with questions about this information may contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Durable Medical Equipment Manual

Pages vi and 6-1 through 6-68

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Durable Medical Equipment Manual

Pages vi and 6-1 through 6-32 — transmitted by Transmittal Letter DME-24

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Subchapter 6 contains definitions, service codes, modifiers and descriptions, place-of-service codes, and product classification lists.

601 Definitions

Briefs – Disposable absorbent products that come in a variety of shapes, sizes, and styles, available to fit children, adolescents, adults, have an outer waterproof cover, and are held in place with their own belted straps (tape, tabless).

Diapers – Disposable absorbent products that come in a variety of shapes, sizes, and styles, available to fit children, adolescents, adults, have an outer plastic cover with leg gathers, and have self-adhesive tape tabs (beltless).

Direct Service Component Codes – The new codes (RE-1 through RE-23) represent time, in hours, along with the level of complexity involved in customizing the requested mobility system.

Incontinence Absorbent Products – Products that are specifically designed to absorb urine and control odor.

Liners/shields – Rectangular absorbent products with a waterproof cover available with or without adhesive strips to hold them in place.

Underpad – Flat pads with absorbent filler and waterproof backing, designed to protect bedding, wheelchairs, and furniture, and available in various sizes and absorbencies. Underpads can be disposable or reusable.

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602 Covered Services

Providers may submit a prior-authorization request for all members for coverage of additional units, if additional units are medically necessary. The request should be submitted before the additional units are provided, and must be supported by medical documentation.

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4216	OS	NU	No	02 07	1 unit = each, 100 per month
A4217	OS	NU	No	02 07	1 unit = each, 31 per month
A4220	OS	NU	No	02 07	1 unit = each, 10 per month
A4221	SU	KX	No	02 07	1 unit = per week, 20 per month (includes dressings, cannulas, needles, and infusion supplies)
A4222	SU	KO KP KQ	No	02 07	1 unit = 1 dose of drug (for intermittent infusions, one bag or cassette for each drug dose)
A4232	IN	--	No	02 07	1 unit = each, 60 per month
A4244	IN	--	No	02 07	1 unit = per pint, 4 per month
A4245	IN	--	No	02 07	1 unit = per box, 4 per month
A4246	IN	--	No	02 07	1 unit = per pint, 4 per month
A4247	IN	--	No	02 07	1 unit = per box, 4 per month
A4250	IN	KX	No	02 07	1 unit = each (box of 8, blood ketone), 2 per month
A4253	IN	KS	No	02 07	1 unit = 1 box (50), 5 per 3 months
A4253	IN	KX	No	02 07	1 unit = 1 box (50), 15 per 3 months
A4254	IN	NU RR UE	No	02 07	1 unit = each, 9 per 3 months
A4255	SU	KS KX	No	02 07	1 unit = 1 box (50), 2 per month
A4256	SU	KS KX	No	02 07	1 unit = 1 each (vial/bottle of 100), 1 per 3 months (to be used with E0607, E2100, and E2101)
A4258	SU	KS KX	No	02 07	1 unit = each, 1 per 6 months (to be used with E0607, E2100, and E2101)
A4259	SU	KS	No	02 07	1 unit = 1 box (100), 3 per 3 months (to be used with E0607, E2100, and E2101)
A4259	SU	KX	No	02 07	1 unit = 1 box (100), 8 per 3 months (to be used with E0607, E2100, and E2101)
A4265	SU	--	No	02 07	1 unit = 1 pound, 1 per 3 months
A4310	OS	--	No	02 07	1 unit = 1 tray, 31 per month
A4311	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4312	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4313	OS	--	No	02 07	1 unit = 1 tray, 3 per month
A4314	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in this code.)

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602 Covered Services (cont.)

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4315	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in A4315.)
A4316	OS	--	No	02 07	1 unit = 1 tray, 3 per month (A4331 is included in A4316.)
A4319	OS	--	No	02 07	1 unit = 1000 ml, 6 per month
A4320	OS	--	No	02 07	1 unit = each, 4 per month
A4321	OS	--	No	02 07	1 unit = each, 4 per month
A4322	OS	--	No	02 07	1 unit = each, 3 per month
A4324	OS	--	No	02 07	1 unit = each, 250 per month
A4325	OS	--	No	02 07	1 unit = each, 35 per month
A4326	OS	--	No	02 07	1 unit = each, 35 per month
A4327	OS	--	No	02 07	1 unit = each, 4 per month
A4328	OS	--	No	02 07	1 unit = each, 31 per month
A4330	OS	--	No	02 07	1 unit = each, 31 per month
A4331	OS	--	No	02 07	1 unit = each, 3 per month
A4332	OS	--	No	02 07	1 unit = each, 1000 per month
A4333	OS	--	No	02 07	1 unit = each, 12 per month
A4334	OS	--	No	02 07	1 unit = each, 1 per month
A4338	OS	--	No	02 07	1 unit = each, 31 per month
A4340	OS	--	No	02 07	1 unit = each, 31 per month
A4344	OS	--	No	02 07	1 unit = each, 31 per month
A4346	OS	--	No	02 07	1 unit = each, 3 per month
A4347	OS	--	No	02 07	1 unit = 1 dozen, 3 per month
A4348	OS	--	No	02 07	1 unit = each, 6 per month
A4351	OS	--	No	02 07	1 unit = each, 250 per month
A4352	OS	--	No	02 07	1 unit = each, 250 per month
A4353	OS	--	No	02 07	1 unit = each, 250 per month
A4354	OS	--	No	02 07	1 unit = each, 31 per month
A4355	OS	--	No	02 07	1 unit = each, 1 per month
A4356	OS	--	No	02 07	1 unit = each, 1 per 3 months
A4357	OS	--	No	02 07	1 unit = each, 3 per month (A4331 is included in this code.)
A4358	OS	--	No	02 07	1 unit = each, 3 per month (A4331, A4358, and A5112 are included in A4358 and cannot be billed separately.)
A4359	OS	--	No	02 07	1 unit = each, 1 per 6 months
A4361	OS	--	No	02 07	1 unit = each, 10 per 6 months
A4362	OS	--	No	02 07	1 unit = each, 20 per month
A4364	OS	--	No	02 07	1 unit = 1 fluid ounce, 4 per month
A4365	OS	--	No	02 07	1 unit = 1 box (50), 1 per month (for use only with ostomy supplies)

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602 Covered Services (cont.)

<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4366	OS	--	No	02 07	1 unit = each, 20 per month
A4367	OS	--	No	02 07	1 unit = each, 1 per month
A4368	OS	--	No	02 07	1 unit = each, 4 per month
A4369	OS	--	No	02 07	1 unit = 1 fluid ounce, 2 per month
A4371	OS	--	No	02 07	1 unit = 1 fluid ounce, 10 per 6 months
A4372	OS	--	No	02 07	1 unit = each, 20 per month
A4373	OS	--	No	02 07	1 unit = each, 20 per month
A4375	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4377 are included in A4375.)
A4376	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4378 are included in A4376.)
A4377	OS	--	No	02 07	1 unit = each, 20 per month
A4378	OS	--	No	02 07	1 unit = each, 20 per month
A4379	OS	--	No	02 07	1 unit = each, 20 per month (A4361, A4381, and A4382 are included in A4379 and cannot be billed separately.)
A4380	OS	--	No	02 07	1 unit = each, 20 per month (A4361 and A4383 are included in A4380 and cannot be billed separately.)
A4381	OS	--	No	02 07	1 unit = each, 20 per month
A4382	OS	--	No	02 07	1 unit = each, 20 per month
A4383	OS	--	No	02 07	1 unit = each, 20 per month
A4384	OS	--	No	02 07	1 unit = each, 20 per month
A4385	OS	--	No	02 07	1 unit = each, 20 per month
A4387	OS	--	No	02 07	1 unit = each, 60 per month
A4388	OS	--	No	02 07	1 unit = each, 20 per month
A4389	OS	--	No	02 07	1 unit = each, 20 per month
A4390	OS	--	No	02 07	1 unit = each, 20 per month
A4391	OS	--	No	02 07	1 unit = each, 20 per month
A4392	OS	--	No	02 07	1 unit = each, 20 per month
A4393	OS	--	No	02 07	1 unit = each, 20 per month
A4394	OS	--	No	02 07	1 unit = 1 fluid ounce, 20 per month
A4395	OS	--	No	02 07	1 unit = tablet, 31 per month
A4396	OS	--	No	02 07	1 unit = each, 1 per month
A4397	OS	--	No	02 07	1 unit = each, 4 per month
A4398	OS	--	No	02 07	1 unit = each, 2 per 6 months
A4399	OS	--	No	02 07	1 unit = each, 2 per 6 months
A4400	OS	--	No	02 07	1 unit = each, 1 per 3 months
A4402	OS	--	No	02 07	1 unit = 1 ounce, 18 per month
A4404	OS	--	No	02 07	1 unit = each, 10 per month
A4405	OS	--	No	02 07	1 unit = 1 ounce, 4 per month

