DME Fee Schedule FAQ's

The following DME schedule will be up dated once every quarter. Below are some areas that need some additional explanation.

- Allowable amount is $0.00 – when you see this it will require the pricing documentation to be included with the Prior Authorization request or Claim submission.
- 999 maximum amount – this number is incorrect as it is a default status, and is in the process of being corrected. Please call for the correct maximum allowed.
- When the column of Prior Authorization and/or Healthy Connections is blank neither a Prior Authorization and/or a Health Connections referral is required to submit a claim for consideration.

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
0100B	ENVIRONMENTAL MODIFICATION	$0.00	1	999	PA Required	Referral Required
0280B	PERS - INSTALL	$0.00	1	999	PA Required	Referral Required
0290B	PERS - MONTHLY FEE	$0.00	1	999	PA Required	Referral Required
0310B	SPECIAL MEDICAL EQUIPMENT/SU	$0.00	1	999	PA Required	Referral Required
0659P	PERSONAL EMERGENCY RESPONSE SYST	$0.00	1	1	PA Required	
0660P	PERSONAL EMERGENCY RESPONSE SYST	$33.83	1	1	PA Required	
0669P	HOME MODIFICATION	$0.00	1	1	PA Required	
0970T	ENVIRONMENTAL ACCESSIBILITY	$0.00	1	1	PA Required	Referral Required
0975T	SPECIALIZED MEDICAL EQUIPMENT	$0.00	1	1	PA Required	Referral Required
0980T	PERSONAL EMERGENCY RESPONSE SYST	$0.00	1	1	PA Required	Referral Required
0985T	PERSONAL EMERGENCY RESPONSE SYST	$33.83	1	1	PA Required	Referral Required
1399P	ASSISTIVE TECHNOLOGY	$0.00	1	1	PA Required	
50186	CHIN STRAP, USE W/CPAP	$18.02	1	999	PA Required	Referral Required
86890	AUTLOGOUS BLOOD OR COMPONENT; PRE	$38.57	1	1		Referral Required
90371	HEPATITIS B IMMUNE GLOBULIN, HUMAN	$0.00	1	1		Referral Required
90655	INFLUENZA VIRUS VACCINE	$8.31	1	1		
90657	INFLUENZA VIRUS VACCINE SPLIT VIRUS	$10.10	1	1		
90658	INFLUENZA VIRUS VACCINE SPLIT VIRUS	$10.10	1	1		
90660	INFLUENZA VIRUS VACCINE, LIVE	$4.81	1	1		
90700	D.P. AND ACELLULAR PERTUSIS	$23.00	1	1		
90701	DPT OR DTP VACCINE	$17.23	1	1		
90702	DT TOXOID INJ	$6.33	1	1		
90703	TETANUS TOXOID	$4.00	1	1		
90704	MUMPS VACCINE	$18.25	1	1		
90705	MEASLES VACCINE	$17.55	1	1		
90706	RUBELLA VACCINE	$17.55	1	1		
90707	MMR VACCINE	$30.00	1	1		
90708	MEASLES AND RUBELLA VACCINE	$22.30	1	1		
90712	ORAL POLIO VACCINE	$16.22	1	1		
90713	POLIOMYELITIS VACCINE	$18.00	1	1		
90716	IMMUNIZATION, ACTIVE; VARICE	$46.00	1	1		
90717	YELLOW FEVER VACCINE	$38.00	1	1		
90718	TETANUS AND DIPHTHERIA TOXOI	$5.00	1	1		
90719	DIPHTHERIA TOXOID	$5.00	1	1		
90720	D.T.P. AND HIB VACCINE	$38.00	1	1		
90721	IMMUNIZATION, ACTIVE; DTAP A	$45.00	1	1		
90725	CHOLERA VACCINE	$5.00	1	1		
90727	PLAGUE VACCINE	$4.00	1	1		
90732	PNEUMOCOCCAL POLYVALENT PNEUMOV	$23.28	1	1		
90733	MENINGOCOCCAL POLYSACCHARDE	$55.00	1	1		
90735	ENCEPHALITIS VACCINE	$0.00	1	1		
90744	IMMUNIZATION,ACTIVE, HEPATIT	$23.50	1	1		
90746	IMMUNIZATION,ACTIVE-HEPATITU	$52.50	1	1		
90747	IMMUNIZATION ACTIVE HEPATITU	$100.00	1	1		
90749	UNLISTED IMMUNIZATION PROCED	$0.00	1	1		
90782	INJECTION THERAPEUTIC OR DIA	$3.44	1	1		
90788	INTRAMUSCULAR INJECTION OF A	$3.77	1	1		
92506	MEDICAL EVALUATION SPEECH LA	$87.34	1	1		Referral Required
92620	EVAL OF CENTRAL AUDITORY FUNCTION	$38.80	1	1		Referral Required
92621	EVAL OF CENTRAL AUDITORY FUNCTION	$9.32	1	4		Referral Required
92625	ASSESSMENT OF TINNITUS	$38.14	1	2		Referral Required
94760	NONINVASIVE EAR/PULSE OXIMET	$3.63	1	1		Referral Required
94799	UNLISTED PULMONARY SERVICE O	$0.00	1	1		Referral Required
97504	ORTHOTICS FITTING/TRAINING,	$24.68	1	8		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A4206	SYRINGE W/NEEDLE STERILE 1CC	$0.21	1	999		Referral Required
A4207	SYRINGE W/NEEDLE STERILE 2CC	$0.14	1	999		Referral Required
A4208	SYRINGE W/NEEDLE, STERILE 3C	$0.14	1	999		Referral Required
A4209	SYRINGE W/NEEDLE	$0.28	1	999		Referral Required
A4211	SUPPLIES FOR SELF-ADMINISTERED INJE	$38.40	1	999		Referral Required
A4212	HUBER-TYPE NEEDLE, EACH	$12.50	1	999		Referral Required
A4213	SYRINGE, STERILE 20CC OR GREATER	$0.60	1	999		Referral Required
A4215	NEEDLES ONLY, STERILE, ANY SIZE	$0.25	1	999		Referral Required
A4216	STERILE WATER/SALINE 10ML	$0.45	1	999		Referral Required
A4217	STERILE WATER/SALINE 500 ML	$3.13	0	199		Referral Required
A4220	REFILL KIT FOR INFUSION PUMP	$0.00	1	999		Referral Required
A4221	SUPPLIES FOR MAINTENANCE DRU	$21.23	1	5		Referral Required
A4222	SUPPLIES EXT.DRUG INFUSION P	$42.13	1	999		Referral Required
A4223	INFUSION SUPPLIES NOT USED W EXT	$0.00	1	500		Referral Required
A4232	SYRINGE W/NEEDLE EXTERNAL IN	$2.49	1	999	PA Required	Referral Required
A4244	ALCOHOL OR PEROXIDE, PER PINT	$0.86	1	999		Referral Required
A4245	ALCOHOL WIPES, PER BOX	$1.65	1	5		Referral Required
A4246	BETADINE OR PHISOHEX SOLUTION PER P	$10.91	1	999		Referral Required
A4247	BETADINE OR IODINE SWABS/WIPES, PER	$10.98	1	4		Referral Required
A4248	CHLORHEXIDINE CONTAINING ANTISEPTI	$1.73	0	199		Referral Required
A4250	URINE TES OR REAGENT STRIPS OR TABL	$33.00	1	999		Referral Required
A4253	BLOOD GLUCOSE TEST STRIPS/HO	$34.70	1	6		Referral Required
A4254	REPLACEMENT BATTERY,ANY TYPE GLUCO	$6.28	1	2		Referral Required
A4255	PLATFORMS FOR HOME GLUCOSE MONITO	$3.92	1	2		Referral Required
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOL	$10.92	1	1		Referral Required
A4257	REPLACEMENT LENS SHEILD CARTRIDGE	$12.69	1	1	PA Required	Referral Required
A4258	SPRING-POWERED DEVICE FOR LA	$16.93	1	1		Referral Required
A4259	LANCETS, BOX 100 = 1 UNIT	$10.38	1	4		Referral Required
A4260	NORPLANT CONTRACEPTIVE	$402.00	1	1		
A4261	CERVICAL CAP FOR CONTRACEPTI	$0.00	0	999		
A4262	TEMP ABSORBABLE LACRIMALDUCT	$0.00	1	999		Referral Required
A4263	PERM. NON DISSOLUABLE LACRIMAL DUCT	$31.59	1	999		Referral Required
A4280	ADHESIVE SKIN ATTACHMENT	$4.57	1	999		Referral Required
A4281	TUBING FOR BREAST PUMP REPLACEMENT	$7.50	1	1	PA Required	Referral Required
A4283	CAP FOR BREAST PUMP BOTTLE	$1.12	1	4	PA Required	Referral Required
A4284	BREAST SHIELD AND SPLASH PROTECTOR	$17.25	1	4	PA Required	Referral Required
A4285	POLYCARBONATE BOTTLE FOR USE WITH	$3.50	1	4	PA Required	Referral Required
A4286	LOCKING RING FOR BREAST PUMP	$0.00	1	2	PA Required	Referral Required
A4290	SACRAL NERVE STIMULATION TEST	$0.00	1	999		Referral Required
A4305	DISPOSABLE DRUG DELIVERY SYS	$8.80	1	121		Referral Required
A4306	DISPOSABLE DRUG DELIVERY SYS	$8.80	1	121		Referral Required
A4310	INSERTION TRAY W/O DRAINAGE BAG	$6.26	1	2		Referral Required
A4311	INSERTION TRAY WO/DRAINAGE BAG W/CA	$12.04	1	1		Referral Required
A4312	INSERT TRAY, INDWEL CATH, W/O BAG,	$14.62	1	1		Referral Required
A4313	INSERTION TRAY W/O BAG, W/CATH, 3-W	$15.02	1	1		Referral Required
A4314	INSERTION TRAY W//DRAINAGE W	$20.50	1	1		Referral Required
A4315	INSERT TRAY SILICONE W/DRAINAGE BAG	$21.39	1	1		Referral Required
A4316	INSERT TRAY,W/BAG & INDWEL CATH, 3-	$23.03	1	1		Referral Required
A4319	STERILE WATER IRRIGATION	$6.04	1	999		Referral Required
A4320	IRRIGATION TRAY FOR BLADDER	$5.08	1	999		Referral Required
A4321	THERAPEUTC AGENT FOR URINARY CATHE	$0.00	1	999		Referral Required
A4322	IRRIGATION SYRINGE,BULB OR PISTON	$2.53	1	999		Referral Required
A4323	STERILE SALINE IRR SOLUTION 1000 ML	$8.37	1	999		Referral Required
A4326	MALE EXTERNAL CATHETER SPECIALTY TY	$10.29	1	35		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A4327	FEMALE EXTERNAL URINARY COLLECTION	$42.56	1	5		Referral Required
A4328	FEMALE EXT URINARY COLLECTION DEVIC	$9.42	1	31		Referral Required
A4331	EXTENSION DRAINAGE TUBING	$3.04	1	999		Referral Required
A4332	LUBRICANT IND. STERILE PACKET	$0.12	1	999		Referral Required
A4333	URINARY ANCHORING DEVICE	$2.10	1	13		Referral Required
A4334	URINARY CATHETER ANCHORING DEVICE	$4.71	1	1		Referral Required
A4335	INCONTINENCE SUPPLY, MISCELLANEOUS	$0.00	1	999		Referral Required
A4338	FOLEY CATHETER	$11.70	1	1		Referral Required
A4340	INDWELLING CATHETER SPECIALITY TYPE	$30.28	1	1		Referral Required
A4344	INDWELLING CATHETER, FOLEY TYPE, TW	$12.99	1	2		Referral Required
A4346	INDWEL CATH,FOLEY,3-WAY,CONTINUOUS	$15.89	1	1		Referral Required
A4348	MALE EXTERNAL CATHETER	$26.55	1	2		Referral Required
A4349	MALE EXTERNAL CATHETER, W OR W/O A	$0.00	1	36		Referral Required
A4351	INTERMITTANT URINARY CATHETER	$1.47	1	5		Referral Required
A4352	INTERMITTENT URINARY CATHETER	$6.12	1	5		Referral Required
A4353	INTERMITTENT URINARY CATHETER,W/INS	$6.67	1	6		Referral Required
A4354	CATHETER INSERTION	$10.58	1	1		Referral Required
A4355	CONTINUOS IRRIG TUBING SET F	$7.23	1	31		Referral Required
A4356	INCONTINENCE CLAMP	$36.99	1	1		Referral Required
A4357	URINARY DRAINING BAG	$7.86	1	2		Referral Required
A4358	URINARY DRAINAGE BAG	$5.38	1	2		Referral Required
A4361	OSTOMY FACE PLATE - EACH	$17.52	1	3		Referral Required
A4362	SKIN BARRIER, 4X4 OR EQUIVOLENT EAC	$3.30	1	20		Referral Required
A4364	OSTOMYSKIN BOND OR CEMET (PER OZ)	$2.80	1	4		Referral Required
A4365	OSTOMY ADHESIVE REMOVE WIPES; 50 PE	$10.80	1	999		Referral Required
A4366	OSTOMY VENT, ANY TYPE	$2.81	1	199		Referral Required
A4367	OSTOMY BELT	$6.58	1	1		Referral Required
A4368	OSTOMY FILTER ANY TYPE, EACH	$0.25	1	999		Referral Required
A4369	OSTOMY SKIN BARRIER	$1.96	1	999		Referral Required
A4370	OSTOMY SKIN BARRIER	$3.22	1	999		Referral Required
A4371	OSTOMY SKIN BARRIER	$3.43	1	999		Referral Required
A4372	OSTOMY SKIN BARRIER	$3.98	1	999		Referral Required
A4373	OSTOMY SKIN BARRIER	$5.99	1	999		Referral Required
A4374	OSTOMY SKIN BARRIER	$8.05	1	999		Referral Required
A4375	OSTOMY POUCH, DRAINABLE	$16.38	1	999		Referral Required
A4376	OSTOMY POUCH, DRAINABLE	$45.38	1	999		Referral Required
A4377	OSTOMY POUCH, DRAINABLE	$4.09	1	999		Referral Required
A4378	OSTOMY POUCH, DRAINABLE	$29.33	1	999		Referral Required
A4379	OSTOMY POUCH, URINARY	$14.33	1	999		Referral Required
A4380	OSTOMY POUCH, URINARY	$35.60	1	999		Referral Required
A4381	OSTOMY POUCH, URINARY	$4.40	1	999		Referral Required
A4382	OSTOMY POUCH, URINARY	$23.48	1	999		Referral Required
A4383	OSTOMY POUCH	$26.89	1	999		Referral Required
A4384	OSTOMY FACEPLATE	$9.18	1	999		Referral Required
A4385	OSTOMY SKIN BARRIER	$4.86	1	999		Referral Required
A4386	OSTOMY SKIN BARRIER	$6.41	1	999		Referral Required
A4387	OSTOMY POUCH CLOSED,	$3.83	1	999		Referral Required
A4388	OSTOMY POUCH, DRAINABLE	$4.16	1	999		Referral Required
A4389	OSTOMY POUCH, DRAINABLE	$5.93	1	999		Referral Required
A4390	OSTOMY POUCH, DRAINABLE	$9.17	1	999		Referral Required
A4391	OSTOMY POUCH, URINARY	$6.74	1	999		Referral Required
A4392	OSTOMY POUCH, URINARY	$6.34	1	999		Referral Required
A4393	OSTOMY POUCH, URINARY	$8.75	1	999		Referral Required
A4394	OSTOMY DEODORANT	$2.46	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A4395	OSTOMY DEODORANT	$0.05	1	999		Referral Required
A4396	OSTOMY BELT	$38.61	1	999		Referral Required
A4397	IRRIGATION SUPPLY	$4.57	1	5		Referral Required
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	$13.17	1	2		Referral Required
A4399	OSTOMY IRRIGATION SUPPLY; CO	$9.95	1	2		Referral Required
A4402	OSTOMY LUBRICANT/KY JELLY (PER OZ)	$1.32	1	8		Referral Required
A4404	OSTOMY RINGS	$1.61	1	10		Referral Required
A4405	OSTOMY SKIN BARRIER NONPECTIN BASE	$3.36	1	4		Referral Required
A4406	OSTOMY SKIN BARRIER PECTIN-BASED	$5.68	1	4		Referral Required
A4407	OSTOMY SKIN BARRIER WITH FLANGE	$8.91	1	20		Referral Required
A4408	OSTOMY SKIN BARRIER WITH FLANGE	$6.13	1	20		Referral Required
A4409	OSTOMY SKIN BARRIER W/FLANGE W/O	$6.15	1	20		Referral Required
A4410	OSTOMY SKIN BARRIER W/ FLANGE	$8.94	1	20		Referral Required
A4413	OSTOMY POUCH DRAINABLE HIGH OUTPUT	$5.44	1	20		Referral Required
A4414	OSTOMY SKIN BARRIER W/ FLANGE	$4.89	1	20		Referral Required
A4415	OSTOMY SKIN BARRIER WITH FLANGE	$5.93	1	20		Referral Required
A4416	OSTOMY POUCH, CLOSED W/BARRIER	$2.81	1	16		Referral Required
A4417	OSTOMY POUCH, CLOSED, W/BARRIER	$3.80	1	16		Referral Required
A4418	OSTOMY POUCH, CLOSED, W/BARRIER	$1.85	1	16		Referral Required
A4419	OSTOMY POUCH, CLOSED; FOR USE ON B	$1.78	1	61		Referral Required
A4420	OSTOMY POUCH, CLOSED	$4.16	1	16		Referral Required
A4421	OSTOMY SUPPLIES MISC. URETEROSTOMY	$0.00	1	999		Referral Required
A4422	OSTOMY ABSORBENT MATERIAL	$0.12	1	1		Referral Required
A4423	OSTOMY POUCH, CLOSED	$4.16	1	16		Referral Required
A4424	OSTOMY POUCH, DRAINABLE	$4.85	1	20		Referral Required
A4425	OSTOMY POUCH, DRAINABLE	$3.66	1	20		Referral Required
A4426	OSTOMY POUCH, DRAINABLE	$2.41	1	20		Referral Required
A4427	OSTOMY POUCH, DRAINABLE	$3.66	1	20		Referral Required
A4428	OSTOMY POUCH, URINARY	$6.65	1	16		Referral Required
A4429	OSTOMY POUCH, W/BARRIER	$8.42	1	16		Referral Required
A4430	OSTOMY POUCH	$8.70	1	16		Referral Required
A4431	OSTOMY POUCH, URINARY W/BARRIER AT	$6.35	1	16		Referral Required
A4432	OSTOMY POUCH, URINARY, FOR USE ON	$3.67	1	20		Referral Required
A4433	OSTOMY POUCH, URINARY	$3.41	1	16		Referral Required
A4434	OSTOMY POUCH, URINARY	$3.84	1	16		Referral Required
A4450	TAPE, NON-WATERPROOF, PER 18 SQUAR	$0.09	1	999		Referral Required
A4452	TAPE, WATERPROOF, PER 18 SQUARE	$0.36	1	40		Referral Required
A4454	TAPE ALL SIZES AND TYPES	$2.12	1	999		Referral Required
A4455	SOLVENT REMOVER (PER OZ)	$1.36	1	16		Referral Required
A4458	ENEMA BAG WITH TUBING, REUSEABLE	$9.00	1	1		Referral Required
A4460	ELASTIC BANDAGE, PER ROLL (A	$1.14	1	999		Referral Required
A4462	ABDOMINAL DRESSING HOLDER EA	$3.13	1	1		Referral Required
A4464	JOINT SUPPORT DEVICE	$0.00	1	1		Referral Required
A4465	NON-ELASTIC BINDER FOR EXTREMITY	$0.00	1	2	PA Required	Referral Required
A4470	GRAVLEE JET WASHER	$24.41	1	999		Referral Required
A4480	VABRA ASPIRATOR	$112.50	1	999		Referral Required
A4481	THRACHEOSTOMA FILTER, ANY SIZE/TYPE	$0.37	1	999		Referral Required
A4483	MOISTURE EXCHANGER DISPOSABLE	$8.18	1	999		Referral Required
A4490	SURGICAL STOCKINGS ABOVE KNEE LENG	$8.27	1	2		Referral Required
A4495	SURGICAL STOCKINGS THIGH LENGTH, EA	$12.80	1	2		Referral Required
A4500	SURGICAL STOCKINGS, BELOW KN	$8.27	1	2		Referral Required
A4510	SURGICAL STOCKINGS FULL LENGTH, EAC	$13.80	1	2		Referral Required
A4534	YOUTH-SIZED INCONTINENCE PRODUCT,	$0.64	1	240		Referral Required
A4554	DISPOSABLE UNDERPADS	$0.56	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A4556	ELECTRODES	$9.84	1	999		Referral Required
A4557	LEAD WIRES - E.G. APNEA MONITER	$20.13	1	1		Referral Required
A4558	CONDUCTIVE PASTE OR GEL	$5.20	1	999		Referral Required
A4561	PESSARY RUBBER, ANY TYPE	$17.78	1	1		Referral Required
A4562	PESSARY NON-RUBBER ANY TYPE	$44.25	1	1		Referral Required
A4565	SLINGS	$9.73	1	999		Referral Required
A4570	SPLINT	$0.00	1	999		Referral Required
A4572	RIB BELT	$14.91	1	999		Referral Required
A4590	SPEC CAST MAT,HEXCELITE & LI	$36.30	1	999		Referral Required
A4595	TENS SUPPLIES, 2 LEAD, PER M	$27.04	1	2		Referral Required
A4605	TRACHEAL SUCTION CATHETER	$14.30	1	11		Referral Required
A4606	OXYGEN PROBE FOR USE WITH OXIMETER	$190.00	1	1	PA Required	Referral Required
A4608	TRANSTRACHEAL OXYGEN CATHETER, EA	$58.32	1	999		Referral Required
A4611	BATTERY REPLACEMENT-VENTILATOR	$159.27	1	999		Referral Required
A4612	BATTERY CABLES-VENTILATOR REPLACEM	$76.24	1	999		Referral Required
A4613	BATTERY CHARGER FOR VENTILATOR	$137.55	1	999		Referral Required
A4614	PEAK EXPIRATORY FLOW RATE	$27.00	1	1		Referral Required
A4615	NASAL CANNULA	$2.59	1	999		Referral Required
A4616	TUBING, OCXYGEN, PER FOOT	$0.18	1	999		Referral Required
A4617	MOUTH PIECE	$0.95	1	999		Referral Required
A4618	BREATHING CIRCUITS	$7.21	1	999		Referral Required
A4619	FACE TENT	$1.21	1	1		Referral Required
A4620	VARIABLE CONCENTRATION MASK	$2.75	1	999		Referral Required
A4623	TRACHEOSTOMY; INNER CANNULA (REPL	$5.31	1	999		Referral Required
A4624	TRACHEAL SUCTION CATHETER ANY TYPE,	$2.51	1	999		Referral Required
A4625	TRACHEOSTOMY CARE OR CLEANING STA	$5.62	1	999		Referral Required
A4626	TRACHEOSTOMY CLEANING BRUSH; EACH	$2.59	1	999		Referral Required
A4628	OROPHARANGEAL SUCTION CATHET	$3.48	1	999		Referral Required
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLI	$4.40	1	999		Referral Required
A4630	REPLACE BATTERIES FOR TENOWN	$5.96	1	999		Referral Required
A4632	REPLACEMENT BATTERY FOR EXTERNAL	$0.00	1	3	PA Required	Referral Required
A4633	REPLACEMENT BULB/LAMP FOR	$41.04	1	1	PA Required	Referral Required
A4634	REPLACEMENT BULB FOR THERAPEUTIC	$0.00	1	1	PA Required	Referral Required
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT L	$4.15	1	999		Referral Required
A4636	REPLACEMENT HANDGRIP,CANE CRUTCH O	$4.01	1	999		Referral Required
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALK	$1.73	1	999		Referral Required
A4638	REPLACEMENT BATTERY FOR	$0.00	1	1	PA Required	Referral Required
A4640	REPLACE PAD FOR MN ALTERNATING PRE	$51.34	1	1		Referral Required
A4641	PROVISION OF DIAGNOSTIC RADIONUCLID	$0.00	1	999		Referral Required
A4643	ADD.HI-DOSE CONTRAST - W/MRI	$190.00	1	999		Referral Required
A4644	LOCM 100-199 MG IO	$38.94	1	999		Referral Required
A4645	L.O.C.M. 200-299 MG IO.	$45.65	1	999		Referral Required
A4646	L.O.C.M. 300-399 MG IO.	$50.75	1	999		Referral Required
A4649	SURGICAL SUPPLIES NEC	$0.00	1	999		Referral Required
A4651	CALIBRATED MICROCAPILLARY TUBE EACH	$2.07	1	20		Referral Required
A4652	MICROCAPILLARY TUBE SEALANT	$1.65	1	20		Referral Required
A4653	PERITONEAL DIALYSIS CATHETER	$0.00	1	1		Referral Required
A4656	NEEDLE, ANY SIZE FOR DIALYSIS	$0.85	1	200		Referral Required
A4657	SYRINGE W/WO NEEDLE FOR DIALYSIS	$0.48	1	200		Referral Required
A4671	DISPOSABLE CYCLER	$0.00	1	1	PA Required	Referral Required
A4672	DRAINABE EXTENSION	$3.05	1	1		Referral Required
A4673	EXTENSION LINE W/EASY LOCK CONNECT	$2.96	1	1		Referral Required
A4674	CHEMICALS/ANTISEPTICS SOLUTION	$0.00	1	96		Referral Required
A4680	ACITVATED CARBON FILTERS FOR DIALYS	$110.25	1	30		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A4690	DIALYZER'S (ART KIDNEY'S) AL	$103.92	1	1		Referral Required
A4706	BICARBONATE CONCENTRATE SOLUTION	$11.99	1	250		Referral Required
A4708	ACETATE CONCENTRATE SOLUTION	$0.00	1	250		Referral Required
A4709	ACID CONCENTRATE SOLUTION	$9.23	1	250		Referral Required
A4714	TREAT WATER (DEION, DISTILL, REVER	$0.00	1	999		Referral Required
A4719	Y SET TUBING FOR PERITONEAL DIALYSI	$7.12	1	90		Referral Required
A4720	DIALYSATE SOLUTION; PERITONEAL	$14.73	1	250		Referral Required
A4721	DIALYSATE SOLUTION > 999 CC	$20.38	1	250		Referral Required
A4722	DIALYSATE SOLUTION > 1999 CC	$18.79	1	250		Referral Required
A4723	DIALYSATE SOLUTION > 3999 CC	$28.19	1	250		Referral Required
A4724	DIALYSATE SOLUTION < 3999 CC > 4999	$28.45	1	250		Referral Required
A4725	DIALYSATE SOLUTION <4999 CC > 5999	$27.90	1	250		Referral Required
A4726	DIALYSATE SOLUTION < 5999 CC	$33.48	1	250		Referral Required
A4728	DIALYSIS SOLUTION, NON-DEXTROSE	$0.00	1	112		Referral Required
A4730	FISTULA CANNULA SET FOR DIALYSIS ON	$1.37	1	999		Referral Required
A4736	TOPICAL ANESTHESIA FOR DIALYSIS	$0.00	1	999		Referral Required
A4737	INJECTABLE ANESTHETIC PER 10 ML	$0.00	1	999		Referral Required
A4740	SHUNT ACC FOR DIALY ONLY	$0.00	1	999		Referral Required
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, E	$7.35	1	999		Referral Required
A4755	BLOOD TUBING ARTER AND VENOUS COMB	$9.37	1	999		Referral Required
A4760	DIALYSATE STAND TEST SOLUTI	$0.00	1	250		Referral Required
A4765	DIALYSATE CONCENTRATE ADDITIVES, EA	$4.49	1	250		Referral Required
A4766	DIALYSATE CONCENTRATE SOLUTION	$0.00	1	250		Referral Required
A4770	BLOOD TEST SUP (E.G. VACUTAI	$22.06	1	999		Referral Required
A4771	SERUM CLOTT TINE TUBE, PER BOX	$71.70	1	999		Referral Required
A4772	DEXTROSTICK OR GLU COSI TEST STRIPS	$57.44	1	999		Referral Required
A4773	HEMAOSTIX, PER BOTTLE	$26.68	1	999		Referral Required
