

(c) Reimbursement for repairs and recycling activities, that is, pickup, refurbishing and delivery, shall be made following delivery of the item to the next recipient.

(d) Reimbursement for recycling activities, that is, pick-up, refurbishing and delivery, shall be based on one of the following standards, whichever is greater:

1. The monthly rental fee for a new item of that type; or
2. \$35.00.

(e) Reimbursement for recycling activities, that is pickup, refurbishing and delivery, equipment that is heavy and/or cumbersome and requires two or more persons shall be

based on one of the following standards, whichever is greater.

1. Two months rental fee for a new item of that type; or
2. \$70.00.
 - i. Prior authorization shall be obtained from the Medicaid District Office in order to claim reimbursement under this subsection (e).

(f) While the recycled equipment is in possession of the DME recycling provider, the DME recycling provider shall store, safeguard and maintain the equipment.

(g) State institutions will have first priority on recycled durable medical equipment, when specifically requested.

10:59-1.12 Parenteral therapy

(a) Parenteral therapy refers to the administration of a drug or specialized nutritional solution by a route other than the digestive system, commonly by peripheral vein.

(b) All parenteral therapy services, including total parenteral nutritional (TPN), require prior authorization (see N.J.A.C. 10:59-1.6).

(c) For parenteral therapy other than TPN, coverage through the medical supplier shall be limited to supplies and equipment. Coverage through the medical supplier for TPN therapy shall also include nutritional solutions.

1. Coverage for all disposable medical supplies related to TPN therapy shall be based on monthly rates as established by the Division (See N.J.A.C. 10:59-2.3 for monthly rates and unit descriptions).

(d) Service shall be limited to the maximum number of units covered during specified time periods, in accordance with N.J.A.C. 10:59-2.3.

10:59-1.13 Augmentative/alternative communication system (ACS)

(a) ACS requires prior authorization. Requests for prior authorization shall include the following:

1. A list of specialists involved in the multi-disciplinary team evaluation of the recipient, including, at a minimum, a speech-language pathologist, physical therapist, occupational therapist, and social worker;

2. An evaluation report by the speech-language pathologist, which shall include the following:

i. The communication status of the recipient, including relevant mental and physical disabilities;

ii. A list of augmentative/alternative communication devices/systems tried during the evaluation period;

iii. The rationale for the selection of the prescribed device/system and a description of how it will enhance functional communicative abilities;

iv. A certification that the recipient can mentally and physically benefit from the device/system and is willing to use it;

v. Recommendations for follow-up instruction so that maximum benefit may be obtained;

vi. A description of the recipient's gross and fine motor abilities, perceptual skills, reading skills, and cognitive abilities;

vii. Results of an audiometric screening and/or audiologic evaluation, as appropriate;

viii. A summary of past speech-language treatment;

ix. Results of the trial period with the device; and

x. A list of recommended augmentative communication devices, including all necessary accessories, prices and provider information.

(b) Follow up visits will be made by the appropriate MDO staff, at their discretion, to monitor appropriate ACS use.

(c) Reimbursement can be made for ACS rental during the trial period in accordance with the policy contained at N.J.A.C. 10:59-1.7 regarding rental of DME.

10:59-1.14 Pressure reduction systems

(a) Pressure reduction systems include:

1. Air fluidized bed systems which employ the circulation of filtered air through silicone-coated ceramic beads creating the characteristics of fluid;

2. Powered low air loss bed systems which incorporate the use of an air-bladder system consisting of a series of interconnected adjustable air sacs designed to allow air escape to reduce support surface pressure. Air to the sacs is supplied by a separate power supply unit; and

3. Low end products which include any powered or non-powered overlay or mattress.

(b) Policies for providing and authorizing DME as described in N.J.A.C. 10:59-1.5 and 1.6 apply.

(c) Reimbursement for low end products is included in the NF's per diem, and therefore shall not be covered.

(d) Periods of Prior Authorization (PA) for air-fluidized and powered low air loss bed systems shall be limited to 30 days.

(e) Requests for PA for air fluidized and low air loss bed systems shall include the following:

1. A medical history relating to the wound which includes previous therapy and pressure relief systems utilized and found unsuccessful;

2. Physician progress notes indicating medical necessity, plan of treatment, and evaluation of response to treatment specific to the care of the wound;

3. A wound care flow sheet documenting weekly the site, size, depth and stage of the wound, noting also the presence and description of drainage or odor;

4. Laboratory values including a complete blood count and blood chemistries initially and on request thereafter.

5. A nutritional assessment by a registered dietitian initially and on request thereafter; and

6. Photographs of the site, upon permission of the recipient/family, after full due consideration is afforded to the recipient's right to privacy, dignity and confidentiality.

(f) Coverage for air fluidized and low air loss bed systems shall be limited to the following conditions:

1. The recipient has two stage III (full-thickness tissue loss) pressure sores or a stage IV (deep tissue destruction) pressure sore which involves two of the following sites: hips, buttocks, or sacrum; and

2. The recipient is bedridden or chairbound as a result of severely limited mobility; and

3. The recipient is receiving maximal medical/nursing care, previously instituted conservative treatment has been unsuccessful and all other alternative equipment has been considered and ruled out.

4. If the recipient has coexisting risk factors (such as vascular irregularities, nutritional depletion, diabetes or immune suppression) they must present post-operatively with a posterior or lateral flap or graft site requiring short-term therapy until the operative site is viable.

(g) Coverage for conditions other than those described in (e) above may be considered on an individual basis by the MDO.

10:59-1.15 Apnea monitor

(a) Apnea monitors shall require prior authorization (PA) for initial certification and subsequent recertification.

1. To obtain authorization, providers shall complete the "Home Apnea Monitor Certification" form FD-287 which requires the prescriber's signature. The FD-287 may be used in lieu of a prescription by suppliers.

(b) Coverage of apnea monitors shall be limited to use by infants not otherwise monitored for the same purpose by another device.

(c) Reimbursement for apnea monitors is included in the NF's per diem, and shall not be covered separately.

(d) Suppliers shall provide a properly functioning monitor in an environment that assures its safe and effective use.

(e) Apnea monitors shall be reimbursed on a monthly rental basis. The rental payment shall include, but not be limited to, belt lead wires, electrodes, patient connecting cable, and battery, if appropriate.

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:59-2.1 Introduction

(a) The New Jersey Medicaid Program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology—4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system. Level I codes are not applicable to medical supplies and durable medical equipment. The level II and Level III codes are as follows:

1. LEVEL II CODES (Narratives found at N.J.A.C. 10:59-2.3) are assigned by Health Care Financing Administration (HCFA) for physician and non-physician services which are not in CPT-4.

2. LEVEL III CODES (Narratives found in N.J.A.C. 10:59-2.3) are assigned by the Division to be used for those services not identified by CPT-4 codes or HCFA-assigned codes. Level III codes identify services unique to New Jersey.

(b) The responsibilities of the provider durable medical equipment (DME) and medical supply services for rendering services and requesting reimbursement are listed at N.J.A.C. 10:59-1.

10:59-2.2 Elements of HCPCS Coding System which require the attention of the provider

(a) The list of HCPCS procedure codes in N.J.A.C. 10:55-2.4 is arranged in tabular form with specific information for each code given under columns with the titles "HCPCS Code", "Description", and "Maximum Fee Allowance".

(b) The column titled "Maximum Fee Allowance" indicates the maximum amount of reimbursement or the following symbol:

1. "B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the provider's invoice or manufacturer's price list to the claim form.