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4406	OS	--	No	02 07	1 unit = 1 ounce, 4 per month
A4407	OS	--	No	02 07	1 unit = each, 20 per month
A4408	OS	--	No	02 07	1 unit = each, 20 per month
A4409	OS	--	No	02 07	1 unit = each, 20 per month
A4410	OS	--	No	02 07	1 unit = each, 20 per month
A4413	OS	--	No	02 07	1 unit = each, 20 per month
A4414	OS	--	No	02 07	1 unit = each, 20 per month
A4415	OS	--	No	02 07	1 unit = each, 20 per month
A4416	OS	--	No	02 07	1 unit = each, 60 per month
A4417	OS	--	No	02 07	1 unit = each, 60 per month
A4418	OS	--	No	02 07	1 unit = each, 60 per month
A4419	OS	--	No	02 07	1 unit = each, 60 per month
A4422	OS	--	No	02 07	1 unit = each, 120 per month
A4423	OS	NU	No	02 07	1 unit = each, 60 per month
A4424	OS	--	No	02 07	1 unit = each, 20 per month
A4425	OS	--	No	02 07	1 unit = each, 20 per month
A4426	OS	--	No	02 07	1 unit = each, 20 per month
A4427	OS	--	No	02 07	1 unit = each, 20 per month
A4428	OS	--	No	02 07	1 unit = each, 20 per month
A4429	OS	--	No	02 07	1 unit = each, 20 per month
A4430	OS	--	No	02 07	1 unit = each, 20 per month
A4431	OS	--	No	02 07	1 unit = each, 20 per month
A4432	OS	--	No	02 07	1 unit = each, 20 per month
A4433	OS	--	No	02 07	1 unit = each, 20 per month
A4434	OS	--	No	02 07	1 unit = each, 20 per month
A4450	OS	--	No	02 07	1 unit = 18 sq. inches, 720 per month
A4452	OS	--	No	02 07	1 unit = 18 sq. inches, 40 per month
A4455	SD	--	No	02 07	1 unit = 1 ounce, 16 ounces per 6 months (for use with ostomy supplies)
A4462	SD	--	No	02 07	1 unit = each, 1 per 6 months
A4490	IN	NU	No	02 07	1 unit = each, 4 per 3 months
A4495	IN	NU	No	02 07	1 unit = each, 4 per 3 months
A4500	IN	NU	No	02 07	1 unit = each, 4 per 3 months
A4510	IN	NU	No	02 07	1 unit = each, 4 per 3 months
A4521	IN	--	Yes	02 07	1 unit = each, 248 per month
A4522	IN	--	Yes	02 07	1 unit = each, 248 per month
A4523	IN	--	Yes	02 07	1 unit = each, 248 per month
A4524	IN	--	Yes	02 07	1 unit = each, 248 per month
A4525	IN	--	Yes	02 07	1 unit = each, 248 per month
A4526	IN	--	Yes	02 07	1 unit = each, 248 per month
A4527	IN	--	Yes	02 07	1 unit = each, 248 per month

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A4528	IN	--	Yes	02 07	1 unit = each, 248 per month
A4529	IN	--	Yes	02 07	1 unit = each, 248 per month
A4530	IN	--	Yes	02 07	1 unit = each, 248 per month
A4531	IN	--	Yes	02 07	1 unit = each, 248 per month
A4532	IN	--	Yes	02 07	1 unit = each, 248 per month
A4533	IN	--	Yes	02 07	1 unit = each, 248 per month
A4534	IN	--	Yes	02 07	1 unit = each, 248 per month
A4535	IN	--	Yes	02 07	1 unit = each, 248 per month
A4536	IN	--	Yes	02 07	1 unit = each, 7 per 3 months
A4537	IN	--	Yes	02 07	1 unit = each, 2 per month
A4554	IN	--	Yes	02 07	1 unit = each, 248 per month
A4595	SU	--	No	02 07	1 unit = 1 pair, 2 per month (A4595 is included in purchase of E0720 and E0730.)
A4614	IN	--	No	02 07	1 unit = each, 1 per 3 months
A4630	IN	--	No	02 07	1 unit = each, 12 per 12 months (used for replacement of patient-owned equipment)
A4632	IN	NU RR UE	No	02 07	1 unit = each, 1 per 12 months (used for replacement of patient-owned equipment)
A4635	IN	NU RR UE	No	02 07	1 unit = each, 2 per 6 months (used for replacement of patient-owned equipment)
A4636	IN	NU RR UE	No	02 07	1 unit = each, 2 per 12 months
A4637	IN	NU RR UE	No	02 07	1 unit = each, 4 per 12 months (used for replacement of patient-owned equipment)
A4640	IN	NU RR UE	No	02 07	1 unit = each, 1 per 12 months (used for replacement of patient-owned equipment) (A4640 is included in initial purchase of E0180 and E0181.)
A4660	IN	NU	No	02 07	1 unit = each, 1 per 3 years
A4663	IN	NU	No	02 07	1 unit = each, 1 per 3 years
A4927	IN	--	No	02 07	1 unit = 1 box (100), 4 per month
A4930	IN	--	No	02 07	1 unit = 1 pair, 93 per month
A5051	OS	--	No	02 07	1 unit = each, 60 per month
A5052	OS	--	No	02 07	1 unit = each, 60 per month
A5053	OS	--	No	02 07	1 unit = each, 60 per month
A5054	OS	--	No	02 07	1 unit = each, 60 per month
A5055	OS	--	No	02 07	1 unit = each, 31 per month
A5061	OS	--	No	02 07	1 unit = each, 20 per month
A5062	OS	--	No	02 07	1 unit = each, 20 per month
A5063	OS	--	No	02 07	1 unit = each, 20 per month
A5071	OS	--	No	02 07	1 unit = each, 20 per month

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A5072	OS	--	No	02 07	1 unit = each, 20 per month
A5073	OS	--	No	02 07	1 unit = each, 20 per month
A5081	OS	--	No	02 07	1 unit = each, 31 per month
A5082	OS	--	No	02 07	1 unit = each, 20 per month
A5093	OS	--	No	02 07	1 unit = each, 20 per month
A5102	OS	--	No	02 07	1 unit = each, 1 per 6 months
A5105	OS	--	No	02 07	1 unit = each, 2 per 3 months
A5112	OS	--	No	02 07	1 unit = each, 1 per month (A4358 is included in A5112 and cannot be billed separately.)
A5113	OS	--	No	02 07	1 unit = per set, 2 per 3 months
A5114	OS	--	No	02 07	1 unit = per set, 2 per 3 months
A5119	OS	--	No	02 07	1 unit = 1 box (50), 3 per 6 months
A5121	OS	--	No	02 07	1 unit = each, 20 per month
A5122	OS	--	No	02 07	1 unit = each, 20 per month
A5126	OS	--	No	02 07	1 unit = each, 20 per month
A5131	OS	--	No	02 07	1 unit = 16 ounces, 1 per month
A5200	OS	--	No	02 07	1 unit = each, 12 per month
A6010	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each (per gram), 45 per month, per wound
A6011	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each (per gram), 45 per month, per wound
A6021	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6022	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6023	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6024	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = per 6 inches, 31 per month, per wound
A6154	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6196	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound

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A6197	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound
A6198	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 31 per month, per wound
A6199	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 6 inches, 60 per month, per wound
A6200	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6201	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6202	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6203	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6204	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6205	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6206	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6207	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6208	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 4 per month, per wound
A6209	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6210	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound

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A6211	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6212	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6213	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6214	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6215	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 3 per month, per wound
A6216	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6217	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6218	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6219	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6220	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6221	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6222	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6223	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6224	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6228	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6229	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6230	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per 3 months, per wound
A6231	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6232	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6233	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6234	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6235	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6236	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6237	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6238	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6239	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6240	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 fluid ounce, 12 per month, per wound
A6241	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 gram, 45 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6242	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6243	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6244	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6245	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6246	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6247	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6248	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 fluid ounce, 3 per month, per wound
A6251	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6252	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6253	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6254	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6255	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6256	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6257	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6258	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6259	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 12 per month, per wound
A6260	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 16 ounces, 12 per month, per wound
A6266	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 linear yard, 60 per month, per wound
A6402	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6403	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 200 per month, per wound
A6404	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 100 per month, per wound
A6407	SD	NU	No	02 07	1 unit = each, 30 per month
A6410	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6411	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = each, 31 per month, per wound
A6442	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6443	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6444	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6445	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6446	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6447	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 240 per month, per wound
A6448	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6449	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6450	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6451	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6452	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6453	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 30 per month, per wound
A6454	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 80 per month, per wound
A6455	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 80 per month, per wound
A6456	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 yard, 160 per month, per wound
A6501	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 754.89
A6502	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 754.89
A6503	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6504	SD	--	Yes	02 07	1 unit = each, 4 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
A6505	SD	--	Yes	02 07	1 unit = each, 4 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6506	SD	--	Yes	02 07	1 unit = each, 4 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6507	SD	--	Yes	02 07	1 unit = each, 4 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6508	SD	--	Yes	02 07	1 unit = each, 4 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6509	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6510	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A6511	SD	--	Yes	02 07	1 unit = each, 2 per 12 months. ICD-9-CM 949.0, 701.4, and 941.0
A7000	IN	--	No	02 07	1 unit = each, 1 per month (A7000 can be billed separately if patient owns E0600 or E2000; otherwise included in monthly rental.)
A7001	IN	--	No	02 07	1 unit = each, 1 per month (A7001 can be billed separately if patient owns E0600 or E2000; otherwise included in monthly rental.)
A7002	IN	--	No	02 07	1 unit = each, 1 per month (A7002 can be billed separately if patient owns E0600 or E2000 but not if it is included in A7001; otherwise included in monthly rental.)
B4034	IN	--	No	02 07	1 unit = 1 each, 1 per day (A5200 included in B4034). All supplies (including dressings) other than the feeding tube itself included. B4034 included in "S" code.
B4035	IN	--	No	02 07	1 unit = each, 31 per month (A5200 included in B4035). All supplies (including dressings) other than the feeding tube itself included. B4035 included in "S" code.
B4036	IN	--	No	02 07	1 unit = each, 31 per month (A5200 included in B4036). All supplies (including dressings) other than the feeding tube itself included. B4036 included in "S" code.
B4081	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4082	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4083	IN	--	No	02 07	1 unit = each, 6 per 3 months
B4086	IN	--	No	02 07	1 unit = each, 6 per 3 months. This code can be billed separately only for a child (under 21) when "S" codes are being billed.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
B4100	IN	BO	Yes	02 07	1 unit = 30 ounces
B4150	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4151	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4152	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4153	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4154	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4155	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4156	IN	BA BO	Yes	02 07	1 unit = 100 calories (BA); 1 unit = each (BO) 6 per day
B4164	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4168	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4172	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4176	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4178	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4180	IN	--	No	02 07	1 unit = 500 ml (Included in this code are B4164, B4180, B4168 - B4178.) Codes B4216, B4184, B4186 can be billed separately.
B4184	IN	--	No	02 07	1 unit = 500 ml
B4186	IN	--	No	02 07	1 unit = 500 ml