A4774	AMMONIA TEST PAPER, PER BOX	$0.00	1	999		Referral Required
A4801	HEPARIN ANY TYPE PER 1000 UNITS	$0.42	1	100		Referral Required
A4802	PROTAMINE SULFATE PER 50 MG	$5.64	1	999		Referral Required
A4860	DISPOSABLE CATHETER TIPS	$30.61	1	24		Referral Required
A4870	PLUMBING AND/OR ELECTRIC WOR	$0.00	1	999		Referral Required
A4890	CONTR, REPR AND MAINT, FOR H	$0.00	1	999		Referral Required
A4913	MISC DIALYSIS SUPPLIES, NOS	$0.00	1	999		Referral Required
A4918	VENOUS PRESS CLAMPS, EACH	$0.00	1	999		Referral Required
A4927	GLOVES, BOX OF 100	$6.65	1	20		Referral Required
A4928	SURGICAL MASK FOR DIALYSIS PER 20	$7.64	1	999		Referral Required
A4929	TOURNIQUET FOR DIALYSIS, EACH	$0.20	1	20		Referral Required
A4930	GLOVES, STERILE, PER PAIR	$0.00	1	100		Referral Required
A5051	POUCH,CLOSED; W/BARRIER ATTACHED (O	$2.00	1	999		Referral Required
A5052	POUCH, CLOSED W/O BARRIER ATTACHED	$1.59	1	999		Referral Required
A5053	POUCH CLOSED, FOR FACEPLATE	$1.66	1	999		Referral Required
A5054	POUCH CLOSED FOR USE ON BARRIER W/	$1.61	1	61		Referral Required
A5055	STOMA CAP	$1.32	1	999		Referral Required
A5061	POUCH DRAINABLE W/BARRIER ATTACHED	$2.45	1	999		Referral Required
A5062	POUCH,DRAINAGE;WITHOUT BARRI	$2.00	1	999		Referral Required
A5063	POUCH DRAINABLE USE ON BARRIER W/FL	$2.07	1	999		Referral Required
A5071	POOUCH-URINARY BARRIER UNIT	$4.07	1	999		Referral Required
A5072	POUCH,URINARY,WITHOUT BARRIER ATTA	$2.86	1	999		Referral Required
A5073	POUCH URINARY FOR USE ON BARRIER W/	$2.77	1	999		Referral Required
A5081	CONTINGENT DEVICE; PLUG CONTINENT S	$2.67	1	999		Referral Required
A5082	CONTINENT DEVICE; CATHETER FOR CONT	$9.68	1	999		Referral Required
A5093	OSTOMY ACCESSORY, CONVEX INSERT AD	$1.60	1	999		Referral Required
A5102	BEDSIDE DRAINAGE BOTTLE, RIGID OR E	$21.39	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A5105	URINARY SUSPENSORY W/LEG BAG	$38.88	1	999		Referral Required
A5112	URINARY LEG BAG LATEX	$33.02	1	999		Referral Required
A5113	LEG STRAP, LATEX, PER SET	$3.81	1	999		Referral Required
A5114	LEG STRAP FOAM OR FABRIC PER SET	$7.24	1	999		Referral Required
A5119	SKIN BARRIER WIPES 50 PER BO	$10.35	1	4		Referral Required
A5121	SKIN BARRIER, SOLID 6X6 OR EQUIVALE	$6.05	1	999		Referral Required
A5122	SKIN BARRIER; SOLID 8X8 OR EQUIVALE	$10.42	1	999		Referral Required
A5123	SKIN BARRIER WITH FLANGE (EACH)	$4.60	1	999		Referral Required
A5126	FOAM PAD OR ADHESIVE DISC	$1.07	1	999		Referral Required
A5131	APPLIANCE CLEANER 16OZ FOR INCONTIN	$12.86	1	999		Referral Required
A5507	DIABETICS ONLY-NOT OTHERWISE SPEC M	$0.00	1	999		Referral Required
A5508	DIABETICS DLX FEATURE OFF-THE-SHELF	$0.00	1	2		Referral Required
A5510	DIABETIC ONLY;	$0.00	1	2		Referral Required
A6010	COLLEGEN-BASED WOUND FILLER - DRY	$30.62	1	999		Referral Required
A6011	COLLAGEN BASED WOUND FILLER	$2.28	1	999		Referral Required
A6021	COLLAGEN DRESSING PAD	$21.04	1	999		Referral Required
A6022	COLLAGEN DRESSING PAD	$20.50	1	999		Referral Required
A6023	COLLAGEN DRESSING PAD	$181.05	1	999		Referral Required
A6024	COLLAGEN DRESSING WOUND FILLER	$5.90	1	999		Referral Required
A6025	SILICON GEL SHEET, EACH	$0.00	1	999		Referral Required
A6154	WOUND POUCH, EACH	$13.69	1	999		Referral Required
A6196	ALGINATE DRESSING, WOUND COVER PAD	$7.01	1	999		Referral Required
A6197	ALGINATE DRESSING, MORE THAN 16, LE	$15.68	1	999		Referral Required
A6198	ALGINATE DRESSING, MORE THAN	$112.50	1	999		Referral Required
A6199	ALGINATE DRESSING, WOUND FILLER, PE	$5.04	1	999		Referral Required
A6200	COMPOSITE DRESSING 16 SQ INCH	$9.06	1	999		Referral Required
A6201	COMPOSITE DRESSING > 16 SQ INCH	$19.84	0	999		Referral Required
A6202	COMPOSITE DRESSING PAD SIZE	$33.27	0	999		Referral Required
A6203	COMPOSITE DRESSING, 16 SQ.IN.OR LES	$3.19	1	999		Referral Required
A6204	COMPOSITE DRESSING,MORE THAN 16 LES	$5.94	1	999		Referral Required
A6205	COMPOSITE DRESSING,MORE THAN 48 SQ.	$4.57	1	999		Referral Required
A6206	CONTACT LAYER, 16 SQ.IN. OR LESS, E	$0.97	1	999		Referral Required
A6207	CONTACT LAYER,MORE THAN 16 & LESS T	$7.00	1	999		Referral Required
A6208	CONTACT LAYER, MORE THAN 48 SQ.IN.,	$3.42	1	999		Referral Required
A6209	FOAM DRESSING,16 SQ.IN. OR LESS W/O	$7.14	1	999		Referral Required
A6210	FOAM DRESSING,MORE THAN 16 LESS THA	$19.00	1	999		Referral Required
A6211	FOAM DRESSING,MORE THAN 48 SQ.IN. W	$28.01	1	999		Referral Required
A6212	FOAM DRESSING, 16 SQ.IN. OR LESS W/	$9.25	1	999		Referral Required
A6213	FOAM DRESSING,MORE THAN 16 LESS THA	$14.63	1	999		Referral Required
A6214	FOAM DRESSING,MORE THAN 48 SQ.IN. W	$9.82	1	999		Referral Required
A6215	FOAM DRESSING, WOUND FILLER, PER GR	$2.33	1	999		Referral Required
A6216	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	$0.05	1	999		Referral Required
A6217	GAUZE,NON-IMPREGNATED >16<48 SQ.IN.	$0.40	1	999		Referral Required
A6218	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/	$0.58	1	999		Referral Required
A6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	$0.91	1	999		Referral Required
A6220	GAUZE,NON-IMPREGNATED >16<48 SQ.IN.	$2.46	1	999		Referral Required
A6221	GAUZE,NON-IMPREGNATED >48 SQ.IN. W/	$1.09	1	999		Referral Required
A6222	GAUZE,IMPRGENATED 16 SQ.IN. OR LESS	$2.03	1	999		Referral Required
A6223	GAUZE,IMPREGNATED, >16<48 SQ.IN. W/	$2.30	1	999		Referral Required
A6224	GAUZE,IMPREGNATED >48 SQ.IN. W/O AD	$3.44	1	999		Referral Required
A6228	GAUZE,IMPREGNATED,SALINE 16 SQ.IN.O	$1.31	1	999		Referral Required
A6229	GAUZE,IMPREGNATED,SALINE>16<48 SQ.I	$3.44	1	999		Referral Required
A6230	GAUZE,IMPREGNATED,SALINE>48 SQ.IN.	$1.46	1	999		Referral Required
A6231	GAUZE IMPREGNATED HYDROGEL	$0.00	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A6232	GAUZE IMPREGNATED HYDROGEL	$0.00	1	999		Referral Required
A6233	GAUZE IMPREGNATED HYDROGEL	$0.00	0	999		Referral Required
A6234	HYDROCOLLOID DRESSING,16 SQ.IN.OR L	$6.24	1	999		Referral Required
A6235	HYDROCOLLOID DRESSING >16<48	$16.05	1	999		Referral Required
A6236	HYDROCOLLOID DRESSING,>16<48 SQ.IN.	$25.99	1	999		Referral Required
A6237	HYDROCOLLOID DRESSING,16 SQ.IN.OR L	$7.54	1	999		Referral Required
A6238	HYDROCOLLOID DRESSING,>16<48 SQ.IN.	$21.74	1	999		Referral Required
A6239	HYDROCOLLOID DRESSING,>48 SQ.IN. W/	$18.24	1	999		Referral Required
A6240	HYDROCOLLOID DRESSING,WOUND FILL	$11.68	1	999		Referral Required
A6241	HYDROCOLLOID DRESSING, WOUND FILL	$2.45	1	999		Referral Required
A6242	HYDROGEL DRESSING,16 SQ.IN.OR LESS	$5.79	1	999		Referral Required
A6243	HYDROGEL DRESSING,>16<48 SQ.IN. W/O	$11.75	1	999		Referral Required
A6244	HYDROGEL DRESSING,>48 SQ.IN. W/O AD	$37.46	1	999		Referral Required
A6245	HYDROGEL DRESSING,16 SQ.IN. OR LESS	$6.93	1	999		Referral Required
A6246	HYDROGEL DRESSING,>16<48 SQ.IN. W/A	$9.46	1	999		Referral Required
A6247	HYDROGEL DRESSING,>48 SQ.IN. W/ADHE	$22.68	1	999		Referral Required
A6248	HYDROGEL DRESSING,WOUND FILLER,G	$15.49	1	999		Referral Required
A6250	SKIN SEALANTS,PROTECTANTS,MOISTURIZ	$0.00	1	999		Referral Required
A6251	ABSORPTIVE DRESSING,16 SQ.IN.OR LES	$1.90	1	999		Referral Required
A6252	ABSORPTIVE DRESSING,>16<48 SQ.IN. W	$3.10	1	999		Referral Required
A6253	ABSORPTIVE DRESSING,>48 SQ.IN. W/O	$6.05	1	999		Referral Required
A6254	ABSORPTIVE DRESSING,16 SQ.IN.OR LES	$1.16	1	999		Referral Required
A6255	ABSORPTIVE DRESSING,>16<48 SQ.IN. W	$2.89	1	999		Referral Required
A6256	ABSORPTIVE DRESSING, >48 SQ.IN. W/A	$4.45	1	999		Referral Required
A6257	TRANSPARENT FILM, 16 SQ.IN. OR LESS	$1.46	1	999		Referral Required
A6258	TRANSPARENT FILM, >16<48 SQ.IN., EA	$4.10	1	999		Referral Required
A6259	TRANSPARENT FILM,MORE THAN 48 SQ.IN	$10.43	1	999		Referral Required
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	$0.00	1	999		Referral Required
A6261	WOUND FILLER, GEL/PASTE, PER FLUID	$2.58	1	999		Referral Required
A6262	WOUND FILLER, UNCLASSIFIED, DRY FOR	$0.99	1	999		Referral Required
A6263	GAUZE, ELASTIC, ALL TYPES, PER LINE	$0.28	1	999		Referral Required
A6264	GAUZE, NON-ELASTIC, STERILE, PER LI	$0.46	1	999		Referral Required
A6265	TAPE, ALL TYPES, ONE UNIT=18 SQUARE	$0.12	1	999		Referral Required
A6266	GAUZE IMPREGNATED OTHER THAN WATE	$1.83	1	999		Referral Required
A6402	GAUZE,NON-IMPREG/STERILE PAD <16 SQ	$0.12	1	999		Referral Required
A6403	GAUZE,NON-IMPREG/STERILE PAD	$0.41	1	999		Referral Required
A6404	GAUZE NON-IMPREG/STERILE>48 SQ.IN.W	$0.58	1	999		Referral Required
A6405	GAUZE,ELASTIC,STERILE, ALL TYPES, P	$0.32	1	999		Referral Required
A6406	GAUZE.NON-ELASTIC,STERILE ALL TYPES	$0.76	1	999		Referral Required
A6407	PACKING STRIPS, NON-IMPREGNATED	$1.88	1	999		Referral Required
A6410	EYE PAD, STERILE, EACH	$0.39	1	60		Referral Required
A6411	EYE PAD, NON-STERILE, EACH	$0.00	1	60		Referral Required
A6412	EYE PATCH, OCCLUSIVE, EACH	$0.00	1	2		Referral Required
A6441	PADDING BANDAGE, NON-ELASTIC	$0.67	1	999		Referral Required
A6442	CONFORMING BANDAGE	$0.17	1	999		Referral Required
A6443	CONFORMING BANDAGE, NON-ELASTIC, K	$0.29	1	999		Referral Required
A6444	CONFORMING BANDAGE	$0.56	1	999		Referral Required
A6445	CONFORMING BANDAGE	$0.32	1	999		Referral Required
A6446	CONFORMING BANDAGE	$0.41	1	999		Referral Required
A6447	CONFORMING BANDAGE	$0.67	1	999		Referral Required
A6448	LIGHT COMPRESSION BANDAGE	$1.16	1	999		Referral Required
A6449	LIGHT COMPRESSION	$1.75	1	999		Referral Required
A6450	LIGHT COMPRESSION BANDAGE	$0.00	1	999		Referral Required
A6451	MODERATE COMPRESSION BANDAGE, EL	$0.00	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A6452	HIGH COMP BANDAGE, ELASTIC KNIT/WO	$5.91	1	999		Referral Required
A6453	SELF-ADHERENT BANDAGE	$0.61	1	999		Referral Required
A6454	SELF-ADHERENT BANDAGE	$0.77	1	999		Referral Required
A6455	SELF-ADHERENT BANDAGE, ELAS, NON/K	$1.39	1	999		Referral Required
A6456	ZINC PAST IMPREGNATED BANDAGE	$1.28	1	999		Referral Required
A6501	COMPRESSION BURN GARMENT BODYSUIT	$0.00	1	2		Referral Required
A6502	COMPRESSION BODY GARMENT CAID STR	$0.00	1	2		Referral Required
A6503	COMPRESSION BODY GARMENT FACIAL	$0.00	1	2		Referral Required
A6504	COMPRESSION BODY GARMENT GLOVE TO	$0.00	1	4		Referral Required
A6505	COMPRESSION BODY GARMENT GLOVE TO	$0.00	1	4		Referral Required
A6506	COMPRESSION BODY GARMENT GLOVE TO	$0.00	1	4		Referral Required
A6507	COMPRESSION BODY GARMENT FOOT TO	$0.00	1	4		Referral Required
A6508	COMPRESSION BODY GARMENT FOOT TO	$0.00	1	4		Referral Required
A6509	COMPRESSION BODY GARMENT UPPER	$0.00	1	2		Referral Required
A6510	COMPRESSION BODY GARMENT TRUNK	$0.00	1	2		Referral Required
A6511	COMPRESSION BODY GARMENT LOWER	$0.00	1	2		Referral Required
A6512	COMPRESSION BODY GARMENT NOT	$0.00	1	4	PA Required	Referral Required
A7000	CANISTER, DISPOSABLE	$9.10	1	999		Referral Required
A7001	CANISTER, NON-DISPOSABLE	$31.55	1	999		Referral Required
A7002	TUBING	$3.65	1	999		Referral Required
A7003	ADMINISTRATION SET	$2.61	1	999		Referral Required
A7004	SM.VOLUME NON-FLTRD PNEUMATIC NEB.	$1.72	1	999		Referral Required
A7005	ADMINISTRATION SET	$29.40	1	999		Referral Required
A7006	ADMINISTRATION SET	$9.10	1	999		Referral Required
A7007	LARGE VOLUME NEBULIZER	$4.40	1	999		Referral Required
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE	$10.49	1	999		Referral Required
A7009	RESERVOIR BOTTLE	$40.10	1	999		Referral Required
A7010	CORRUGATED TUBING	$22.50	1	999		Referral Required
A7011	CORRUGATED TUBING	$0.00	1	999		Referral Required
A7012	WATER COLLECTION DEVICE	$3.61	1	999		Referral Required
A7013	FILTER, DISPOSABLE	$0.79	1	999		Referral Required
A7014	FILTER, NON-DISPOSABLE	$4.28	1	999		Referral Required
A7015	AEROSOL MASK	$1.79	1	999		Referral Required
A7016	DOME AND MOUTHPIECE, USED	$6.91	1	999		Referral Required
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCL	$127.85	1	1		Referral Required
A7018	WATER DISTILLED	$0.37	1	999		Referral Required
A7025	HIGH FREQUENCY CHEST WALL	$434.94	1	1	PA Required	Referral Required
A7026	HIGH FREQ CHEST WALL OSCILLATION	$28.75	1	1	PA Required	Referral Required
A7030	FULL FACE MASK	$188.64	1	1		Referral Required
A7031	FACE MASK INTERFACE REPLACEMENT	$69.77	1	1		Referral Required
A7032	REPLACEMENT CUSHION FOR NASAL APP	$40.53	1	1		Referral Required
A7033	REPLACEMENT PILLOWS FOR NASAL APP	$23.49	1	1		Referral Required
A7034	NASAL INTERFACE (MASK OR CANNULA)	$76.66	1	1		Referral Required
A7035	HEADGEAR USED WITH POS AIRWAY PRES	$37.92	1	1		Referral Required
A7036	CHINSTRAP	$17.36	1	1		Referral Required
A7037	TUBING W/ POSITIVE AIRWAY PRESSURE	$39.12	1	1		Referral Required
A7038	FILTER;DISPOSABLE W/POS AIRWAY PRES	$5.39	1	3		Referral Required
A7039	FILTER;NON-DISPOSABLE	$14.62	1	1		Referral Required
A7040	ONE WAY CHEST DRAIN VALVE	$0.00	1	1		Referral Required
A7041	WATER SEAL DRAINAGE CONTAINER	$0.00	1	1		Referral Required
A7043	VACUUM DRAINAGE BOTTLE AND TUBING	$0.00	1	1		Referral Required
A7044	ORAL INTERFACE;EACH	$120.91	1	1		Referral Required
A7045	EXHALATION PORT W OR W/O SWIVEL	$0.00	1	4		Referral Required
A7501	TRACHEOSTOMA VALVE	$100.18	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE	$10.81	1	999		Referral Required
A7503	FILTER HOLDER OR CAP	$10.81	1	999		Referral Required
A7504	FILTER FOR USE IN A TRACHEOSTOMA	$0.64	1	999		Referral Required
A7505	HOUSING REUSABLE W/O ADHESIVE	$4.46	0	999		Referral Required
A7506	ADHESIVE DISC	$0.32	1	31		Referral Required
A7507	FILTER HOLDER & INTEGRATED FILTER	$2.37	1	31		Referral Required
A7508	HOUSING & INTEGRATED ADHESIVE	$2.74	1	31		Referral Required
A7509	FILTER HOLDER & INTEGRATED FILTER	$1.34	1	31		Referral Required
A7527	TRACHEOSTOMY/LARYNECTOMY TUBE PL	$0.00	1	2		Referral Required
A9152	MULTIPLE VITAMINS, W/ OR W/O MINER	$0.00	1	100	PA Required	Referral Required
A9153	MULTIPLE VITAMINS	$0.00	1	100	PA Required	Referral Required
A9180	PEDICULOSIS TREATMENT	$4.65	1	1		Referral Required
A9503	SUPPLY-TECHNETIUM TC 99M, MEDRONAT	$50.65	1	999		Referral Required
A9504	SUPPLY-TECHNETIUM TC-99M APCITIDE	$0.00	1	999		Referral Required
A9507	INDIUM IN III CAPROMAB	$687.71	1	999		Referral Required
A9605	SAMARIUM SM 153 LEXIDRONAMN	$874.44	1	999		
A9900	MISC DME SUPPLY ACCESSORY/SERVICE	$0.00	0	999	PA Required	Referral Required
A9999	MISC DME SUPPLY OR ACCESSORY	$0.00	0	999		Referral Required
B4034	ENTERAL FEEDING SUPPLYKIT-SY	$5.93	1	31		Referral Required
B4035	ENTERAL FEEDING SUPPLY KIT,P	$11.30	1	31		Referral Required
B4036	ENTERAL FEEDING SUPPLY KIT G	$7.74	1	31		Referral Required
B4081	NASOGASTRIC TUBING WITH STYL	$20.00	1	1		Referral Required
B4082	NASOGASTRIC TUBING WITHOUT S	$15.59	1	1		Referral Required
B4083	STOMACH TUBE - LEVINE TYPE	$2.38	1	1		Referral Required
B4086	GASTROSTOMY/JEJUNOSTOMY TUBE	$32.66	1	1		Referral Required
B4100	FOOD THICKENER-ORAL ADMINISTRATION	$0.55	1	300		Referral Required
B4103	ENTERAL FORMULA FOR PEDIATRICS	$2.45	1	100	PA Required	Referral Required
B4104	ADDITIVE FOR ENTERAL FORMULA	$0.00	1	100		Referral Required
B4149	ENTERAL FORMULA, BLENDERIZED	$0.00	1	999	PA Required	Referral Required
B4150	ENTERAL FORMULA,CATEGORY I;	$0.61	1	999		Referral Required
B4152	ENT FORM CAT II INTACT PROT/	$0.51	1	999		Referral Required
B4153	ENTERAL FORM.CAT 3- HYDROPRO	$1.74	1	999		Referral Required
B4154	ENT FOR CAT 4 DEF FORM FOR S	$1.12	1	999		Referral Required
B4155	ENTERNAL FORMULA CATAGORY V	$0.87	1	999		Referral Required
B4157	ENT FORM, NUTRITIONALLY COMPLETE	$0.00	1	999	PA Required	Referral Required
B4158	ENTERAL FORMULA, FOR PEDIATRICS	$0.00	1	999		Referral Required
B4159	ENTERAL FORMULA, FOR PEDIATRICS	$0.00	1	999		Referral Required
B4160	ENTERAL FORMULA, FOR PEDIATRICS	$0.00	1	999		Referral Required
B4161	ENTERAL FORMULA, FOR PEDIATRIC	$0.00	1	999		Referral Required
B4164	TPN HOMEMIX DEXTROSE 50% OR LESS-50	$15.96	1	999		Referral Required
B4168	PARENTERAL NUTR.SOL.AMINO AC	$21.96	1	999		Referral Required
B4172	PARENTERAL NUTR SOLU, AMINO	$47.78	1	999		Referral Required
B4176	PARENTERAL NUTR SOL AMINOACI	$37.43	1	999		Referral Required
B4178	TPN HOMEMIX AMINOACID 8.5% OR MORE	$52.47	1	999		Referral Required
B4180	TPN HOMEMIX,CARBOHYDRATE(DEX	$22.88	1	999		Referral Required
B4184	PARENTERAL NUT SOL, LIPIDS,	$75.03	1	999		Referral Required
B4186	TPN LIPIDS 20% W/ADMIN SET 5	$100.03	1	999		Referral Required
B4189	TPN 10-51 GMS PROTEIN-PREMIX	$166.94	1	999		Referral Required
B4193	TPN PREMIX 52-73 GMS PROTEIN	$215.72	1	999		Referral Required
B4197	TPN 74-100 GMS PROTEIN PREMIX	$254.94	1	999		Referral Required
B4199	TPN OVER 100 GMS PROTEIN-PRE MIX	$283.73	1	999		Referral Required
B4216	PARENTERAL NUTRITION ADDITIV	$7.04	1	999		Referral Required
B4220	PARENTERAL NUT SUP KIT FOR 1	$7.51	1	31		Referral Required
B4222	PARENTAL NUTR SUPPLY KIT HOME MIX P	$7.71	1	31		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
B4224	PARENTERAL NUTRITION ADMIN K	$23.50	1	1		Referral Required
B5000	TPN PREMIX W/PREP ANY STRENGTH PER	$10.84	1	999		Referral Required
B5100	TPN PREMIX W/PREP ANY STRENGTH PER	$4.36	1	999		Referral Required
B5200	TPN PREMIX W/PREP ANY STRENGTH PER	$0.00	1	999		Referral Required
B9000	ENTERAL NUTRITION INFUSION PUMP W/O	$1,090.00	1	1		Referral Required
B9002	ENTERAL NUTRITION INFUSION P	$1,150.50	1	1		Referral Required
B9004	PARENTERAL NUTRITION INFUSION PUMP,	$3,751.50	1	1		Referral Required
B9006	STATIONARY PARENTERAL PUMP	$3,751.50	1	1		Referral Required
B9998	NOC FOR ENTERAL SUPPLIES	$0.00	1	999		Referral Required
B9999	NOC FOR PARENTERAL SUPPLIES	$0.00	1	999		Referral Required
C1765	ADHESIVE BARRIER	$0.00	1	1		Referral Required
C1783	OCCULAR IMPLANT, AQUEOUS DRAINAGE	$0.00	1	1		Referral Required
C1814	RETINAL TAMPONADE DEVICE	$0.00	1	1		Referral Required
C1818	INTEGRATED KERATOPROSTHESIS	$0.00	1	1		Referral Required
C1900	LEAD, LEFT VENTRICULAR CORONARY VE	$0.00	1	1		Referral Required
C2614	PROBE, PERCUTANEOUS LUMBAR DISCEC	$0.00	1	1		Referral Required
C2616	BRACHYTHERAPY SOURCE, YTTRIUM-90	$0.00	1	1		Referral Required
C2618	PROBE, CRYOABLATION	$0.00	1	1		Referral Required
C2632	BRACHYTHERAPY SOLUTION, IODINE 125	$0.00	1	1		Referral Required
E0100	CANE, ALL MATERIAL, FIXED OR	$17.09	1	1		Referral Required
E0105	CANE, QUAD OR THREE PRONG	$44.28	1	2		Referral Required
E0110	CRUTCHES,FOREARM,INCLUDES AD	$66.09	1	1		Referral Required
E0111	CRUTCH FOREARM ADJUST OR FIX	$43.18	1	2		Referral Required
E0112	CRUTCHES, UNDERARM, WOOD, AD	$35.29	1	1		Referral Required
E0113	CRUTCH,UNDER ARM WOOD,ADJUST	$20.15	1	1		Referral Required
E0114	CRUTCH AALUM. ADJ. OR FIX, PAIR W/P	$41.00	1	1		Referral Required
E0116	CRUTCH UNDERARM PAD ALUMINUM	$26.46	1	1		Referral Required
E0118	CRUTCH SUBSTITUTE	$0.00	1	1	PA Required	Referral Required
E0130	WALKER, RIGID, (PICKUP), ADJ	$66.99	1	1		Referral Required
E0135	WALKER FOLDING ADJUSTABLE OR	$77.48	1	1		Referral Required
E0140	WALKER, WITH TRUNK SUPPORT	$0.00	1	1	PA Required	Referral Required
E0141	RIGID WALKER, WHEELED W/O SEAT	$109.97	1	1		Referral Required
E0143	FOLDING WALKER WHEELED WITHOUT SE	$101.58	1	1		Referral Required
E0144	ENCLOSED, FRAMED FOLDING WALKER	$303.75	1	1		Referral Required
E0147	HEAVY DUTY, MULTIPLE BREAK SYS, VAR	$548.27	1	1	PA Required	Referral Required
E0148	WALKER; HEAVY DUTY WITHOUT WHEELS	$121.55	1	1		Referral Required
E0149	WALKER HEAVY DUTY WHEELED	$222.09	1	1		Referral Required
E0153	PLATFORM ATTACHMENT, FOREARM CRUT	$66.18	1	2		Referral Required
E0154	PLATFORM ATTACHMENT, WALKER, EACH	$67.25	1	4		Referral Required
E0155	WHEEL ATTACH, RIGID PICK-UP WALKER	$25.59	1	1		Referral Required
E0156	SEAT ATTACH, WALKER	$25.21	1	1		Referral Required
E0157	CRUTCH ATTACH, WALKER, EACH	$78.14	1	1		Referral Required
E0158	LEG EXTENSIONS FOR A WALKER (SET)	$30.69	1	1	PA Required	Referral Required
E0159	BRAKE ATTACHMENT FOR WHEELED	$17.05	1	999		Referral Required
E0160	SITZ TYPE BATH,PORTABLE, FITS OVER	$31.53	1	1		Referral Required