(c) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS procedure code. The New Jersey Medicaid program's recognized modifier codes for medical supply services are as follows:

1. "NU" Purchase of new Durable Medical Equipment (DME)
2. "UE" Purchase of used DME
3. "RR" DME rental service

10:59-2.3 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for medical supplies and durable medical equipment

HCPCS Code	Description	Maximum Fee Allowance
A4190	Transparent film, each	B.R.
A4200	Gauze pads, medicated or nonmedicated, each	B.R.
A4202	Gauze, elastic, all types, per roll	B.R.
A4203	Gauze, nonelastic, per roll	B.R.
A4204	Absorptive dressing (i.e., hydrocollid), adhesive or nonadhesive	B.R.
A4205	Nonabsorptive dressing (e.g., hydrogel) adhesive or nonadhesive	B.R.
A4206	Syringe with needle, sterile 1cc	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
A4207	Syringe with needle, sterile 2cc	B.R.	A4352	Intermittent urinary catheter; coude (curved) tip	5.00
A4208	Syringe with needle, sterile 3cc	B.R.			
A4209	Syringe with needle, sterile 5cc or greater	B.R.	A4354	Insertion tray with drainage bag, without catheter	9.00
A4210	Needle-free injection device	B.R.			
A4211	Supplies for self-administered injections	B.R.	A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	6.86
A4212	Huber-type needle, each	B.R.			
A4213	Syringe, sterile, 20cc or greater	B.R.			
A4214	Sterile saline or water, 30 cc vial 0.81/vial	B.R.	A4356	External urethral clamp or compression device (not to be used for catheter clamp)	37.03
A4215	Needles only, sterile, any size	B.R.	A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	7.94
A4216	Hemostatic cellulose (e.g., surgical) any size	B.R.			
A4244	Alcohol or peroxide, per pint	B.R.	A4358	Urinary leg bag; vinyl, with or without tube	7.12
A4245	Alcohol wipes, per box	B.R.			
A4246	Betadine or Phisohex solution, per pint	B.R.	A4359	Urinary suspensory without leg bag	27.00
A4247	Betadine or iodine swabs/wipes, per box	B.R.	A4361	Ostomy face plate	6.20
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	B.R.	A4362	Skin barrier; solid, 4" x 4" or equivalent; each	5.03
A4253	Blood glucose test or reagent strips for home blood glucomitor, per 50 strips	B.R.	A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.07
A4256	Normal, low and high calibrator solution/chips	B.R.	A4364	Adhesive for ostomy or catheter; liquid (for example, spray or brush) cement, powder or paste; any composition (for example, silicone, latex); per oz.	4.58
A4259	Lancets, per box	B.R.			
A4265	Paraffin	B.R.	A4367	Ostomy belt	6.86
A4300	Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)	B.R.	A4397	Irrigation supplies; sleeve	4.50
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	B.R.	A4398	Irrigation supplies; bag	2.25
A4306	Disposable drug delivery system, flow rate of 5 ml or less per hour	B.R.	A4399	Irrigation supplies; cone/catheter	11.25
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6.61	A4400	Ostomy irrigation set	24.61
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	8.34	A4402	Lubricant	1.08
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	8.34	A4404	Ostomy rings	1.22
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	8.34	A4421	Not otherwise classified ostomy supplies; ureterostomy supplies	B.R.
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	15.46	A4454	Tape, all types, all sizes	B.R.
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	15.46	A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	B.R.
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	15.46	A4460	Elastic bandage, per roll (for example, compression bandage)	B.R.
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.00	A4465	Nonelastic binder for extremity	B.R.
A4322	Irrigation syringe, bulb or piston	2.50	A4470	Gravlee jet washer	B.R.
A4323	Sterile saline irrigation solution, 1000 ml.	8.00	A4480	Vabra aspirator	B.R.
A4326	Male external catheter; specialty type (for example, inflatable or faceplate, each)	B.R.	A4550	Surgical trays	B.R.
A4327	Female external urinary collection device; metal cup, each	B.R.	A4554	Disposable underpads, all sizes (for example, Chux's), each	0.31
A4328	Female external urinary collection device; pouch	10.00	A4556	Electrodes (for example, apnea monitor)	B.R.
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.), 7 day supply	39.95	A4557	Lead wires (for example, apnea monitor)	B.R.
A4330	Perianal fecal collection pouch with adhesive	B.R.	A4558	Conductive paste or gel	B.R.
A4335	Incontinence supply; miscellaneous	B.R.	A4560	Pessary	20.94
A4338	Indwelling catheter; foley type, two-way latex with coating (such as teflon, silicone, silicone elastomer, or hydrophilic)	8.14	A4565	Slings	B.R.
A4340	Indwelling catheter; specialty type, (such as coude, mushroom or wing)	10.00	A4570	Splint	B.R.
A4344	Indwelling catheter, foley type, two-way, all silicone	15.52	A4572	Rib belt	B.R.
A4346	Indwelling catheter, foley type, three-way for continuous irrigation	15.00	A4581	Supplies, Risser jacket	B.R.
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	17.29	A4611	Battery, heavy duty; replacement for patient-owned ventilator	180.00
A4351	Intermittent urinary catheter; straight tip	5.00	A4612	Battery cables; replacement for patient-owned ventilator	44.00
			A4613	Battery charger; replacement for patient-owned ventilator	B.R.
			A4615	Cannula, nasal	7.50
			A4616	Tubing (oxygen), per foot	B.R.
			A4617	Mouthpiece	5.00
			A4618	Breathing circuits	9.15
			A4619	Face tent	10.00
			A4620	Variable concentration mask	10.00
			A4621	Tracheostomy mask or collar	10.17
			A4622	Tracheostomy or laryngectomy tube	75.00
			A4623	Tracheostomy, inner cannula (replacement only)	6.00
			A4624	Tracheal suction catheter, any type, each	2.00
			A4625	Tracheostomy care or cleaning starter kit	8.00
			A4626	Tracheostomy cleaning brush, each	3.00
			A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	B.R.
			A4630	Replacement batteries for medically necessary TENS, owned by patient	B.R.
			A4631	Replacement batteries for medically necessary electronic wheelchair, owned	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
A4635	by patient Underarm pad, crutch, replacement, each	B.R.	A5073	(1 piece) Pouch, urinary; for use on barrier with flange (2 piece system)	4.07
A4636	Replacement handgrip, cane, crutch, walker, each	B.R.	A5074	Pouch, urinary; with faceplate attached; plastic or rubber	4.07
A4637	Replacement tip, cane crutch, walker, each	B.R.	A5075	Pouch urinary; for use with faceplate; plastic or rubber	4.07
A4640	Replacement pad for use with medically necessary alternating pressure pad, owned by patient	B.R.	A5081	Continent device; plug for continent stoma	3.50
A4649	Surgical supplies; miscellaneous	B.R.	A5082	Continent device; catheter for continent stoma	11.00
A4655	Needles and syringes for dialysis	B.R.	A5093	Ostomy accessory; convex insert	1.65
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	B.R.	A5102	Bedside drainage bottle, rigid or expandable	28.00
A4663	Blood pressure cuff, only	B.R.	A5105	Urinary suspensory; with leg bag, with or without tube	31.90
A4670	Automatic blood pressure monitor	B.R.	A5112	Urinary leg bag; latex	7.12
A4700	Standard dialysate solution, each	B.R.	A5113	Leg strap; latex, per set	4.00
A4705	Bicarbonate dialysate solution, each	B.R.	A5114	Leg strap; foam or fabric, per set	8.95
A4712	Water, sterile	B.R.	A5119	Skin barrier; wipes, box per 50	9.50
A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	B.R.	A5121	Skin barrier; solid, 6" x 6" or equivalent, each	5.03
A4730	Fistula cannulation set for dialysis only	B.R.	A5122	Skin barrier; solid, 8" x 8" or equivalent, each	5.03
A4735	Local/topical anesthetics for dialysis only	B.R.	A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	6.00
A4740	Shunt accessories for dialysis only	B.R.	A5126	Adhesive; disc or foam pad	1.25
A4750	Blood tubing, arterial or venous, each	B.R.	A5131	Appliance cleaner, incontinence and ostomy appliances, 16 oz.	16.25
A4755	Blood tubing, arterial and venous combined	B.R.	B4034	Enteral feeding supply kit; syringe (monthly)	150.00
A4760	Dialysate standard testing solution, supplies	B.R.	B4035	Enteral feeding supply kit; pump fed (monthly)	275.00
A4765	Dialysate concentrate additives, each	B.R.	B4036	Enteral feeding supply kit; gravity fed (monthly)	195.00
A4770	Blood testing supplies (for example, vacutainers and tubes)	B.R.	B4081	Nasogastric tubing with stylet	16.75
A4771	Serum clotting time tube, per box	B.R.	B4082	Nasogastric tubing without stylet	12.98
A4772	Dextrostick or glucose test strips, per box	B.R.	B4083	Stomach tube—Levine type	1.90
A4773	Hemostix, per bottle	B.R.	B4084	Gastrostomy/jejunostomy tubing	15.00
A4774	Ammonia test paper, per box	B.R.	B4150	Enteral formulae; category I: Semi-synthetic intact protein/protein isolates (for example, Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritenc, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb)	B.R.
A4780	Sterilizing agent for dialysis equipment, per gallon	B.R.	B4151	Enteral formulae; category I: Natural intact protein/protein isolates (for example, Compleat B, Vitanecc, Compleat B Modified)	B.R.
A4820	Hemodialysis kit supplies	B.R.	B4152	Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (for example, Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN)	B.R.