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
B4189	IN	--	No	02 07	1 unit = 10 to 51 grams of protein (B4164, B4180, B4168 - B4178, B4216 included in B4189.)
B4193	IN	--	No	02 07	1 unit = 52 to 73 grams of protein
B4197	IN	--	No	02 07	1 unit = 74 to 100 grams of protein
B4199	IN	--	No	02 07	1 unit = over 100 grams of protein
B4216	IN	--	No	02 07	1 unit = 1 per day
B4220	IN	--	No	02 07	1 unit = 1 per day
B4222	IN	--	No	02 07	1 unit = 1 per day
B4224	IN	--	No	02 07	1 unit = 1 per day
B5000	--	--	No	02 07	1 unit = 1 gram (B4164, B4180, B4168 - B4178, B4216 included in B5000.)
B5100	--	--	No	02 07	1 unit = 1 gram (B4164, B4180, B4168 - B4178, B4216 included in B5100.)
B5200	--	--	No	02 07	1 unit = 1 gram (B4164, B4180, B4168 - B4178, B4216 included in B5200.)
B9000	--	NU RR UE	No	02 07	1 per 3 years
B9002	--	NU RR UE	No	02 07	1 per 3 years
B9004	--	NU RR UE	No	02 07	1 per 3 years
B9006	--	NU RR UE	No	02 07	1 per 3 years
E0100	IN	NU RR UE	No	02 07	1 per 3 years
E0105	IN	NU RR UE	No	02 07	1 per 3 years
E0110	IN	NU RR UE	No	02 07	1 per 3 years
E0111	IN	NU RR UE	No	02 07	1 per 3 years
E0112	IN	NU RR UE	No	02 07	1 per 3 years
E0113	IN	NU RR UE	No	02 07	1 per 3 years
E0114	IN	NU RR UE	No	02 07	1 per 3 years
E0116	IN	NU RR UE	No	02 07	1 per 3 years
E0117	IN	NU RR UE	No	02 07	1 per 3 years
E0130	IN	NU RR UE	No	02 07	1 per 3 years (A4636 and A4637 are included in E0130 on initial purchase.)
E0135	IN	NU RR UE	No	02 07	1 per 3 years (A4636 and A4637 are included in E0135 on initial purchase.)
E0137	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0138	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0140	IN	NU RR UE	Yes	02 07	1 per 5 years; E0140 can be used for gait trainers and pediatric walkers
E0141	IN	NU RR UE	No	02 07	1 per 3 years (A4636, A4637, E0155, and E0159 are included in E0141.)

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0143	IN	NU RR UE	No	02 07	A4636, A4637, E0155, and E0159 are included in E0143 on initial purchase.
E0144	IN	NU RR UE	Yes	02 07	A4636, A4637, E0155, E0156, and E0159 are included in E0145 on initial purchase.
E0147	IN	NU RR UE	Yes	02 07	A4636, E0155, and E0159 are included in initial purchase of E0147 (for patients who weigh over 350 pounds).
E0148	IN	NU RR UE	No	02 07	A4636, A4637 are included in initial purchase of E0148 (for patients who weigh over 300 pounds).
E0149	IN	NU RR UE	No	02 07	A4636, A4637, E0155, E0156, and E0159 are included in initial purchase of E0149 (for patients who weigh over 300 pounds).
E0153	IN	NU RR UE	No	02 07	2 per 3 years
E0154	IN	NU RR UE	No	02 07	2 per 3 years
E0155	IN	NU RR UE	No	02 07	2 per 3 years
E0156	IN	NU RR UE	No	02 07	1 per 3 years
E0157	IN	NU RR UE	No	02 07	1 per 3 years
E0158	IN	NU RR UE	No	02 07	1 per 3 years (covered for patients six feet tall or more)
E0159	IN	NU RR UE	No	02 07	1 per 12 months
E0160	IN	NU RR UE	No	02 07	1 per 12 months
E0161	IN	NU RR UE	No	02 07	1 per 12 months
E0162	IN	NU RR UE	No	02 07	1 per 3 years
E0163	IN	NU RR UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0163.)
E0164	IN	NU RR UE	No	02 07	1 per 3 years (E0167 is included in initial purchase E0164.)
E0165	CR	KH KI KJ BP NU UE	No	02 07	1 per 3 years (E0167 is included initial purchase of E0165.)
E0166	CR	KH KI KJ BP NU UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0166.)
E0167	IN	NU RR UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0168, E0166, E0165, E0164, and E0163.)
E0168	IN	NU RR UE	No	02 07	1 per 3 years (E0167 is included in initial purchase of E0168.) (for patients who weigh over 300 pounds).
E0169	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0175	IN	NU RR UE	No	02 07	1 per 12 months
E0176	IN	NU RR UE	No	02 07	1 per 12 months

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0177	IN	NU RR UE	No	02 07	1 per 12 months
E0178	IN	NU RR UE	No	02 07	1 per 12 months
E0179	IN	NU RR UE	No	02 07	1 per 12 months
E0180	CR	KH KI KJ BP NU UE	Yes	02 07	A4640 and E0182 are included in E0180.
E0181	CR	KH KI KJ BP NU UE	Yes	02 07	A4640 and E0182 are included in E0181.
E0182	CR	KH KI KJ BP NU UE	Yes	02 07	Replacement to an already purchased pressure pad with pump.
E0184	IN	NU RR UE	No	02 07	1 per 12 months
E0185	IN	NU RR UE	No	02 07	1 per 12 months
E0186	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 12 months
E0187	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 12 months
E0188	IN	NU RR UE	No	02 07	1 per 12 months
E0189	IN	NU RR UE	No	02 07	2 per 6 months
E0190	IN.	NU RR UE	Yes	02 07	1 unit = each, 2 per 6 months
E0191	IN	NU RR UE	No	02 07	4 per 12 months
E0192	IN	NU RR UE	No	02 06 07	1 per 12 months
E0193	CR	KH KI KJ BR	Yes	02 06 07	E0277, E0371, E0372, and E0373 cannot be used with E0193. PA renewal every 30 days.
E0194	CR	KH KI KJ BR	Yes	02 06 07	E0277, E0371, E0372, and E0373 cannot be used with E0194. PA renewal every 30 days.
E0196	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0197	IN	NU RR UE	No	02 07	1 per 3 years
E0198	IN	NU RR UE	No	02 07	1 per 3 years
E0199	IN	NU RR UE	No	02 07	1 per 3 years
E0202	CP	RR	No	02 07	14 days maximum, per episode
E0210	IN	NU RR UE	No	02 07	1 per 12 months
E0215	IN	NU RR UE	No	02 07	1 per 12 months
E0220	IN	NU RR UE	No	02 07	1 per 12 months
E0230	IN	NU RR UE	No	02 07	1 per 12 months
E0235	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0238	IN	NU RR UE	No	02 07	1 per 12 months
E0240	IN	NU RR UE	Yes	02 07	1 per 5 years; specialty shower commodes
E0241	IN	--	No	02 07	1 per 3 years
E0242	IN	--	No	02 07	1 per 12 months