E0161	SITZ BATH PORTABLE, FITS OVER COMMO	$25.01	1	1		Referral Required
E0163	COMMODE CHAIR STATIONARY WITH FIX	$105.20	1	1		Referral Required
E0164	COMMODE CHAIR MOBILE W/FIXED ARMS	$173.03	1	1		Referral Required
E0165	COMMODE CHAIR STATIONARY DETACH A	$177.20	1	1		Referral Required
E0166	COMMODE CHAIR, MOBILE W/DETACH ARM	$297.00	1	1		Referral Required
E0167	PAIL OR PAN FOR USE W/COMMOD	$11.45	1	1		Referral Required
E0168	COMODE CHAIR	$144.38	1	1		Referral Required
E0169	COMMODE WITH SEAT LIFT MECHANISM	$502.60	1	1	PA Required	Referral Required
E0175	FOOT REST, FOR USE WITH COMM	$63.17	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E0180	PRESSURE PAD, ALTERN WITH PUMP	$207.20	1	1		Referral Required
E0181	PRESSURE PAD, ALTERN WITH PUMP, HEA	$229.70	1	1		Referral Required
E0182	PUMP FOR ALTERN PRESSURE PAD	$249.80	1	1		Referral Required
E0184	DRY PRESSURE MATTRESS EG EGGCRATE	$185.71	1	1		Referral Required
E0185	GEL MATT.PRESSURE PAD-STD.LW	$305.09	1	1		Referral Required
E0186	AIR PRESSURE MATTRESS	$193.60	1	1		Referral Required
E0187	WATER PRESSURE MATTRESS-PURCHASE P	$221.14	1	1		Referral Required
E0188	SYNTHETIC SHEEPSKIN PAD	$23.19	1	999		Referral Required
E0189	LAMBSWOOL SHEEPSKIN PAD, ANDY SIZE	$55.40	1	999		Referral Required
E0190	POSITIONING CUSHION	$0.00	1	2	PA Required	Referral Required
E0191	HEEL OR ELBOW PROTECTOR	$9.53	1	999		Referral Required
E0193	POWERED AIR FLOTATION BED-LOW AIR L	$8,617.50	1	1	PA Required	Referral Required
E0194	AIR FLUIDIZED BED	$31,133.90	1	1	PA Required	Referral Required
E0196	GEL PRESSURE MATTRESS	$263.40	1	1		Referral Required
E0197	AIR PRESSURE PAD FOR MATTRES	$211.35	1	1		Referral Required
E0198	WATER PRESSURE PAD FOR MATTR	$211.35	1	1		Referral Required
E0199	DRY PRESSURE PAD FOR MATTRES	$30.57	1	1		Referral Required
E0200	HEAT LAMP,WITHOUT STAND (TAB	$75.62	1	1	PA Required	Referral Required
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT(DLY)	$50.76	1	999		Referral Required
E0203	THERAPEUTIC LIGHTBOX	$0.00	1	1	PA Required	Referral Required
E0205	HEAT LAMP, WITH STAND INC BU	$157.34	1	1	PA Required	Referral Required
E0210	ELECTRIC HEAT PAD, STANDARD	$26.46	1	1	PA Required	Referral Required
E0215	ELECTRIC HEAT PAD, MOIST	$67.57	1	1	PA Required	Referral Required
E0217	WATER CIRCULATING HEAT PAD W/PUMP	$496.47	1	1	PA Required	Referral Required
E0220	HOT WATER BOTTLE	$8.08	1	999	PA Required	Referral Required
E0225	HYDROCOLLATOR W/ PADS	$370.70	1	1	PA Required	Referral Required
E0230	ICE CAP OR COLLAR	$8.09	1	999	PA Required	Referral Required
E0238	NON-ELECTRIC HEAT PAD, MOIST	$25.79	1	1	PA Required	Referral Required
E0239	HYDROCOLLATOR UNIT, PORTABLE	$364.70	1	1	PA Required	Referral Required
E0240	BATH/SHOWER CHAIR, WITH OR W/O WHE	$66.70	1	1		Referral Required
E0241	BATHTUB RAIL-WALL, EACH	$19.99	1	4		Referral Required
E0242	BATH TUB RAIL, FLOOR BASE	$63.50	1	1		Referral Required
E0243	TOILET RAIL, EACH	$16.62	1	2		Referral Required
E0244	RAISED TOILET SEAT	$27.43	1	1		Referral Required
E0245	TUB STOOL OR BENCH	$66.70	1	2		Referral Required
E0246	TRANSFER TUB RAIL ATTACHMENT	$39.79	1	1		Referral Required
E0247	TRANSFER BENCH FOR TUB	$0.00	1	1		Referral Required
E0248	TRANSFER BENCH, HEAVY DUTY	$0.00	1	1		Referral Required
E0249	PAD FOR WATER CIRCULATING HE	$95.00	1	1	PA Required	Referral Required
E0250	HP BED W/SIDE RAILS FIXED HGHT W/MA	$877.90	1	1		Referral Required
E0251	HOSPITAL BED, WITH SIDE RAILS, FIXE	$671.70	1	1	PA Required	Referral Required
E0255	HOSP BED, WITH SIDE RAILS VARI HEIG	$952.40	1	1		Referral Required
E0256	HOSP BED VARIABLE HEIGHT HI/LOW SID	$726.46	1	1	PA Required	Referral Required
E0260	HOSPITAL BED, W/SIDE RAILS,SEMI-ELE	$1,601.70	1	1	PA Required	Referral Required
E0261	HOSP BED SEMIELECTRIC W/SIDE RAIL W	$1,306.20	1	1	PA Required	Referral Required
E0265	HP BED TOTAL ELECTRIC W/SIDERAILS	$1,906.60	1	1	PA Required	Referral Required
E0266	HOSP BED SIDE RAILS TOT ELEC HEAD,	$1,598.70	1	1	PA Required	Referral Required
E0271	MATTRESS, INNERSPRING	$211.78	1	1		Referral Required
E0272	MATTRESS, FOAM RUBBER	$164.08	1	1		Referral Required
E0273	BED BOARD	$25.19	1	1		Referral Required
E0275	BED PAN STANDARD	$14.60	1	1		Referral Required
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	$10.85	1	1		Referral Required
E0277	POWERED PRES-REDUCING MATT	$7,243.00	1	1	PA Required	Referral Required
E0280	BED CRADLE ANY TYPE	$34.18	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E0290	HOSP BED,FIXED HEIGHT,W/O SIDE RAIL	$662.90	1	1		Referral Required
E0291	HOSP BED, FIXED HGHT, W/OSIDE RAILS	$473.70	1	1		Referral Required
E0292	HOSPITAL BED W/O SIDE RAILS W/MATTR	$734.60	1	1		Referral Required
E0293	HOSP BED,VAR HGHT HI-LO, W/O	$592.80	1	1		Referral Required
E0294	HOSPITAL BED W/O RAILS	$1,246.20	1	1	PA Required	Referral Required
E0295	SEMI-ELECTRIC HOSPITAL BED W	$1,214.70	1	1	PA Required	Referral Required
E0296	HOSP BED, TOTAL ELECTRIC U/O SIDERA	$1,566.20	1	1	PA Required	Referral Required
E0297	HOSP BED,TOTAL ELECT: NO SIDERAILS,	$1,331.80	1	1	PA Required	Referral Required
E0300	PEDIATRIC CRIB	$2,838.62	1	999		Referral Required
E0301	HOSPITAL BED, HEAVY DUTY	$2,707.20	1	1		Referral Required
E0302	HOSPITAL BED, HEAVY DUTY	$7,154.40	1	1		Referral Required
E0303	HOSPITAL BED, HEAVY DUTY	$3,024.70	1	1		Referral Required
E0304	HOSPITAL BED, HVY DUTY	$770.67	1	1		Referral Required
E0305	BED SIDE RAILS, HALF LENGTH	$161.90	1	1	PA Required	Referral Required
E0310	BED SIDE RAILS, FULL LENGTH	$165.24	1	1	PA Required	Referral Required
E0316	SAFETY ENCLOSURE FRAME CANOPY	$2,002.70	1	1	PA Required	Referral Required
E0325	URINAL MALE ANY MATERIAL	$9.64	1	999		Referral Required
E0326	URINAL FEMALE ANY MATERIAL	$9.15	1	999		Referral Required
E0371	NONPOWERED PRESS.MAT.OVR; PP	$4,239.50	1	1	PA Required	Referral Required
E0372	POWER AIR OVERLAY-MATTRESS-PP	$5,144.40	1	1	PA Required	Referral Required
E0373	NONPOWER.PRESSURE MATTRES-P.P.	$5,860.90	1	1	PA Required	Referral Required
E0424	STATIONARY COMPRESSED 02 SYS	$2,186.40	1	999		Referral Required
E0431	02 PORTABLE GASEOUS SYSTEM	$354.30	1	999		Referral Required
E0434	02 PORTABLE LIQUID SYSTEM	$354.30	1	999		Referral Required
E0435	O2 SYSTEM, LIQUID, PORTABLE	$67.25	1	999	PA Required	Referral Required
E0439	STATIONARY LIQUID 02 SYSTEM	$2,186.40	1	999		Referral Required
E0441	02 CONTENTS GASEOUS 1 UNIT=5	$1,639.60	1	999		Referral Required
E0442	02 CONTENTS LIQUID OWNED SYS	$1,693.60	1	999		Referral Required
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS	$215.40	1	1		Referral Required
E0444	PORTABLE 02 CONTENTS LIQUID	$215.40	1	999		Referral Required
E0445	OXIMETER DEVICE FOR MEASURING BLOO	$0.00	1	1	PA Required	Referral Required
E0450	VOLUME CONTROL VENTILATOR	$6,506.80	1	1	PA Required	Referral Required
E0455	OXYGEN TENT, EXCLUDING CROUP OR PE	$0.00	1	1	PA Required	Referral Required
E0457	CHEST SHELL (CUIRASS)	$586.13	1	1		Referral Required
E0459	CHEST WRAP	$485.40	1	1		Referral Required
E0460	NEG PRESSURE VENTILATOR;PORTABLE, R	$6,997.00	1	999	PA Required	Referral Required
E0461	VOLUME VENT, STATIONARY/ PORTABLE	$10,020.50	1	1	PA Required	Referral Required
E0462	ROCKING BED W/WO SIDE RAILS	$2,779.50	1	1	PA Required	Referral Required
E0463	PRESSURE SUPPORT VENTILATOR	$0.00	1	1	PA Required	Referral Required
E0464	PRESSURE SUPPORT VENTILATOR	$0.00	1	1	PA Required	Referral Required
E0470	RESPIRATORY ASSIST DEVICE	$2,619.90	1	1	PA Required	Referral Required
E0471	RESPIRATORY ASSIST DEVICE	$6,556.60	1	1	PA Required	Referral Required
E0472	RESPIRATORY ASSIST DEVICE	$6,556.60	1	1	PA Required	Referral Required
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC,H	$419.10	1	1		Referral Required
E0482	COUGH STIMULATING DEVICE	$4,278.90	1	1	PA Required	Referral Required
E0483	HIGH FREQUENCY CHEST WALL	$10,631.30	1	1	PA Required	Referral Required
E0484	OSCILLATORY POSITIVE EXPIRATORY	$36.92	1	1	PA Required	Referral Required
E0500	IPPB MACHINE, ALL TYPES W/NEBULIZER	$961.70	1	1	PA Required	Referral Required
E0550	HUMIDIFIER EXTNSIVE SUPP HUMID FOR	$478.10	1	1		Referral Required
E0555	HUMIDIFER DURABLE GLASS/PLASTIC BOT	$4.04	1	1		Referral Required
E0560	HUMIDIFIER FOR SUPPLEMENTAL DURING	$152.74	1	1	PA Required	Referral Required
E0561	HUMIDIFIER NON-HEATED	$102.06	1	1		Referral Required
E0562	HUMIDIFIER, HEATED	$287.31	1	1		Referral Required
E0565	COMPRESSOR-AIR FOR DME NOT S	$560.05	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E0570	NEBULIZER WITH COMPRESSOR EG	$188.20	1	1		Referral Required
E0571	AEROSOL COMPRESSOR	$286.70	1	999	PA Required	Referral Required
E0572	AEROSOL COMPRESSOR	$36.45	1	999		Referral Required
E0574	ULTRASONIC GENERATOR	$38.53	1	999		Referral Required
E0575	NEBULIZER, SELF-CONTAINED ULTRASONI	$953.50	1	1	PA Required	Referral Required
E0580	NEBULIZER DURABLE BOTTLE TYPE	$127.85	1	1		Referral Required
E0585	NEBULIZER, W/COMPRESSOR AND HEATER	$284.30	1	1		Referral Required
E0600	SUCTION PUMG HOME MODLE PORTABLE	$436.70	1	1		Referral Required
E0601	NASAL CONTINUOUS AIRWAY PRESSURE (	$1,065.50	1	1	PA Required	Referral Required
E0602	BREAST PUMP ALL TYPES	$22.83	1	1		Referral Required
E0603	BREAST PUMP	$394.34	1	1		Referral Required
E0605	VAPORIZER, ROOM TYPE	$25.21	1	1	PA Required	Referral Required
E0606	POSTURAL DRAINAGE BOARD MONITORIN	$218.80	1	1	PA Required	Referral Required
E0607	HOME BLOOD GLUCOSE MONITOR	$63.73	1	1		Referral Required
E0610	PACEMAKER MON,SELF CONT CHEC BATT D	$214.30	1	1	PA Required	Referral Required
E0615	PACEMAKER MONITOR	$456.71	1	1	PA Required	Referral Required
E0617	EXTERNAL DEFIBRILLATOR	$0.00	1	999		Referral Required
E0619	APNEA MONITOR, WITH RECORDING	$2,228.40	1	1	PA Required	Referral Required
E0620	SKIN PIERCING DEVICE	$870.07	1	999	PA Required	Referral Required
E0621	SLING OR SEAT CANVAS OR NYLON	$83.58	1	1		Referral Required
E0625	PATIENT LIFT, KARATOP, BATHROOM OR	$0.00	1	1		Referral Required
E0627	SEAT LIFT MECHANISM INCORP INTO LIF	$321.75	1	1		Referral Required
E0628	SEPERATE SEAT LIFT MECHANISM W/PATI	$321.75	1	1		Referral Required
E0629	SEPERATE SEAT LIFT MECHANISM W/PATI	$315.44	1	1		Referral Required
E0630	HYDRAULIC PT LIFT W/SEAT OR SLING	$947.90	1	1		Referral Required
E0635	PT LIFT ELECTRIC W/SEAT OR SLING	$1,167.10	1	1		Referral Required
E0636	MULTIPOSITIONAL PATIENT SUPPORT	$10,545.60	1	1	PA Required	Referral Required
E0637	COMBINATION SIT TO STAND SYSTEM	$0.00	1	1	PA Required	Referral Required
E0638	STANDING FRAME SYSTEM,	$0.00	1	1	PA Required	Referral Required
E0639	PATIENT LIFT, MOVEABLE	$0.00	1	1	PA Required	Referral Required
E0640	PATIENT LIFT, FIXED SYSTEM, INCL	$0.00	1	1	PA Required	Referral Required
E0650	PNEUMATIC COMPRESSOR HOME MODEL (	$686.96	1	1		Referral Required
E0651	PNEUMATIC COMPRESSOR SEGMENTAL H	$876.02	1	1	PA Required	Referral Required
E0652	PNEU COMP SEG HOME MOD(LYMP PUMP)W	$4,311.06	1	1	PA Required	Referral Required
E0655	PNEUMATIC APPL FOR USE WITH PNEUMA	$102.94	1	1	PA Required	Referral Required
E0660	PNEUMATIC APPL USE WITH PNEUMATIC C	$152.37	1	1	PA Required	Referral Required
E0665	PNEUMATIC APPL USE WITH PNEUMATIC C	$130.67	1	1	PA Required	Referral Required
E0666	PNEUMATIC APPLFOR USE WITH PNEUMAT	$131.71	1	1	PA Required	Referral Required
E0667	PNEUM APPL FOR USE W/ SEGM PNEUM C	$308.82	1	1		Referral Required
E0668	PNEUM APPL FOR USE W/ SEGM PNEUM C	$358.26	1	1		Referral Required
E0691	UV LIGHT THERAPY PANEL, INC. BULBS,	$898.59	1	1	PA Required	Referral Required
E0692	UV LIGHT THERAPY PANEL, INC. BULBS,	$1,128.37	1	1	PA Required	Referral Required
E0693	UV LIGHT THERAPY PANEL, INC. BULBS,	$1,390.98	1	1	PA Required	Referral Required
E0694	UV MULTIDIRECTIONAL LIGHT THERAPY	$4,427.34	1	1	PA Required	Referral Required
E0700	SAFETY EQUIP (EG BELT HARNESS OR VE	$0.00	1	999		Referral Required
E0701	HELMET WITH FACE GUARD AND SOFT	$141.75	1	1		Referral Required
E0710	RESTRAINT, ANY TYPE	$0.00	1	999	PA Required	Referral Required
E0720	TENS TWO LEAD LOCALIZED STIMULATION	$350.61	1	1	PA Required	Referral Required
E0730	TENS FOUR LAED LG AREA/MLTPL NERVE	$353.45	1	1	PA Required	Referral Required
E0731	FORM FITTING CONDUCTIVE GARMET FOR	$297.45	1	1	PA Required	Referral Required
E0740	INCONTINENCE TX SYSTEM	$0.00	1	1	PA Required	Referral Required
E0744	NEUROMUSCULAR STIMULATOR FOR	$870.34	1	1	PA Required	Referral Required
E0745	NEUROMUSCUL STIMUL, ELECTRON	$873.40	1	1	PA Required	Referral Required
E0746	ELECTROMYOGRAPHY (EMG) FEEDBACK D	$0.00	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E0747	OSTEOGENESIS STIMULATOR (NON-INVASI	$3,364.35	1	1	PA Required	Referral Required
E0748	OSTEOGENIC STIMULATOR, ELECTRICAL	$3,342.55	1	1	PA Required	Referral Required
E0749	OSTEOGENESIS STIMULATOR (SURGICAL	$2,443.00	1	1	PA Required	Referral Required
E0756	IMPLANTABLE NEUROSTIMULATOR	$4,840.04	1	999		Referral Required
E0757	IMPLANTABLE NEUROSTIMULATOR	$2,470.95	1	1		
E0758	RADIOFREQUENCY TRANSMITTER	$2,350.24	1	999		Referral Required
E0760	OSTEOGENESIS STIMULATOR,LOW INTEN	$2,778.50	1	999	PA Required	Referral Required
E0765	FDA APPROVED NEUROSTIMULATOR	$0.00	1	999		Referral Required
E0769	ELECTRICAL STIMULATION OR ELECTROM	$0.00	1	1	PA Required	Referral Required
E0776	IV POLE-PURCHASE PRICE	$250.00	1	1		Referral Required
E0779	AMBULATORY INFUSION PUMP	$16.01	1	999		Referral Required
E0780	AMBULATORY INFUSION PUMP	$9.92	1	2		Referral Required
E0781	EXTERNAL AMB INFUSION PUMP W/ADMIN	$0.00	1	1		Referral Required
E0782	PARENTERAL INFUSION PUMP, IM	$3,688.52	1	1	PA Required	Referral Required
E0783	INFUSION PUMP, IMPLANTABLE,	$6,811.54	1	999	PA Required	Referral Required
E0784	EXTERNAL AMBULATORY INFUSION	$4,495.00	1	999	PA Required	Referral Required
E0786	IMPLANTABLE PROGRAMMABLE INFU. PUM	$6,831.39	1	999		Referral Required
E0791	PARENTERAL INFUSION PUMP,STA	$3,016.00	1	1		Referral Required
E0830	AMBULATORY TRACTION DEVICE	$0.00	1	1		Referral Required
E0840	TRACTION FRAME ATTACH TO HEADBOARD	$69.89	1	1		Referral Required
E0849	TRACTION EQUIPMENT CERVICAL	$515.31	1	1		Referral Required
E0850	TRACTION STAND,FREE STANDING,CERVIC	$88.99	1	1		Referral Required
E0855	CERVICAL TRACTION EQUIPMENT	$471.40	1	1		Referral Required
E0860	OVERDOOR CERVICAL TRACTION PER EXT	$36.75	1	1		Referral Required
E0870	TRAC FRAME,ATT TO FOOTBOARD SIMP EX	$110.94	1	1		Referral Required
E0880	TRAC STAND-FREE STAND-SIMPLE EXTRE	$119.74	1	1		Referral Required
E0890	TRAC FRAME ATTACH TO FOOTBOARD,SIM	$114.85	1	1		Referral Required
E0900	TRAC STA FREE STAND SIMPL PELVIC TR	$122.21	1	1		Referral Required
E0910	TRAPEZE BARS ATT TO BED W/GRAB BAR	$177.20	1	1		Referral Required
E0920	FRAC FRAME, ATT TO BED INC WEIGHTS	$374.10	1	1		Referral Required
E0930	FRAC FRAME, FREE STAND, INC	$435.80	1	1		Referral Required
E0935	PASSIVE MOTION EXERCISE DEVI	$18.43	1	1	PA Required	Referral Required
E0940	TRAPEZE BAR FREE STANDING W/GRAB BA	$331.60	1	1		Referral Required
E0941	GRAVITY ASSISTED TRACT DEVICE, ANY	$352.00	1	1		Referral Required
E0942	CERVICAL HEAD HARNESS/HALTER	$18.93	1	1		Referral Required
E0944	PELVIC BELT/HARNESS/BOOT(PROSTHETIC	$43.36	1	1		Referral Required
E0945	EXTREMITY BELT/HARNESS	$38.74	1	1	PA Required	Referral Required
E0946	FRAC FRAMDUAL WI CROSS BAR ATT TO B	$564.30	1	1	PA Required	Referral Required
E0947	FRAC FRAME ATT FOR COMPLEX PELVIC T	$491.69	1	1	PA Required	Referral Required
E0948	FRAC FRAME ATT FOR COMPLEX CERVICA	$559.51	1	1	PA Required	Referral Required
E0950	TRAY WHEELCHAIR	$99.15	1	999	PA Required	Referral Required
E0951	HEEL LOOP/HOLDER, ANY TYPE,	$17.97	1	2	PA Required	Referral Required
E0952	TOE LOOP HOLDER, WHEELCHAIR	$17.97	1	2	PA Required	Referral Required
E0953	PNEUMATIC TIRE WHEELCHAIR	$33.17	1	999	PA Required	Referral Required
E0954	SEMI-PNEUMATIC CASTER,EA WHE	$39.91	1	999	PA Required	Referral Required
E0955	WHEELCHAIR ACCESSORY HEADREST	$202.18	1	1	PA Required	Referral Required
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUN	$98.58	1	4	PA Required	Referral Required
E0957	WHEELCHAIR ACCESS MEDIAL THIGH SUP	$137.93	1	2	PA Required	Referral Required
E0958	WHEELCHR ATT TO CONV ANY WHE	$416.20	1	1	PA Required	Referral Required
E0959	AMPUTEE ADAP DEV TO COMPEN T	$84.34	1	1	PA Required	Referral Required
E0960	WHEELCHAIR ACCESSORY SHOULDER	$63.80	1	1	PA Required	Referral Required
E0961	BRAKE EXTENSION FOR WHEELCHA	$24.11	1	999	PA Required	Referral Required
E0966	HOOK ON HEAD REST EXTENSION	$68.07	1	1	PA Required	Referral Required
E0967	WHEELCHA HAND RIMS WITH OVER	$64.59	1	2	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E0968	COMMODE SEAT, WHEELCHAIR	$145.40	1	1	PA Required	Referral Required
E0969	NARROWING DEVICE WHEELCHAIR	$149.40	1	1	PA Required	Referral Required
E0970	NO 2 FOOTPLATES EXCEPT FOR E	$39.05	1	999	PA Required	Referral Required
E0971	ANTI-TIPPING DEVICE WHEELCHA	$53.30	1	999	PA Required	Referral Required
E0972	TRANSFER BOARD, WHEELCHAIR	$48.34	1	1		Referral Required
E0973	WHEELCHAIR ADJUST HGHT DETAC	$109.66	1	2	PA Required	Referral Required
E0974	"GRAD-AID" FOR WHEELCAHIR	$75.36	1	999	PA Required	Referral Required
E0977	WEDGE CUSHION WHEELCHAIR	$55.09	1	999	PA Required	Referral Required
E0978	WHEELCHAIR ACCESSORY POSITIONING	$41.61	1	1	PA Required	Referral Required
E0980	SAFETY VEST, WHEELCHAIR	$31.53	1	999	PA Required	Referral Required
E0981	WHEELCHAIR ACCESS SEAT UPHOLSTRY	$47.15	1	1	PA Required	Referral Required
E0982	WHEELCHAIR ACCESS BACK UPHOLSTRY	$51.53	1	1	PA Required	Referral Required
E0983	MANUAL WHEELCHAIR ACCESSORY	$2,383.90	1	1	PA Required	Referral Required
E0984	MANUAL WHEELCHAIR ACCESS	$1,628.99	1	1	PA Required	Referral Required
E0985	WHEELCHAIR ACCESS, SEAT LIFT	$202.85	1	1	PA Required	Referral Required
E0986	MANUAL WHEELCHAIR ACCESS	$4,864.24	1	2	PA Required	Referral Required
E0990	ELEVATING LEG REST	$112.01	1	1	PA Required	Referral Required
E0992	SOLID SEAT INSERT	$90.75	1	999	PA Required	Referral Required
E0994	ARM REST, EACH	$16.82	1	999	PA Required	Referral Required
E0995	CALF REST, EACH	$202.18	1	999	PA Required	Referral Required
E0996	TIRE	$27.20	1	999	PA Required	Referral Required
E0997	CASTER WITH A FORK	$60.68	1	999	PA Required	Referral Required
E0998	CASTER W/OUT FORK	$31.03	1	999	PA Required	Referral Required
E0999	PNEUMATIC TIRE W/WHEEL	$93.21	1	999	PA Required	Referral Required
E1000	TIRE, PNEUMATIC CASTER	$34.34	1	999	PA Required	Referral Required
E1001	WHEEL, SINGLE	$88.19	1	999	PA Required	Referral Required
E1002	WHEELCHAIR ACCESS, POWER SEAT	$4,113.02	1	1	PA Required	Referral Required
E1003	WHEELCHAIR ACCESS, P[OWER SEAT	$4,391.30	1	1	PA Required	Referral Required
E1004	WHEELCHAIR ACCESS, POWER SEAT	$4,869.05	1	1	PA Required	Referral Required
E1005	WHEELCHAIR ACCESS POWER SEAT	$5,270.36	1	1	PA Required	Referral Required
E1006	WHEELCHAIR ACCESS, POWER SEAT	$6,455.70	1	1	PA Required	Referral Required
E1007	WHEELCHAIR ACCESS, POWER SEATING	$8,741.27	1	1	PA Required	Referral Required
E1008	WHEELCHAIR ACCESS POWER SEAT	$8,742.05	1	1	PA Required	Referral Required
E1009	WHEELCHAIR ACCESS, POWER SEAT	$0.00	1	1	PA Required	Referral Required
E1010	WHEELCHAIR ACCESS SEAT	$863.51	1	1	PA Required	Referral Required
E1011	MODIFY PED.SIZE WHEELCHAIR, WIDTH	$0.00	1	1	PA Required	Referral Required
E1014	RECLINING BACK, ADDITION TO	$365.14	1	1	PA Required	Referral Required
E1015	SHOCK ABSORBER FOR MANUAL	$114.70	1	2	PA Required	Referral Required
E1016	SHOCK ABSORBER FOR POWER	$131.31	1	2	PA Required	Referral Required
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEA	$0.00	1	2	PA Required	Referral Required
E1018	HEAVY DUTY SHOCK ABSORBER FOR HD/	$0.00	1	2	PA Required	Referral Required
E1019	WHEELCHAIR ACCESS POWER SEAT	$447.26	1	1	PA Required	Referral Required
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	$243.41	1	2	PA Required	Referral Required
E1021	WHEELCHAIR ACCESS POWER SEAT	$324.16	1	1	PA Required	Referral Required