A4850	Hemostats with rubber tips for dialysis	B.R.	B4153	Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic)	B.R.
A4860	Disposable catheter caps	B.R.	B4156	Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 package = 1 unit	B.R.
A4900	C.A.P.D. (continuous ambulatory peritoneal dialysis), inclusive of all necessary supplies—per month	1,600.00	B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit)—home mix	13.26
A4901	C.C.P.D. (continuous cycling peritoneal dialysis), inclusive of all necessary supplies, including the auto-peritoneal dialysis cycler—per month	2,000.00	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit)—home mix	18.59
A4905	Intermittent peritoneal dialysis (IPD) supply kit	B.R.	B4172	Parenteral nutrition solution; amino acid 5.5% through 7% (500 ml = 1 unit)—home mix	30.50
A4912	Gomco drain bottle	B.R.	B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit)—home mix	43.22
A4913	Miscellaneous dialysis supplies, not identified elsewhere	B.R.	B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)	43.22
A4914	Preparation kits	B.R.	B4180	Parenteral nutrition solution; carbohydrates, (dextrose), greater than 50% (500 ml = 1 unit)—home mix	18.30
A4918	Venous pressure clamps, each	B.R.			
A4919	Dialyzer holder, each	B.R.			
A4920	Harvard pressure clamp, each	B.R.			
A4921	Measuring cylinder, any size, each	B.R.			
A5051	Pouch, closed; with barrier attached (1 piece)	3.05			
A5052	Pouch, closed; without barrier attached (1 piece)	3.05			
A5053	Pouch, closed; for use on faceplate	3.05			
A5054	Pouch, closed; for use on barrier with flange (2 piece)	3.05			
A5055	Stoma cap	2.00			
A5061	Pouch, drainable; with barrier attached (1 piece)	4.07			
A5062	Pouch, drainable; without barrier attached (1 piece)	4.07			
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	4.07			
A5064	Pouch, drainable; with faceplate attached; plastic or rubber	4.07			
A5065	Pouch, drainable; for use on faceplate; plastic or rubber	4.07			
A5071	Pouch, urinary; with barrier attached (1 piece)	4.07			
A5072	Pouch, urinary; without barrier attached	4.07			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	60.00 (12 per month)	E0135	Walker, folding (pickup), adjustable or fixed height	59.43
B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	80.00 (12 per month)	E0141	Walker, wheeled, without seat	95.86
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein—premix	133.50	E0142	Rigid walker, wheeled, with seat	343.81
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein—premix	172.50	E0143	Folding walker, wheeled, without seat	109.05
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein—premix	210.00	E0145	Walker, wheeled, with seat and crutch attachments	176.60
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein—premix	252.69	E0146	Walker, wheeled, with seat	318.23
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)—home mix	11.65 (per day)	E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	206.71
B4220	Parenteral nutrition supply kit for 1 month—premix	182.98	E0153	Platform attachment, forearm crutch, each	55.37
B4222	Parenteral nutrition supply kit for one month—home mix	283.25	E0154	Platform attachment, walker, each	68.56
B4224	Parenteral nutrition administration kit for 1 month	600.00	E0155	Wheel attachment, rigid pick-up walker	25.62
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal—Amirosyn RF, NephroAmine, RenAmin—premix	9.28	E0156	Seat attachment, walker	21.09
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic—FrcAmine HBC, HepatAmine—premix	3.63	E0157	Crutch attachment, walker, each	55.37
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress—branch chain amino acids—premix	4.94	E0158	Leg extensions, walker	33.74
B9000	Enteral nutrition infusion pump—without alarm	950.00	E0160	Sitz type bath, portable, fits over commode seat	9.50
B9002	Enteral nutrition infusion pump—with alarm	950.00	E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	52.73
B9004	Parenteral nutrition infusion pump, portable	1,895.00	E0162	Sitz bath, chair	B.R.
B9006	Parenteral nutrition infusion pump, stationary	1,895.00	E0163	Commode chair, stationary, with fixed arms	89.16
B9998	Not otherwise classified (NOC) for enteral supplies	B.R.	E0164	Commode chair, mobile, with fixed arms	210.93
B9999	NOC for parenteral supplies	B.R.	E0165	Commode chair, stationary, with detachable arms	181.01
E0100	Cane, includes canes of all materials, adjustable or fixed with tips	14.97	E0166	Commode chair, mobile, with detachable arms	265.35
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tips	39.48	E0167	Pail or pan for use with commode chair	10.19
E0110	Crutches forearm, includes crutches of various materials, adjustable or fixed, complete with tips and handgrips, pair	57.92	E0175	Foot rest, for use with commode chair, each	44.07
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, with tip and handgrip, each	65.43	E0176	Air pressure pad or cushion, non-positioning	B.R.
E0112	Crutches underarm, wood, adjustable or fixed, with pads, tips and handgrips, pair	47.46	E0177	Water pressure pad or cushion, non-positioning	B.R.
E0113	Crutch underarm, wood, adjustable or fixed, with pad, tip and handgrip, each	19.51	E0178	Gel pressure pad or cushion, non-positioning	B.R.
E0114	Crutches underarm, aluminum, adjustable or fixed, with pads, tips and handgrips, pair	68.56	E0179	Dry pressure pad or cushion, non-positioning	B.R.
E0116	Crutch underarm, aluminum, adjustable or fixed, with pad, tip and handgrip, each	18.99	E0180	Pressure pad, alternating with pump	240.44
E0130	Walker, rigid (pickup), adjustable or fixed height	55.94	E0181	Pressure pad, alternating with pump, heavy duty	263.73
			E0182	Pump for alternating pressure pad	291.08
			E0184	Dry pressure mattress	68.56
			E0185	Gel pressure pad for mattress	62.22
			E0186	Air pressure mattress	B.R.
			E0187	Water pressure mattress	B.R.
			E0188	Synthetic sheepskin pad	21.09
			E0189	Lambswool sheepskin pad, any size	21.09
			E0191	Heel or elbow protector, each	10.34
			E0192	Low pressure and positioning equalization pad	326.66
			E0193	Powered air flotation bed (low air loss therapy)	36.00 (per day)
			E0194	Air fluidized bed	65.20 (per day)
			E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	36.92
			E0202	Phototherapy (bilirubin) light with photometer	B.R.
			E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	194.38
			E0236	Pump for water circulating pad	B.R.
			E0237	Water circulating heat pad with pump	B.R.
			E0241	Bathtub wall rail, each	B.R.
			E0242	Bathtub rail, floor base	B.R.
			E0243	Toilet rail, each	B.R.
			E0244	Raised toilet seat	B.R.
			E0245	Tub stool or bench	B.R.
			E0246	Transfer tub rail attachment	B.R.
			E0249	Pad for water circulating heat unit	124.44
			E0250	Hospital bed, fixed height, with any type side rails, with mattress	881.42
			E0251	Hospital bed, fixed height, with any type side rails, without mattress	672.33
			E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	964.20
			E0256	Hospital bed, variable height, hi-lo,	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
E0260	with any type side rails, without mattress Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress	1,542.26	E0450	when no stationary gas or liquid system is used; 1 unit = 1 lb.)	
E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress	B.R.	E0452	Volume ventilator; stationary or portable	10,546.29
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	1,940.52	E0453	Intermittent assist device with continuous positive airway pressure device (CPAP)	B.R.
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1,909.20	E0455	Therapeutic ventilator; suitable for use 12 hours or less per day	B.R.
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	B.R.	E0457	Oxygen tent, excluding croup or pediatric tents	B.R.
E0271	Mattress, inner spring	168.73	E0459	Chest shell (cuirass)	414.80
E0272	Mattress, foam rubber	155.55	E0460	Chest wrap	539.24
E0273	Bed board	B.R.	E0462	Negative pressure ventilator; portable or stationary	B.R.
E0274	Over-bed table	B.R.	E0480	Rocking bed with or without rails	B.R.
E0275	Bed pan, standard, metal or plastic	15.82	E0500	Percussor, electric or pneumatic, home model	279.47
E0276	Bed pan, fracture, metal or plastic	12.60	E0550	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	469.32
E0277	Alternating pressure mattress	B.R.	E0555	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33
E0280	Bed cradle, any type	29.53	E0560	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00
E0290	Hospital bed, fixed height, without side rails, with mattress	B.R.	E0565	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64
E0291	Hospital bed, fixed height, without side rails, without mattress	B.R.	E0570	Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	B.R.	E0575	Nebulizer, with compressor	166.19
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	B.R.	E0580	Nebulizer, ultrasonic	732.97
E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress	B.R.	E0585	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29
E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress	B.R.	E0600	Nebulizer, with compressor and heater	121.29
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	B.R.	E0601	Suction pump, home model, portable	409.72