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0243	IN	--	No	02 07	1 per 12 months
E0244	IN	--	No	02 07	1 per 12 months
E0245	IN	--	No	02 07	1 per 12 months
E0246	IN	--	No	02 07	1 per 12 months
E0247	IN.	NU RR UE	No	02 07	1 per 5 years; specialty transfer bench
E0248	IN	NU RR UE	No	02 07	1 per 5 years; specialty transfer bench/commode
E0250	CR	KH KI KJ BP NU UE	No	02 07	1 per 5 years. E0271, E0272, E0305, E0310, are included in E0250.
E0251	CR	KH KI KJ BP NU UE	No	02 07	1 per 5 years. E0305, E0310 are included in E0251. E0277 and E0372 can be used with this code.
E0255	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, E0310 are included in E0255.
E0256	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310 are included in E0256. E0277 and E0372 can be used with this code.
E0260	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, E0310 are included in E0260.
E0261	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310 are included in E0261. E0277 or E0372 can be used with this code.
E0265	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272, E0305, E0310 are included in E0265.
E0266	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310 are included in E0266. E0277 or E0372 can be used with this code.
E0271	IN	NU RR UE	No	02 07	1 per 5 years (replacement for an owned hospital bed)
E0272	IN	NU RR UE	Yes	02 07	1 per 5 years (replacement for an owned hospital bed)
E0274	IN	NU RR UE	No	02 07	1 per 5 years
E0275	IN	NU RR UE	No	02 07	1 per 6 months
E0276	IN	NU RR UE	No	02 07	1 per 6 months
E0277	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 per 5 years. E0277 is not to be used with E0193, E0371, E0372, or E0373.
E0280	IN	NU RR UE	Yes	02 07	1 per 5 years (to prevent contact with bed coverings)
E0290	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272 are included in E0290. E0371 and E0372 can be used with E0290.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0291	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0277 can be used with E0291.
E0292	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272 are included in E0292. E0371 and E0372 can be used with E0292.
E0293	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0277 can be used with E0293.
E0294	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years, E0305, E0310, E0271, and E0272 are included in E0294. E0371 and E0372 can be used with E0294.
E0295	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0277 can be used with this E0295.
E0296	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0271, E0272 are included in E0296. E0371 and E0372 can be used with E0296.
E0297	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310, E0277 can be used with E0297.
E0300	IN	NU RR UE	Yes	02 07	1 per 5 years
E0301	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310 included in E0301. E0277 or E0372 can be used with E0301.
E0302	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305, E0310 included in E0302. E0277 or E0372 can be used with E0302
E0303	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. Weight is more than 350 pounds, but less than 600 pounds. E0271, E0272, E0305, E0310 included in E0303.
E0304	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. Weight exceeds 600 pounds. E0271, E0272, E0305, E0310 included in E0304
E0305	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0305 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 (not with E0310).
E0310	IN	NU RR UE	Yes	02 07	1 per 5 years. E0310 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 (not with E0305).
E0315	IN	NU RR UE	Yes	02 07	1 per 5 years
E0316	CR	KH KI KJ BP NU UE RR	Yes	02 07	1 per 5 years
E0325	IN	NU RR UE	No	02 07	1 unit = each, 1 per 3 months
E0326	IN	NU RR UE	No	02 07	1 unit = each, 1 per 3 months
E0371	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0372	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0373	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0277 can be used with E0372.
E0602	IN	NU RR UE	No	02 07	1 unit = each, 1 per female (mother and child medical separation)
E0603	IN	NU	No	02 07	1 unit = each, 1 per female (mother and child medical separation)
E0604	--	RR	Yes	02 07	1 unit = 1 month rental (mother and child medical separation)
E0605	IN	NU RR UE	No	02 07	1 unit = each, one per 24 months
E0606	CR	KH KI KJ BP NU UE	No	02 07	1 per 5 years
E0607	IN	NU RR UE	No	02 07	1 per 2 years
E0610	IN	NU RR UE	Yes	02 07	1 per 3 years
E0621	IN	NU RR UE	Yes	02 07	1 per 12 months
E0625	IN	NU RR UE	Yes	02 07	1 per 5 years
E0627	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0627.)
E0628	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0628.)
E0629	IN	NU RR UE	Yes	02 07	1 per 5 years (E0621 is included in the initial purchase of E0629.)
E0630	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, commode, and requires the assistance of more than one person. E0621 included in E0630.)
E0635	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, commode, and requires the assistance of more than one person. E0621 included in E0635.)
E0636	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 3 years (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636.)
E0637	IN	NU RR UE	Yes	02 07	1 per 5 years
E0638	IN	NU RR UE	Yes	02 07	1 per 5 years; small, medium, or large Prone or Supine Stander
E0650	IN	NU RR UE	Yes	02 07	1 per 5 years. E0650 can be used with E0671 - E0673.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0651	IN	NU RR UE	Yes	02 07	1 per 5 years. E0651 can be used with E0667 - E0669.
E0652	IN	NU RR UE	Yes	02 07	1 per 5 years. E0652 can be used with E0667 - E0669.
E0655	IN	NU RR UE	Yes	02 07	2 per 3 years. E0655 can be used with E0650.
E0660	IN	NU RR UE	Yes	02 07	2 per 3 years. E0660 can be used with E0650.
E0665	IN	NU RR UE	Yes	02 07	2 per 3 years. E0665 can be used with E0650.
E0666	IN	NU RR UE	Yes	02 07	2 per 3 years. E0666 can be used with E0650.
E0667	IN	NU RR UE	Yes	02 07	2 per 3 years. E0667 can be used with E0651 or E0652.
E0668	IN	NU RR UE	Yes	02 07	2 per 3 years. E0668 can be used with E0651 or E0652.
E0669	IN	NU RR UE	Yes	02 07	2 per 3 years. E0669 can be used with E0651 or E0652.
E0671	IN	NU RR UE	Yes	02 07	2 per 3 years. E0671 can be used with E0650.
E0672	IN	NU RR UE	Yes	02 07	2 per 3 years. E0672 can be used with E0650.
E0673	IN	NU RR UE	Yes	02 07	2 per 3 years. E0673 can be used with E0650.
E0675	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0700	IN	--	No	02 07	1 per 12 months
E0701	IN	NU RR UE	No	02 07	1 per 12 months
E0710	IN	--	No	02 07	8 per 12 months
E0720	TE	--	Yes	02 07	1 per 3 years
E0730	TE	--	Yes	02 07	1 per 3 years
E0731	TE	--	Yes	02 07	1 per 3 years
E0747	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM codes: 733.83, 755.8, 810.00-810.13, 812.00 - 813.93, 815.00-815.19, 820.00-821.39, 823.00-824.9, 825.25, 825.35, V45.4)
E0748	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM V45.4)
E0760	IN	NU RR UE	Yes	02 07	1 per 5 years (ICD-9-CM codes: 733.83, 807.00-807.3, 808.10-816.13, 820.00-826.1)
E0776	IN	NU RR UE	Yes	02 07	1 per 5 years
E0779	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0776 cannot be provided with E0779. Supplies used with E0779 are A4221, A4222, or K0552.
E0780	IN	--	Yes	02 07	1 per 5 years. E0776 cannot be provided with E0780. Supplies used with E0779 are A4221, A4222, or K0553.

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E0781	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0776 cannot be provided. Supplies used with E0779 are A4221, A4222, or K0554.
E0784	CR	KH KI KJ BP NU	Yes	02 07	1 per 5 years. E0776 cannot be provided with E0784.
E0791	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years. E0776 can be supplied separately when using E0791.
E0840	IN	NU RR UE	Yes	02 07	1 per 5 years
E0850	IN	NU RR UE	Yes	02 07	1 per 5 years
E0855	IN	NU RR UE	Yes	02 07	1 per 5 years
E0860	IN	NU RR UE	Yes	02 07	1 per 5 years
E0870	IN	NU RR UE	Yes	02 07	1 per 5 years
E0880	IN	NU RR UE	Yes	02 07	1 per 5 years
E0890	IN	NU RR UE	Yes	02 07	1 per 5 years
E0900	IN	NU RR UE	Yes	02 07	1 per 5 years
E0910	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 2 per 5 years (allowed for patient to sit up for respiratory condition, change in body position, or to get in or out of bed).
E0920	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0930	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0935	FS	RR	Yes	02 07	1 month maximum (per episode)
E0940	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0941	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E0942	IN	NU RR UE	No	02 07	1 per 5 years
E0944	IN	NU RR UE	No	02 07	1 per 5 years
E0945	IN	NU RR UE	No	02 07	1 per 5 years
E0946	CR	KH KI KJ BP NU UE	Yes	02 07	2 per 5 years
E0947	IN	NU RR UE	Yes	02 07	1 per 5 years
E0948	IN	NU RR UE	Yes	02 07	1 per 5 years
E0950	IN	NU RR UE	No	02 07	1 unit = each
E0951	IN	NU RR UE	No	02 06 07	1 unit = each
E0952	IN	NU RR UE	No	02 06 07	1 unit = each
E0955	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0956	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0957	IN	NU RR UE	Yes	02 06 07	1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0958	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 per 5 years
E0959	IN	NU RR UE	No	02 06 07	1 unit = pair
E0960	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0961	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0962	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0963	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0964	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0965	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0966	IN	NU RR UE	No	02 06 07	1 unit = each
E0967	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0968	CR	KH KI KJ BP NU UE	No	02 07	1 unit = each
E0969	IN	NU RR UE	No	02 07	1 unit = each
E0971	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0972	IN	NU RR UE	No	02 07	1 unit = each, 1 per 12 months
E0973	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0974	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0977	IN	NU RR UE	No	02 06 07	1 unit = each
E0978	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0980	IN	NU RR UE	Yes	02 06 07	1 unit = each
E0981	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607
E0982	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607
E0983	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 per 5 years
E0984	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0985	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0986	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E0990	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0992	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E0994	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0995	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607
E0997	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E0998	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E0999	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1001	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1002	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1003	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1004	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1005	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1006	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1007	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1008	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1009	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1010	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1011	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1012	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1013	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1014	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1015	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1016	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1017	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1018	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1019	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1020	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1021	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E1025	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1026	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1027	IN	NU RR UE	No	02 06 07	1 unit = each, replacement for wheelchair purchased
E1028	IN	NU RR UE	Yes	02 06 07	--
E1029	IN	NU RR UE	Yes	02 06 07	--
E1030	IN	NU RR UE	Yes	02 06 07	--

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1031	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1035	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E1037	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years, specialty products included in this code are pediatric strollers.
E1038	CR	KH KI KJ BP NU UE	Yes	02 07	1 per 5 years
E1050	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1060	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1065	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1070	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1083	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1084	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1087	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1088	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1091	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1092	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1093	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1100	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1110	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1150	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1160	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1161	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1170	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1171	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1172	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1180	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1190	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1195	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1200	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1210	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1211	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1220	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1221	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1222	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1223	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1224	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1225	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1226	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E1227	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1228	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1230	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1231	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1232	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1233	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1234	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1235	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1236	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1237	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1238	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
E1240	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1270	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1280	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1295	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 5 years
E1296	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1297	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1298	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years
E1340	IN	RP	No	02 06 07	PA required for repair of equipment purchased for member in nursing facility.
E1340	IN	UB	No	02 06 07	Used by RTS providers only. PA required for all repairs over \$1000.00
E1399	IN	UC	Yes	02 07	Use for child pediatric specialty equipment.
E1800	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1801	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1802	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1805	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1806	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1810	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1811	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1815	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1816	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E1818	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1820	CR	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E1821	CR	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E1825	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1830	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1840	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E1902	IN	NU RR UE	Yes	02 07	1 unit = each, 1 per 3 years
E2000	CR	KH KI KJ BP NU UE	Yes	02 07	1 unit = each, 1 per 3 years
E2100	IN	NU RR UE	Yes	02 07	1 per 3 years, visual impairment (e.g., best corrected visual acuity of 20/200 or worse)
E2101	IN	NU RR UE	Yes	02 07	1 per 3 years, manual dexterity impairments
E2201	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2202	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2203	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2204	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2310	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2311	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2320	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2321	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2322	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2323	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2324	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2325	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2326	IN	NU RR UE	Yes	02 06 07	1 per 2 years
E2327	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2328	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2329	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2330	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2331	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2340	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2341	IN	NU RR UE	Yes	02 06 07	1 per 5 years