E1028	WHEELCHAIR ACC POWER SEAT	$206.54	1	1	PA Required	Referral Required
E1029	WHEELCHAIR ACCESS VENTILATOR TRAY	$369.54	1	1	PA Required	Referral Required
E1030	WHEELCHAIR ACCESSORY VENTILATOR T	$1,165.27	1	1	PA Required	Referral Required
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	$1,084.90	1	1	PA Required	Referral Required
E1038	TRANSPORT CHAIR, ADULT SIZE, PT WE	$400.10	1	1	PA Required	Referral Required
E1039	TRANSPORT CHAIR, ADULT SIZE	$0.00	1	1	PA Required	Referral Required
E1050	FUL-RECLIN WHEELCHR FIX FULL	$825.70	1	1	PA Required	Referral Required
E1060	FUL-RECL WHEELCHR DETAC ARMS	$1,173.30	1	1	PA Required	Referral Required
E1065	POW ATTACH (TO CONV ANY WHEE	$2,773.02	1	1	PA Required	Referral Required
E1070	FUL-REC WHEELCHR DETACH ARMS	$1,044.70	1	1	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E1083	HEMI-WHEELCHR, FIX FULL LEN	$751.00	1	1	PA Required	Referral Required
E1084	HEMI WHEELCHR DETACH ARM DEC	$795.30	1	1	PA Required	Referral Required
E1085	HEMI-WHEELCHR, FIX FULL LEN	$561.10	1	1	PA Required	Referral Required
E1086	HEMI-WHEELCHR DETACH ARM DES	$681.14	1	1	PA Required	Referral Required
E1087	HIGH STREN LIGHTWEI WHEELCH	$1,206.70	1	1	PA Required	Referral Required
E1088	HIGH STREN LIGHTWEI WHEELCHR	$1,438.81	1	1	PA Required	Referral Required
E1089	LTWGHT WHEELCAHIR FIX ARMS D	$1,146.50	1	1	PA Required	Referral Required
E1090	HIGH STREN LIGHTWEI WHEELCHR	$1,298.80	1	1	PA Required	Referral Required
E1091	YOUTH WHEELCAHIR	$795.20	1	1	PA Required	Referral Required
E1092	WIDE HEAVY DUTY WHEELCHAIR D	$1,225.70	1	1	PA Required	Referral Required
E1093	WIDE HEAVY DU WHEELCHR DETAC	$1,054.20	1	1	PA Required	Referral Required
E1100	SEMI-REC WHEELCHR FIX FULL L	$990.20	1	1	PA Required	Referral Required
E1110	SEMI-REC WHEELCHR DETAC ARM	$969.60	1	1	PA Required	Referral Required
E1130	STANDARD WHEELCHAIR, FIXED A	$381.20	1	1	PA Required	Referral Required
E1140	WHLCHR DETACH ARM DETACH RES	$665.20	1	1	PA Required	Referral Required
E1150	WHEELCHAIR DETACHABLE ARM	$720.10	1	1	PA Required	Referral Required
E1160	WHLCHR FIX ARM DETACH EL LEG	$549.50	1	1	PA Required	Referral Required
E1161	MANUAL ADULT SIZE WHEELCHAIR,	$2,366.09	1	1	PA Required	Referral Required
E1170	AMPU WHEELCHR FIX FULL LEN A	$851.90	1	1	PA Required	Referral Required
E1171	AMPU WHEELCHR FIX FULL LEN A	$764.50	1	1	PA Required	Referral Required
E1172	AMPU WHEELCHR DETACH ARMS (D	$934.20	1	1	PA Required	Referral Required
E1180	AMPU WHEELCHR DETAC ARMS (DE	$966.60	1	1	PA Required	Referral Required
E1190	AMPU WHEELCHR DET ARM (DESK	$1,116.70	1	1	PA Required	Referral Required
E1195	AMPU WHEELCHR FIX FULL LEN A	$1,198.30	1	1	PA Required	Referral Required
E1200	AMPUTEE WHEELCHAIR FIXED ARM	$829.90	1	1	PA Required	Referral Required
E1210	MOTORIZED W/C FIXED FULL LEN	$3,918.90	1	1	PA Required	Referral Required
E1211	MOTORIZED W/C FIXED ARMS SWI	$3,991.90	1	1	PA Required	Referral Required
E1212	MOTORIZED WHEELCHAIR FIXED F	$3,868.90	1	1	PA Required	Referral Required
E1213	MOTORIZED WHEELCHAIR DETACHA	$4,160.80	1	1	PA Required	Referral Required
E1220	SPECIAL SIZED WHEELCHAIR	$446.42	1	1	PA Required	Referral Required
E1221	WHEELCHAIR FIX ARM FOOTRESTS	$385.10	1	1	PA Required	Referral Required
E1222	WHEELCH W/FIXED ARM EL LEG R	$646.60	1	1	PA Required	Referral Required
E1223	WHEELCHAIR W/DETACH ARM FOOT	$706.00	1	1	PA Required	Referral Required
E1224	WHEELCHR WITH DETACH ARMS, E	$662.50	1	1	PA Required	Referral Required
E1225	WHEELCHAIR ACCESSORY MANUAL	$431.10	1	1	PA Required	Referral Required
E1226	WHEELCHAIR ACCESSORY, MANUAL	$520.45	1	1	PA Required	Referral Required
E1227	SPEC HEIGH ARMS FOR WHEELCHR	$254.80	1	1	PA Required	Referral Required
E1228	SPECIAL BACH HEIGHT FOR WHEE	$267.30	1	1	PA Required	Referral Required
E1229	WHEELCHAIR, PEDIATRIC SIZE, NEC	$0.00	1	1	PA Required	Referral Required
E1230	POW OPER VEH (3WH NON-HIGHW) IND BR	$1,833.76	1	1	PA Required	Referral Required
E1231	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE	$0.00	1	1	PA Required	Referral Required
E1232	WHEELCHAIR, PED. SIZE,TILT-IN-SPACE	$2,134.20	1	1	PA Required	Referral Required
E1233	WHEELCHAIR PED. SIZE,TILT-IN-SPACE,	$2,208.50	1	1	PA Required	Referral Required
E1234	WHEELCHAIR PEDIATRIC,TILT-IN-SPACE,	$1,923.20	1	1	PA Required	Referral Required
E1235	WHEELCHAIR, PED. SIZE, RIGID,	$1,851.90	1	1	PA Required	Referral Required
E1236	WHEELCHAIR, PED. SIZE, FOLDING, ADJ	$1,633.40	1	1	PA Required	Referral Required
E1237	WHEELCHAIR, PED. SIZE, RIGID, ADJ.	$1,648.10	1	1	PA Required	Referral Required
E1238	WHEELCHAIR, PED. SIZE, FOLDING, ADJ	$1,718.60	1	1	PA Required	Referral Required
E1239	POWER CHAIR, PEDIATRIC SIZE, NEC	$0.00	1	1	PA Required	Referral Required
E1240	LIGHTWEIGHT WHEELCHAIR DETAC	$982.60	1	1	PA Required	Referral Required
E1250	LGTWGHT WHEELCHAIR FIX ARM S	$616.20	1	1	PA Required	Referral Required
E1260	LTWGHT WHEELCHAIR DETACH ARM	$755.70	1	1	PA Required	Referral Required
E1270	LTWGHT WHEELCH FIX ARM DETAC	$752.90	1	1	PA Required	Referral Required
E1280	HEAVY DUTY WHEELCHR DETAC AR	$125.20	1	1	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E1285	HEAVY DUTY WHEELCHR FIX FULL	$1,150.30	1	1	PA Required	Referral Required
E1290	HEAVY DUTY WHEELCHR DETACH A	$1,014.60	1	1	PA Required	Referral Required
E1295	HEAVY DUTY WHEELCHR FIX FULL	$1,158.60	1	1	PA Required	Referral Required
E1296	SPEC WHEELCHR SEAT HEIGHT FR	$411.68	1	1	PA Required	Referral Required
E1297	SPEC WHEELCHR SEAT DEPTH, BY	$99.78	1	1	PA Required	Referral Required
E1298	SPEC WHEELCHR SEAT DEPTH AND	$343.48	1	1	PA Required	Referral Required
E1340	REPAIR/NONROUTINE SERVICE FOR DME;	$7.00	1	999		Referral Required
E1353	REGULATOR RENTAL	$10.00	1	999		Referral Required
E1355	STAND/RACK	$0.00	1	1		Referral Required
E1372	IMMERSION EXTERNAL HEATER FO	$155.51	1	1		Referral Required
E1377	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1378	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1379	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1380	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1381	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1382	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1383	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1384	OXYGEN CONCEN HI HUMID SYS E	$3,104.70	1	999		Referral Required
E1385	OXYGE CONCEN HI HUMID SYS EQ	$3,104.70	1	999		Referral Required
E1390	OXYGEN CONCENTRATOR	$2,173.40	1	1		Referral Required
E1391	OXYGEN CONCENTRATOR DUEL DELIVERY	$0.00	1	1	PA Required	Referral Required
E1399	OTHER DME, SEE COMMENTS	$0.00	1	1	PA Required	Referral Required
E1405	OXYGEN/H20 VAPOR SYSTEM W/HE	$2,483.10	1	999		Referral Required
E1406	OXYGEN/H20 VAPOR SYSTEM WO H	$2,382.80	1	999		Referral Required
E1500	CENTRIFUGE FOR DIALYSIS	$0.00	1	1	PA Required	Referral Required
E1510	KIDN DIAL DEL SYS KID MACH P	$1,984.50	1	1	PA Required	Referral Required
E1520	HEPARIN INFUSION PUMP FOR DI	$0.00	1	1	PA Required	Referral Required
E1530	AIR BUBBLE DETECTOR FOR DIAL	$0.00	1	1	PA Required	Referral Required
E1540	PRESSURE ALARM FOR DIALYSIS	$0.00	1	1	PA Required	Referral Required
E1550	BATH CONDUCTIVITY METER FOR	$0.00	1	1	PA Required	Referral Required
E1560	BLOOD LEAK DETECTOR FOR DIAL	$0.00	1	1	PA Required	Referral Required
E1570	ADJUSTABLE CHAIR, FOR ESRD P	$100.49	1	1	PA Required	Referral Required
E1575	TRANSDUCER PROTECTOR/FLUID B	$26.87	1	1	PA Required	Referral Required
E1580	UNIPUNCTURE CONTROL SYSTEM F	$0.00	1	1	PA Required	Referral Required
E1590	HEMODIALYSIS MACHINE, UNIT O	$1,721.69	1	1	PA Required	Referral Required
E1592	AUTO INTERMITTENT PERITIONEA	$0.00	1	1	PA Required	Referral Required
E1594	CYCLER DIALYSIS MACHINE	$3,640.00	1	1		Referral Required
E1600	DEL AND/OR INSTALL CHARGES F	$461.86	1	1	PA Required	Referral Required
E1610	REV OSMOSIS WAT PURIFIC SYS	$614.64	1	1	PA Required	Referral Required
E1615	DEIONIZER WATER PURIFICATION	$0.00	1	1	PA Required	Referral Required
E1620	BLOODPUMP FOR DIALYSIS	$0.00	1	1	PA Required	Referral Required
E1625	WATER SOFTENING SYSTEM	$0.00	1	1	PA Required	Referral Required
E1630	RECIPROCATING PERITONEAL DIA	$0.00	1	1	PA Required	Referral Required
E1632	WEARABLE ARTIFICAL KIDNEY	$0.00	1	999	PA Required	Referral Required
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	$0.00	1	1	PA Required	Referral Required
E1635	COMPACT (PORTABLE) TRAVEL HE	$0.00	1	1	PA Required	Referral Required
E1636	SORBENT CARTRIDGES, PER CASE	$0.00	1	999	PA Required	Referral Required
E1637	HEMOSTAT FOR DIALYSIS	$3.99	1	1		Referral Required
E1638	HEATING PAD FOR PERITONEAL DIALYSIS	$36.12	1	1		Referral Required
E1639	SCALE FOR DIALYSIS, EACH	$223.34	1	1		Referral Required
E1699	DIALYSIS EQUIPMENT, NOS	$0.00	1	1	PA Required	Referral Required
E1700	JAW MOTION ON REHAB SYSTEM	$328.92	1	1	PA Required	Referral Required
E1701	REPLACEMENT CUSHIONS-JAW MOTION R	$0.00	1	999	PA Required	Referral Required
E1702	REPLACEMENT MEASURING SCALES-JAW M	$0.00	1	999	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION	$1,111.70	1	999	PA Required	Referral Required
E1801	BI-DIRECTIONAL STRETCH DEVICE	$1,283.70	1	2	PA Required	Referral Required
E1802	DYNAMIC ADJ. FOREARM PRONATION/	$326.80	1	2		Referral Required
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/	$1,140.90	1	999	PA Required	Referral Required
E1806	BI-DIRECTIONAL STRETCH DEVICE	$1,053.90	1	2	PA Required	Referral Required
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/F	$1,272.00	1	1	PA Required	Referral Required
E1811	BI-DIRECTIONAL STRETCH DEVICE	$1,334.60	1	2	PA Required	Referral Required
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/	$1,140.90	1	999	PA Required	Referral Required
E1816	BI-DIRECTIONAL STRETCH DEVISE	$1,355.70	1	2	PA Required	Referral Required
E1818	BI-DIRECTIONAL STRETCH DEVICE	$1,384.10	1	2	PA Required	Referral Required
E1820	SOFT INTERFACE MATERIAL, DYNAMIC AD	$0.00	1	999	PA Required	Referral Required
E1821	REPLACEMENT SOFT INTERFACE	$104.72	1	2	PA Required	Referral Required
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSIO	$1,140.90	1	999	PA Required	Referral Required
E1830	DYNAMIC ADJUSTABEL TOE EXTENSION/FL	$1,140.90	1	999	PA Required	Referral Required
E1840	DYNAMIC ADJUSTABLE SHOULDER DEVICE	$3,808.20	1	2	PA Required	Referral Required
E1902	COMMUNICATION BOARD	$0.00	1	1	PA Required	Referral Required
E2000	GASTRIC SUCTION PUMP, HOME MODEL	$515.80	1	1		Referral Required
E2100	BLOOD GLUCOSE MONITOR	$544.01	1	1	PA Required	Referral Required
E2101	BLOOD GLUCOSE MONITOR	$187.63	1	1	PA Required	Referral Required
E2120	PULSE GENERATOR SYSTEM	$0.00	1	1	PA Required	Referral Required
E2201	MANUAL WHEELCHAIR ACCESSORY	$373.10	1	1	PA Required	Referral Required
E2202	MANUAL WHEELCHAIR ACCESS	$473.98	1	1	PA Required	Referral Required
E2203	MANUAL WHEELCHAIR ACCESS	$479.05	1	1	PA Required	Referral Required
E2204	MANUAL WHEELCHAIR ACCESS	$813.40	1	1	PA Required	Referral Required
E2205	MANUAL WHEELCHAIR ACCESSORY	$0.00	1	1	PA Required	Referral Required
E2206	MANUAL WHEELCHAIR ACCESSORY	$0.00	1	1	PA Required	Referral Required
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE W	$0.00	1	1	PA Required	Referral Required
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE W	$0.00	1	1	PA Required	Referral Required
E2293	BACK CONTOURED, FOR PED SIZE WHLCH	$0.00	1	1	PA Required	Referral Required
E2294	SEAT CONTOURED, PED SIZE	$0.00	1	1	PA Required	Referral Required
E2300	POWER WHEELCHAIR ACCESS	$0.00	1	1	PA Required	Referral Required
E2301	POWER WHEELCHAIR	$0.00	1	1	PA Required	Referral Required
E2310	POWER WHEELCHAIR ACCESS	$1,170.02	1	1	PA Required	Referral Required
E2311	POWER WHEELCHAIR ACCESS	$2,369.20	1	1	PA Required	Referral Required
E2320	POWER WHEELCHAIR ACCESSORY	$998.38	1	1	PA Required	Referral Required
E2321	POWER WHEELCHAIR ACCESSORY	$1,532.90	1	1	PA Required	Referral Required
E2322	POWER WHEELCHAIR ACCESSORY	$1,410.36	1	1	PA Required	Referral Required
E2323	POWER WHEELCHAIR ACCESSORY	$1,057.78	1	1	PA Required	Referral Required
E2324	POWER WHEELCHAIR ACCESSORY	$44.49	1	1	PA Required	Referral Required
E2325	POWER WHEELCHAIR ACCESSORY	$1,346.83	1	1	PA Required	Referral Required
E2326	POWER WHEELCHAIR ACCESSORY	$319.60	1	1	PA Required	Referral Required
E2327	POWER WHEELCHAIR ACCESSORY	$2,306.14	1	1	PA Required	Referral Required
E2328	POWER WHEELCHAIR ACCESSORY	$3,877.33	1	1	PA Required	Referral Required
E2329	POWER WHEELCHAIR ACCESSORY	$1,730.31	1	1	PA Required	Referral Required
E2330	POWER WHEELCHAIR ACCESSORY	$0.00	1	1	PA Required	Referral Required
E2331	POWER WHEELCHAIR ACCESSORY	$0.00	1	1	PA Required	Referral Required
E2340	POWER WHEELCHAIR ACCESS	$314.22	1	1	PA Required	Referral Required
E2341	POWER WHEELCHAIR ACCESSORY	$462.97	1	1	PA Required	Referral Required
E2342	POWER WHEELCHAIR ACCESSORY	$448.03	1	1	PA Required	Referral Required
E2343	POWER WHEELCHAIR ACCESSORY	$259.27	1	1	PA Required	Referral Required
E2351	POWER WHEELCHAIR ACCESSORY	$698.63	1	1	PA Required	Referral Required
E2360	POWER WHEELCHAIR ACCESSORY	$107.16	1	1	PA Required	Referral Required
E2361	POWER WHEELCHAIR ACCESSORY	$130.82	1	2	PA Required	Referral Required
E2362	POWER WHEELCHAIR ACCESSORY	$86.27	1	1	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
E2363	POWER WHEELCHAIR ACCESSORY	$174.45	1	2	PA Required	Referral Required
E2364	POWER WHEELCHAIR ACCESS	$112.34	1	1	PA Required	Referral Required
E2365	POWER WHEELCHAIR ACCESS	$110.31	1	2	PA Required	Referral Required
E2366	POWER WHEELCHAIR ACCESSORY	$228.79	1	1	PA Required	Referral Required
E2367	POWER WHEELCHAIR ACCESSORY	$419.08	1	1	PA Required	Referral Required
E2368	POWER WHEELCHAIR COMPONENT	$0.00	1	1	PA Required	Referral Required
E2369	POWER WHEELCHAIR COMPONENT	$0.00	1	1	PA Required	Referral Required
E2370	POWER WHEELCHAIR COMPONENT	$0.00	1	1	PA Required	Referral Required
E2399	POWER WHEELCHAIR ACCESSORY	$0.00	1	1	PA Required	Referral Required
E2402	NEGATIVE PRESSURE WOUND THERAPY	$1,752.51	1	1	PA Required	Referral Required
E2500	SPEECH GENERATING DEVICE	$374.13	1	1	PA Required	Referral Required
E2502	SPEECH GENERATING DEVICE	$1,195.80	1	1	PA Required	Referral Required
E2504	SPEECH GENERATING DEVICE	$1,577.42	1	1	PA Required	Referral Required
E2506	SPEECH GENERATING DEVICE	$2,312.96	1	1	PA Required	Referral Required
E2508	SPEECH GENERATING DEVICE	$3,576.61	1	1		Referral Required
E2510	SPEECH GENERATING DEVICE	$6,475.12	1	1	PA Required	Referral Required
E2511	SPEECH GENERATING SOFTWARE	$0.00	1	1	PA Required	Referral Required
E2512	ACCESSORY FOR SPEECH DEVICE	$0.00	1	1	PA Required	Referral Required
E2599	ACCESSORY FOR SPEECH DEVICE	$0.00	1	1	PA Required	Referral Required
E2601	GENERAL USE WHEELCHAIR SEAT CUSHIO	$87.42	1	1	PA Required	Referral Required
E2602	GENERAL USE WHEELCHAIR SEAT CUSHIO	$188.41	1	1	PA Required	Referral Required
E2603	SKIN PROTECTION WHEELCHAIR SEAT CU	$288.23	1	1	PA Required	Referral Required
E2604	SKIN PROTECTION WHEELCHAIR SEAT CU	$450.04	1	1	PA Required	Referral Required
E2605	POSITIONING WHEELCHAIR SEAT CUSHIO	$291.38	1	1	PA Required	Referral Required
E2606	POSITIONING WHEELCHAIR SEAT CUSHIO	$323.74	1	1	PA Required	Referral Required
E2607	SKIN PROTECTION/POSITIONING WHEELC	$323.74	1	1	PA Required	Referral Required
E2608	SKIN PROTECTION/POSITIONING WHEELC	$438.07	1	1	PA Required	Referral Required
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT	$799.47	1	1	PA Required	Referral Required
E2610	WHEELCHAIR SEAT CUSHION, POWERED	$0.00	1	1	PA Required	Referral Required
E2611	GENERAL USE WHEELCHAIR BACK CUSHIO	$308.01	1	1	PA Required	Referral Required
E2612	GENERAL USE WHEELCHAIR BACK CUSHIO	$0.00	1	1	PA Required	Referral Required
E2613	POSITIONING WHEELCHAIR BACK CUSHIO	$393.04	1	1	PA Required	Referral Required
E2614	POSITIONING WHEELCHAIR BACK CUSHIO	$543.93	1	1	PA Required	Referral Required
E2615	POSITIONING WHEELCHAIR BACK CUSHIO	$447.03	1	1	PA Required	Referral Required
E2616	POSITIONING WHEELCHAIR BACK CUSHIO	$576.84	1	1	PA Required	Referral Required
E2617	CUSTOM FABRICATED WHEELCHAIR BACK	$791.41	1	1	PA Required	Referral Required
E2618	WHEELCHAIR ACCESSORY, SOLID SEAT S	$0.00	1	1	PA Required	Referral Required
E2619	REPLACEMENT COVER FOR WHEELCHAIR S	$0.00	1	2	PA Required	Referral Required
E2620	POSITIONING WHEELCHAIR BACK CUSHIO	$0.00	1	1	PA Required	Referral Required
E2621	POSITIONING WHEELCHAIR BACK CUSHIO	$0.00	1	1	PA Required	Referral Required
E8000	GAIT TRAINER, PEDIATRIC SIZE, POST	$0.00	1	1	PA Required	Referral Required
E8001	GAIT TRAINER, PEDIATRIC SIZE	$0.00	1	1	PA Required	Referral Required
E8002	GAIT TRAINER, PEDIATRIC SIZE,	$0.00	1	1	PA Required	Referral Required
G0008	ADMIN OF INFLUENZA VIRUS VAC	$3.94	1	1		
J0285	AMPHOTERICIN B	$29.84	1	1		Referral Required
J0395	ARBUTAMINE HCL	$160.00	1	1		Referral Required
J0456	INJECTION AZITHROMYCIN 500 MG	$23.56	1	1		Referral Required
J0476	BACLOFEN FOR INTRATHECAL TRIAL	$67.55	1	1		Referral Required
J1100	INJECTION, DEXAMETHOSONE, UP	$0.14	1	999		Referral Required
J1260	INJECTION DOLASETRON MESYTATE-10 M	$6.61	1	999		Referral Required
J1441	FILGRASTIM (NEUPOGEN)	$282.41	1	1		Referral Required
J1642	HEPARIN LOCK FLUSH,10 UTS (NO ADMIN	$0.07	1	999		Referral Required
J1644	HEPARIN SODIUM, PER 1000 UNITS	$0.10	1	999		Referral Required
J1955	LEVOCARNITINE PER 1 GRAM	$14.65	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
J1956	LEVOFLOXACIN 250 MG	$7.64	1	1		Referral Required
J2355	OPRELVEKIN NEUMEGA UP TO 100 MG	$243.35	1	999		Referral Required
J2792	RHO IMMUNE GLOBULIN IV HUMAN SOLVNT	$13.40	1	1		Referral Required
J2912	INJECTION, SODIUM CHLORIDE	$0.15	1	999		Referral Required
J3265	TORSEMIDE 200 MG	$2.28	1	1		Referral Required
J3305	TRIMETREXATE GLUCORONATE	$136.93	1	1		Referral Required
J3490	UNCLASSIFIED DRUGS	$0.00	1	999		
J7030	INFUSION, NORMAL SALINE SOLU	$1.23	1	999		Referral Required
J7040	INFUSION, NORMAL SALINE SOLUTION, (	$0.05	1	999		Referral Required
J7042	5% DEXTROSE/NORMAL SALINE (500 ML =	$0.14	1	999		Referral Required
J7050	INFUSION, NORMAL SALINE SOLUTION, 2	$0.02	1	999		Referral Required
J7051	STERILE SALINE OR WATER UP TO 5CC	$0.01	1	999		Referral Required
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	$0.79	1	999		Referral Required
J7070	INFUSION, D5W, 1000 CC	$2.73	1	999		Referral Required
J7120	RINGERS LACTATE INFUSION UP	$0.76	1	999		Referral Required
J7608	ACETYCSTEINE INHALATION	$2.30	1	1		Referral Required
J7613	ALBUTEROL, INHALATION SOLUTION	$0.00	1	999		Referral Required
J7616	ALBUTEROL, UP TO 5 MG	$0.00	1	999		Referral Required
J7628	BITOLTEROL MESYLATE INHAL. SOLUTION	$0.25	1	999		Referral Required
J7629	BITOLTEROL INHALATION SOLUTION	$0.33	1	999		Referral Required
J7631	CROMOLYN SODIUM INHAL. SOLUTION	$0.10	1	999		Referral Required
J7633	BUDESONIDE INHALATION SOLUTION	$0.00	1	999		Referral Required
J7635	ATROPINE INHALATION SOLUTION	$0.13	1	999		Referral Required
J7636	ATROPINE INHALATION SOLUTION	$0.34	1	999		Referral Required
J7637	DEXAMETHASONE INHALATION SOLUTION	$0.33	1	999		Referral Required
J7638	DEXAMETHASONE INHALATION SOLUTION	$0.21	1	999		Referral Required
J7639	DORNASE ALPHA INHALATION SOLUTION	$16.93	1	999		Referral Required
J7642	GLYCOPYRROLATE INHALATION SOLUTION	$0.31	1	999		Referral Required
J7643	GLYCOPYRROLATE INHALATION SOLUTION	$0.84	1	999		Referral Required
J7644	IPRATROPIUM BROMIDE	$0.29	1	999		Referral Required
J7648	ISOETHARINE HC1 INHALATION SOLUTION	$0.17	1	999		Referral Required
J7649	ISOETHARINE HC1 INHAL. SOLUTION	$0.17	1	999		Referral Required
J7658	ISOPROTERENOL HC1 INHALATION SOLU.	$0.31	1	999		Referral Required
J7659	ISOPROTERENOL HC1 INHALATION SOLU.	$0.40	1	999		Referral Required
J7668	METAPROTERENOL SULFATE	$0.25	1	999		Referral Required
J7669	METAPROTERENOL SULFATE	$0.26	1	999		Referral Required