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	B.R.	E0605	Continuous airway pressure (CPAP) device	1,054.63
E0305	Bedside rails, half length	143.77	E0606	Vaporizer, room type	30.58
E0310	Bedside rails, full length	164.74	E0606	Postural drainage board	158.19
E0325	Urinal; male, jug-type, any material	6.53	E0607	Home blood glucose monitor	90.00
E0326	Urinal; female, jug-type, any material	9.28	E0608	Apnea monitor	200.00
E0424	Stationary compressed gaseous oxygen system, rental; includes contents (per unit), regulatory, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit = 50 cubic ft.	164.75 (per month)	E0609	Blood glucose monitor with special features (for example, voice synthesizers, automatic timers, etc.)	200.00 (per month)
E0431	Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	47.33 (per month)	E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and visible check systems)	B.R.
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	178.00 (per month)	E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems)	336.42
E0439	Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regulatory, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 10 lbs.	91.50 (per month)	E0621	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems)	336.42
E0441	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic ft.)	6.50	E0625	Sling or seat, patient lift, canvas or nylon	63.36
E0442	Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	14.00	E0625	Patient lift, Kartop, bathroom or toilet	B.R.
E0443	Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.)	.65	E0630	Patient lift, hydraulic, with seat or sling	932.66
E0444	Portable oxygen contents, liquid, per unit (for use only with portable liquid systems)	1.40	E0635	Patient lift, electric with seat or sling	770.15
			E0650	Pneumatic compressor, nonsegmental home model, (lymphedema pump)	522.05
			E0651	Pneumatic compressor, segmental home model, (lymphedema pump) without calibrated gradient pressure	732.97
			E0652	Pneumatic compressor, segmental home model, (lymphedema pump) with calibrated gradient pressure	3,374.81
			E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	83.42
			E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	137.10
			E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	89.75
			E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	131.83
			E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	258.39
			E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	226.75
			E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
E0670	Segmental pneumatic appliance for use with pneumatic compressor, half arm	B.R.	E0967	Wheelchair hand rims with 8 vertical rubber-tipped projections, pair	105.46
E0690	Ultraviolet cabinet, appropriate for home use safety equipment	B.R.	E0968	Commode seat, wheelchair	181.39
E0700	Safety equipment (for example, belt, harness or vest)	B.R.	E0969	Narrowing device, wheelchair	B.R.
E0710	Restraints, any type (body, chest, wrist or ankle)	B.R.	E0970	No. 2 footplates, except for elevating leg rest	94.92
E0720	TENS, two lead, localized stimulation	452.02	E0971	Anti-tipping device wheelchairs	50.28
E0730	TENS, four lead, larger area/multiple nerve stimulation	448.08	E0972	Transfer board, wheelchair	B.R.
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	B.R.	E0973	Adjustable height detachable arms, desk or full length, wheelchair	91.75
E0744	Neuromuscular stimulator for scoliosis	1,031.82	E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	68.56
E0745	Neuromuscular stimulator, electronic shock unit	1,049.36	E0975	Reinforced seat upholstery, wheelchair	55.89
E0746	Electromyography (EMG), biofeedback device	694.79	E0976	Reinforced back, wheelchair, upholstery or other material	55.89
E0747	Osteogenesis stimulator (noninvasive)	2,742.04	E0977	Wedge cushion, wheelchair	49.57
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	B.R.	E0978	Belt, safety with airplane buckle, wheelchair	36.92
E0776	IV pole	69.74	E0979	Belt, safety with velcro closure, wheelchair	25.93
E0781	Ambulatory infusion pump, single or multiple channels with administrative equipment, worn by patient	292.50 (per month)	E0980	Safety vest, wheelchair	26.37
E0791	Parenteral infusion pump, stationary, single or multichannel	B.R.	E0990	Elevating leg rest, each	77.14
E0840	Traction frame, attached to headboard, simple cervical traction	36.92	E0991	Upholstery seat	36.92
E0850	Traction stand, freestanding, simple cervical traction	36.92	E0992	Solid seat insert	43.49
E0860	Traction equipment, overdoor, cervical	27.17	E0993	Back, upholstery	27.97
E0870	Traction frame, attached to footboard, simple extremity traction (for example, Buck's)	83.84	E0994	Armrest, each	13.42
E0880	Traction stand, freestanding simple extremity traction (for example, Buck's)	68.56	E0995	Calf rest, each	21.09
E0890	Traction frame, attached to footboard, simple pelvic traction	80.47	E0996	Tire, solid, each	23.07
E0900	Traction stand, freestanding simple pelvic traction (for example, Buck's)	80.47	E0997	Caster with a fork	56.95
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	163.74	E0998	Caster without fork	31.64
E0920	Fracture frame, attached to bed, includes weights	394.43	E0999	Pneumatic tire with wheel	91.75
E0930	Fracture frame, freestanding, includes weights	394.43	E1000	Tire, pneumatic caster	49.57
E0935	Passive motion exercise device	17.00 (per day)	E1001	Wheel, single	92.81
E0940	Trapeze bar, freestanding, complete with grab bar	314.78	E1031	Rollabout chair, any and all types with castors 5" or greater	B.R.
E0941	Gravity assisted traction device, any type	384.94	E1050	Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,222.53
E0942	Cervical head harness/halter	15.82	E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,222.53
E0943	Cervical pillow	41.48	E1065	Power attachment (to convert any wheelchair to motorized wheelchair (for example, solo)	2,404.55
E0944	Pelvic belt/harness/boot	32.74	E1066	Battery charger	242.56
E0945	Extremity belt/harness	36.92	E1069	Deep cycle battery	92.99
E0946	Fracture, frame, dual with cross bars, attached to bed. (for example, balkan, 4 poster)	894.33	E1070	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable foot rest	909.61
E0947	Fracture frame, attachments for complex pelvic traction	B.R.	E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rests	717.15
E0948	Fracture frame, attachments for complex cervical traction	B.R.	E1084	Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests	1,049.29
E0950	Tray	82.96	E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable foot rests	829.21
E0951	Loop heel, each	15.04	E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,105.41
E0952	Loop toe, each	15.04	E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable leg rests	1,152.71
E0953	Pneumatic tire, each	92.59	E1088	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,536.80
E0954	Semi-pneumatic caster, each	47.46	E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable foot rest	1,133.99
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	421.32	E1090	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,499.05
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	73.82	E1091	Youth wheelchair, any type	1,335.05
E0961	Brake extension, for wheelchair	11.61	E1092	Wide heavy duty wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,367.22
E0962	1" cushion, for wheelchair	47.46	E1093	Wide heavy duty wheelchair, detachable arms, desk or full-length arms, swing away detachable foot rests	1,255.01
E0963	2" cushion, for wheelchair	61.17	E1100	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,054.63
E0964	3" cushion, for wheelchair	70.66			
E0965	4" cushion, for wheelchair	79.10			
E0966	Hook-on headrest extension	51.67			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
E1110	Semi-reclining wheelchair, detachable arms, desk or full-length, elevating leg rests	1,139.73	E1290	Heavy duty wheelchair, detachable arms (desk or full-length) swing away detachable foot rest	1,386.25
E1130	Standard wheelchair, fixed full-length arms, fixed or swing away detachable foot rests	424.49	E1295	Heavy duty wheelchair, fixed full-length arms, elevating leg rest	943.05
E1140	Wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	697.26	E1296	Special wheelchair seat height from the floor	282.64
E1150	Wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	776.52	E1297	Special wheelchair seat depth, by upholstery	61.17
E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	601.55	E1298	Special wheelchair seat depth and/or width, by construction	304.78
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating leg rests	1,179.70	E1300	Whirlpool, portable (overtub type)	B.R.
E1171	Amputee wheelchair, fixed full length arms, without foot rests or leg rests	682.35	E1310	Whirlpool, nonportable (built-in type)	3,269.35
E1172	Amputee wheelchair, detachable arms (desk or full-length) without foot rests or leg rests	877.45	E1350	Repair or nonroutine service (for example, breaking down sealed components) requiring the skill of a technician	40.00 (per hour)
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	937.91	E1353	Regulator	B.R.
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable elevating leg rests	1,083.63	E1355	Stand/rack	46.67