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
E2342	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2343	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2351	IN	NU RR UE	Yes	02 06 07	1 per 5 years
E2360	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2361	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2362	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2363	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2364	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2365	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2366	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2367	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
E2500	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 included in E2500.
E2502	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 included in this code
E2504	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 included in this code
E2506	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. E0545 included in this code
E2508	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digitized and synthesized output. E0545 included in this code.
E2510	IN	NU RR UE	Yes	02 06 07	Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digitized and synthesized output. E0545 included in this code.
E2511	IN	NU RR UE	Yes	02 06 07	Speech-generating software program that enables a laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech-generating device. E0545 include in this code
E2512	IN	NU RR UE	Yes	02 06 07	E0545 is included in E2512.
E2599	IN	NU RR UE	Yes	02 06 07	E0545 is included in E2599.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
K0001	CR	KH KI KJ BP NU UE	No	02 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0002	CR	KH KI KJ BP NU UE	No	02 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0003	CR	KH KI KJ BP NU UE	No	02 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0004	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0005	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0006	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0007	CR	KH KI KJ BP NU UE	Yes	02 06 07	Use E0983 for add-on power packs, patients weighing over 300 pounds, 1 per 5 years.
K0010	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0011	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0012	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0014	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 5 years, refer to Section 607.
K0015	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0017	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0018	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0019	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0020	IN	NU RR UE	No	02 06 07	1 unit = pair
K0023	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0024	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0037	IN	NU RR UE	No	02 06 07	1 unit = each, 2 per 12 months
K0038	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0039	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0040	IN	NU RR UE	No	02 06 07	1 unit = each
K0041	IN	NU RR UE	No	02 06 07	1 unit = each
K0042	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0043	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0044	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0045	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0046	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0047	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
K0050	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0051	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0052	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0053	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0056	IN	NU RR UE	No	02 06 07	1 unit = each, 1 per 12 months
K0059	IN	NU RR UE	No	02 06 07	1 unit = each
K0060	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 606.
K0061	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 606.
K0064	IN	NU RR UE	No	02 06 07	1 unit = each
K0065	IN	NU RR UE	No	02 06 07	1 unit = each
K0066	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0067	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0068	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0069	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0070	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0071	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0072	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0073	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0074	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0075	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0076	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0077	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0078	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0081	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0090	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0091	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0092	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0093	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0094	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0095	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0096	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0097	IN	NU RR UE	No	02 06 07	1 unit = each
K0098	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0099	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0102	IN	NU RR UE	No	02 06 07	1 unit = each, 1 per 12 months
K0104	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years
K0105	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years

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K0106	IN	NU RR UE	No	02 07	1 unit = each, 1 per 5 years
K0108	--	NU UE	Yes	02 06 07	Direct service component codes RE-1 through RE-23 are to be used under this K0108 for RTS providers only.
K0108	--	RP	No	02 06 07	Repair to previously purchased wheelchair, include PA # on claim; RE-1 through RE-23 cannot be used with this modifier (requires PA).
K0112	PO	--	Yes	02 06 07	1 unit = each, 1 per 12 months
K0113	PO	--	Yes	02 06 07	1 unit = each, 1 per 12 months
K0114	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 12 months
K0115	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 12 months, refer to Section 607.
K0116	IN	NU RR UE	Yes	02 06 07	1 unit = each, 1 per 12 months, refer to Section 607.
K0195	CR	KH KI KJ BP NU UE	Yes	02 06 07	1 unit = each, refer to Section 607.
K0452	IN	NU RR UE	No	02 06 07	1 unit = each, refer to Section 607.
K0455	FS	RR	Yes	02 07	1 per 5 years
K0552	SU	KO KP KQ KX	No	02 07	1 unit = each, 20 per month. Intermittent infusions, one bag or cassette for each drug dose, and continuous cassettes, bag, or syringe.
K0601	IN	NU	No	02 07	replacement for already purchased equipment
K0602	IN	NU	No	02 07	replacement for already purchased equipment
K0603	IN	NU	No	02 07	replacement for already purchased equipment
K0604	IN	NU	No	02 07	replacement for already purchased equipment
K0605	IN	NU	No	02 07	replacement for already purchased equipment
K0620	SD	A1 A2 A3 A4 A5 A6 A7 A8 A9	No	02 07	1 unit = 1 linear yard, 3 per month, per wound
L8501	PO	--	No	02 07	1 unit = each, 1 per 3 months. ICD-9 V44.0 or V55.0
S5160	--	--	Yes	02 07	1 unit = 1 installation per member (per episode)
S5161	--	RR	Yes	02 07	1 unit = 1 month rental
S5162	IN	NU	Yes	02 07	1 unit = 1 time purchase per member every 3 years
S5497	PD	--	No	02 07	1 unit = 1 day, 31 per month

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S5498	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5501	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5502	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5517	PD	--	No	02 07	1 unit = 1 day, 31 per month (month is DOS driven and cannot cross fiscal year. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5518	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5520	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S5521	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S8100	IN	--	No	02 07	1 unit = each, 1 per 3 months
S8101	IN	--	No	02 07	1 unit = each, 1 per 3 months
S8265	--	--	No	02 07	1 unit = each, 4 per 3 months
S8420	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.99)
S8421	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.99)
S8422	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.99)
S8423	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.100)

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<u>Service Code</u>	<u>Payment Category</u>	<u>Modifiers Required</u>	<u>PA Required?</u>	<u>POS Required</u>	<u>Requirements and Limits</u>
S8424	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.100)
S8425	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.100)
S8426	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.100)
S8427	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.101)
S8428	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.102)
S8429	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.101)
S8430	IN	--	No	02 07	1 unit = each, 2 per 6 months (required ICD-9-CM: 457.0, 457.1, 757.0, 997.101)
S9325	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9326	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9327	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9328	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9329	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9330	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9331	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)

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S9336	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9338	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9339	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9340	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B4086 (B4086 can be billed separately for 21 and under), B9000, B9002, B9004, E0776).
S9341	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B4086 (B4086 can be billed separately for 21 and under), B9000, B9002, B9004, E0776).
S9342	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B4086 (B4086 can be billed separately for 21 and under), B9000, B9002, B9004, E0776).
S9343	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B4086 (B4086 can be billed separately for 21 and under), B9000, B9002, B9004, E0776).
S9345	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9346	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)

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S9347	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9348	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9349	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9351	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9353	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9355	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9357	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9359	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9361	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9363	PD	--	No	02 07	1 unit = 1 day, 31 per month. Included in rate are all equipment and supplies. (Do not bill with A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.)
S9364	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9365	PD	--	No	02 07	1 unit = 1 day, 31 per month

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S9366	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9367	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9368	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9370	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9372	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9373	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9374	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9375	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9376	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9377	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9434	IN	--	No	02 07	1 unit = each
S9435	IN	--	No	02 07	1 unit = each
S9490	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9494	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9497	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9500	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9501	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9502	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9503	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9504	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9537	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9538	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9542	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9558	--	--	No	02 07	1 unit = 1 day, 31 per month
S9559	--	--	No	02 07	1 unit = 1 day, 31 per month
S9560	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9562	PD	--	No	02 07	1 unit = 1 day, 31 per month
S9590	PD	--	No	02 07	1 unit = 1 day, 31 per month
T5001	IN	NU RR UE	Yes	02 07	1 per 3 years

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603 Modifiers

Modifiers

- A1 Dressing for one wound
- A2 Dressing for two wounds
- A3 Dressing for three wounds
- A4 Dressing for four wounds
- A5 Dressing for five wounds
- A6 Dressing for six wounds
- A7 Dressing for seven wounds
- A8 Dressing for eight wounds
- A9 Dressing for nine or more wounds
- BA Item furnished in conjunction with parenteral enteral nutrition (PEN) services
- BO Orally administered nutrition, not by feeding tube
- BP The beneficiary has been informed of the purchase and rental options and has elected to purchase the item (For MassHealth members, MassHealth has purchased the item for the member.) (Used on the 15th month of rental.)
- BR The beneficiary has been informed of the purchase and rental options and has elected to rent the item (For MassHealth members, member continues to rent, no more claims can be submitted, purchase price has been met. MassHealth will not purchase the item.) (Used on the 15th month of rental.)
- KH DME POS item, initial claim, purchase or first month rental (For MassHealth members' first claim.)
- KI DME POS item, second or third month rental
- KJ DME POS item, parenteral enteral nutrition (PEN) pump or capped rental, months four to 15 (For MassHealth members, months four through 14.)
- KR Rental item, billing for partial month
- KS Glucose monitor supply for diabetic beneficiary not treated with insulin
- KX Specific required documentation on file (For MassHealth members this modifier is required for insulin dependent diabetes management.)
- NR New when rented (Use the 'NR' modifier when DME that was new at the time of rental is subsequently purchased.)
- NU New equipment
- RP Replacement and repair – RP may be used to indicate replacement of DME, orthotic, and prosthetic devices that have been used for some time. The claim shows the code for the part, followed by the RP modifier and the charge for the part. (RE-1 through RE-23 cannot be used with this modifier.)
- RR Rental (Use the RR modifier when DME is to be rented.)
- SH Second concurrently administered infusion therapy (For MassHealth members this would be used if a second same-drug therapy is provided in a separate compounded IV bag for infusion over a service period for some of the same days as for the first.)
- SJ Third or more concurrently administered infusion therapy (For MassHealth members this would be used if a third or more same-drug therapy is provided in a separate compounded IV bag for infusion over a service period for some of the same days as for the first.)
- UB Used with E1340 by mobility “RTS” providers only, for in-home repair and servicing of customized mobility equipment.
- UC Medicaid level of care 12 (used for child pediatric specialized rehabilitation equipment by RTS providers only)
- UE Used durable medical equipment

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604 Place-of-Service Codes

The following are codes and descriptions for paper or electronic submission.