J7670	METAPROTERENOL SULF INH SOLN	$1.00	1	999		Referral Required
J7680	TERBUTALINE SULFATE INHAL SOLUTION	$1.86	1	999		Referral Required
J7681	TERBUTALINE SULFATE INHAL SOLUTION	$2.07	1	999		Referral Required
J7682	TOBRAMYCIN UNIT DOSE FORM	$46.98	1	999		Referral Required
J7683	TRIAMCINOLONE INHALATION SOLUTION	$0.04	1	999		Referral Required
J7684	TRIAMCINOLONE INHALATION SOLUTION	$0.14	1	999		Referral Required
J7799	NOC DRUGS,OTHER THAN INHALAT	$0.00	1	999		Referral Required
J8521	CAPECITABINE ORAL 500 MQ	$10.76	1	150		Referral Required
K0001	STANDARD WHEELCHAIR	$461.17	1	1	PA Required	Referral Required
K0002	STANDARD HEMI W/C (LOW SEAT)	$663.40	1	1	PA Required	Referral Required
K0003	LIGHTWEIGHT WHEELCHAIR	$720.64	1	1	PA Required	Referral Required
K0004	HIGH STRENGTH LIGHTWEIGHT WH	$1,274.70	1	1	PA Required	Referral Required
K0005	ULTRALIGHT WHEELCHAIR	$1,733.91	1	1	PA Required	Referral Required
K0006	HEAVY DUTY WHEELCHAIR	$1,107.40	1	1	PA Required	Referral Required
K0007	EXTRA HEAVY DUTY WHEELCHAIR	$1,695.50	1	1	PA Required	Referral Required
K0009	OTHER MANUAL WHEELCHAIR BASE	$0.00	1	1	PA Required	Referral Required
K0010	STANDARD-WEIGHT FRAME MOTORI	$4,063.30	1	1	PA Required	Referral Required
K0011	STD-WGHT FRAME W/C-PROGRAMAB	$5,024.90	1	1	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
K0012	LIGHTWEIGHT PORTABLE WHEELCH	$3,082.30	1	1	PA Required	Referral Required
K0014	OTHER MOTORIZED/POWER WHEELC	$0.00	1	1	PA Required	Referral Required
K0015	DET, NON-ADJ A/R EA	$170.42	1	2	PA Required	Referral Required
K0017	DET, ADJ-HT A/R BASE EA	$47.93	1	2	PA Required	Referral Required
K0018	DET ADJ HT A/R UPPER EA	$26.79	1	2	PA Required	Referral Required
K0019	ARM PAD EA	$16.44	1	2	PA Required	Referral Required
K0020	FIXED, ADJ HT A/R PAIR	$43.56	1	1	PA Required	Referral Required
K0021	ANTI TIPPING DEVICE EA	$53.30	1	2	PA Required	Referral Required
K0034	HEEL LOOP, EACH	$17.97	1	2	PA Required	Referral Required
K0037	HIGH MOUNT FLIP-UP F/R EACH	$39.05	1	2	PA Required	Referral Required
K0038	LEG STRAP EACH	$22.74	1	2	PA Required	Referral Required
K0039	LEG STRAP, EACH	$50.54	1	2	PA Required	Referral Required
K0040	ADJUSTABLE ANGLE FOOTPLATES	$70.23	1	2	PA Required	Referral Required
K0041	LARGE SIZE FOOTPLATE, EACH	$49.64	1	999	PA Required	Referral Required
K0042	STD SIZE FOOTPLATE, EACH	$29.53	1	999	PA Required	Referral Required
K0043	FOOTREST, LOWER EXT TUBE EAC	$18.31	1	999	PA Required	Referral Required
K0044	FOOTREST, UPPER BRKT, EACH	$15.61	1	999	PA Required	Referral Required
K0045	FOOTREST, COMPLETE	$45.90	1	999	PA Required	Referral Required
K0046	ELV LEGREST LOW EXT TUB EACH	$18.31	1	999	PA Required	Referral Required
K0047	ELV LEGREST, UPPER BRKT EACH	$71.71	1	999	PA Required	Referral Required
K0050	RATCHET ASSEMBLY	$30.48	1	999	PA Required	Referral Required
K0051	CAM RELEASE F/R OR L/R EA	$49.33	1	999	PA Required	Referral Required
K0052	S/A DETACH FOOTRESTS, EA	$86.70	1	2	PA Required	Referral Required
K0053	ELEV FOOTRESTS, TELESC. EACH	$95.68	1	1	PA Required	Referral Required
K0056	SEAT HT <17" OR < OR = TO 21	$89.19	1	999	PA Required	Referral Required
K0064	ZERO PRESSURE TUBE (FLAT FRE	$28.52	1	999	PA Required	Referral Required
K0065	SPOKE PROTECTORS, EACH	$41.69	1	2	PA Required	Referral Required
K0066	SOLID TIRE, ANY SIZE, EA	$27.20	1	999	PA Required	Referral Required
K0067	PNEUMATIC TIRE, ANY SIZE, EA	$33.17	1	999	PA Required	Referral Required
K0068	PNEUMATIC TIRE TUBE, EACH	$5.52	1	999	PA Required	Referral Required
K0069	REAR WHEEL ASSMB, COMP-W/SOL	$93.69	1	999	PA Required	Referral Required
K0070	REAR WHEEL ASSMB,COMP W/PNEU	$171.79	1	999	PA Required	Referral Required
K0071	FRONT CASTER ASSMB, COMP W/P	$102.45	1	999	PA Required	Referral Required
K0072	FRONT CASTER ASSMB, COMP W/S	$57.96	1	999	PA Required	Referral Required
K0073	CASTER PIN LOCK, EACH	$31.38	1	999	PA Required	Referral Required
K0074	PNEUMATIC CASTER TIRE, ANY S	$34.34	1	999	PA Required	Referral Required
K0075	SIMI-PNEUMATIC CASTER TIRE,	$39.91	1	999	PA Required	Referral Required
K0076	SOLID CASTER TIRE, ANY SIZE,	$23.96	1	999	PA Required	Referral Required
K0077	FRONT CASTER ASSEMBLY, COMP.	$55.17	1	999	PA Required	Referral Required
K0078	PNEUM CASTER TIRE TUBE, EACH	$9.02	1	999	PA Required	Referral Required
K0090	REAR WHEEL TIRE FOR POWER W/	$71.45	1	999	PA Required	Referral Required
K0091	REAR WHEEL TIRE TUBE NOT ZER	$19.47	1	999	PA Required	Referral Required
K0092	REAR WHEEL ASSEMBLY FOR POWE	$228.02	1	999	PA Required	Referral Required
K0093	REAR WHEEL,ZERO PRES.TIRETUB	$142.45	1	999	PA Required	Referral Required
K0094	WHEEL TIRE FOR POWER BASE, A	$46.42	1	999	PA Required	Referral Required
K0095	WHEEL TIRE TUBE NOT ZERO PRE	$46.42	1	999	PA Required	Referral Required
K0096	WHEEL ASSEMBLY FOR POWER BAS	$257.25	1	999	PA Required	Referral Required
K0097	WHEEL ZERO PRES. TIRE TUBE(F	$56.89	1	999	PA Required	Referral Required
K0098	DRIVE BELT FOR POWER W/C	$24.76	1	999	PA Required	Referral Required
K0099	FRONT CASTER FOR POWER W/C	$75.89	1	999	PA Required	Referral Required
K0102	CRUTCH AND CANE HOLDER	$40.66	1	999	PA Required	Referral Required
K0104	CYLINDER TANK CARRIER	$111.41	1	999	PA Required	Referral Required
K0105	IV HANGER	$93.25	1	999	PA Required	Referral Required
K0106	ARM TROUGH, EACH	$100.52	1	999	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
K0108	OTHER W/C ACCESSORIES	$0.00	1	999	PA Required	Referral Required
K0183	NASAL APPLICATION DEVICE USE W/CPAP	$76.66	1	999		Referral Required
K0184	NASAL PILLOWS/SEAL REPLACEMENT FOR	$23.49	1	999		Referral Required
K0185	HEAD GEAR, USE W/CPAP	$37.92	1	999		Referral Required
K0186	CHIN STRAP, USE W/CPAP	$17.36	1	999		Referral Required
K0187	TUBING, USED WITH/CPAP	$39.12	1	999		Referral Required
K0188	FILTER, DISPOS,USE W/CPAP	$5.14	1	999		Referral Required
K0189	FILTER, NON-DISPOS-USE W/CPAP	$14.62	1	999		Referral Required
K0195	ELEVATING LEG REST, PAIR (US	$181.40	1	1	PA Required	Referral Required
K0452	WHEELCHAIR BEARINGS, ANY TYPE	$6.25	1	999	PA Required	Referral Required
K0455	INFUSION PUMP/UNINTERRUPTED ADMIN	$2,526.40	1	999		Referral Required
K0462	TEMPORARY REPLACEMENT OF PT OWNE	$0.00	1	1	PA Required	Referral Required
K0552	SUPPLIES EXT PUMP	$2.61	1	999		Referral Required
K0561	OSTOMY SKIN BARRIER, NON-PECTIN	$3.36	1	4		Referral Required
K0562	OSTOMY BARRIER, PECTIN BASED	$5.68	1	4		Referral Required
K0563	OSTOMY SKIN BARRIER W/FLANGE EXTEN	$8.91	1	20		Referral Required
K0564	OSTOMY SKIN BARRIER	$6.13	1	20		Referral Required
K0565	OSTOMY SKIN BARRIER W/FLANGE	$6.15	1	20		Referral Required
K0566	OSTOMY SKIN BARRIER W/FLANGE	$8.94	1	20		Referral Required
K0567	OSTOMY POUCH, DRAINABLE	$2.57	1	20		Referral Required
K0568	OSTOMY POUCH; DRAINABLE, EACH	$3.74	1	20		Referral Required
K0569	OSTOMY POUCH; DRAINABLE, EACH	$5.44	1	20		Referral Required
K0570	OSTOMY SKIN BARRIER	$4.89	1	20		Referral Required
K0571	OSTOMY SKIN BARRIER W/FLANGE	$5.93	1	20		Referral Required
K0572	TAPE NON WATER-PROOF	$0.09	1	40		Referral Required
K0573	TAPE, WATER-PROOF	$0.36	1	40		Referral Required
K0574	ADDITION TO OSTOMY POUCH FILTER	$0.46	1	20		Referral Required
K0575	ADDITION TO OSTOMY POUCH	$0.28	1	20		Referral Required
K0576	ADDITION TO OSTOMY POUCH	$0.28	1	20		Referral Required
K0577	ADDITION TO OSTOMY POUCH	$0.28	1	20		Referral Required
K0578	ADDITION TO OSTOMY POUCH	$0.53	1	20		Referral Required
K0579	ADDITION TO OSTOMY POUCH	$0.12	1	20		Referral Required
K0580	ADDITION TO OSTOMY POUCH	$0.35	1	20		Referral Required
K0601	REPLACEMENT BATTERY	$1.10	0	999		Referral Required
K0602	REPLACEMENT BATTERY	$6.36	1	999		Referral Required
K0603	REPLACEMENT BATTERY	$0.57	1	999		Referral Required
K0604	REPLACEMENT BATTERY	$6.09	1	999		Referral Required
K0605	REPLACEMENT BATTERY	$14.60	0	999		Referral Required
K0606	AUTOMATIC EXTERN DEFRIBRILLATOR	$0.00	1	1	PA Required	Referral Required
K0607	REPLACE BATTERY FOR AUTO DEFIBRILAT	$194.23	1	1		Referral Required
K0608	REPLACE GARMENT FOR DEFIBRILATOR	$121.21	1	1		Referral Required
K0609	REPLACEMENT ELECTRODES FOR DEFIB	$806.09	1	1		Referral Required
K0618	TLSO PREFAB SAG-CORONAL CONTROL	$603.47	1	1		Referral Required
K0619	TLSO PREFAB SAG-CORONAL RIGID SHELL	$396.93	1	1		Referral Required
K0620	TUBULAR ELASTIC DRESSINGS ANY WIDTH	$1.14	1	999		Referral Required
K0628	FOOT INSERT	$70.00	1	6		Referral Required
K0629	FOR DIABETES ONLY, MULTIPLE DENSIT	$36.14	1	7		Referral Required
K0630	SACROILLIAC ORTHOSIS, FLEXIBLE	$27.08	1	1		Referral Required
K0631	SACROILIAC ORTHOSIS, FLEXIBLE	$241.43	1	1		Referral Required
K0632	SACROILIAC ORTHOSIS, PROVIDES PELV	$57.23	1	1		Referral Required
K0633	SACROILIAT ORTHOSIS, PROVIDES PELV	$0.00	1	1		Referral Required
K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDE	$43.27	1	1		Referral Required
K0635	LUMBAR ORTHOSIS, SAGITAL CONTROL	$66.09	1	1		Referral Required
K0636	LUMBAR ORTHOSIS, SAGITAL CONTROL	$355.52	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	$62.60	1	1		Referral Required
K0638	LUMBAR-SACRAL ORTHOSIS	$239.31	1	1		Referral Required
K0639	LUMBAR-SACRAL, SAGITTAL CONTROL	$127.26	1	1		Referral Required
K0640	LUMBAR-SACRAL ORTHOSIS	$696.67	1	1		Referral Required
K0641	LUMBAR-SACRAL ORTHOSIS, SAGITAL CO	$987.67	1	1		Referral Required
K0642	LUMBAR-SACRAL ORTHOSIS	$217.86	1	1		Referral Required
K0643	LUMBAR-SACRAL ORTHOSIS	$347.23	1	1		Referral Required
K0644	LUMBAR-SACRAL ORTHOSIS	$830.31	1	1		Referral Required
K0645	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	$1,082.60	1	1		Referral Required
K0646	LUMBAR-SACRAL ORTHOSIS	$419.89	1	1		Referral Required
K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	$1,036.35	1	1		Referral Required
K0648	LUMBAR-SACRAL ORTHOSIS	$630.01	1	1		Referral Required
K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-C	$822.21	1	1		Referral Required
K6219	GAUZE,NON-IMPREGNATED 16 SQ.IN. OR	$0.89	1	999		Referral Required
L0100	CERVICAL CRANIOSTENOSIS HELMET	$407.39	1	999		Referral Required
L0110	CERVICAL CRANIOSTENOSIS	$109.65	1	999		Referral Required
L0112	CRANIAL CERVICAL ORTHOSIS	$0.00	1	1		Referral Required
L0120	CERVICAL FLEXIBLE NON-ADJUST	$24.90	1	999		Referral Required
L0130	FLEXIBLE, THERMOPLASTIC COLLAR, MOL	$138.55	1	999		Referral Required
L0140	CERVICAL SEMI RIGID ADJUSTABLE PLAS	$60.08	1	999		Referral Required
L0150	SEMI-RIGID, ADJUSTABLE MOLDED CIN C	$80.01	1	999		Referral Required
L0160	SEMI-RIGID, WIRE FRAME OCCIPITAL/MA	$110.24	1	999		Referral Required
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT	$534.73	1	999		Referral Required
L0172	COLLAR, SEMI-RIGID, THERMOPLASTIC F	$96.50	1	999		Referral Required
L0174	COLLAR, SEMI-RIGID, THERMOPLASTIC F	$203.19	1	999		Referral Required
L0180	MULTIPLE POST COLLAR, OCCIPITAL/MAN	$296.26	1	999		Referral Required
L0190	MULTIPLE POST COLLAR, W/ADJ BARS, (	$416.79	1	999		Referral Required
L0200	MULTIPLE POST COLLAR, ADJ CERVICAL	$465.41	1	999		Referral Required
L0210	THORACIC, RIB	$31.16	1	999		Referral Required
L0220	RIB BELT, CUSTOM FABRICATED	$92.73	1	999		Referral Required
L0300	THORACIC LUMBAR SACRAL OR THOSIS, F	$161.54	1	999		Referral Required
L0310	TLSO, FLEXIBLE, CUSTOM FABRICATED	$268.54	1	999		Referral Required
L0315	TLSO, FLEXIBLE ELASTIC RIGID POSTER	$224.89	1	999		Referral Required
L0317	TLSO, FLEXIBLE, HYPERTENSION, ELAST	$334.80	1	999		Referral Required
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (T	$332.08	1	999		Referral Required
L0321	THORACIC-LUMBAR-SACRAL ORTHOSIS	$317.81	1	1		Referral Required
L0330	TLSO, (KNIGHT TAYLOR TYPE) APRON FR	$398.59	1	999		Referral Required
L0331	THORACIC-LUMBAR-SACRAL ORTHOSIS	$370.52	1	1		Referral Required
L0340	TLSO,ARNOLD MAGNUSON STEINDLER TYP	$477.31	1	999		Referral Required
L0350	FLEXION COMPRESSION JACKET CUSTOM F	$776.38	1	999		Referral Required
L0360	TLSO, FLEXION COMPRESSION JACKET, M	$1,012.27	1	999		Referral Required
L0370	TLSO, ANTER/POST/LATER ROTARY CONTR	$339.74	1	999		Referral Required
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-RO	$479.53	1	999		Referral Required
L0390	TLSO, BODY-JACKET, MOLDED	$1,171.47	1	999		Referral Required
L0391	THORACIC-LUMBAR-SACRAL ORTHOSIS	$482.96	1	1		Referral Required
L0400	TLSO, BODY JACKET MOLDED, INTERFACE	$1,193.91	1	999		Referral Required
L0410	TLSO, BODY JACKET, TWO-PIECE	$1,250.84	1	999		Referral Required
L0420	TLSO, BODY JACKET, 2-PIECE, MOLDED,	$1,327.07	1	999		Referral Required
L0430	TLSO, BODY JACKET, W/INTERFACE MATE	$943.12	1	999		Referral Required
L0440	TLSO,BDY JKT,OVERLAP FRNT,SPRING ST	$788.54	1	999		Referral Required
L0450	TLSO PREFAB FLEXIBLE UPPER	$172.77	1	1		Referral Required
L0452	TLSO CUSTOM FAB FLEXIBLE UPPER	$0.00	1	1		Referral Required
L0454	TLSO PREFAB FLEXIBLE SACRO JUNC	$272.52	1	1		Referral Required
L0456	TLSO PROFEAB FLEXIBLE SACRO JUNC TO	$781.51	1	1		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L0458	TLSO PREFAB TRIPLANAR ANT SYMPH PUB	$700.77	1	1		Referral Required
L0460	TLSO PREFAB TRIPLANAR ANT SYMP PUBI	$788.75	1	1		Referral Required
L0462	TLSO PREFAB TRIPLANAR 3 RIGID SHELL	$307.58	1	1		Referral Required
L0464	TLSO PREFAB TRIPLANAR 4 RIGID SHELL	$1,167.97	1	1		Referral Required
L0466	TLSO PREFAB SAGGITAL CONTROL RIGID	$355.15	1	1		Referral Required
L0468	TLSO PREFAB SAG-CORONAL CONTROL	$426.29	1	1		Referral Required
L0470	PREFAB TRIPLANAR RIGID POST FRAME	$511.66	1	1		Referral Required
L0472	TLSO PREFAB TRIPLANER HYPEREXTENSI	$363.35	1	1		Referral Required
L0480	TLSO CUSTOM FAB SAG CORONAL FLEXIO	$1,252.86	1	1		Referral Required
L0482	TLSO, TRIPLANER CONTROL, ONE PIECE,	$1,276.86	1	1		Referral Required
L0484	TLSO, TRIPLANER CONTROL, TWO PIECE	$1,337.75	1	1		Referral Required
L0486	TLSO, TRIPLANER CONTROL, TWO PIECE	$912.96	1	1		Referral Required
L0488	TLSO, TRIPLANER CONTROL, ONE PIECE,	$788.75	1	1		Referral Required
L0490	TLSO, SAGITTAL-CORONAL CONTROL,	$222.28	1	1		Referral Required
L0700	CTLSO, MOLDED (MINERVA TYPE)	$1,422.98	1	999		Referral Required
L0710	CTLSO, MOLDED W/INTERFACE MATERIAL	$1,607.24	1	999		Referral Required
L0810	CERVICAL HALO INCORPORATED INTO JAC	$1,935.23	1	999		Referral Required
L0820	CERVICAL HALO INCORPORATED INTO PLA	$1,900.54	1	999		Referral Required
L0830	CERVICAL HALO INCORPORATED INTO MIL	$2,665.78	1	999		Referral Required
L0839	BREAST PROSTHESIS, NOS	$0.00	1	1		Referral Required
L0860	ADDN. TO HALO PROCEDURES, MRI COMP	$857.45	1	999		Referral Required
L0861	ADDITION TO HALO PROCEDURE	$0.00	1	1		Referral Required
L0900	TORSO SUPPORT, PTOSIS SUPPORT, CUST	$133.08	1	999		Referral Required
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUST	$260.06	1	999		Referral Required
L0920	TORSO SUPPORT, PEODULOUS ABDOMEN S	$132.08	1	999	PA Required	Referral Required
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN S	$293.37	1	999	PA Required	Referral Required
L0940	TORSO SUPPORT, POST SURGICAL SUPPO	$127.18	1	999		Referral Required
L0950	TORSO SUPPORT, POST-SURGICAL SUPPO	$254.41	1	999		Referral Required
L0970	TLSO, CORSET FRONT	$80.44	1	999		Referral Required
L0972	LSO CORSET FRONT	$72.44	1	999		Referral Required
L0974	TLSO, FULL CORSET	$130.38	1	999		Referral Required
L0976	LSO, FULL CORSET	$137.79	1	999		Referral Required
L0978	AXILLARY CRUTCH EXTENSION	$144.43	1	999		Referral Required
L0980	PERONEAL STRAPS, PAIR	$13.07	1	999		Referral Required
L0982	STOCKING SUPPORTER GRIPS (4)	$12.19	1	999		Referral Required
L0984	PROTECTIVE BODY SOCK, EACH	$48.12	1	999		Referral Required
L0986	ADDITION TO SPINAL ORTHOSIS	$107.93	1	1		Referral Required
L0999	ADD.TO SPINAL ORTHOSIS-NOS	$0.00	1	1	PA Required	Referral Required
L1000	CTLSO, (MILWAUKEE) INCLUDING INITIA	$1,711.48	1	999		Referral Required
L1005	TENSION BASED SCOLIOSIS ORTHOSIS	$2,487.57	1	1		Referral Required
L1010	ADDN TO CTLSO, SCHOLIOSIS ORTHO, AX	$49.00	1	999		Referral Required
L1020	ADDN TO CTLSO, SCOLIOSIS ORTHO, KYP	$71.84	1	999		Referral Required
L1025	ADDN TO CTLSO, SCOLIOSIS ORTH, KYPH	$87.77	1	999		Referral Required
L1030	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM	$45.99	1	999		Referral Required
L1040	ADDN TO CTLSO, SCOLIOSIS ORTHO, LUM	$67.92	1	999		Referral Required
L1050	ADDN TO CTSLO, SCOLIOSIS ORTHO, STE	$72.13	1	999		Referral Required
L1060	ADDN TO CTLSO, SCOLIOSIS ORTHO, THO	$79.33	1	999		Referral Required
L1070	ADDN TO CTLSO, SCOLIOSIS ORTHO, TRA	$71.68	1	999		Referral Required
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTH	$44.31	1	999		Referral Required
L1085	ADD. TO CTLSO, OUTRIGGER, BILATERAL	$115.67	1	999		Referral Required
L1090	ADDITION TO CTLSO, LUMBAR SLING	$69.96	1	999		Referral Required
L1100	ADDITION TO CTLSO, RING FLANGE PLAS	$127.13	1	999		Referral Required
L1110	ADDN. TO CTLSO, RING FLANGE, PLASTI	$210.38	1	999		Referral Required
L1120	ADDITION TO CTLSO, COVER FOR UPRIGH	$34.60	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L1200	TLSO, INCLUDES FURNISHING INITIAL O	$1,470.42	1	999		Referral Required
L1210	TLS ORTHOSIS, LATERAL THORACIC EXTE	$184.17	1	999		Referral Required
L1220	ADDITION TO TLSO, ANTERIOR THORECIC	$190.75	1	999		Referral Required
L1230	TLSO, MILWAUKEE TYPE SYPERSTRUCTUR	$400.11	1	999		Referral Required
L1240	TLSO, LUMBAR SEROTATION PAD	$58.42	1	999		Referral Required
L1250	TLSO, ANTERIOR ASIS PAD	$53.43	1	999		Referral Required
L1260	TLSO, ANTERIOR THORACIC DEROTATION	$56.40	1	999		Referral Required
L1270	ADDITION TO TLSO ABDOMINAL PAD	$54.54	1	999		Referral Required
L1280	TLSO, RIB GUSSETT (ELASTIC) EACH	$63.17	1	999		Referral Required
L1290	TLSO LATERAL TROCHANTERIC PAD	$56.51	1	999		Referral Required
L1300	BODY JACKETN MOLDED	$1,189.01	1	999		Referral Required
L1310	POST-OPERATIVE BODY JACKET	$1,331.77	1	999		Referral Required
L1499	UNLISTED PROCEDURE FOR SPINAL ORTH	$0.00	1	999		Referral Required
L1500	THKAO, MOBILITY FRAME (NEWINGTON, P	$1,561.67	1	999		Referral Required
L1510	THKAO, STANDING FRAME	$994.81	1	999		Referral Required
L1520	THKAO, SWIVEL WALKER	$1,942.02	1	999		Referral Required
L1600	HO,ABDUCTION, FLEXIBLE, FRESKA W/CO	$90.70	1	999		Referral Required
L1610	HO,ABDUCTION, FLEXIBLE, FRESKA COVE	$30.90	1	999		Referral Required
L1620	HO, ABDUCTION, FLEXIBLE, PAVLIK HAR	$99.36	1	999		Referral Required
L1630	HO,ABDUCTION,SEMI/FLEX (VON-ROSEN T	$128.82	1	999		Referral Required
L1640	HIP ORTHOSIS, PELVIC BAND/SPREADER	$339.76	1	999		Referral Required
L1650	HO,ABDUCTION,STATIC,ADJUST,CUSTOM F	$162.96	1	999		Referral Required
L1652	HIP ORTHOSIS, BILATERAL CUFFS,	$280.10	1	1		Referral Required
L1660	HO,ABDUCTION, STATIC, PLASTIC, CUST	$130.53	1	999		Referral Required
L1670	HO,ABDUCTION,DUNAMIC,ATTCH TO SHOE,	$56.21	1	999		Referral Required
L1680	HO, ABDUCT,ADJ HIP MOTION CONTRO,TH	$1,143.46	1	999		Referral Required
L1685	HO, ABDUCTION, POST-OP, CUSTOM FABR	$837.22	1	999		Referral Required
L1686	HO,ABDUCTION,POST-OP,CUSTOM FIT	$651.05	1	999		Referral Required
L1690	COMBINATION BILATERAL L/S	$1,420.74	1	999		Referral Required
L1700	LEGG PERTHES ORTHOSIS, TORONTO TYP	$1,156.00	1	999		Referral Required
L1710	LEGG PERTHES ORTHOSIS, NEWINGTON T	$1,398.64	1	999		Referral Required
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL (	$975.68	1	999		Referral Required
L1730	LEGG, PERTHES ORTHOSIS, SCOTTISA RI	$832.47	1	999		Referral Required
L1750	LEGG, PERTHES ORTHOSIS, SLING (SAM	$138.48	1	999		Referral Required
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTT	$1,114.37	1	999		Referral Required
L1800	KNEE ORTHOSES ELASTIC W/STAY	$47.52	1	999		Referral Required
L1810	KO ELASTIC WITH JOINTS	$80.25	1	999		Referral Required
L1815	KO ELASTIC WITH CONDYLAR PAD	$82.73	1	999		Referral Required
L1820	KNEE ORTHOSES, ELASTIC W/CONDYLE PA	$101.53	1	999		Referral Required
L1825	KO, ELASTIC KNEE CAP	$45.21	1	999		Referral Required
L1830	KO, IMMOBILIZER, CANVAS LONG	$78.69	1	999		Referral Required