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,029.11	E1372	Immersion external heater for nebulizer	179.29
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable foot rest	807.14	E1375	Nebulizer, portable with small compressor, with limited flow	174.02
E1210	Motorized wheelchair, fixed full-length arms, swing away detachable elevating leg rests	3,646.69	E1377	Oxygen concentrator, high humidity system equiv. to 244 cu. ft.	250.00 (per month)
E1211	Motorized wheelchair, detachable arms (desk or full-length) swing away, detachable elevating leg rests	3,269.35	E1378	Oxygen concentrator, high humidity system equiv. to 488 cu. ft.	250.00 (per month)
E1212	Motorized wheelchair, fixed full-length arms, swing away detachable foot rests	2,913.94	E1379	Oxygen concentrator, high humidity system equiv. to 732 cu. ft.	250.00 (per month)
E1213	Motorized wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	3,269.35	E1380	Oxygen concentrator, high humidity system equiv. to 976 cu.ft.	250.00 (per month)
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, and justification)	B.R.	E1381	Oxygen concentrator, high humidity system equiv. to 1220 cu. ft.	250.00 (per month)
E1221	Wheelchair with fixed arm, foot rests	758.38	E1382	Oxygen concentrator, high humidity system equiv. to 1464 cu. ft.	250.00 (per month)
E1222	Wheelchair with fixed arm, elevating leg rest	955.49	E1383	Oxygen concentrator, high humidity system equiv. to 1708 cu. ft.	250.00 (per month)
E1223	Wheelchair with detachable arms, foot rests	831.05	E1384	Oxygen concentrator, high humidity system equiv. to 1952 cu. ft.	250.00 (per month)
E1224	Wheelchair with detachable arms, elevating leg rests	1,174.02	E1385	Oxygen concentrator, high humidity system equiv. to over 1952 cu. ft.	250.00 (per month)
E1225	Semi-reclining back for customized wheelchair	449.27	E1399	Durable medical equipment, miscellaneous	B.R.
E1226	Full-reclining back for customized wheelchair	514.66	E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration	B.R.
E1227	Special height arms for wheelchair	221.47	E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration	B.R.
E1228	Special back height for wheelchair	189.83	E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration	B.R.
E1230	Power operated vehicle (three or four wheel nonhighway), specify brand name and model number	1,624.13	E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration	B.R.
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable, elevating leg rest	1,057.14	E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration	B.R.
E1250	Lightweight wheelchair, fixed full-length arms, swing away detachable foot rest	630.67	E1405	Oxygen and water vapor enriching system with heated delivery	B.R.
E1260	Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable foot rest	870.81	E1406	Oxygen and water vapor enriching system without heated delivery	B.R.
E1270	Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests	727.69	E1592	Automatic intermittent peritoneal dialysis system	B.R.
E1280	Heavy duty wheelchair, detachable arms (desk or full-length) elevating leg rests	1,272.04	E1594	Cycler dialysis machine for peritoneal dialysis	B.R.
E1285	Heavy duty wheelchair, fixed full-length arms, swing away detachable foot rest	999.66	E1610	Reverse osmosis water purification system	B.R.
			E1615	Deionizer water purification system	B.R.
			E1630	Reciprocating peritoneal dialysis system	B.R.
			E1632	Wearable artificial kidney	B.R.
			E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient	B.R.
			E1699	Dialysis equipment, unspecified, by report	B.R.
			E1700	Jaw motion rehabilitation system	B.R.
			E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	B.R.
			E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
K0001	Standard wheelchair	539.00		high strength lightweight or ultra lightweight wheelchair	
K0002	Standard hemi (low seat) wheelchair	870.00			
K0003	Lightweight wheelchair	802.00	K0056	Seat height less than 17" or less than or equal to 21" for a high strength, lightweight or ultra lightweight wheelchair	83.00
K0004	High strength, lightweight wheelchair	1,385.00			
K0005	Ultra lightweight wheelchair	B.R.			
K0006	Heavy duty wheelchair	1,274.00			
K0007	Extra heavy duty wheelchair	B.R.	K0057	Seat width 19" or 20" for heavy duty or extra heavy duty chair	107.00
K0008	Custom manual wheelchair/base	B.R.			
K0009	Other manual wheelchair/base	B.R.	K0058	Seat depth 17" or 18" for motorized/power wheelchair	52.00
K0010	Standard-weight frame motorized/power wheelchair	3,345.00			
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	B.R.	K0059	Plastic coated handrim, each	B.R.
			K0060	Steel handrim, each	B.R.
			K0061	Aluminum handrim, each	B.R.
			K0062	Handrim with 8-10 vertical or oblique projections, each	53.00
K0012	Lightweight portable motorized/power wheelchair	B.R.	K0063	Handrim with 12-16 vertical or oblique projections, each	B.R.
			K0064	Zero pressure tube (flat free inserts), any size, each	B.R.
K0013	Custom motorized/power wheelchair base	B.R.			
K0014	Other motorized/power wheelchair base	B.R.	K0065	Spoke protectors	B.R.
K0015	Detachable, nonadjustable height armrest, each	157.00	K0066	Solid tire, any size, each	25.00
			K0067	Pneumatic tire, any size, each	35.00
K0016	Detachable, adjustable height armrest, complete assembly, each	100.00	K0068	Pneumatic tire tube, each	B.R.
			K0069	Rear wheel assembly, complete with solid tire, spokes or molded, each	87.00
K0017	Detachable, adjustable height armrest, base, each	B.R.			
			K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	158.00
K0018	Detachable, adjustable height armrest, upper portion, each	B.R.			
			K0071	Front caster assembly, complete, with pneumatic tire, each	B.R.
K0019	Arm pad, each	B.R.			
K0020	Fixed, adjustable height armrest, pair	B.R.	K0072	Front caster assembly, complete, with semi-pneumatic tire, each	57.00
K0021	Anti-tipping device, each	54.00			
K0022	Reinforced back upholstery	43.00	K0073	Caster pinlock, each	B.R.
K0023	Solid back insert, planar back, single density foam, attached with straps	B.R.	K0074	Pneumatic caster tire, any size, each	31.00
			K0075	Semi-pneumatic caster tire, any size, each	47.46
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	B.R.			
			K0076	Solid caster tire, any size, each	B.R.
K0025	Hook-on headrest extension	56.00	K0077	Front caster assembly, complete, with solid tire, each	B.R.
K0026	Back upholstery for ultralightweight or high-strength lightweight wheelchair	27.97			
			K0078	Pneumatic caster tire tube, each	B.R.
K0027	Back upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	34.00	K0079	Wheel lock extension, pair	43.00
			K0080	Anti-rollback device, pair	136.00
K0028	Fully reclining back	472.00	K0081	Wheel lock assembly, complete, each	B.R.
K0029	Reinforced seat upholstery	43.00	K0082	22 NF deep cycle lead acid battery, each	92.99
K0030	Solid seat insert, planar seat, single density foam	70.00			
			K0083	22 NF gel cell battery, each	B.R.
K0031	Safety belt/pelvic strap	37.00	K0084	Group 24 deep cycle lead acid battery, each	B.R.
K0032	Seat upholstery for ultralightweight or high-strength lightweight wheelchair	36.92			
			K0085	Group 24 gel cell battery, each	B.R.
K0033	Seat upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	36.92	K0086	U-1 lead acid battery, each	92.99
			K0087	U-1 gel cell battery, each	B.R.
K0034	Heel loop, each	17.00	K0088	Battery charger, lead acid or gel cell	242.56
K0035	Heel loop with ankle strap, each	B.R.	K0089	Battery charger, dual mode	B.R.
K0036	Toe loop, each	17.00	K0090	Rear wheel tire for power wheelchair, any size, each	B.R.
K0037	High mount flip-up footrest, each	47.46			
K0038	Leg strap, each	B.R.	K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	B.R.
K0039	Leg strap, H style, each	B.R.			
K0040	Adjustable angle footplate, each	B.R.	K0092	Rear wheel assembly for power wheelchair, complete, each	B.R.
K0041	Large size footplate, each	B.R.			
K0042	Standard size footplate, each	32.00	K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	B.R.
K0043	Footrest, lower extension tube, each	B.R.			
K0044	Footrest, upper hanger bracket, each	B.R.	K0094	Wheel tire for power base, any size, each	B.R.
K0045	Footrest, complete assembly	B.R.	K0095	Wheel tire tube other than zero pressure for each base, any size, each	B.R.
K0046	Elevating legrest, lower extension tube, each	B.R.	K0096	Wheel assembly for power base, complete, each	B.R.
K0047	Elevating legrest, upper hanger bracket, each	B.R.	K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	B.R.
K0048	Elevating legrest, complete assembly	87.00	K0098	Drive belt for power wheelchair	B.R.
K0049	Calf pad, each	23.00	K0099	Front caster for power wheelchair	B.R.
K0050	Ratchet assembly	B.R.	K0100	Amputee adapter, pair	77.00
K0051	Cam release assembly, footrest or legrest, each	B.R.	K0101	One-arm drive attachment	449.00
K0052	Swingaway, detachable footrests, each	B.R.	K0102	Crutch and cane holder	B.R.
K0053	Elevating footrests, articulating (telescoping), each	B.R.	K0103	Transfer board, less than 25 inches	B.R.
			K0104	Cylinder tank carrier	B.R.
K0054	Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultra lightweight wheelchair	B.R.	K0105	IV hanger	B.R.
			K0106	Arm trough, each	B.R.
			K0107	Wheelchair tray	89.00
K0055	Seat depth of 15", 17", or 18" for a	B.R.	K0108	Other accessories	B.R.