Type of Claim	Place-of-Service Code	Description
Paper	02	Member's home
	06	Nursing home
	07	Rest home
Electronic	12	Home
	31, 32	Skilled nursing facility, nursing facility
	33	Custodial care facility

605 Payment Categories

Each covered service code is assigned to one of the following payment categories. These categories help providers to identify applicable modifiers, and explain how MassHealth pays for the products or services.

<u>Category</u>	<u>Description</u>
CAP	Capitated rate (per episode)
CR	Capped rental
FS	Frequently serviced items
IN	Inexpensive and routinely purchased DME
OS	Ostomy, tracheostomy and urologicals
OX	Oxygen and oxygen equipment
PD	Daily per diem
PO	Prosthetics and orthotics
SD	Surgical dressings
SU	Supplies
TE	TENS

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606 Direct Service Component Codes

The following are codes and descriptions for customization of specialized mobility systems.

<u>Part Number</u>	<u>Description</u>
RE 1- Specialized	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, and follow-up (1 hour).
RE 2- Specialized	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up (2 hours).
RE 3- Specialized	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up (3 hours).
RE 4- Specialized	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up (4 hours).
RE 5- Specialized	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up (5 hours).
RE 6- Intermediate	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, custom fabrication of some parts (6 hours).

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606 Direct Service Component Codes (cont.)

<u>Part Number</u>	<u>Description</u>
RE 7- Intermediate	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, custom fabrication of some parts (7 hours).
RE 8- Intermediate	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, custom fabrication of some parts (8 hours).
RE 9- Intermediate	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, custom fabrication of some parts (9 hours).
RE 10-Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (10 hours).
RE 11- Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (11 hours).

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606 Direct Service Component Codes (cont.)

<u>Part Number</u>	<u>Description</u>
RE 12- Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (12 hours).
RE 13- Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (13 hours).
RE 14- Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (14 hours).
RE 15- Comprehensive	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufacturers (15 hours).
RE 16- Complex	Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (16 hours).

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606 Direct Service Component Codes (cont.)

<u>Part Number</u>	<u>Description</u>
RE 17- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trials of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (17 hours).</p>
RE 18- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (18 hours).</p>
RE 19- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (19 hours).</p>
RE 20- Complex	<p>Custom rehab equipment order requiring the consultation of a Rehab Technology Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (20 hours).</p>

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606 Direct Service Component Codes (cont.)

<u>Part Number</u>	<u>Description</u>
RE 21- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (21 hours).</p>
RE 22- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (22 hours).</p>
RE 23- Complex	<p>Custom rehab equipment order requiring the consultation of a rehab technology specialist (RTS) with a PT/OT or a wheelchair clinic and utilizing mobility/seating/positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction and follow-up. More time and complexity with multiple trials of equipment, very high level of complexity - may involve extensive time for trails of multiple products or interactions with several professionalsphysicians, therapist, teachers. Could include extended amount of custom fabrication (23 hours).</p>

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607 Wheelchair Base Codes with Options/Accessories

Base Code Options/Accessories

- E0951 Allowance includes when provided at the same time: E0951
- E0973 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0017, K0018, K0019
- E0973 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009
- E0981 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- E0990 Included in allowance when provided at the same time: E0995, K0043, K0044, K0045, K0046, K0047, K0053, used with a wheelchair that has been purchased, per leg set
- E0995 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, E0990
- E1161 Options included in the rate: K0015, K0017, K0018, K0019, E0973, E0981, E0982, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1230 Not used for a manual wheelchair with an add-on tiller control power pack. Ordered by physician with the following specialties only: physical medicine, orthopedic surgery, neurology, or rheumatology.
- E1231 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1232 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1233 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1234 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1235 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1236 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450

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607 Wheelchair Base Codes with Options/Accessories (cont.)

Base Code Options/Accessories

- E1237 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E1238 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450
- E2366
K0001 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014
Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450; can add E0983 for add-on power packs.
- K0002 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450; can add E0983 for add-on power packs.
- K0003 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450; can add E0983 for add-on power packs.
- K0004 Options included in the rate when provided at the same time: E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0022, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450; can add E0983 for add-on power packs.
- K0006 Options included in the rate when provided at the same time: E0973, E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0026, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0450; can add E0983 for add-on power packs.
- K0007 Used to add E0983 for add-on power packs, patient weighs over 300 pounds
- K0010 Options included in allowance when provided at the same time: E0971, E0981, E0995, E2366, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0081, K0089, K0090, K0092, K0094, K0096, K0098, K0099, K0452; not used for manual wheelchairs with add-on power packs.
- K0011 Options included in allowance when provided at the same time: E0971, E0981, E2366, E0995, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0081, K0089, K0090, K0092, K0094, K0096, K0098, K0099, K0452; not used for manual wheelchairs with add-on power packs.
- K0012 Included in allowance when provided at the same time: E0971, E0981, E0995, E2366, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0081, K0089, K0090, K0092, K0094, K0096, K0098, K0099, K0452; not used for manual wheelchairs with add-on power packs.

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607 Wheelchair Base Codes with Options/Accessories (cont.)

Base Code Options/Accessories

- K0014 Included in allowance when provided at the same time: E0971, E0981, E0995, E2366, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047 K0050, K0051, K0052, K0081, K0089, K0090, K0092, K0094, K0096, K0098, K0099, K0452; not used for manual wheelchairs with add-on power packs
- K0015 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014
- K0017 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, E0973
- K0018 Included in allowance when provided at the same time: E0973, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0019 Included in allowance when provided at the same time: E0973, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0026 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009
- K0038 Included in allowance for K0039
- K0039 Included in allowance for K0038
- K0042 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0043 Included in allowance when provided at the same time: E0990, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, K0045
- K0044 Included in allowance when provided at the same time: E0990, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, K0045, K0047
- K0045 Included in allowance when provided at the same time: E0990, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, K0043, K0044
- K0046 Included in allowance when provided at the same time: E0990, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, K0043
- K0047 Included in allowance when provided at the same time: E0990, E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014, K0044
- K0050 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0051 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0052 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014

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607 Wheelchair Base Codes with Options/Accessories (cont.)

Base Code Options/Accessories

- K0053 Included in allowance when provided at the same time: E0990
- K0060 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009
- K0061 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009
- K0066 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0069
- K0067 Included in allowance when provided at the same time: K0070
- K0068 Included in allowance when provided at the same time: K0070
- K0069 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0066
- K0070 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0067, K0068
- K0071 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0074, K0075
- K0072 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0075
- K0074 Included in allowance for K0071
- K0075 Included in allowance for K0071, K0072
- K0076 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0077
- K0077 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0076
- K0081 Included in allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014
- K0089 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014
- K0090 Included in allowance when provided at the same time: K0091, K0010, K0011, K0012, K0014, K0092
- K0091 Included in allowance when provided at the same time: K0090, K0092
- K0092 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014, K0090
- K0094 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014, K0096
- K0095 Included in allowance when provided at the same time: K0096

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607 Wheelchair Base Codes with Options/Accessories (cont.)

Base Code Options/Accessories

- K0096 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014, K0094, K0095
- K0098 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014
- K0099 Included in allowance when provided at the same time: K0010, K0011, K0012, K0014
- K0115 For use with custom fabricated seating components incorporated into a wheelchair base. This is not used for seating components that are ready made and subsequently modified to fit an individual patient.
- K0116 Used for either a one piece system, or when there are separate back and seat components. For use with custom fabricated seating components incorporated into a wheelchair base. This is not used for seating components that are ready made and subsequently modified to fit an individual patient.
- K0195 Included in the allowance when provided at the same time: K0043, K0044, K0045, K0046, K0047. Use only for capped rental wheelchair base, per pair.
- K0452 Included in the allowance when provided at the same time: E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0008, K0009, K0010, K0011, K0012, K0014

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608 Enteral Product Classification List

Service
Code

Product Name

B4100 Thick-It, Thick-It 2, Thicken Up, Thick & Easy, Thicken Right
B4150 AMTF
B4150 AMTF Diabetic
B4150 AMTF High Protein
B4150 AMTF Pediatric
B4150 Balanced - The Total Nutritional Drink (Instant Meal Replacement Drink)
B4150 Balanced - The Total Nutritional Drink (Ready-to-Drink Meal)
B4150 Boost
B4150 Boost High Protein
B4150 Boost with Fiber
B4150 Enfacare LIPIL
B4150 Enfamil
B4150 Enfamil A.R.
B4150 Enfamil A.R. LIPIL
B4150 Enfamil EnfaCare
B4150 Enfamil EnfaCare LIPIL
B4150 Enfamil Kindercal TF
B4150 Enfamil LactoFree
B4150 Enfamil LactoFree LIPIL
B4150 Enfamil LactoFree Low Iron
B4150 Enfamil LactoFree with Iron
B4150 Enfamil Next Step LIPIL
B4150 Enfamil Next Step ProSobee LIPIL
B4150 Enfamil Next ProSobee
B4150 Enfamil Next ProSobee LIPIL
B4150 Ensure
B4150 Ensure Fiber with FOS
B4150 Ensure High Calcium
B4150 Ensure HN
B4150 Ensure HP
B4150 Ensure Powder
B4150 Ensure with Fiber
B4150 Entera
B4150 Entera Isotonic
B4150 Entera Isotonic Fiber
B4150 Enteralife HN
B4150 Enterallfe HN Fiber
B4150 Enteralife HN-2
B4150 Entrition HN
B4150 Fiberlan

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608 Enteral Product Classification List (cont.)