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT	$0.00	1	2		Referral Required
L1832	KO, ADJUSTABLE, POSITIONAL,	$427.92	1	999		Referral Required
L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLD	$546.37	1	999		Referral Required
L1836	KNEE ORTHOSIS, RIGID W/O JOINTS,	$104.84	1	2		Referral Required
L1840	KO, CUSTOM, MED/LAT, ANTERIOR CRUCI	$748.62	1	999		Referral Required
L1843	KO,SINGLE UPRIGHT-THIGH-CUST	$659.23	1	1		Referral Required
L1844	KO SINGLE UPRIGHT THIGH/CALF W/ADJ	$1,480.85	1	999		Referral Required
L1845	KO, DBL UPRIGHT, ADJ FLEX/EXT JOINT	$597.47	1	999		Referral Required
L1846	KO, DBL. UPRIGHT ADJ. FLEX/EXT. JOI	$928.14	1	999		Referral Required
L1847	KNEE ORTHOSIS DOUBLE UPRIGHT	$422.57	1	999		Referral Required
L1850	KO, SWEDISH TYPE	$226.25	1	999		Referral Required
L1855	MOLDED PLASTIC THIGH AND CALFG SECT	$807.92	1	999		Referral Required
L1858	KO, POLYCENTRIC KNEE JOINTS, PNEUMA	$934.65	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L1860	KO, MODIFIED SUPRACONDYLAR PROSTH.	$923.43	1	999		Referral Required
L1870	KO, DBL. UPRIGHT LACERS, WITH KNEE	$819.35	1	999		Referral Required
L1880	KO, DBL UPRIGHT, NONMOLDED, LACERS	$664.25	1	999		Referral Required
L1900	ANKLE-FOOT ORTHOSIS	$209.34	1	999		Referral Required
L1901	ANKLE ORTHOSIS, ELASTIC,	$13.91	1	2		Referral Required
L1902	AFO, ANKLE GAUNTLET, CUSTOM	$68.90	1	999		Referral Required
L1904	AFO, MOLDED ANKLE GAUNTLET	$330.99	1	999		Referral Required
L1906	AFO, MULTILAGEMNTUS ANKLE SUPPORT	$84.65	1	999		Referral Required
L1907	AFO, SUPRAMALLEOLAR W/STRAPS	$0.00	1	1		Referral Required
L1910	AFO POST. SINGLE BAR, CLASP ATTACH	$238.09	1	999		Referral Required
L1920	AFO, S UPRIGHT STATIC/ADJ STOP (PHE	$315.39	1	999		Referral Required
L1930	AFO, CUSTOM FITTED, PLASTIC	$194.46	1	999		Referral Required
L1932	AFO RIGID ANTERIOR TIBIAL SECTION	$0.00	1	2		Referral Required
L1940	AFO MOLDED TO PATIENT MODEL PLASTIC	$373.93	1	999		Referral Required
L1945	AFO, MOLDED PLASTIC, RIGID ANTERIOR	$735.22	1	999		Referral Required
L1950	ACO, SPIRAL, MOLDED (IRM TYPE) PLAS	$699.02	1	999		Referral Required
L1951	AFO, SPIRAL(INSTITUTE OF REHAB	$0.00	1	2		Referral Required
L1960	AFO POST SOLID ANKLE MOLDED TO PT M	$390.14	1	999		Referral Required
L1970	AFO PLASTIC MOLDED TO PATIEN	$520.64	1	999		Referral Required
L1971	AFO, PLASTIC OR OTHER MATERIAL	$0.00	1	2		Referral Required
L1980	AFO, S UPRIGHT, STIRRUP CALF	$330.38	1	999		Referral Required
L1990	AFO, DBL UPRIGHT FREE PLANTAR DORSF	$399.20	1	999		Referral Required
L2000	KAFO, S UPRIGHT, STIRRUP, THIGH & C	$951.87	1	999		Referral Required
L2005	KNEE ANKLE FOOT ORTHOSIS	$0.00	1	2		Referral Required
L2010	KAFO, SINGLE UPRIGHT, STIRRUP, NO K	$859.27	1	999		Referral Required
L2020	KAFO DBL UPRIGHT FREE KNEE & ANKLE	$1,095.80	1	999		Referral Required
L2030	KAFO D UPRIGHT, FREE ANKLE, STIRRUP	$943.72	1	999		Referral Required
L2035	KAFO, FULL PLASTIC-PEDIATRIC	$134.88	1	1		Referral Required
L2036	KAFO, FULL PLASTIC, DBL UPRIGHT, FR	$1,684.65	1	999		Referral Required
L2037	KAFO, PLASTIC SINGLE UPRIGHT, FREE	$1,389.81	1	999		Referral Required
L2038	KAFO, PLASTIC, NO KNEE JOINT, MULTI	$1,170.79	1	999		Referral Required
L2039	KAFO, FULL PLASTIC, SINGLE UP.POLY-	$1,600.63	1	999		Referral Required
L2040	HKAFO, BILATERAL ROTATION STRAPS, P	$160.82	1	999		Referral Required
L2050	HKAFO TORSION CONTROL BILATERAL CA	$340.04	1	999		Referral Required
L2060	HKAFO, BILATERAL ROTATION STRAPS, P	$481.46	1	999		Referral Required
L2070	HKAFO, UNILATERAL ROTATION STRAPS,	$94.66	1	999		Referral Required
L2080	HKAFO, UNI TORSION CABLE, HIP JOINT	$291.83	1	999		Referral Required
L2090	HKAFO UNI TORSION CABLE BALLBEARING	$411.51	1	999		Referral Required
L2106	AFO, TIBIAL FRACTURE CAST, THERMOPL	$493.28	1	999		Referral Required
L2108	AFO, TIBIAL FRACTURE CAST, MOLDED	$843.48	1	999		Referral Required
L2112	AFO, TIBIAL FRACTURE ORTHOSI	$340.48	1	999		Referral Required
L2114	AFO FX ORTHOSIS-TIBIAL FX OR	$417.80	1	999		Referral Required
L2116	AFO TIBIAL FRACTURE ORTHOSIS, RIGID	$501.08	1	999		Referral Required
L2126	KAFO FEMORAL FRACTURE CAST, THERMO	$842.84	1	999		Referral Required
L2128	KAFO FEMORAL FRACTURE CAST, MOLDED	$1,609.22	1	999		Referral Required
L2132	KAFO FEMORAL FRACTURE CAST, SOFT, C	$567.78	1	999		Referral Required
L2134	KAFO FEMORAL FRACTURE CAST, SEMI-RI	$711.89	1	999		Referral Required
L2136	KAFO FX ORTHOSIS FEMOR FXCAST ORTH	$832.37	1	999		Referral Required
L2180	PLASTIC SHOE INSERT W/ ANKLE JOINTS	$82.43	1	999		Referral Required
L2182	ADDN TO LOWER EXTREMITY DROP LOCK K	$75.86	1	999		Referral Required
L2184	LIMITED MOTION KNEE JOINT	$87.19	1	999		Referral Required
L2186	ADJUSTABLE MOTION KNEE JOINT GERMA	$122.00	1	999		Referral Required
L2188	ADDITION TO LOWER EXTREMITY, QUADRI	$228.41	1	999		Referral Required
L2190	ADDITION TO LOWER EXTREMITY, WAIST	$61.47	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L2192	HIP JOINT, PELVIC BAND, THIGH FLANG	$250.97	1	999		Referral Required
L2200	ADDN TO LOWER EXTREMITY, THIGH/WGH	$44.62	1	999		Referral Required
L2210	ADDITIONS TO LOWER EXTREMITY DORSIF	$49.59	1	999		Referral Required
L2220	ADD. LOWER EXTREMITY DORSIFLEXION &	$68.13	1	999		Referral Required
L2230	SPLIT FLAT CALIPER STIRRUPS & PLATE	$66.31	1	999		Referral Required
L2232	ADDITION TO LOWER EXTREMITY ORTHO	$0.00	1	2		Referral Required
L2240	ROUND CALIPER & PLATE ATTACHMENT	$59.43	1	999		Referral Required
L2250	ADD TO LOWER EXTREMITY, FOOT PLATE-	$333.47	1	999		Referral Required
L2260	REINFORCED STIRRUP (SCOTTCRAIG TYPE	$141.09	1	999		Referral Required
L2265	ADDN LOWER EXTREMITY, LONG-TONGUE S	$82.89	1	999		Referral Required
L2270	ADD,VARUS/VALGUS T STRAP OR MALLEOI	$50.40	1	999		Referral Required
L2275	ADD TO LOWER EXTREM,VARUS/VULGUS C	$110.09	1	999		Referral Required
L2280	ADDITIONS TO LOWER EXTREMITY, MOLDE	$319.20	1	999		Referral Required
L2300	ABDUCTION BAR, BILATERAL HIP, JOINT	$236.28	1	999		Referral Required
L2310	ABDUCTION BAR-STRAIGHT (ADDN TO LOW	$115.45	1	999		Referral Required
L2320	ALL. LOWER EXTREMITY NONMOLD	$185.00	1	999		Referral Required
L2330	LACER, MOLDED MODEL (ADDN TO LOWER	$326.97	1	999		Referral Required
L2335	ANTERIOR SWING BAND (ADDN TO LOWER	$175.06	1	999		Referral Required
L2340	ADDITION TO LOWER EXTREMITY PRE-TIB	$388.46	1	999		Referral Required
L2350	ADDITION TO LOWER EXTREMITY, PROSTH	$707.55	1	999		Referral Required
L2360	EXTENDED STEEL SHANK (ADDN TO LOWE	$48.56	1	999		Referral Required
L2370	PATTEN BOTTOM (ADDN TO LOWER EXTRE	$193.07	1	999		Referral Required
L2375	TORSION CONTROL, ANKLE-JOINT AND HA	$79.53	1	999		Referral Required
L2380	ADD TO LOWER EXT TORSION CONTROL S	$88.22	1	999		Referral Required
L2385	SHORT KNEE JOINT HEAVY DUTY	$94.27	1	999		Referral Required
L2390	ADD. TO LOWER EXTREMITY OFFSET KNEE	$77.04	1	999		Referral Required
L2395	ADD TOLWR EXTRM,OFFSET KNEE JOINT,H	$110.12	1	999		Referral Required
L2397	ADD TO LOWER EXTREM ORTHOSIS,SUSPE	$93.02	1	999		Referral Required
L2405	DROP LOCK JOINTS	$38.80	1	999		Referral Required
L2415	ADD TO KNEE JOINT, CAM LOCK	$129.26	1	999		Referral Required
L2425	ADDN TO KNEE JOINT, DROP LOCK, EACH	$128.13	1	999		Referral Required
L2430	ADDITION TO KNEE JOINT,RATCHET LOCK	$72.23	1	999		Referral Required
L2492	ADDN TO KNEE JOINT, LEFT LOOP FOR D	$74.43	1	999		Referral Required
L2500	ADDN TO LOW EXTREM, THIGH/WGT BEARI	$238.41	1	999		Referral Required
L2510	ADDITION TO LOWER EXTREMITY, THIGH,	$581.57	1	999		Referral Required
L2520	THIGH/WEIGHT BEARING QUADRILATERAL	$342.62	1	999		Referral Required
L2525	THIGH/WT BEARING ISCHIAL CONTAINMEN	$913.33	1	999		Referral Required
L2526	THIGH/WT BEARING, ISCHIALCONTAINMEN	$642.80	1	999		Referral Required
L2530	THIGH WEIGHT BEARING LACER NON-MOL	$172.68	1	999		Referral Required
L2540	THIGH/WEIGHT BEARING LACER MOLDED	$375.35	1	999		Referral Required
L2550	THIGH, WEIGHT BEARING, HIGH ROLL CU	$220.57	1	999		Referral Required
L2570	HIP JOINT CLEVIS TYPE 2-POSITION JO	$345.37	1	999		Referral Required
L2580	PELVIC CONTROL, PELVIC SLING	$386.07	1	999		Referral Required
L2600	HIP JOINT CLEVIS OR THRUST BEARING,	$167.44	1	999		Referral Required
L2610	HIP JOINT,CLEVIS / THRUST BEARING,L	$201.79	1	999		Referral Required
L2620	ADDITION TO LOWER EXTREMITY, PELVIC	$221.37	1	999		Referral Required
L2622	HIP JOINT, ADJUSTABLE FLEXION, EACH	$215.84	1	999		Referral Required
L2624	ADD LOWER EXT PELVIC CONTROL HIP JO	$233.08	1	999		Referral Required
L2627	PLASTIC MOLDED RECIPROCATING HIP JO	$1,206.61	1	999		Referral Required
L2628	METAL FRAME, RECIPROCATING HIP JOIN	$1,572.30	1	999		Referral Required
L2630	PELVIC CNTRL, BAND & BELT, UNILATER	$184.11	1	999		Referral Required
L2640	ADD TOP LOWER EXTREMITY PELVIC CONT	$286.93	1	999		Referral Required
L2650	PELVIC & THORACIC CONTROL	$112.63	1	999		Referral Required
L2660	THORACIC BAND, ADDN TO LOWER EXTRE	$131.18	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L2670	PARASPINAL UPRIGHTS ADDN TO LOWER E	$124.13	1	999		Referral Required
L2680	THORACIC CONTROL LATERAL SUPPORT O	$110.14	1	999		Referral Required
L2750	LOWER EXTREM PLATING, CHROME OR NI	$69.13	1	999		Referral Required
L2755	ADD. LOWER EXTREMITY ORTHOSIS;CARB	$94.11	1	999		Referral Required
L2760	EXTENSION PER EXTENSION PER BAR (FO	$43.66	1	999		Referral Required
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE	$101.27	1	2		Referral Required
L2770	LOWER EXTREMITY STAINLESS STEEL PER	$43.46	1	999		Referral Required
L2780	ADD TOP LOWER EXTREMITY OR THOSIS N	$63.51	1	999		Referral Required
L2785	ORTHOSIS DROP LOCK RETAINER	$24.62	1	999		Referral Required
L2795	ADD TO LOWER EXTREMITY OR THOSIS KN	$74.14	1	999		Referral Required
L2800	ADDITION TO LOWER EXTREMITY ORTHOSI	$86.06	1	999		Referral Required
L2810	LOWER EXTREMITY, KNEE CONTROL, CON	$54.97	1	999		Referral Required
L2820	ADD TO LOWER EXTREMITY. ORTHOSIS BE	$61.12	1	999		Referral Required
L2830	ADDZ TO LOWER EXTREMITY, ORTHOSIS A	$66.13	1	999		Referral Required
L2840	12 CAST SOCKS	$30.75	1	999		Referral Required
L2850	ADD TO LOWER EXTREMITY OR THOSIS FE	$43.58	1	999		Referral Required
L2860	ADD TO LOWER EXT JT, KNEE,ANKLE,CON	$264.56	1	999		Referral Required
L2999	UNLISTED PROCEDURES FOR LOWER EXTR	$0.00	1	999	PA Required	Referral Required
L3000	FOOT,INSERT,REMOVABLE,MOLDED	$220.18	1	999		Referral Required
L3001	FOOT INSERT, REMOVABLE, MOLD	$10.50	1	999		Referral Required
L3002	FOOT INSERT REMOVABLE MOLDED	$0.00	1	999		Referral Required
L3003	FOOT INSERT REMOVABLE MOLDED	$0.00	1	999		Referral Required
L3010	FOOT INSERT REMOVABLE MOLDED	$122.12	1	999		Referral Required
L3020	FOOT INSERT REMOVABLE MOLDED	$139.06	1	999		Referral Required
L3030	FOOT INSERT REMOVABLE FOR ME	$0.00	1	999		Referral Required
L3031	FOOT, INSERT.PLATE, REMOVABLE	$0.00	1	1		Referral Required
L3040	ARCH SUPPORT REMOVABLE PRE-M	$32.98	1	999		Referral Required
L3050	ARCH SUPPORT REMOVABLE PRE-M	$32.98	1	999		Referral Required
L3060	ARCH SUPPORT REMOVABLE PREMO	$51.70	1	999		Referral Required
L3070	ARCH SUPP NONREMOVABLE ATTAC	$22.29	1	999		Referral Required
L3080	ARCH SUPP NON-REMOVABLE ATTA	$22.29	1	999		Referral Required
L3090	ARCH SUPP NONREMOVABLE ATT T	$28.53	1	999		Referral Required
L3100	HALLUS-VALGUS NIGHT SPLINT ABDUCT &	$0.00	1	999		Referral Required
L3140	FOOT ABDUCT ROTATION BARS ATTCH TO	$25.00	1	999		Referral Required
L3150	ABDUCT ROTATION BARS(DENNIS BROWN)	$0.00	1	999		Referral Required
L3170	FOOT PLASTIC HEEL STABILIZER	$0.00	1	999		Referral Required
L3201	STRAIGHT LAST SHOES,INFANT	$55.00	1	999		Referral Required
L3202	SHOE OXFORD W/SUPINATOR OR P	$0.00	1	999		Referral Required
L3203	SHOE OXFORD W/SUPINATOR OR P	$0.00	1	999		Referral Required
L3204	SHOE HIGHTOP W/WUPINATOR OR	$0.00	1	999		Referral Required
L3206	SHOE HIGHTOP W/SUPINATOR OR	$50.00	1	999		Referral Required
L3207	SHOE HIGHTOP W/SUPINATOR OR	$0.00	1	999		Referral Required
L3208	SURGICAL BOOT EA. INFANT	$0.00	1	999		Referral Required
L3209	SURGICAL BOOT EA. CHILD	$0.00	1	999		Referral Required
L3211	SURGICAL BOOT EA JR	$0.00	1	999		Referral Required
L3212	BENESCH BOOT PAIR INFANT	$0.00	1	999		Referral Required
L3213	BENESCH BOOT PAIR CHILD	$0.00	1	999		Referral Required
L3214	BENESCH BOOT PAIR JR	$0.00	1	999		Referral Required
L3215	LADIES SHOES OXFORD	$78.94	1	999		Referral Required
L3216	LADIES SHOES DEPTH INLAY	$0.00	1	999		Referral Required
L3217	LADIES SHOES HIGHTOP DEPTH I	$0.00	1	999		Referral Required
L3218	LADIES SURGICAL BOOT EA	$0.00	1	999		Referral Required
L3219	MENS SHOES OXFORD	$90.80	1	999		Referral Required
L3221	MENS SHOES DEPTH INLAY	$0.00	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L3222	ORTHOPEDIC FOOTWEAR MENS SHO	$0.00	1	999		Referral Required
L3223	MENS SURGICAL BOOT EA	$0.00	1	999		Referral Required
L3224	ORTH. FOOTWEAR WOMANS SHOE,PART O	$41.39	1	999		Referral Required
L3225	ORTH. FOOTWEAR MANS SHOE, PART OF B	$47.61	1	999		Referral Required
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	$0.00	1	999		Referral Required
L3250	ORTHO FOOTWEAR,CUSTOM MOLDED SHO	$0.00	1	999		Referral Required
L3251	SHOE MOLDED SILICONE EA	$0.00	1	999		Referral Required
L3252	SHOE MOLDED PLASTIZOTE OR SI	$0.00	1	999		Referral Required
L3253	SHOE MOLDED PLASTIZOTE OR SI	$0.00	1	999		Referral Required
L3254	NON-STANDARD SIZE OR WIDTH	$0.00	1	999		Referral Required
L3255	NON-STANDARD SIZE OR LENGTH	$0.00	1	999		Referral Required
L3257	FOOTWEAR ADDITIONAL CHARGE F	$0.00	1	999		Referral Required
L3260	AMBULATORY SURG BOOT	$50.00	1	999		Referral Required
L3265	SANDAL PLASTIZOTE EA	$0.00	1	999		Referral Required
L3300	LIFT,ELEVATION,HEEL,TAPERED TO META	$0.00	1	999		Referral Required
L3310	LIFT, ELEVATION HEEL & SOLE NEOPREN	$10.20	1	999		Referral Required
L3320	LIFT, ELEVATION, HEEL & SOLE CORK,	$0.00	1	999		Referral Required
L3330	LIFT METAL EXTENSION (SKATE)	$0.00	1	999		Referral Required
L3332	LIFT INSIDE SHOE TAPERED TO	$0.00	1	999		Referral Required
L3334	LIFT HEEL PER INCH	$0.00	1	999		Referral Required
L3340	HEEL WEDTE SACH	$0.00	1	999		Referral Required
L3350	HEEL WEDGE	$0.00	1	999		Referral Required
L3360	SHOE WEDGE OUTSIDE SOLE	$0.00	1	999		Referral Required
L3370	SOLE WEDGE BETWEEN SOLE	$10.20	1	999		Referral Required
L3380	CLUBFOOT WEDGE	$0.00	1	999		Referral Required
L3390	OUTFLARE WEDGE	$0.00	1	999		Referral Required
L3400	METATARSAL BAR WEDGE ROCKER	$0.00	1	999		Referral Required
L3410	METATARSAL BAR WEDGE, BETWEEN SOL	$0.00	1	999		Referral Required
L3420	FULL SOLE & HEEL WEDGE BETWE	$0.00	1	999		Referral Required
L3430	HEEL COUNTER PLASTIC REINFOR	$0.00	1	999		Referral Required
L3440	HEEL COUNTER LEATHER REINFOR	$0.00	1	999		Referral Required
L3450	HEEL SACH CUSTOM TYPE	$0.00	1	999		Referral Required
L3455	HEEL NEW LEATHER STANDARD	$0.00	1	999		Referral Required
L3460	HEEL NEW RUBBER STANDARD	$0.00	1	999		Referral Required
L3465	HEEL THOMAS WITH WEDGE	$0.00	1	999		Referral Required
L3470	HEEL THOMAS EXTENDED TO BALL	$0.00	1	999		Referral Required
L3480	HEEL PAD & DEPRESSION FOR SPUR	$0.00	1	999		Referral Required
L3485	HEEL PAD REMOVABLE FOR SPUR	$0.00	1	999		Referral Required
L3500	MISC SHOE ADDN INSOLE LEATHER	$0.00	1	999		Referral Required
L3510	MISC SHOE ADDN INSOLE RUBBER	$0.00	1	999		Referral Required
L3520	MISC SHOE ADDN INSOLE FELT C	$0.00	1	999		Referral Required
L3530	MISC, SHOE ADDITION, SOLE, HALF	$0.00	1	999		Referral Required
L3540	MISC SHOE ADDN SOLE FULL	$0.00	1	999		Referral Required
L3550	MISC SHOE ADDN TOE TAP STAND	$0.00	1	999		Referral Required
L3560	MISC SHOE ADDNITOE TAPI HORS	$0.00	1	999		Referral Required
L3570	MISC SHOE ADDN EXTENSION TO	$0.00	1	999		Referral Required
L3580	MISC SHOE ADDN CONVERT INSTE	$0.00	1	999		Referral Required
L3590	CONVERT FIRM SHOE COUNTER TO SOFT C	$0.00	1	999		Referral Required
L3595	MISC SHOE ADDN MARCH BAR	$0.00	1	999		Referral Required
L3600	TRANSFER OF ORTHOSIS	$0.00	1	999		Referral Required
L3610	TRANSFER NEW ORTHOSIS TO OTHER SHO	$0.00	1	999		Referral Required
L3620	TRANS. ORTHOSIS FROM 1 SHOE TO ANOT	$0.00	1	999		Referral Required
L3630	TRANSFER ORTHOSIS TO OTHER SHOE SO	$0.00	1	999		Referral Required
L3640	TRANSFER,SHOE TO SHOE,DENNIS BROWN	$0.00	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L3649	UNLISTED PROCEDURES FOR FOOT ORTHO	$0.00	1	999		Referral Required
L3650	SHOULD ORTHO, (SO), FIGURE OF "8" D	$43.52	1	999		Referral Required
L3651	SHOULDER ORTHOSIS, SINGLE, ELASTIC,	$47.09	1	2		Referral Required
L3652	SHOULDER ORTHOSIS, DOUBLE, ELASTIC,	$141.90	1	1		Referral Required
L3660	SO FIGURE 8 ABDUCTION RESTRAINER CA	$70.79	1	999		Referral Required
L3670	SO, ACROMIO CLAVICULAR/CANVAS AND W	$80.95	1	999		Referral Required
L3677	SHOULDER ORTHOSIS HARD PLASTIC	$0.00	1	2		Referral Required
L3700	ELBOW ORTHO ELASTIC W STAYS	$54.29	1	999		Referral Required
L3701	ELBOW ORTHOSIS, ELASTIC,	$14.56	1	2		Referral Required
L3710	ELBOW ORTHO ELASTIC W METAL JOINTS	$85.14	1	999		Referral Required
L3720	EO, DBL UPRIGHT.W FOREARM/ARM CUFF,	$538.09	1	999		Referral Required
L3730	EO, DBL UPRIGHT W/FOREARM/ARM CUFF,	$723.95	1	999		Referral Required
L3740	EO DBL UPRIGHT W FOREARM/ARM CUFFS	$739.01	1	999		Referral Required
L3760	ELBOW ORTHOSIS	$341.11	1	1		Referral Required
L3762	ELBOW ORTHOSIS, RIGID, W/O JOINTS,	$76.89	1	2		Referral Required
L3800	WRIST HAND FINGER ORTHOSES WHFO S	$183.11	1	999		Referral Required
L3805	WHFO LONG OPPONENS NO ATTACHMENT	$225.83	1	999		Referral Required
L3807	WHFO W/OUT JOINT REFAB	$168.86	1	2		Referral Required
L3810	WHFO ADDN THUMB ABDUCTION "C	$44.63	1	999		Referral Required
L3815	WHFO ADDN SECOND MP ABDUCTION ASS	$41.44	1	999		Referral Required
L3820	WHFO I.P. EXTENSION ASSIST W M.P. E	$71.17	1	999		Referral Required
L3825	WHFO M.P. EXTENSION STOP	$46.21	1	999		Referral Required
L3830	WHFO M.P. EXTENSION ASSIST	$59.65	1	999		Referral Required
L3835	WHFO M.P. SPRING	$84.28	1	999		Referral Required
L3840	WHFO SPRING SWIVEL THUMB	$43.29	1	999		Referral Required
L3845	WHFO THUMB I.P. EXTENSION ASSIST WM	$63.56	1	999		Referral Required
L3850	WHFO ACTION WRIST WITH DORSIFLEXION	$79.87	1	999		Referral Required
L3855	WHFO ADJUSTABLE M.P. FLEXION CONTRO	$80.51	1	999		Referral Required
L3860	WHFO ADJUSTABLE M.P. FLEXION CONTRO	$110.20	1	999		Referral Required
L3890	ADD TO UPPER EXT. JT. WRIST,ELBOW,C	$264.56	1	999		Referral Required
L3900	WHFO FLEXOR HINGE WRIST OR FINGER E	$1,003.05	1	999		Referral Required
L3901	WHFO FLEXOR HINGE CABLE DRIVEN	$1,240.07	1	999		Referral Required
L3902	WHFO EXTERNAL POWERED COMPRESSE	$1,731.12	1	999		Referral Required
L3904	WHFO EXTERNAL POWERED ELECTRIC	$2,016.98	1	999		Referral Required
L3906	WHFO, WRIST GAUNTLET MOLDED	$285.43	1	999		Referral Required
L3907	WHFO, WRIST GAUNTLED W/THUMB SPICA,	$349.87	1	999		Referral Required
L3908	WHFO, WRIST EXTENTION CONTRL	$55.02	1	999		Referral Required
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICA	$10.09	1	2		Referral Required
L3910	WHFO SWANSON DESIGN	$258.35	1	999		Referral Required
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC	$0.00	1	2		Referral Required
L3912	WHFO FLEXION GLOVE ELASTIC FINGER C	$87.09	1	999		Referral Required
L3914	WHFO,WRIST EXTENSION COCK-UP	$68.46	1	999		Referral Required
L3916	WHFO, WRIST EXTENSION COCK-UP, WITH	$92.75	1	999		Referral Required
L3917	HAND ORTHOSIS, METACARPAL FRACTURE	$0.00	1	1		Referral Required
L3918	WHFO KNUCKLE BENDER	$58.67	1	999		Referral Required
L3920	WHFO KNUCKLE BENDER WITH OUTRIGGE	$77.02	1	999		Referral Required
L3922	WHFO KNUCKLE BENDER 2 SEGMENT TO F	$89.80	1	999		Referral Required
L3923	HAND FINGER ORTHOSIS	$26.54	1	1		Referral Required
L3924	WRIST HAND FINGER ORTHOSIS OPPENHE	$97.92	1	999		Referral Required
L3926	WHFO THOMAS SUSPENSION	$68.00	1	999		Referral Required
L3928	WHFO FINGER EXTENSION WITH CLOCK S	$43.71	1	999		Referral Required