HCPCS Code	Description	Maximum Fec Allowance	HCPCS Code	Description	Maximum Fec Allowance
K0109	Customization of wheelchair base frame (options or accessoires)	B.R.	K0178	Filter, disposable, used with aerosol compressor	B.R.
K0112	Trunk support device, vest type, with inner frame, prefabricated	B.R.	K0179	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	B.R.
K0113	Trunk support device, vest type, without inner frame, prefabricated	B.R.	K0180	Aerosol mask, used with DME nebulizer	B.R.
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	B.R.	K0181	Dome and mouthpiece, used with small volume ultrasonic nebulizer	B.R.
K0115	Orthotic seating system, back module, posterior—lateral control, with or without lateral supports, custom fabricated, for attachment to wheelchair base	B.R.	K0182	Water, distilled, used with large volume nebulizer, 1000 ml	B.R.
K0116	Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base	B.R.	K0183	Nasal application device, used with CPAP device	B.R.
K0117	Unlisted item, orthotic seating, back module	B.R.	K0184	Nasal pillows/seals, replacement for nasal application device, pair	B.R.
K0118	TENS Supplies—one month supply for TENS, 2 lead	B.R.	K0185	Headgear, used with CPAP device	B.R.
K0126	Replace soft interface material, multi-podus type splint	B.R.	K0186	Chin strap, used with CPAP device	B.R.
K0127	Replace soft interface material, ankle contracture splint	B.R.	K0187	Tubing, used with CPAP device	B.R.
K0128	Replace soft interface material, foot drop splint	B.R.	K0188	Filter, disposable, used with CPAP device	B.R.
K0129	Ankle contracture splint	B.R.	K0189	Filter, non-disposable, used with CPAP device	B.R.
K0130	Foot drop splint, recumbent positioning device	B.R.	K0190	Canister, disposable, used with suction pump	B.R.
K0131	Spring-powered device for lancet	B.R.	K0191	Canister, non-disposable, used with suction pump	B.R.
K0132	Male external catheter with or without adhesive, with or without anti-reflux device, each	B.R.	K0192	Tubing, used with suction pump	B.R.
K0133	Intermittent urinary catheter, disposable, straight tip	B.R.	K0193	Continuous positive airway pressure (CPAP) device, with humidifier	B.R.
K0134	Intermittent urinary catheter, disposable, coude (curved tip)	B.R.	K0194	Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier	B.R.
K0135	Intermittent urinary catheter, reusable, straight tip	B.R.	K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	B.R.
K0136	Intermittent urinary catheter, reusable, coude (curved) tip	B.R.	L0210	Thoracic rib belt, custom fitted	13.20
K0137	Skin barrier; liquid (spray brush, etc.) per oz.	B.R.	L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68
K0138	Skin barrier; paste, per oz.	B.R.	L0315	TLSO, flexible dorso-lumbar surgical support	120.00
K0139	Skin barrier, powder, per oz.	B.R.	L0500	Lumbar-sacral-orthoses (LSO), flexible, (lumbo-sacral surgical supports), custom fitted	77.28
K0147	Gastrostomy tube, silicone with sliding ring	B.R.	L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16
K0148	Hydrogel dressing, each	B.R.	L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
K0149	Hydrocolloid dressing, each	B.R.	L0900	Torso support, ptosis support, custom fitted	102.11
K0150	Alginate dressing, each	B.R.	L0920	Torso support, pendulous abdomen support, custom fitted	118.36
K0151	Foam dressing, each	B.R.	L0940	Torso support, postsurgical support, custom fitted	110.18
K0152	Pastes, powders, granules, beads, contact layers	B.R.	L0960	Torso support, postsurgical support pads, for postsurgical support	48.71
K0153	Composite dressing, each	B.R.	L0974	TLSO, full corset	88.20
K0154	Wound pouch, each	B.R.	L0976	LSO, full corset	103.88
K0163	Vacuum erection system	B.R.	L0980	Peroneal straps, pair	11.33
K0164	Oropharyngeal suction catheter, each	B.R.	L0982	Stocking supporter grips, set of four (4)	9.60
K0165	Tracheostomy care kit for established tracheostomy	B.R.	L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
K0168	Administration set, small volume pneumatic nebulizer, disposable	B.R.	L1610	HO, abduction control of hip joints, flexible, flexible, (Frejka cover only)	25.00
K0169	Small volume nonfiltered pneumatic nebulizer, disposable	B.R.	L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00
K0170	Administration set, small volume non-filtered pneumatic nebulizer, non-disposable	B.R.	L1800	Knee orthosis (KO), elastic with stays	32.56
K0171	Administration set, small volume nonfiltered pneumatic nebulizer	B.R.	L1810	KO, elastic with joints	61.04
K0172	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	B.R.	L1815	KO, elastic with condylar pads	63.19
K0173	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	B.R.	L1820	KO, elastic with condyle pads and joints	72.40
K0174	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	B.R.	L1825	KO, elastic knee cap	28.00
K0175	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	B.R.	L1830	KO, immobilizer; canvas longitudinal	52.88
K0176	Corrugated tubing, non-disposable, used with large volume nebulizer, 100 feet	B.R.	L1902	AFO, ankle gauntlet, custom fitted	48.81
K0177	Water collection device, used with large volume nebulizer	B.R.	L1906	AFO, multiligamentous ankle support	75.00
			L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00
			L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00
			L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00	L3580	Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00	L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00	L3595	Miscellaneous shoe addition, March bar	12.00
L3208	Surgical boot, each, infant	24.00	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3209	Surgical boot, each, child	24.00	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3211	Surgical boot, each, junior	24.00	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3212	Benesch boot, pair, infant	48.00	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3213	Benesch boot, pair, child	48.00	L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3214	Benesch boot, pair, junior	48.00	L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
L3215	Orthopedic footwear, woman's shoes, oxford	76.00	L3800	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments	124.28
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00	L3908	WHFO, wrist extension control cock-up, nonmolded	50.13
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00	L3914	WHFO, wrist extension cock-up	60.00
L3218	Orthopedic footwear, woman's surgical boot, each	64.00	L3916	WHFO, wrist extension cock-up, with outrigger	72.00
L3219	Orthopedic footwear, man's shoes, oxford	76.00	L8000	Breast prosthesis, mastectomy bra	16.00
L3221	Orthopedic footwear, man's shoes, depth inlay	100.00	L8010	Breast prosthesis, mastectomy sleeve	40.56
L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00	L8020	Breast prosthesis, mastectomy form	132.00
L3223	Orthopedic footwear, man's surgical boot, each	64.00	L8030	Breast prosthesis, silicone or equal	125.60
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00	L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00
L3254	Nonstandard size or width	20.00	L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L3255	Nonstandard size or length	20.00	L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L3257	Orthopedic footwear, additional charge for split size	50.00	L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60
L3260	Ambulatory surgical boot, each	88.00	L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L3265	Plastazote sandal, each	56.00	L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00	L8160	Elastic support, elastic stocking, full-length, medium weight, each	40.00
L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00	L8170	Elastic support, elastic stocking, full-length, heavy weight, each	48.00
L3320	Lift, elevation, heel and sole, cork, per inch	100.00	L8180	Elastic support, elastic stocking, full-length, heavy surgical weight (Linton type or equal), each	52.00
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00	L8190	Elastic support, elastic stocking, leotards, medium weight, each	108.00
L3334	Lift, elevation, heel, per inch	36.00	L8200	Elastic supports, elastic stocking, leotards surgical weight (Linton type), each	120.00
L3340	Heel wedge, sach	10.40	L8210	Elastic support, elastic stocking, custom-made	B.R.
L3350	Heel wedge	12.00	L8220	Elastic support, elastic stocking, lymphedema	B.R.
L3360	Sole wedge, outside sole	12.00	L8230	Elastic support, elastic stocking, garter belt	B.R.
L3370	Sole wedge, between sole	14.40	L8300	Truss, single with standard pad	51.28
L3380	Clubfoot wedge	12.00	L8310	Truss, double with standard pads	101.68
L3390	Outflarc wedge	16.00	L8320	Truss, addition to standard pad, water pad	24.00
L3400	Metatarsal bar wedge, rocker	16.00	L8330	Truss, addition to standard pad, scrotal pad	33.65
L3410	Metatarsal bar wedge, between sole	16.00	L8400	Prosthetic sheath, below knee, each	12.00
L3420	Full sole and heel wedge, between sole	24.00	L8410	Prosthetic sheath, above knee, each	12.00
L3430	Heel, counter, plastic reinforced	24.00	L8415	Prosthetic sheath, upper limb, each	11.20
L3440	Heel, counter, leather reinforced	24.00	L8420	Prosthetic sock, wool, below knee, each	14.94
L3450	Heel, Sach cushion type	64.00	L8430	Prosthetic sock, wool, above knee, each	18.40
L3455	Heel, new leather, standard	8.00	L8435	Prosthetic sock, wool, upper limb, each	8.14
L3460	Heel, new rubber, standard	8.00	L8440	Prosthetic shrinker, below knee, each	33.60
L3465	Heel, Thomas with wedge	20.00			
L3470	Heel, Thomas extended to ball	24.00			
L3480	Heel, pad and depression for spur	16.00			
L3485	Heel, pad, removable for spur	32.00			
L3500	Miscellaneous shoe addition, insole, leather	4.00			
L3510	Miscellaneous shoe addition, insole, rubber	8.00			
L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00			
L3530	Miscellaneous shoe addition, sole, half	12.00			
L3540	Miscellaneous shoe addition, sole, full	36.00			
L3550	Miscellaneous shoe addition, toe tap, standard	4.00			
L3560	Miscellaneous shoe addition, toe tap, horseshoe	6.40			
L3570	Miscellaneous shoe addition, special extension to instep (leather with cyclets)	152.00			