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Code

Product Name

B4150	Fibersource
B4150	Fibersource HN
B4150	Fortison
B4150	Glytrol
B4150	Hearty Balance
B4150	Introlite
B4150	Isocal
B4150	IsocalHN
B4150	Isocal HN Plus
B4150	Isocal II
B4150	Isofiber
B4150	Isolan
B4150	Isomil
B4150	Isomil Advance Soy Formula with Iron
B4150	Isosource
B4150	Isosource HN
B4150	Jevity
B4150	Jevity 1 Cal
B4150	Jevity 1.2 Cal
B4150	Jevity Plus
B4150	Jevity RTH
B4150	Kindercal
B4150	Meritene
B4150	Naturite
B4150	Newtrition
B4150	Newtrition HN
B4150	Newtrition Isofiber
B4150	Newtrition Isotonic
B4150	Nitrolan (Nitro-Pro)
B4150	Nitro-Pro (Nitrolan)
B4150	NuBasics
B4150	NuBasics VHP
B4150	NuBasics with Fiber
B4150	Nutramigen
B4150	Nutrapak
B4150	Nutren 1.0
B4150	Nutren 1.0 with Fiber
B4150	Nutren Junior
B4150	Nutren Junior with Fiber
B4150	Nutren VHP

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608 Enteral Product Classification List (cont.)

Service

Code

Product Name

B4150	Nutri-Drink
B4150	NutriHeal Complete Nutrition for Healing Support
B4150	Nutrilan
B4150	Nutrition
B4150	NutriVir
B4150	NutriVir - NSA (No Sugar Added)
B4150	Osmolite
B4150	Osmolite 1 Cal
B4150	Osmolite 1.2 Cal
B4150	Osmolite HN
B4150	Osmolite HN Plus
B4150	PediaSure
B4150	Pediasure Enteral Formula
B4150	Pediasure with Fiber Enteral Formula
B4150	Portagen
B4150	ProBalance
B4150	Promote
B4150	Promote with Fiber
B4150	Resource
B4150	Resource Diabetic
B4150	Resource for Kids
B4150	Resource Just for Kids with Fiber
B4150	Similac Advance with Iron
B4150	Similac NeoSure
B4150	Similac NeoSure Advance
B4150	Similac with Iron
B4150	Susta II
B4150	Sustacal
B4150	Sustacal Basic
B4150	Sustacal Fiber
B4150	Ultracal
B4150	Ultracal HN Plus
B4151	Compleat-B
B4151	Advantage Plus – 10+
B4151	Advantage Plus – 60+
B4151	Compleat-B Modified
B4151	Complete Pediatric
B4151	KetoCal
B4151	ProSobee
B4152	AMTF High Cal 2.0

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608 Enteral Product Classification List (cont.)

Service

Code

Product Name

B4152	AMTF Pulmonary
B4152	AMTF Renal 2.0
B4152	Boost Plus
B4152	Comply
B4152	Deliver 2.0
B4152	Ensure Plus
B4152	Ensure Plus HN
B4152	Ensure Plus HN Ready-to-Hang
B4152	Entrition 1.5
B4152	Hi-Cal
B4152	Hormel Solutions Balanced Fortified Nutrition
B4152	IsoSource 1.5
B4152	Isotera Isotonic
B4152	Jevity 1.5 Cal
B4152	Magnacal
B4152	Naturite Plus
B4152	Nestle VHC 2.25 Complete Very High Calorie Liquid Nutrition
B4152	Newtrition 1.5
B4152	Novasource 2.0
B4152	NovaSource Pulmonary
B4152	NuBasics 2.0 Complete
B4152	NuBasics Plus
B4152	Nutren 1.5
B4152	Nutren 2.0
B4152	NutriAssist 1.5
B4152	Nutri-Drink Plus
B4152	Nutrition Plus
B4152	Prosurgex
B4152	Resource 2.0
B4152	Resource just for Kids 1.5 Cal
B4152	Resource just for Kids 1.5 Cal with fiber
B4152	Resource Plus
B4152	Resource Support
B4152	Respalor
B4152	ScandiShake
B4152	Sustacal HC
B4152	Sustacal Plus
B4152	Twocal HN
B4152	Ultralan
B4153	Accupepha

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608 Enteral Product Classification List (cont.)

Service
Code

Product Name

B4153	Alimentum Protein Hydrolysate Formula with Iron
B4153	CriticareHN
B4153	Crucial Complete Elemental Diet
B4153	Cyclinex-1
B4153	Cyclinex-2
B4153	EleCare
B4153	Entamil Nutramigen
B4153	Entamil Nutramigen LIPIL
B4153	Entamil Pregestimil
B4153	F.A.A. (Free Amino Acid Diet)
B4153	Glutarex-1
B4153	Glutarex-2
B4153	Glutasorb
B4153	Hominex-1
B4153	Hominex-2
B4153	IMPACT Glutamine
B4153	IntensiCal Ready-to-Hang
B4153	Isotein
B4153	I-Valex-1
B4153	I-Valex-2
B4153	Ketonex-1
B4153	Ketonex-2
B4153	L-Emental
B4153	L-Emental Pediatric
B4153	Neocate Infant Formula
B4153	Neocate Junior
B4153	Neocate One + Liquid
B4153	Neocate One + Powder
B4153	Optimental
B4153	Pediatric Peptinex DT
B4153	Pediatric Peptinex DT with Fiber
B4153	PepditeOne+
B4153	Peptamen 1.5
B4153	Peptamen Complete Elemental Diet with FOS/Inulin
B4153	Peptamen Complete Elemental Diet with Prebio 1
B4153	Peptamen Junior Complete Elemental Diet for Children
B4153	Peptamen Junior Complete Elemental Diet for Children - Powder
B4153	Peptical
B4153	Peptinex DT
B4153	Phenex-1

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608 Enteral Product Classification List (cont.)

Service

Code

Product Name

B4153	Phenex-2
B4153	Phenex-2, Vanilla
B4153	PKU-Gel
B4153	Precision HN
B4153	Precision Isotera
B4153	Propimex-1
B4153	Propimex-2
B4153	Reabilan
B4153	Subdue
B4153	Subdue Plus
B4153	Subdue Ready-to-Hang
B4153	Travasorb HN
B4153	Tyrex-1
B4153	Tyrex-2
B4153	Vital HN
B4153	Vivonex HN
B4153	Vivonex Pediatric
B4153	Vivonex RTF
B4154	3200AB
B4154	3232A
B4154	Acerflex
B4154	Advera
B4154	Alitrag
B4154	AminAid
B4154	AMTF Renal
B4154	AMTF Trauma
B4154	Analog Formulas XP
B4154	Analog Formulas MSUD
B4154	Analog Formulas XPHEN, TYR
B4154	Analog Formulas XPTM
B4154	Analog Formulas XMTVI
B4154	Analog Formulas XMET
B4154	Analog Formulas XLYS, TRY
B4154	Analog Formulas XLEU
B4154	BCAD 2
B4154	Calcilo XD
B4154	Choice DM
B4154	Citrotein
B4154	Diabetisource
B4154	Diabetisource AC

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608 Enteral Product Classification List (cont.)

Service

<u>Code</u>	<u>Product Name</u>
B4154	Entera OPD
B4154	Fulfil
B4154	Glucerna
B4154	Glucerna Select
B4154	Glucerna Shake
B4154	Glucerna Weight Loss Shake
B4154	Gluco-Pro
B4154	HCY 2
B4154	Hepatic-Aid
B4154	Immun-Aid
B4154	Impact
B4154	Impact 1.5
B4154	Impact Recover
B4154	Impact with Fiber
B4154	Isosource VHN
B4154	L-Emental Hepatic
B4154	L-Emental Plus
B4154	Lipisorb
B4154	Magnacal Renal
B4154	Maxamaid Formulas XP
B4154	Maxamaid Formulas MSUD
B4154	Maxamaid Formulas XPHEN, TYR
B4154	Maxamaid Formulas XMTVI
B4154	Maxamaid Formulas XMET
B4154	Maxamaid Formulas XLYS, TRY
B4154	Maxamaid Formulas XLEU
B4154	Maxamum Formulas XP
B4154	Maxamum Formulas MSUD
B4154	Maxamum Formulas XMTVI
B4154	Maxamum Formulas XMET
B4154	Maxamum Formulas XLYS, TRY
B4154	Maxamum Formulas XLEU
B4154	Modulen IBD
B4154	MSUD Diet Powder
B4154	Nepro
B4154	Novasource Renal
B4154	Nutrifocus
B4154	NutriHep
B4154	NutriRenal
B4154	Nutrivent

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608 Enteral Product Classification List (cont.)

Service
Code

Product Name

B4154	Oxepa
B4154	Peptamen
B4154	Peptamen Junior
B4154	Peptamen VHP
B4154	Perative
B4154	Periflex
B4154	PhenylAde Drink Mix
B4154	PhenylAde 40 Drink Mix
B4154	Phenyl-Free 1
B4154	Phenyl-Free 2
B4154	Phenyl-Free 2 HP
B4154	Pregestimil
B4154	Pro-Peptide
B4154	Pro-Peptide for Kids
B4154	Pro-Petide VHN
B4154	Protain XL
B4154	Provide
B4154	Pulmocare
B4154	Reabilan HN
B4154	Renalcal
B4154	Replete
B4154	Replete with Fiber
B4154	SandoSource Peptide
B4154	Similac PM 60/40
B4154	SLD (Surgical Liquid Diet)
B4154	Stresstein
B4154	Suplena (Replena)
B4154	Tarvil
B4154	Traumacal
B4154	Travasorb Hepatic
B4154	Travasorb MCT
B4154	Travasorb Renal
B4154	TYROS 2
B4154	Vivonex Plus
B4154	Vivonex T.E.N.
B4154	WND 2
B4155	80056
B4155	ArgiMent
B4155	Boost Breeze
B4155	Casec

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608 Enteral Product Classification List (cont.)