L3930	WHFO FINGER EXTENSION WRIST SUPPOR	$42.38	1	999		Referral Required
L3932	WHFO SAFETY PIN SPRING WIRE	$37.46	1	999		Referral Required
L3934	WHFO SAFETY PIN MODIFIED	$44.25	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L3936	WHFO PALMER	$81.80	1	999		Referral Required
L3938	WHFO DORSAL WRIST	$84.19	1	999		Referral Required
L3940	WHFO DORSAL WRIST WITH OUTRIGGER	$98.72	1	999		Referral Required
L3942	WHFO REVERSE KNUCKLE BENDER	$53.52	1	999		Referral Required
L3944	WHFO REVERSE KNUCKLE BENDER WITH O	$72.42	1	999		Referral Required
L3946	WHFO COMPOSITE ELASTIC	$81.39	1	999		Referral Required
L3948	WHFO FINGER KNUCKLE BENDER	$38.29	1	999		Referral Required
L3950	WHFO OPPENHEIMER W/KNUCKLE BENDE	$121.22	1	999		Referral Required
L3952	WHFO OPPENHEIMER W/REVERSE KNUCK	$152.84	1	999		Referral Required
L3954	WHFO SPREADING HAND	$83.64	1	999		Referral Required
L3956	ADD.JOINT-UPPER EXTREMITY ORTHOSIS;	$0.00	1	999		Referral Required
L3960	SEWHO ABDUCTION AIRPLANE DESIGN	$569.18	1	999		Referral Required
L3962	SEWHO ABDUCTION ERBS PALSEY DESIGN	$615.07	1	999		Referral Required
L3963	SEWHO MOLDED SHOULDER ARMFOREAR	$1,149.06	1	999		Referral Required
L3964	SEWHO MOBILE ARM SUPPORT ATTCH TO W	$592.43	1	999		Referral Required
L3965	SEWHO RADIAL ARM SUPP ATCH TO W/CH	$945.35	1	999		Referral Required
L3966	SEWHO MOBILE ARM SUPP ATTACH TO W/	$712.17	1	999		Referral Required
L3968	SEWHO MOBILE ARM SUPP ATTACH TO W/	$901.23	1	999		Referral Required
L3969	SEWHO MOBILE ARM SUPP MONO SUPP SL	$630.23	1	999		Referral Required
L3970	SEWHO ADDN TO MOBILE ARM SUPP ELE	$214.29	1	999		Referral Required
L3972	SEWHO ADDN MOBILE ARM SUPP OFFSET	$136.26	1	999		Referral Required
L3974	SEWHO ADDN TO MOBILE ARM SUPP SUP	$135.97	1	999		Referral Required
L3980	UP EXTREM FX ORTHO HUMERAL	$212.93	1	999		Referral Required
L3982	UP EXTREM ORTHO RADIUS/ULNAR	$257.12	1	999		Referral Required
L3984	UP EXTREM FX ORTHO WRIST	$247.43	1	999		Referral Required
L3985	UP EXTREM FX ORTHO FOREARM HAND W/	$438.62	1	999		Referral Required
L3986	UP EXTREM FX ORTHO COMBINATION (COL	$424.28	1	999		Referral Required
L3995	ADDN TO UPPER EXTREMITY SOCK FRACT	$25.01	1	999		Referral Required
L3999	UNLISTED PROC FOR UPPER LIMB ORTHOS	$0.00	1	999	PA Required	Referral Required
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHO	$1,019.55	1	999		Referral Required
L4002	REPLACEMENT STRAP, ANY ORTHOSIS	$0.00	1	10		Referral Required
L4010	REPLACE THRILATERAL SOCKET BRIM	$563.33	1	999		Referral Required
L4020	REPLACE QUADRIOLATERAL SOCKET BRIM	$674.47	1	999		Referral Required
L4030	REPLACE QUADRILATERAL SOCKET BRIM C	$465.07	1	999		Referral Required
L4040	REPLACE MOLDED THIGH LACER	$383.08	1	999		Referral Required
L4045	REPLACE NON-MOLDED THIGH LACER	$232.91	1	999		Referral Required
L4050	REPLACE MOLDED CALF LEATHER	$350.11	1	999		Referral Required
L4055	REPLACE NON-MOLDED CALF LACER	$190.88	1	999		Referral Required
L4060	REPLACE HIGH ROLL CUFF	$284.40	1	999		Referral Required
L4070	REPLACE PROXIMAL & DISTAL UPRIGHT F	$234.46	1	999		Referral Required
L4080	REPLACE METAL BANDS KAFOPROXIMAL T	$84.32	1	999		Referral Required
L4090	REPLACE METAL BANDS KAFO-AFO CALF/D	$84.67	1	999		Referral Required
L4100	REPLACE LEATHER CUFF,KAFO-PROXIMAL	$97.88	1	999		Referral Required
L4110	REPLACE LEATHER CUFF KAFO-AFO CALF	$79.59	1	999		Referral Required
L4130	REPLACE PRETIBIAL SHELL	$465.61	1	999		Referral Required
L4205	REPAIR ORTHOTIC DEVICE, LABO	$8.99	1	999		Referral Required
L4210	REPAIR ORTHO, REPLACE MINOR PARTS	$0.00	1	999		Referral Required
L4350	PNEUMATIC ANKLE CONTROL SPLI	$69.28	1	999		Referral Required
L4360	PNEUMATIC WALKING SPLINT AIR	$259.85	1	999		Referral Required
L4380	PNEUMATIC KNEE SPLINT AIR CAST OR E	$96.96	1	999		Referral Required
L4386	NON-PNEUMATIC WALKING SPLINT	$124.58	1	2		Referral Required
L4392	REPLACE SOFT INTERFACE M'TRL. SPLIN	$17.00	1	999		Referral Required
L4394	REPLACE SOFT INTERFACE M'TRL. SPLIN	$12.40	1	999		Referral Required
L4396	ANKLE CONTRACTURE SPLINT	$121.24	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L4398	FOOT DROP SPLINT, RECUMBANT POSITIO	$55.81	1	999		Referral Required
L5000	PARTIAL FOOT,SHOE INSERT W/LONGITUD	$378.88	1	999		Referral Required
L5010	PARTIAL FOOT MOLDED SOCKET ANKLE HT	$912.92	1	999		Referral Required
L5020	PARTIAL FOOT MOLDED SOCKET TIBIAL T	$1,693.02	1	999		Referral Required
L5050	ANKLE,SYMES,MOLDED SOCKET,SACH FOO	$2,021.36	1	999		Referral Required
L5060	ANKLE SYMES METAL FR MOLDED LEATHE	$2,682.30	1	999		Referral Required
L5100	BELOW KNEE,MOLDED SOCKET,SHIN,SACH	$2,095.16	1	999		Referral Required
L5105	BELOW KNEE PLASTIC SOCKET JOINTS/TH	$2,956.97	1	999		Referral Required
L5150	EXTERNAL KNEE JOINT MOLDED SOCKET S	$3,057.48	1	999		Referral Required
L5160	EXT KNEE JOINT MOLDED SOCKET BENT-K	$3,730.21	1	999		Referral Required
L5200	ABOVE KNEE,SNGLE AXIS CONT FRX KNEE	$3,054.55	1	999		Referral Required
L5210	ABOVE KNEE,SHORT,W/O JNT,W FT BLOCK	$2,426.15	1	999		Referral Required
L5220	ABOVE KNEE,SHORT,NO JNT,W/ARTICUL A	$2,757.76	1	999		Referral Required
L5230	ABOVE KNEE,PROX FEMORAL,CONT FRX K	$3,688.34	1	999		Referral Required
L5250	HIP JNT,CANADIAN TYPE,MOLDED SOCKET	$4,799.63	1	999		Referral Required
L5270	LOCKING HIPJOINT SINGLE AXIS KNEE,S	$5,142.19	1	999	PA Required	Referral Required
L5280	HEMIPELVECTOMY,HIP JOINT,SINGLEAXIS	$5,090.77	1	999		Referral Required
L5301	PROSTHETIC, ENDOSKELETAL BELOW KNE	$2,222.33	1	2		Referral Required
L5311	PROSTHETIC; ENDOSKELETAL KNEE	$3,488.67	1	2		Referral Required
L5321	PROSTHETIC; ENDOSKELETAL ABOVE KNE	$3,433.13	1	2		Referral Required
L5331	PROSTHETIC; ENDOSKELETAL, HIP	$4,871.30	1	2		Referral Required
L5341	PROSTHETIC, ENDOSKELETAL	$5,084.20	1	2	PA Required	Referral Required
L5400	BELOW KNEE,RIGID DRSG,W/FIT,ALIGN,S	$1,002.80	1	999		Referral Required
L5410	BELOW KNEE RIGID DRSG EA ADDTL CAST	$385.47	1	999		Referral Required
L5420	AK RIGID DSG INCL FIT, ALIGN & ONE	$1,211.24	1	999		Referral Required
L5430	AK RIGID DSG EA ADDTL CAST CHG & RE	$378.06	1	999		Referral Required
L5450	BELOW KNEE,RIGID DRSG,NON-WEIGHT B	$330.85	1	999		Referral Required
L5460	ABOVE KNEE,RIGID DRGS.NON-WEIGHT BE	$438.07	1	999		Referral Required
L5500	BELOW KNEE,PTB SOCKET,USMC PYLON,	$963.08	1	999		Referral Required
L5505	ABOVE KNEE,ISCHIAL LEVEL SOCKET,USM	$1,304.26	1	999		Referral Required
L5510	BELOW KNEE,PREP,PTB SOCKET,USMC PY	$1,182.94	1	999		Referral Required
L5520	BELOW KNEE,PREP,PTB SOCKET,THERMOP	$1,078.35	1	999		Referral Required
L5530	BELOW KNEE,PREP,PTB SOCKET,THERMOP	$1,504.85	1	999		Referral Required
L5535	BELOW KNEE,PREP,PTB SOCKET,PREFAB,	$1,554.40	1	999		Referral Required
L5540	BELOW KNEE,PREP,PTB SOCKET,LAMINAT	$1,659.11	1	999		Referral Required
L5560	ABOVE KNEE,PREP,ISCHIAL LEVEL,PLAST	$1,620.87	1	999		Referral Required
L5570	ABOVE KNEE,PREP,ISCHIAL LEVEL,THERM	$1,704.83	1	999		Referral Required
L5580	ABOVE KNEE,PREP,ISCHIAL SOCKET,THER	$1,953.01	1	999		Referral Required
L5585	AK,ADJ OPEN END SOCKET, USMC SACH F	$2,164.59	1	999		Referral Required
L5590	ABOVE KNEE,PREP,ISCHIAL SOCKET,LAMI	$1,895.01	1	999		Referral Required
L5595	HIP PREP.HEMIPELVECTOMY,THERMOPLAS	$3,385.07	1	999		Referral Required
L5600	HIP PREP.HEMIPELVECTOMY,LAMINATED,M	$4,266.63	1	999		Referral Required
L5610	ABOVE KNEE, HYDRACADONCE SYSTEM	$1,991.76	1	999		Referral Required
L5611	ABOVE KNEE-DISARTICULATE OCH4-BAR,F	$1,322.98	1	999		Referral Required
L5613	ABOVE KNEE-DISARTICULATE OHC4-BAR,H	$1,837.70	1	999		Referral Required
L5614	ADD LOWER EXT-AK-KNEE* DISORTIC,4-B	$1,242.21	1	999		Referral Required
L5616	ABOVE KNEE,UNIVERSAL MULTIPLEX,FRX	$1,018.44	1	999		Referral Required
L5617	ADD. TO LOWER EXTREMITY, QUI	$411.89	1	999		Referral Required
L5618	ADDN TO LOWER EXTREMITY TEST SOCKE	$234.25	1	999		Referral Required
L5620	ADD TO LWR EXTR, TEST SOCKET, BELOW	$222.44	1	999		Referral Required
L5622	ADD TO LWR EXTRM, TEST SOCKET,KNEE	$313.70	1	999		Referral Required
L5624	ADD TO LWR EXTREMITY, TEST SOCKET,	$282.43	1	999		Referral Required
L5626	ADD TO LWR EXTRM TEST SOCKET,HIP DI	$410.04	1	999		Referral Required
L5628	ADD TO LWR EXTRM,TEST SOCKET,HEMIPE	$453.38	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L5629	ADD TO LWR EXTRMIBELOW KNEE, ACRYLI	$238.31	1	999		Referral Required
L5630	ADD TO LWR EXTRM,SYMES,EXPANDABLE W	$379.77	1	999		Referral Required
L5631	ADD TO LWR EXTRM,ABOVE KNEE/DISARTI	$329.48	1	999		Referral Required
L5632	ADD TO LWR EXTRMISYMES,TPB BRIM SOC	$222.00	1	999		Referral Required
L5634	ADD TO LWR EXTRM,SYMES,POSTERIOR O	$264.48	1	999		Referral Required
L5636	ADD TO LWR EXTRMISYMES,MEDIAL OPENI	$235.71	1	999		Referral Required
L5637	ADD TO LWR EXTREMITY,BELOW KNEE, TO	$223.25	1	999		Referral Required
L5638	ADD TO LWR EXTREMITY,BELOW KNEE, LE	$413.69	1	999		Referral Required
L5639	ADD TO LWR EXTREMITY,BELOW KNEE,WO	$947.57	1	999		Referral Required
L5640	ADD TO LWR EXTRM,KNEE DISARTIC,LEAT	$627.58	1	999		Referral Required
L5642	ADD TO LWR EXTRM,ABOVE KNEE,LEATHE	$619.45	1	999		Referral Required
L5643	ADD TO LWR EXTR,HIP DISARTIC,FLEX S	$1,339.83	1	999		Referral Required
L5644	ADD TO LWR EXTRM,ABOVE KNEE,WOOD S	$494.51	1	999		Referral Required
L5645	ADD TO LWR EXTRM,BELOW KNEE,FLEX S	$598.31	1	999		Referral Required
L5646	ADD TO LWR EXTRM,BELOW KNEE, AIR CU	$439.80	1	999		Referral Required
L5647	ADD TO LWR EXTRM,BELOW KNEE,SUCTIO	$596.49	1	999		Referral Required
L5648	ADD TO LWR EXTRM,ABOVE KNEE,AIR CUS	$493.69	1	999		Referral Required
L5649	ADD TO LWR EXTRM,ISCHIAL CONTAIN/NA	$1,509.15	1	999		Referral Required
L5650	ABOVE KNEE/DISARTICULATION SOCKET,T	$430.34	1	999		Referral Required
L5651	ABOVE KNEE, FLEX INNER SOCKET, EXTE	$900.53	1	999		Referral Required
L5652	ABOVE KNEE/DISARTICULATION SOCKET,S	$326.93	1	999		Referral Required
L5653	KNEE DISARTICULATION, EXPANDABLE WA	$536.39	1	999		Referral Required
L5654	SOCKET INSERT,LOWR EXTR,SYMES	$290.51	1	999		Referral Required
L5655	ADDN TO LOW EXTREM, SOCKET INSERT,	$260.31	1	999		Referral Required
L5656	ADD TO LWR EXTRM,SOCKET INSERT,KNE	$370.88	1	999		Referral Required
L5658	ADD TO LWR EXTRM,SOCKET INSERT, ABO	$363.53	1	999		Referral Required
L5661	ADD TO LWR EXTRM,SOCKET INSERT,MULT	$456.32	1	999		Referral Required
L5665	LWR EXTRM,SOCKET INSERT,BELOW KNEE	$383.95	1	999		Referral Required
L5666	ADD TO LWR EXTR,BELOW KNEE,CUFF SU	$53.27	1	999		Referral Required
L5668	ADD TO LWR EXTRM,BELOW KNEE,MOLDE	$84.14	1	999		Referral Required
L5670	BELOW KNEE,MOLDED SUPROCONDYLAR S	$222.10	1	999		Referral Required
L5671	ADDITION TO LOWER EXTREMITY	$526.09	1	999		Referral Required
L5672	REMOVABLE MEDIAL BRIM SUSPENSION,B	$241.97	1	999		Referral Required
L5673	ADD TO LOWER EXTREMITY	$574.46	1	2		Referral Required
L5676	BELOW KNEE,KNEE JOINTS,SINGLE AXIS,	$316.54	1	999		Referral Required
L5677	BELOW KNEE JOINTS,POLYCENTRIC,PAIR	$402.96	1	999		Referral Required
L5678	BELOW KNEE,JOINT COVERS,PAIR	$35.49	1	999		Referral Required
L5679	ADDIT TO LOWER EXTREMITY	$478.72	1	2		Referral Required
L5680	BELOW KNEE,THIGH LACER,NON-MOLDED	$265.86	1	999		Referral Required
L5681	ADDITIONAL TO LOWER EXTREMITY	$1,035.59	1	2		Referral Required
L5682	BELOW KNEE,THIGH LACER,GLUTEAL/ISCH	$474.11	1	999		Referral Required
L5683	ADDIT TO LOWER EXTREMITY	$1,057.34	1	2		Referral Required
L5684	BELOW KNEE,FORK STRAP	$48.12	1	999		Referral Required
L5685	ADDITION TO LOWER EXTREMITY PROSTH	$0.00	1	1		Referral Required
L5686	BELOW KNEE,BACK CHECK,EXTENSION CO	$47.79	1	999		Referral Required
L5688	BELOW KNEE,WAIST BELT,WEBBING	$52.32	1	999		Referral Required
L5690	BELOW KNEE,WAIST BELT,PADDED/LINED	$79.58	1	999		Referral Required
L5692	ABOVE KNEE,PELVIC CONTROL BELT, LIG	$116.94	1	999		Referral Required
L5694	ABOVE KNEE,PELVIC CONTROL BELT, PAD	$180.68	1	999		Referral Required
L5695	ABOVE KNEE,PELVIC CONTRL,SLEEVE SUS	$122.29	1	999		Referral Required
L5696	ABOVE KNEE/DISARTICULATION,PELVIC J	$184.99	1	999		Referral Required
L5697	ABOVE KNEE/DISARTICULATION,PELVIC B	$80.26	1	999		Referral Required
L5698	ABOVE KNEE/DISARTICULATION,SILESIAN	$93.78	1	999		Referral Required
L5699	ALL LOWER EXTREMITY PROSTHESES, SH	$184.33	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L5700	REPLACE,SOCKET,BK,MOLDED TO PT MOD	$2,738.06	1	999		Referral Required
L5701	REPLACE,SOCKET,AK/K DISORTIC,INCL A	$3,327.32	1	999		Referral Required
L5702	REPLACE,SOCKET,HIP DISORTIC,INCL HI	$3,984.18	1	999		Referral Required
L5704	REPLACE,CUSTOM SHAPED PROTECTIVE C	$457.28	1	999		Referral Required
L5705	REPLACEMENT,CUSTOM SHAPED PROTEC	$750.70	1	999		Referral Required
L5706	REPLACE,CUSTOM SHAPED PROTECTIVE C	$744.04	1	999		Referral Required
L5707	REPLACE,CUSTOM SHAPED PROTECTIVE C	$1,057.68	1	999		Referral Required
L5710	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,	$341.20	1	999		Referral Required
L5711	EXOSKEL KNEE-SHIN SYST,ONE AXIS,MAN	$461.90	1	999		Referral Required
L5712	EXOSKEL KNEE-SHIN SYST,SINGLE AXIS,	$414.65	1	999		Referral Required
L5714	EXOSKEL KNEE-SHIN SYST,ONE AXIS,VAR	$313.65	1	999		Referral Required
L5716	EXOSKEL KNEE-SHIN SYST POLYCENTRIC,	$546.53	1	999		Referral Required
L5718	EXOSKEL KNEE-SHIN SYST,POLY,FRX SWN	$683.10	1	999		Referral Required
L5722	EXOSKEL KNEE-SHIN SYST,ONE AXISNPNE	$795.38	1	999		Referral Required
L5724	EXOSKEL KNEE-SHIN,ONE AXIS,FLUID SW	$1,204.38	1	999		Referral Required
L5726	EXOSKEL KNEE-SHIN,ONE AXIS,EXTRN JN	$1,457.55	1	999		Referral Required
L5728	EXOSKEL KNEE-SHIN,ONE AXIS, FLUID S	$1,939.82	1	999		Referral Required
L5780	EXOSKEL KNEE-SHIN,ONE AXIS,PNEUM/HY	$858.53	1	999		Referral Required
L5781	ADD. TO LOWER LIMB PROSTHESIS,	$3,150.08	1	2		Referral Required
L5782	ADD. TO LOWER LIMB PROSTHESIS,	$3,320.90	1	2		Referral Required
L5785	EXESKEL,BELOW KNEE,ULTRA-LIGHT	$465.42	1	999		Referral Required
L5790	EXOSKEL,ABOVE KNEE,ULTRA-LIGHT	$560.38	1	999		Referral Required
L5795	EXOSKEL,HIP DISARTICULATION,ULTRA-L	$805.13	1	999		Referral Required
L5810	ENDOSKEL KNEE-SHIN,ONE AXIS,MANUAL	$416.91	1	999		Referral Required
L5811	ADDITION ENDOSKELETAL KNEE SHIN SYS	$546.89	1	999		Referral Required
L5812	ENDOSKEL KNEE-SHIN,ONE AXIS,FRX SWG	$473.30	1	999		Referral Required
L5814	PROSTHETICS OR ORTHOTICS	$2,733.96	1	999		Referral Required
L5816	ENDOSKEL KNEE-SHIN,POLY,MECHANICAL	$637.72	1	999		Referral Required
L5818	ENDOSKEL KNEE-SHIN,POLY,FRX SWG,STA	$720.12	1	999		Referral Required
L5822	ENDOSKEL KNEE-SHIN,ONE AXIS,PHEUM S	$1,276.95	1	999		Referral Required
L5824	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S	$1,149.97	1	999		Referral Required
L5826	ADD:KNEE-SHIN ENDOSKELET.SYS	$0.00	1	1		Referral Required
L5828	ENDOSKEL KNEE-SHIN,ONE AXIS,FLUID S	$2,117.58	1	999		Referral Required
L5830	ENDOSKEL KNEE-SHIN,ONE AXIS,PNEUM/S	$1,846.36	1	999		Referral Required
L5840	ADD ENDOSKELETAL KNEE/SHIN SYSTEM,	$3,026.60	1	999		Referral Required
L5845	ADD ENDOSKELETAL KNEE/SHIN-S	$1,319.44	1	999		Referral Required
L5848	ADDITION ENDOSKELETAL, KNEE-SHIN,	$846.60	1	2		Referral Required
L5850	ENDOSKEL ABOVE KNEE/HIP DISARTIC KN	$95.93	1	999		Referral Required
L5855	ADD ENDOSKELETAL SYSTEM,HIP DISORTI	$308.77	1	999		Referral Required
L5910	ENDOSKEL BELOW KNEE, ALIGNABLE SYS	$271.58	1	999		Referral Required
L5920	ENDOSKEL,ABOVE KNEE/HIP DISARTICULA	$397.87	1	999		Referral Required
L5925	ADD ENDOSKELETAL SYSTEM,AK,KNEE OR	$327.03	1	999		Referral Required
L5930	ADD ENDOSKELETAL HIGH ACTIVI	$2,477.79	1	999		Referral Required
L5940	ENDOSKEL,BELOW KNEE,ULTRA-LIGHT	$467.65	1	999		Referral Required
L5950	ENDOSKEL,ABOVE KNEE,ULTRA-LIGHT	$672.21	1	999		Referral Required
L5960	ENDOSKEL,HIP DISARTICULATION, ULTRA	$768.30	1	999		Referral Required
L5962	ADD ENDOSKELETAL SYS,BK,FLEX PROTE	$587.69	1	999		Referral Required
L5964	ADD ENDOSKEL SYS,AK,FLEX PROTECT OU	$846.02	1	999		Referral Required
L5966	ADD ENDOSKEL SYST,HIP DISORT,FLEX P	$1,096.83	1	999		Referral Required
L5968	MULTIAXIL SHOCK ABSORBING	$2,675.09	1	999		Referral Required
L5970	ALL LWR EXTRM PROSTH,FOOT,EXTRN KN	$183.94	1	999		Referral Required
L5972	ALL LOWER EXTREMITY PROSTHESIS,FLEX	$294.00	1	999		Referral Required
L5974	ALL LOWER EXTREMITY PROSTHESIS,FOO	$232.99	1	999		Referral Required
L5975	SINGLE AXIS ANKLE/KEEL FOOT	$341.28	0	999		

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L5976	ALL LOWER EXTREMITY PROSTHESIS,ENE	$469.45	1	999		Referral Required
L5978	ALL LWR EXTREMITY PROSTH,FOOT,MULTI	$265.32	1	999		Referral Required
L5979	ALL LOWER EXTREM PROTHESIS MULTI AN	$2,260.29	1	999		Referral Required
L5980	ALL LWR EXTRM PROSTHESIS,FLEX FOOT	$3,039.97	1	999		Referral Required
L5981	ALL LOWER EXTREM PROTHESIS,FLEX-WA	$2,456.28	1	999		Referral Required
L5982	ALL EXOSKEL LWR EXTRM PROSTH,AXIAL	$573.02	1	999		Referral Required
L5984	ALL ENDOSKEL LWR EXTRM PROSTH,AXIAL	$541.73	1	999		Referral Required
L5985	ALL ENDOSKELETAL LOWER EXT.	$207.87	1	999		Referral Required
L5986	ALL LWR EXTRM PROSTHIMULTIAXIAL ROT	$573.36	1	999		Referral Required
L5987	ALL LOWER EXTR.PROSTHESIS SHANK FO	$5,295.63	1	999	PA Required	Referral Required
L5988	MULTIAXIAL/ROTATION/TORSION	$1,470.60	0	999		Referral Required
L5990	ADDITION TO LOWER EXTREMITY	$1,412.77	1	1		Referral Required
L5995	ADDITION LOWER EXTREMITY PROTHESIS,	$0.00	1	2		Referral Required
L5999	UNLISTED PROCEDURE, LOWER EXTREMIT	$0.00	1	999		Referral Required
L6000	PARTIAL HAND,ROBIN-AIDS,THUMB REMAI	$1,328.45	1	999		Referral Required
L6010	PART HAND,ROBIN-AIDS,LITTLE &/OR RI	$1,478.35	1	999		Referral Required
L6020	PART HAND,ROBIN-AIDS,NO FINGER REMA	$1,378.33	1	999		Referral Required
L6050	WRIST DISARTIC,MOLDED SOCKET,FLEX E	$1,628.04	1	999		Referral Required
L6055	WRIST DISAR MOLD SOCKET,EXPAN INTER	$2,430.90	1	999		Referral Required
L6100	BELOW ELBOW,MOLDED,FLEX ELBOW,TRI	$1,753.60	1	999		Referral Required
L6110	BELOW ELBOW,MOLDED,(MUENSTER/NW S	$1,788.55	1	999		Referral Required
L6120	BELOW ELBOW,MOLDED DBL WALL SPLIT S	$2,249.05	1	999		Referral Required
L6130	BEL ELBOW,MOLD DLB WALL SPLIT SOCKE	$2,588.26	1	999		Referral Required
L6200	ELBOW DISARTICULATION,MOLDED,OUTS	$2,656.26	1	999		Referral Required
L6205	ELBOW DISARTIC,MLD SOCKET,EXPAND IN	$3,327.89	1	999		Referral Required
L6250	ABOVE ELBOW,MLD DBL-WALL SOCKET.LO	$2,477.14	1	999		Referral Required
L6300	SHOULDER DISARTIC,MLD SOCKET,HUMER	$3,484.42	1	999		Referral Required
L6310	SHOULDER DISARTIC,PASSIVE RESTORATI	$2,892.35	1	999		Referral Required
L6320	SHOULDER DISARTIC,PASSIVE REST(SHOU	$1,281.48	1	999		Referral Required
L6350	INTERSCAPULAR THORACIC MLD SOCKET,	$3,916.23	1	999		Referral Required
L6360	INTERSCAPULAR THORACIC,PASSIVE RES	$3,184.62	1	999		Referral Required
L6370	INTRASCAPULAR THORACIC,PASSIVE RES	$1,523.04	1	999		Referral Required
L6380	WRIST/BELOW ELBOW,RIGID DRSG,W/FITT	$1,025.42	1	999		Referral Required
L6382	ELBOW/ABOVE ELBOW,RIGID DRSG,W/FITT	$1,207.16	1	999		Referral Required
L6384	SHOULDER/INTRASCAPULAR THORACIC,RI	$1,528.26	1	999		Referral Required
L6386	CAST CHANGE, REALIGNMENT	$346.14	1	999		Referral Required
L6388	RIGID DRESSING ONLY	$380.46	1	999		Referral Required
L6400	BELOW ELBOW,MLD SOCKET,ENDOSKEL,S	$1,941.40	1	999		Referral Required
L6450	ELBOW DISARTIC.MLD SOCKET ENDOSKEL	$2,635.41	1	999		Referral Required
L6500	ABOVE ELBOW,MLD SOCKET,ENDOSKEL,S	$2,665.52	1	999		Referral Required
L6550	SHLDER DISARTIC,MLD SOCKET,ENDO,SFT	$3,565.72	1	999		Referral Required
L6570	INTERSCAPULAR THORACIC,MLD SOCKET E	$3,974.74	1	999		Referral Required
L6580	PREPARATORY,WRIST OR BELOW ELBOW, M	$1,350.76	1	999		Referral Required
L6582	PREPARATORY,WRIST OR BELOW ELBOW, D	$1,073.43	1	999		Referral Required
L6584	PREPARATORY,WRIST OR BELOW ELBOW, L	$1,823.80	1	999		Referral Required
L6586	PREPARATORY,ELBOW OR ABOVE,DIRECT F	$1,558.71	1	999		Referral Required