HCPCS Code	Description	Maximum Fee Allowance
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52
X0003	Downgraded Crossover Claims	B.R.
X0200	Nebulizer, pocket size	B.R.
X3610	"D" rings	12.24
X3680	Travel time (portal to portal)	40.72
X4280	Velcro strap used with orthoses for 1	18.00
X4290	Filler for amputee toes	16.00
X4800	Arch support, foot plates: (plaster cast taken by vendor) leather—whitman ordinary	50.00
X4801	Arch support, foot plate: (plaster cast taken by vendor) leather—mayer	45.00
X4802	Arch support, foot plate: (plaster cast taken by vendor) leather—schaffer	5.00
X4803	Arch support, foot plate: (plaster cast taken by vendor) leather—schaffer with metatarsal pad	75.00
X4804	Arch support, foot plate: (plaster cast taken by vendor), leather—whitman combination	75.00
X4805	Arch support, foot plate: (plaster cast taken by vendor), leather—rohadur plastic	75.00
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X4850	Space shoe rubber raise for shoe: 1/4" raise	8.00
X4851	Space shoe rubber raise for shoe: 1/2" raise	9.00
X4852	Space shoe rubber raise for shoe: 3/4" raise	13.00
X4853	Space shoe rubber raise for shoe: 1" raise	20.00
X4854	Space shoe rubber raise for shoe: Each addition 1/2" raise	8.00
X4890	Foot	50.00
X4891	Foot, ankle	65.00
X4892	Foot, ankle, shin	70.00
X6000	Disposable incontinence briefs, any size	1.05/brief
X6005	Two piece flange, stoma size: 4" and two piece flange, stoma size: 3 1/4", "picture frame" design	4.70/unit
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.
X7520	Disposable diapers, any size	.54
X8200	Augmentive communication device	B.R.
X8338	Elastomeric infusion system (disposable pumps)	19.85 (per pump)
X8339	Gloves, sterile, each	.30