Service
Code

Product Name

B4155	Duocal (Super Soluble)
B4155	Egg/Pro Powder
B4155	Elementra
B4155	EMF (Enzymatic Modular Food)
B4155	Enlive
B4155	EPULOR
B4155	Essential ProPlus
B4155	Essential Protein
B4155	Fibrad
B4155	Hi ProCal
B4155	Immunocal
B4155	Juven with Arginine, Glutamine and HMB
B4155	L-Emental Amino Acid Supplement 100% L- Arginine
B4155	L-Emental Amino Acid Supplement 100% L- Glutamine
B4155	L-Emental Amino Acid Supplement Drink mix
B4155	LPS 15/30
B4155	MCT Oil
B4155	Microlipid
B4155	Moducal
B4155	Nestle Additions Calorie and Protein Food Enhancer
B4155	NutriMod Protein Supplement
B4155	Pedialyte
B4155	Peptinex
B4155	PFD 2
B4155	PhenylAde Amino Acid Blend
B4155	PhenylAde MTE Amino Acid Blend
B4155	Phlexy-IO Drink Mix
B4155	PKU-Express
B4155	Polycose
B4155	Procare
B4155	ProCell Protein Supplement
B4155	Promix
B4155	ProMod
B4155	Propac Plus
B4155	ProPass Protein Supplement
B4155	Pro-Phree
B4155	ProSource Protein Supplement
B4155	Pro-Stat 64
B4155	ProSure
B4155	Proteinex Liquid (8 oz., 16 oz. bottle)

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608 Enteral Product Classification List (cont.)

Service

<u>Code</u>	<u>Product Name</u>
B4155	ProViMin
B4155	RCF (Ross Carbohydrate Free)
B4155	Resource Arginaid
B4155	Resource Arginaid Extra
B4155	Resource Benecalorie
B4155	Resource Beneprotein Instant Protein Powder
B4155	Resource Diabeticshield
B4155	Resource Fruit Beverage (Novartis Nutrition)
B4155	Resource GlutaSolve
B4155	Resource Instant Protein Powder
B4155	Restore-X
B4155	Resurgex
B4155	SoyPro
B4155	Sumacal
B4155	Sysco Classic Lactose Free ProCal
B4155	UpCal D
B4156	Precision LR Powder
B4156	Tolerex
B4156	Travasorb STD Powder
B4156	Vivonex STD Powder

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609 Absorbent Product Classification List

Service
Code

Product Name

A4521	All Through the Night
A4521	Ambese
A4521	At Ease Premium Plus Adult Brief
A4521	Attends
A4521	Comfort Touch Fitted Brief
A4521	Confidence Premium Full Fit
A4521	Cuties
A4521	Depend
A4521	Dignity
A4521	Driflo
A4521	Dry Comfort
A4521	Duro-Med
A4521	First Quality
A4521	GEPCO
A4521	Griffin
A4521	Hartmann Moliform
A4521	MaxiCare
A4521	Molicare
A4521	Prevail
A4521	Promise
A4521	Protection Plus
A4521	Reassure
A4521	Secure
A4521	Select
A4521	SIMPLICITY
A4521	Slimline
A4521	Stanford
A4521	SureCare
A4521	SuretyS
A4521	Tena
A4521	Tranquililty
A4521	UltraShield
A4521	UltraSure
A4521	Unigard
A4521	Wings
A4521	Woodbury
A4522	All Through the Night
A4522	At Ease

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4522	Attends
A4522	Comfort Touch
A4522	Confidence
A4522	CVS
A4522	Depend
A4522	Dignity
A4522	Driflo
A4522	Dry Comfort
A4522	Duro-Med
A4522	Entrust+
A4522	First Quality
A4522	Hartmann Moliform
A4522	Kendall
A4522	MaxiCare
A4522	Molicare
A4522	Nightingale
A4522	Prevail
A4522	Promise
A4522	Protection Plus
A4522	Reassure
A4522	Secure
A4522	Select
A4522	Serenity
A4522	SIMPLICITY
A4522	Slimline
A4522	Stanford
A4522	SureCare
A4522	SuretyS
A4522	Tena
A4522	Tranquility
A4522	Trim Line
A4522	Ultra
A4522	UltraShield
A4522	UltraSure Plus
A4522	Wings
A4522	Woodbury
A4523	All Through the Night
A4523	At Ease Premium Plus Adult Brief

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4523	Attends
A4523	Classic Plus
A4523	Comfort Touch Fitted Brief
A4523	Confidence Premium Full Fit
A4523	Depend
A4523	Dignity
A4523	Driflo
A4523	Dry Comfort
A4523	Duro-Med
A4523	Entrust+
A4523	First Quality
A4523	Hartmann Moliform
A4523	Kendall
A4523	LDR
A4523	MaxiCare
A4523	Molicare
A4523	Nightingale
A4523	Prevail
A4523	Protection Plus
A4523	Reassure
A4523	Secure
A4523	Select
A4523	SIMPLICITY
A4523	Slimline
A4523	Stanford
A4523	SureCare
A4523	SuretyS
A4523	Tena
A4523	Tena Plus
A4523	Tranquililty
A4523	Trim Line
A4523	UltraShield
A4523	UltraSure Plus
A4523	Wings
A4523	Woodbury
A4524	All Through the Night
A4524	At Ease

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4524	Attends
A4524	Comfort Touch Fitted Brief
A4524	Confidence Premium Full Fit
A4524	CVS
A4524	Depend
A4524	Dignity
A4524	Driflo
A4524	Dry Comfort
A4524	Duro-Med
A4524	Entrust+
A4524	First Quality
A4524	Hartmann Moliform
A4524	MaxiCare
A4524	Molicare
A4524	Prevail
A4524	Promise
A4524	Protection Plus
A4524	Reassure
A4524	Secure
A4524	Select
A4524	SIMPLICITY
A4524	Slimline
A4524	Stanford
A4524	SureCare
A4524	SuretyS
A4524	Tena
A4524	Tranquility
A4524	Ultra
A4524	UltraShield
A4524	UltraSure Plus
A4524	Wings
A4524	Woodbury
A4529	Huggies Supreme, size 1
A4529	Huggies Supreme, size 2
A4529	Huggies Supreme, size 3
A4529	Huggies Ultratrim, size 2
A4529	Huggies Ultralim, size 3
A4529	Huggies Overnight, size 3

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4529	Pampers Swaddlers, size 2
A4529	Pampers Cruisers, size 3
A4529	Pampers Baby Dry, size 2
A4529	Pampers Baby Dry, size 3
A4529	Luvs, size 2
A4529	Luvs, size 3
A4529	Walgreens, size small
A4529	Walgreens, size medium
A4529	CVS, small
A4529	CVS, medium
A4530	Huggies Overnites, size 4
A4530	Huggies Overnites, size 5
A4530	Huggies Supreme, size 4
A4530	Huggies Supreme, size 5
A4530	Huggies Supreme, size 6
A4530	Huggies Ultratrim, size 4
A4530	Huggies Ultraslim, size 5
A4530	Pampers Cruisers, size 4
A4530	Luvs, size 4
A4530	Luvs, size 5
A4530	Luvs, size 6
A4530	Walgreens, size large
A4530	Walgreens, size extra large
A4530	CVS, small
A4530	CVS, medium
A4531	Huggies Girls' Pull-ups, size medium
A4531	Huggies Boys' Pull-ups, size medium
A4531	Trim Fit Good Night Pull-ups, Size medium
A4532	Trim Fit Good Night Pull-ups, size large
A4532	Trim Fit Good Night Pull-ups, size extra-large
A4532	Huggies Boys' Pull-Ups, size large
A4532	Huggies Boys' Pull-Ups, size extra-large
A4532	Huggies Girls' Pull-Ups, size large
A4532	Huggies Girls' Pull-Ups, size extra large
A4532	Goodnight Pull-Ups, large

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4532	Goodnight Pull-Ups, extra large
A4533	Attends
A4533	First Quality
A4533	Paper Pack
A4533	Wings
A4533	Tena
A4533	Provide
A4534	Attends Belted
A4534	First Quality
A4534	Provide
A4534	Tena
A4534	Paper Pack
A4554	Conquest
A4554	Surety
A4554	Maxima
A4554	Duro-Med
A4554	Priva
A4554	Americare
A4554	Terndersorb
A4554	UltraShield
A4554	Wings
A4554	Polyguard
A4554	Maicare
A4554	Durasorb
A4535	Aqua-Gel
A4535	At Ease
A4535	Attends
A4535	Briefmate
A4535	Comfort Touch
A4535	Companion
A4535	Confidence
A4535	Coveen
A4535	CVS
A4535	Depend
A4535	Dignity
A4535	DURA TEX
A4535	Duro-Med
A4535	First Quality

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

A4535	Flush Safe
A4535	Free & Active
A4535	Free & Active
A4535	HadiCare
A4535	Harmonie
A4535	Hartmann Moliform
A4535	ManHood
A4535	Maxishield
A4535	Minigard
A4535	Molimed
A4535	Poise
A4535	Prefer
A4535	Premeir
A4535	Presence
A4535	Prevail
A4535	Primcare
A4535	Protection Plus
A4535	Reassure
A4535	Safe & Dry
A4535	Sani-Pad
A4535	Secure
A4535	Select
A4535	Serenity
A4535	Stanford
A4535	Surecare
A4535	SuretyS
A4535	Tena
A4535	Tena
A4535	Tranquility
A4535	Unigard
A4535	Woodbury

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609 Absorbent Product Classification List (cont.)

Service
Code

Product Name

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