L6588	PREPARATORY,SHOULDER/INTERSCAPULA	$2,639.22	1	999		Referral Required
L6590	PREPARATORY,SHOULDER/INTERSCAPULA	$2,431.83	1	999		Referral Required
L6600	UPPER EXTREMITY ADDN,POLYCENTRIC HI	$152.40	1	999		Referral Required
L6605	UPPER EXTREMITY ADDN.SINGLE PIVOT H	$143.78	1	999		Referral Required
L6610	UPPER EXTREMITY ADDN.FLEXIBLE METAL	$131.14	1	999		Referral Required
L6615	UPPER EXTREMITY ADDN.DISCONNECT LO	$160.26	1	999		Referral Required
L6616	UPPER EXTREM ADDN.ADDNL DISCONNEC	$58.41	1	999		Referral Required
L6620	UPPER EXTRM ADDN.FLEXION-FRICTION W	$251.01	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L6623	UPPER EXTRM ADDN.SPRING ASSIST ROTA	$539.98	1	999		Referral Required
L6625	UPPER EXTRM ADDN. ROTATION WRIST UN	$461.80	1	999		Referral Required
L6628	UPPER EXTRM,QUICK DISCONNECT HOOK A	$433.68	1	999		Referral Required
L6629	QUICK DISCONNECT LAMINATION COLLAR	$109.91	1	999		Referral Required
L6630	UPPER EXTREMITY ADDN. STAINLESS STE	$161.61	1	999		Referral Required
L6632	UPPER EXTREMITY ADDN.LATEX SUSPENSI	$48.72	1	999		Referral Required
L6635	UPPER EXTREMITY ADDN.LIFT ASSIST.EL	$141.68	1	999		Referral Required
L6637	UPPER EXTREMITY ADDN.NUDGE CONTRO	$325.82	1	999		Referral Required
L6640	UPPER EXTREMITY ADDN.SHOULDER ABDU	$258.34	1	999		Referral Required
L6641	UPPER EXTREMITY ADDN,EXCURSION AMP	$128.76	1	999		Referral Required
L6642	UPPER EXTREMITY ADDN, EXCURSION AM	$174.16	1	999		Referral Required
L6645	SHOULDER FLEXION-ABDUCTION JOINT, E	$297.28	1	999		Referral Required
L6650	SHOULDER UNIVERSAL JOINT, EACH	$256.39	1	999		Referral Required
L6655	UPPER EXTREMITY ADDN. STANDARD CON	$74.10	1	999		Referral Required
L6660	UPPER EXTREMITY ADDN.HEAVY DUTY CO	$79.51	1	999		Referral Required
L6665	UPPER EXTREMITY ADDN. TEFLON OR EQU	$36.97	1	999		Referral Required
L6670	UPPER EXTREMITY ADDN.HOOK TO HAND C	$38.24	1	999		Referral Required
L6672	HARNESS,CHEST OR SHOULDER,SADDLE T	$145.16	1	999		Referral Required
L6675	UPPER EXTREMIHARNESS FIG EIGHT TYPE	$90.05	1	999		Referral Required
L6676	UPPER EXTREMI,HARNESS,FIG EIGHT TYP	$110.71	1	999		Referral Required
L6680	WRIST OR BELOW ELBOW, TEST SOCKET	$178.39	1	999		Referral Required
L6682	ELBOW OR ABOVE, TEST SOCKET	$226.95	1	999		Referral Required
L6684	TEST SOCKET, SHOULDER OR INTERSCAP	$347.76	1	999		Referral Required
L6686	UPPER EXTREMITY ADDN, SUCTION SOCKE	$498.55	1	999		Referral Required
L6687	FRAME TYPE SOCKET, BELOW ELBOW OR W	$432.53	1	999		Referral Required
L6688	FRAME TYPE SOCKET,ABOVE ELBOW OR E	$529.65	1	999		Referral Required
L6689	FRAME TYPE SOCKET, SHOULDER DISARTI	$648.26	1	999		Referral Required
L6690	FRAME TYPE SOCKET, INTERSCAPULAR TH	$687.49	1	999		Referral Required
L6691	UPPER EXTREMITY ADDN, REMOVABLE INS	$297.42	1	999		Referral Required
L6692	UPPER EXTREMITY ADDNLSILICONE GEL I	$419.35	1	999		Referral Required
L6693	EXTERNAL LOCKING ELBOW/FOREARM	$2,089.92	1	999		Referral Required
L6694	ADDITION TO UPPER EXTREMITY PROSTH	$0.00	1	4		Referral Required
L6695	ADDITION TO UPPER EXTREMITY PROSTH	$0.00	1	4		Referral Required
L6696	ADDITION TO UPPER EXTREMITY PROSTH	$0.00	1	4		Referral Required
L6697	ADDITION TO UPPER EXTREMITY PROSTH	$0.00	1	4		Referral Required
L6698	ADDITION TO UPPER EXTREMITY PROSTH	$0.00	1	4		Referral Required
L6700	TERMINAL DEVICE,HOOK,DORRANCE OR E	$443.02	1	999		Referral Required
L6705	TERMINAL DEVICE,HOOK,DORRANCE OR E	$248.31	1	999		Referral Required
L6710	TERMINAL DEVICE,HOOK,DORRANCE OR E	$297.89	1	999		Referral Required
L6715	TERMINAL DEVICE,HOOK,DORRANCE OR E	$294.68	1	999		Referral Required
L6720	TERMINAL DEVICE,HOOK,DORRANCE OR E	$639.72	1	999		Referral Required
L6725	TERMINAL DEVICE,HOOK,DORRANCE OR E	$328.24	1	999		Referral Required
L6730	TERMINAL DEVICE,HOOK,DORRANCE OR E	$527.01	1	999		Referral Required
L6735	TERMINAL DEVICE,HOOK.DORRANCE OR E	$279.17	1	999		Referral Required
L6740	TERMINAL DEVICE.HOOK.DORRANCE OR E	$330.79	1	999		Referral Required
L6745	TERMINAL DEVICE,HOOK.DORRANCE OR E	$302.94	1	999		Referral Required
L6750	TERMINAL DEVICE,HOOK.DORRANCE OR E	$314.47	1	999		Referral Required
L6755	TERMINAL DEVGICE,HOOK.DORRANCE OR E	$314.40	1	999		Referral Required
L6765	TERMINAL DEVICE,HOOK,DORRANCE OR E	$322.04	1	999		Referral Required
L6770	TERMINAL DEVICE,HOOK,DORRANCE OR E	$314.81	1	999		Referral Required
L6775	TERMINAL DEVICE,HOOK,DORRANCE OR E	$342.03	1	999		Referral Required
L6780	TERMINAL DEVICE,HOOK,DORRANCE OR E	$379.88	1	999		Referral Required
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR	$338.84	1	999		Referral Required
L6795	TERMINL DEVICE, HOOK-2 LOAD. OR EQU	$1,067.47	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L6800	TERMINAL DEVICE HOOK-APRL VC, OR EQ	$843.35	1	999		Referral Required
L6805	TERMINAL DEVICE, MODIFIER WRIST FLE	$317.16	1	999		Referral Required
L6806	TERMINAL DEVICE, HOOK , TRS GRIP, V	$1,190.58	1	999		Referral Required
L6807	TERMINAL DEVICE,HOOK,TRS,ADEPT,CHIL	$1,065.41	1	999		Referral Required
L6808	TERMINAL DEVICE,HOOK,TRS,ADEPT,INFA	$917.65	1	999		Referral Required
L6809	TERMINAL DEVICE, HOOK, TRS, SUPER S	$278.23	1	999		Referral Required
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO	$150.07	1	999		Referral Required
L6825	TERMINAL DEVICE, HANDS, DORRANCE, V	$914.40	1	999		Referral Required
L6830	TERMINAL DEVICE, HAND, APRL, VC	$1,170.96	1	999		Referral Required
L6835	TERMINAL DEVICE, HAND, SIERRA, VO	$1,062.22	1	999		Referral Required
L6840	TERMINAL DEVICE, HAND, BECKER IMPER	$700.89	1	999		Referral Required
L6845	TERMINAL DEVICE, HAND, BECKER, LOCK	$663.62	1	999		Referral Required
L6850	TERMNAL DEVICE, HAND, BECKER DLYLIT	$585.47	1	999		Referral Required
L6855	TERMINAL DEVICE, HAND, ROBINAIDS, V	$680.87	1	999		Referral Required
L6860	TERMINAL DEVICE, HAND, ROBINAIDS, V	$556.90	1	999		Referral Required
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND	$247.84	1	999		Referral Required
L6867	TERMINAL DEVICE,HAND,DETROIT INFANT	$921.26	1	999		Referral Required
L6868	TERMINAL DEVICE,HAND,PASSIVE INFANT	$207.66	1	999		Referral Required
L6870	TERMINAL DEVICE, HAND, CHILD MITT	$201.38	1	999		Referral Required
L6872	TERMINAL DEVICE, HAND, NVU, CHILD H	$766.03	1	999		Referral Required
L6873	TERMINAL DEVICE,HAND,MECHANICAL INF	$350.78	1	999		Referral Required
L6875	TERMINAL DEVICE, HAND, BOCK, VC	$702.95	1	999		Referral Required
L6880	TERMINAL DEVICE, HAND, BOCK, VO	$444.53	1	999		Referral Required
L6881	AUTOMATIC GRASP FEATURE ADDITION	$3,183.63	1	2		Referral Required
L6882	MICRO PROCESSOR CONTROL FEATURE	$2,414.93	1	1		Referral Required
L6890	TERMINAL DEVICE,GLOVE FOR ABOVE HAN	$139.25	1	999		Referral Required
L6895	TERMINAL DEVICE,GLOVE FOR ABOVE HAN	$464.88	1	999		Referral Required
L6900	PARTIAL HAND, W/GLOVE THUMB OR ONE	$1,456.05	1	999		Referral Required
L6905	PARTIAL HAND, W/GLOVE, MULTIPLE FIN	$1,467.95	1	999		Referral Required
L6910	PARTIAL HAND, W/GLOVE, NO FINGERS R	$1,204.80	1	999		Referral Required
L6915	HAND RESTORATION, GLOVE	$544.49	1	999		Referral Required
L7500	REPAIR PROSTHETIC DEVICE HRLY RATE	$46.02	1	999		Referral Required
L7510	REPAIR PROSTHETIC DEVICE	$0.00	1	999		Referral Required
L7520	REPAIR PROSTHETIC DEVICE, LA	$8.99	1	999		Referral Required
L8000	BREAST PROSTHESES MASTERCTOMY BR	$30.98	1	999		Referral Required
L8001	BREAST PROSTHESIS MASTECTOMY BRA	$97.67	1	2		Referral Required
L8002	BREAST PROSTHESIS MASTECTOMY BRA	$128.47	1	2		Referral Required
L8010	BREAST PROSTHESES MASTECTOMY SLEE	$54.80	1	999		Referral Required
L8015	BREAST PROSTHESIS GARMENT	$41.75	1	1		Referral Required
L8020	BREAST PROSTHESES MASTECTOMY FOR	$180.67	1	999		Referral Required
L8030	BREAST PROTHESIS, SILICONE OR EQUAL	$236.57	1	999		Referral Required
L8035	CUSTOM BREAST PROSTHESIS	$2,696.96	1	999		Referral Required
L8039	BREAST PROSTHESIS, NOT CLASSIFIED	$0.00	1	2		
L8040	NASAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8041	MIDFACIAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8042	ORBITAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8043	UPPER FACIAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8044	HEMI FACIAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8045	AURICULAR PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8046	PARTIAL FACIAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8047	NASAL SEPTAL PROSTHESIS	$0.00	1	1	PA Required	Referral Required
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHE.	$0.00	1	1	PA Required	Referral Required
L8100	ELASTIC SUPPORT STOCKING, BELOW KNE	$5.97	1	999		Referral Required
L8110	GRADIENT COMP STOCKING BELOW KNEE	$10.88	1	999		Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L8120	GRADIENT COMP STOCKING, BELOW KNEE	$25.50	1	999		Referral Required
L8130	ELASTIC SUPPORT,ELASTIC STOCKING,AB	$34.87	1	999		Referral Required
L8140	ELASTIC STOCKING ABOVE KNEE HEAVY W	$41.54	1	999		Referral Required
L8150	ELASTIC SUPPORT ELASTIC STOCKNG ABO	$48.75	1	999		Referral Required
L8160	ELASTIC SUPPORT STOCKING FULL LENGT	$72.37	1	999		Referral Required
L8170	ELASTIC SUPPORT STOCKING FULL LENGT	$117.00	1	999		Referral Required
L8180	SUPPORT STKG FULL HEAVY WEIGHT (LIN	$136.00	1	999		Referral Required
L8190	ELASTIC STOCKING LEOTARD MED WT EA	$35.90	1	999		Referral Required
L8195	GRADIENT COMPRESSION STOCKING	$63.80	1	999		Referral Required
L8200	ELASTIC SUPPORT STOCKING, LEOTARDS	$136.00	1	999		Referral Required
L8210	ELASTIC SUPPORT STOCKING, CUSTOM MA	$0.00	1	999	PA Required	Referral Required
L8220	ELASTIC SUPPORT STOCKING, LYMPHEDE	$36.18	1	999		Referral Required
L8230	ELASTIC SUPPORT STOCKING, GARTER BE	$25.00	1	999		Referral Required
L8239	GRADIENT COMPRESSION	$0.00	1	1	PA Required	Referral Required
L8300	TRUSS, SINGLE WITH STANDARD PAD	$78.59	1	999		Referral Required
L8310	TRUSS, DOUBLE W/STANDARD PADS	$110.08	1	999		Referral Required
L8320	TRUSS, ADDN TO STANDARD PAD, WATER	$41.90	1	999		Referral Required
L8330	TRUSS, ADDN TO STANDARD PAD, SCROTA	$37.02	1	999		Referral Required
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	$13.91	1	999		Referral Required
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EA.	$19.82	1	999		Referral Required
L8415	PROSTHETIC SHEATH, UPPER LIMB, EA.	$20.36	1	999		Referral Required
L8417	PROSTHETIC SHEATH/SOCK W/GEL CUSHI	$54.27	1	999		Referral Required
L8420	PROSTHETIC SOCK, BELOW KNEE	$15.05	1	999		Referral Required
L8430	PROSTHETIC SOCK, ABOVE KNEE	$17.19	1	999		Referral Required
L8435	PROSTHETIC SOCK. WOOL, UPPER LIMB,	$21.02	1	999		Referral Required
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EA	$31.36	1	999		Referral Required
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EA	$65.44	1	999		Referral Required
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EA	$36.58	1	999		Referral Required
L8470	STUMP SOCK, SINGLE PLY, BELOW KNEE,	$5.01	1	999		Referral Required
L8480	STUMP SOCK, SINGLE PLY, ABOVE KNEE,	$9.20	1	999		Referral Required
L8485	STUMP SOCK, SINGLE PLY,FITTING,UPPE	$10.78	1	999		Referral Required
L8499	UNLISTED PROCEDURE, PROSTHET	$0.00	1	999	PA Required	Referral Required
L8500	ARTIFICIAL LARYNX, ANY TYPE	$585.44	1	999		Referral Required
L8501	TRACHEOSTOMY SPEAKING VALVE	$90.58	1	999		Referral Required
L8505	ARTIFICIAL LARYNX	$0.00	1	1		Referral Required
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHES	$32.62	1	1		Referral Required
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHES	$82.04	1	1		Referral Required
L8510	VOICE AMPLIFIER	$196.78	1	1		Referral Required
L8511	INSERT FOR INDWELLING TRACHEOSOPHA	$57.26	1	6		Referral Required
L8512	GELATIN CAPSULES OR EQUIV	$1.70	1	6		Referral Required
L8513	CLEANING DEVICE USED W/TRACHEOESO	$4.08	1	6		Referral Required
L8514	TRACHEOSOPHAGEAL PUNCTURE	$74.24	1	6		Referral Required
L8515	GELATIN CAPSULE, APPLICATION DEVIC	$0.00	1	31		Referral Required
L8606	INJECTABLE BULKING AGENT	$0.00	0	1		Referral Required
L8612	AQUEOUS SHUNT - IMPLANT	$543.07	1	999		Referral Required
L8615	HEADSET/HEAD PIECE FOR USE WITH CO	$0.00	1	1	PA Required	Referral Required
L8616	MICROPHONE FOR USE W COCHLEAR IMPL	$0.00	1	1	PA Required	Referral Required
L8617	TRANSMITTING COIL FOR COCHLEAR	$0.00	1	1	PA Required	Referral Required
L8618	TRANSMITTER CABLE FOR COCHLEAR	$0.00	1	1	PA Required	Referral Required
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH P	$6,047.40	1	999		Referral Required
L8620	LITHIUM ION BATTERY	$0.00	1	1	PA Required	Referral Required
L8621	ZINC AIR BATTERY FOR COCHLEAR	$0.00	1	1	PA Required	Referral Required
L8622	ALKALINE BATTERY FOR COCHLEAR IMPN	$0.00	1	1	PA Required	Referral Required
L8670	VASCULAR GRAFT MATERIAL, SYN	$417.41	1	999	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
L8699	PROSTHETIC IMPLANT, NOS	$0.00	1	1	PA Required	Referral Required
L9900	OPRTHOTIC AND PROSTHETIC SUPPLY	$0.00	1	1	PA Required	Referral Required
Q4001	CASTING SUPPLIES BODY CAST ADULT	$34.78	1	1		Referral Required
Q4002	CAST SUPPLIES BODY CAST ADULT WITH	$131.44	1	1		Referral Required
Q4003	CAST SUPPLIES SHOULDER CAST ADULT	$24.98	1	1		Referral Required
Q4004	CAST SUPPLIES SHOULDER CAST ADULT	$86.48	1	1		Referral Required
Q4005	CAST SUPPLIES LONG ARM CAST ADULT	$9.21	1	1		Referral Required
Q4006	CAST SUPPLIES LONG ARM CAST ADULT	$20.76	1	1		Referral Required
Q4007	CAST SUPPLIES LONG ARM CAST	$4.61	1	1		Referral Required
Q4008	CAST SUPPLIES LONG ARM CAST	$10.38	1	1		Referral Required
Q4009	CAST SUPPLIES SHORT ARM CAST ADULT	$6.14	1	1		Referral Required
Q4010	CAST SUPPLIES SHORT ARM CAST ADULT	$13.84	1	1		Referral Required
Q4011	CAST SUPPLIES SHORT ARM CAST	$3.07	1	1		Referral Required
Q4012	CAST SUPPLIES SHORT ARM CAST	$6.92	1	1		Referral Required
Q4013	CAST SUPPLIES GAUNTLET CAST ADULT	$11.18	1	1		Referral Required
Q4014	CAST SUPPLIES GAUNTLET CAST ADULT	$18.88	1	1		Referral Required
Q4015	CAST SUPPLIES GAUNTLET CAST	$5.59	1	1		Referral Required
Q4016	CAST SUPPLIES GAUNTLET CAST	$9.44	1	1		Referral Required
Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT	$6.47	1	1		Referral Required
Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT	$10.32	1	1		Referral Required
Q4019	CAST SUPPLIES LONG ARM SPLINT	$3.24	1	1		Referral Required
Q4020	CAST SUPPLIES LONG ARM SPLINT	$5.16	1	1		Referral Required
Q4021	CAST SUPPLIES SHORT ARM SPLINT	$4.79	1	1		Referral Required
Q4022	CAST SUPPLIES SHORT ARM SPLINT	$8.64	1	1		Referral Required
Q4023	CAST SUPPLIES SHORT ARM SPLINT	$2.40	1	1		Referral Required
Q4024	CAST SUPPLIES SHORT ARM SPLINT	$4.32	1	1		Referral Required
Q4025	CAST SUPPLIES HIP SPICA ADULT	$26.86	1	1		Referral Required
Q4026	CAST SUPPLIES HIP SPICA ADULT	$83.85	1	1		Referral Required
Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC	$13.43	1	1		Referral Required
Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC	$41.93	1	1		Referral Required
Q4029	CAST SUPPLIES LONG LEG CAST ADULT	$20.53	1	1		Referral Required
Q4030	CAST SUPPLIES LONG LEG CAST ADULT	$54.05	1	1		Referral Required
Q4031	CAST SUPPLY LONG LEG CAST PEDIATRIC	$10.27	1	1		Referral Required
Q4032	CAST SUPPLIES LONG LEG CAST	$27.03	1	1		Referral Required
Q4033	CAST SUPPLIES LONG LEG CYLINDER	$19.15	1	1		Referral Required
Q4034	CAST SUPPLIES LONG LEG CYLINDER	$47.65	1	1		Referral Required
Q4035	CAST SUPPLIES LONG LEG CYLINDER	$9.58	1	1		Referral Required
Q4036	CAST SUPPLIES LONG LEG CYLINDER	$23.83	1	1		Referral Required
Q4037	CAST SUPPLIES SHORT LEG CAST ADULT	$11.69	1	1		Referral Required
Q4038	CAST SUPPLIES SHORT LEG CAST ADULT	$29.27	1	1		Referral Required
Q4039	CAST SUPPLIES SHORT LEG CAST	$5.85	1	1		Referral Required
Q4040	CAST SUPPLIES SHORT LEG CAST	$14.64	1	1		Referral Required
Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT	$14.21	1	1		Referral Required
Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT	$24.25	1	1		Referral Required
Q4043	CAST SUPPLIES LONG LEG SPLINT	$7.10	1	1		Referral Required
Q4044	CAST SUPPLIES LONG LEG SPLINT	$12.13	1	1		Referral Required
Q4045	CAST SUPPLIES SHORT LEG SPLINT	$8.25	1	1		Referral Required
Q4046	CAST SUPPLIES SHORT LEG SPLINT	$13.27	1	1		Referral Required
Q4047	CAST SUPPLIES SHORT LEG SPLINT	$4.12	1	1		Referral Required
Q4048	CAST SUPPLIES SHORT LEG SPLINT	$6.64	1	1		Referral Required
Q4049	FINGER SPLINT STATIC	$1.50	1	1		Referral Required
Q4050	CAST SUPPLIES FOR UNLISTED TYPES	$0.00	1	1		Referral Required
Q4051	SPLINT SUPPLIES MISC.	$0.00	1	1		Referral Required
S5160	EMERGENCY RESPONSE SYSTEM	$0.00	1	1	PA Required	Referral Required

Procedure Code	Procedure Code Description	Allowed Amount	Minimum Units	Maximum Units	Prior Authorization	HC Referral
S5161	EMERGENCY RESPONSE SYSTEM	$0.00	1	999	PA Required	Referral Required
S5165	HOME MODIFICATIONS; PER SERVICE	$0.00	1	1	PA Required	Referral Required
S8100	HOLDING CHAMBER OR SPACER	$31.05	1	1		Referral Required
S8101	HOLDING CHAMBER OR SPACER	$41.87	1	1		Referral Required
S8105	OXIMETER FOR MEASURING BLOOD OXYGE	$0.00	1	1	PA Required	Referral Required
S8200	CHEST COMPRESSION VEST	$0.00	1	1	PA Required	Referral Required
S8205	CHEST COMPRESSION GENERATOR	$0.00	1	1	PA Required	Referral Required
T4521	ADULT SIZED BRIEF/DIAPER	$0.64	1	241		Referral Required
T4522	ADULT SIZED DISPOSABLE INCON PROD	$0.78	1	240		Referral Required
T4523	ADULT SIZED BRIEF/DIAPER	$1.05	1	241		Referral Required
T4524	ADULT SIZED BRIEF/DIAPER	$1.12	1	241		Referral Required
T4525	ADULT SIZED BRIEF/DIAPER	$0.64	1	241		Referral Required
T4526	ADULT SIZED PULL ON	$0.78	1	241		Referral Required
T4527	ADULT SIZED INCON PRODUCT	$1.05	1	241		Referral Required
T4528	ADULT SIZED INCONT. PRODUCT	$1.12	1	241		Referral Required
T4529	ADULT SIZED INCON PRODUCT	$0.33	1	241		Referral Required
T4530	PEDIATRIC SIZED DISPOSABLE INCON	$0.42	1	241		Referral Required
T4531	PEDIATRIC SIZED INCONT PRODUCT	$0.33	1	241		Referral Required
T4532	PEDIATRIC SIZED INCONT PRODUCT	$0.78	1	241		Referral Required
T4533	YOUTH SIZED INCONT PRODUCT	$0.64	1	241		Referral Required
T4534	YOUTH SIZED INCONT PRODUCT	$0.64	1	241		Referral Required
T4535	DISPOSABLE UNDERGARMENT	$0.37	1	241		Referral Required
T4536	INCONTINENCE PRODUCT, UNDERWEAR	$8.20	1	4		Referral Required
T4537	INCONTINENCE PRODUCT	$13.84	1	3		Referral Required
T4539	INCONTINENCE PRODUCT	$8.20	1	3		Referral Required
T4540	INCONTINENCE PRODUCT	$8.45	1	3		Referral Required
T4541	INCONTINENCE PRODUCT	$0.56	1	151		Referral Required
T4542	INCONTINENCE PRODUCT	$0.30	1	151		Referral Required
T5001	THERAPEUTIC POSITIONING SEAT	$520.71	1	999		Referral Required
V2610	SIN LENS SPECT MOUNT LOW VIS AIDS	$0.00	1	999	PA Required	Referral Required
V2615	TELESCOP AND OTHER COMP LENS SYS, I	$0.00	1	999	PA Required	Referral Required
V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	$806.74	1	999		Referral Required
V2624	POLISHING/RESURFACING OCULAR	$59.66	1	999		Referral Required
V2625	ENGLARGEMENT OF OCULAR PROTHESIS	$362.76	1	999		Referral Required
V2626	REDUCTION OF OCULAR PROSTHESIS	$195.55	1	999		Referral Required
V2627	SCLERAL COVER SHELL	$1,215.51	1	999		Referral Required
V2628	FABRICATION & FITTING OF OCULAR CON	$298.20	1	999		Referral Required
V2629	NOT OTHERWISE CLASSIFIED, PROSTHETI	$0.00	1	999	PA Required	Referral Required
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	$0.00	1	999	PA Required	Referral Required
V2631	IRIS SUYPPORTED INTRAOCULAR LENS	$0.00	1	999	PA Required	Referral Required
V2632	POSTERIOR CHAMBER INTRA-OCULAR LEN	$0.00	1	999	PA Required	Referral Required
V2785	CORNEAL TISSUE; PROCESSING, PRESERV	$0.00	1	999		Referral Required
V5266	BATTERY FOR USE IN HEARING DEVICE	$5.00	1	4		Referral Required
XX001	STERILE SALINE UNIT DOSE UP TO 5ML	$0.21	1	999		Referral Required
XX002	BLOOD GLUCOSE STRIP FOR MONITOR PE	$17.63	1	999		Referral Required
XX006	OSTOMY DEODORANT ALL TYPE PER OZ	$3.03	1	999		Referral Required
XX009	DOBUTAMINE, 250 MG	$45.26	1	999		Referral Required