HCPCS Code	Description	Maximum Fee Allowance
X8433	Gloves, non-sterile, each	.09

APPENDIX A

SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

AGENCY NOTE: Appendix A includes certain values for service status and Prior Authorization (PA) as defined below.

Rental Indicator Values

- N = cannot be rented;
- D = can only be rented daily (1 unit = 1 day); and
- M = can be rented monthly (1 unit = 1 month)

Purchase Indicator Values

- N = cannot be purchased;
- D = DME item which can be purchased
- M = medical supply or service which cannot be rented; and
- P = Prosthetic or Orthotic which cannot be rented

Prior Authorization Values

- A = prior authorization required; and
- N = prior authorization not required

Notations

For example, common medical supply items will have a Rental Indicator Value of "N", and a Purchase Indicator Value of "M". By definition, these items cannot be rented.

For example, common DME will have a Rental Indicator Value of "M", and a Purchase Indicator Value of "D". By definition, these items can be both rented or purchased.

Claims for rental services shall include the procedure code modifier "PR". In addition, claims for purchases of medical supplies and DME shall include the procedure code modifier "NU".

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
A4190	N	M	N	A4200	N	M	N	A4202	N	M	N	A4203	N	M	N
A4204	N	M	N	A4205	N	M	N	A4206	N	M	N	A4207	N	M	N
A4208	N	M	N	A4209	N	M	N	A4210	N	D	N	A4211	N	M	N
A4212	N	M	N	A4213	N	M	N	A4214	N	M	N	A4215	N	M	N
A4216	N	M	N	A4244	N	M	N	A4245	N	M	N	A4246	N	M	N
A4247	N	M	N	A4250	N	M	N	A4253	N	M	A	A4256	N	M	N
A4259	N	M	N	A4265	N	M	N	A4300	N	M	N	A4305	N	M	A
A4306	N	M	N	A4310	N	M	N	A4311	N	M	N	A4312	N	M	N
A4313	N	M	N	A4314	N	M	N	A4315	N	M	N	A4316	N	M	N
A4320	N	M	N	A4322	N	M	N	A4323	N	M	N	A4326	N	M	A
A4327	N	M	A	A4328	N	M	A	A4329	N	M	A	A4330	N	M	N
A4335	N	M	N	A4338	N	M	A	A4340	N	M	A	A4344	N	M	A
A4346	N	M	A	A4347	N	M	A	A4351	N	M	A	A4352	N	M	A
A4354	N	M	A	A4355	N	M	A	A4356	N	M	A	A4357	N	M	A
A4358	N	M	A	A4359	N	M	A	A4361	N	M	N	A4362	N	M	N
A4363	N	M	N	A4364	N	M	N	A4367	N	M	N	A4397	N	M	N
A4398	N	M	N	A4399	N	M	N	A4400	N	M	N	A4402	N	M	N
A4404	N	M	N	A4421	N	M	N	A4454	N	M	N	A4455	N	M	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
A4460	N	M	N	A4465	N	M	N	A4470	N	D	N	A4480	N	D	N
A4550	N	M	N	A4554	N	M	A	A4556	N	M	A	A4557	N	M	A
A4558	N	M	N	A4560	N	M	N	A4565	N	M	N	A4570	N	M	N
A4572	N	M	N	A4581	N	D	N	A4611	N	M	A	A4612	N	M	N
A4613	M	D	A	A4615	N	M	N	A4616	N	M	N	A4617	N	M	A
A4618	N	M	A	A4619	N	M	A	A4620	N	M	A	A4621	N	M	A
A4622	N	M	A	A4623	N	M	A	A4624	N	M	A	A4625	N	M	A
A4626	N	M	A	A4627	N	M	A	A4630	N	M	N	A4631	N	M	A
A4635	N	M	N	A4636	N	M	N	A4637	N	M	N	A4640	N	D	A
A4649	N	M	A	A4655	N	M	N	A4660	N	D	N	A4663	N	M	N
A4670	N	D	N	A4700	N	M	N	A4705	N	M	N	A4712	N	M	N
A4714	N	M	N	A4730	N	M	N	A4735	N	M	N	A4740	N	M	N
A4750	N	M	N	A4755	N	M	N	A4760	N	M	N	A4765	N	M	N
A4770	N	M	N	A4771	N	M	N	A4772	N	M	N	A4773	N	M	N
A4774	N	M	N	A4780	N	M	N	A4820	N	M	N	A4850	N	M	N
A4860	N	M	N	A4900	N	M	A	A4901	N	M	A	A4905	N	M	A
A4912	N	D	N	A4913	N	M	A	A4914	N	M	A	A4918	N	M	N
A4919	N	D	N	A4920	N	D	N	A4921	N	D	N	A5051	N	M	N
A5052	N	M	N	A5053	N	M	N	A5054	N	M	N	A5055	N	M	N
A5061	N	M	N	A5062	N	M	N	A5063	N	M	N	A5064	N	M	N
A5065	N	M	N	A5071	N	M	N	A5072	N	M	N	A5073	N	M	N
A5074	N	M	N	A5075	N	M	N	A5801	N	M	N	A5082	N	M	N
A5093	N	M	N	A5102	N	M	N	A5105	N	M	N	A5112	N	M	N
A5113	N	M	N	A5114	N	M	N	A5119	N	M	N	A5121	N	M	N
A5122	N	M	N	A5123	N	M	N	A5126	N	M	N	A5131	N	M	A
B4034	N	M	A	B4035	N	M	A	B4036	N	M	A	B4081	N	M	A
B4082	N	M	A	B4083	N	M	A	B4084	N	M	A	B4150	N	M	A
B4151	N	M	A	B4152	N	M	A	B4153	N	M	A	B4156	N	M	A
B4164	N	M	A	B4168	N	M	A	B4172	N	M	A	B4176	N	M	A
B4178	N	M	A	B4180	N	M	A	B4202	N	M	N	B4186	N	M	A
B4189	N	M	A	B4193	N	M	A	B4206	N	M	N	B4199	N	M	A
B4216	N	M	A	B4220	N	M	A	B4210	N	D	N	B4224	N	M	A
B5000	N	M	A	B5100	N	M	A	B4214	N	M	N	B9000	M	D	A
B9002	M	D	A	B9006	M	D	A	B4245	N	M	N	B9998	N	M	A
B9999	N	M	A	E0105	M	D	N	E0253	N	M	A	E0110	M	D	N
E0111	M	D	N	E0113	M	D	N	E0300	N	M	N	E0114	M	D	N
E0116	M	D	N	E0135	M	D	N	E0311	N	M	N	E0141	M	D	N
E0142	M	D	A	E0145	M	D	N	E0315	N	M	N	E0146	M	D	A
E0147	M	D	N	E0154	M	D	N	E0023	N	M	N	E0155	M	D	N
E0156	N	D	N	E0258	M	D	N	E0329	N	M	A	E0160	M	D	N
E0161	M	D	N	E0163	M	D	N	E0340	N	M	A	E0164	M	D	N
E0165	M	D	N	E0167	N	D	N	E0351	N	M	A	E0175	M	D	N
E0176	N	D	N	E0178	N	D	N	E0356	N	M	A	E0179	N	D	N
E0180	M	D	A	E0182	M	D	A	E0361	N	M	N	E0184	M	D	A
E0185	M	D	A	E0187	M	D	A	E0367	N	M	N	E0188	N	D	N
E0189	N	D	N	E0192	M	D	A	E0400	N	M	N	E0193	D	N	A
E0194	D	N	A	E0202	M	D	A	E0454	N	M	N	E0235	M	D	N
E0236	M	D	N	E0241	N	D	N	E0470	N	D	N	E0242	M	D	N
E0243	M	D	N	E0245	M	D	N	E0556	N	M	A	E0246	M	D	N
E0249	M	D	N	E0251	M	D	A	E0565	N	M	N	E0255	M	D	A
E0256	M	D	A	E0261	M	D	A	E0611	N	M	A	E0265	M	D	A
E0266	M	D	A	E0271	M	D	N	E0616	N	M	N	E0272	M	D	N
E0273	M	D	N	E0275	M	D	N	E0620	N	M	A	E0276	M	D	N
E0277	M	D	A	E0290	M	D	A	E0624	N	M	A	E0291	M	D	A
E0292	M	D	A	E0294	M	D	A	E0630	N	M	N	E0295	M	D	A
E0296	M	D	A	E0305	M	D	N	E0637	N	M	N	E0310	M	D	N
E0325	M	D	N	E0424	M	N	A	E0660	N	D	N	E0431	M	N	A
E0434	M	N	A	E0441	N	M	A	E0705	N	M	N	E0442	N	M	A
E0443	N	M	A	E0450	M	D	A	E0735	N	M	N	E0452	M	D	A
E0453	M	D	A	E0457	M	D	A	E0760	N	M	N	E0459	M	D	A
E0460	M	D	A	E0480	M	D	A	E0772	N	M	N	E0500	M	D	N
E0550	M	D	A	E0560	M	D	A	E0820	N	M	N	E0565	M	D	A
E0570	M	D	A	E0580	M	D	A	E0901	N	M	A	E0585	M	D	A
E0600	M	D	A	E0605	M	D	A	E0914	N	M	A	E0606	M	D	N
E0607	N	D	A	E0609	N	D	A	E0921	N	D	N	E0610	M	D	A
E0615	M	D	A	E0625	M	D	N	E0054	N	M	N	E0630	M	D	A
E0635	M	D	A	E0651	M	D	A	E0063	N	M	N	E0652	M	D	A
E0655	M	D	A	E0665	M	D	A	E0072	N	M	N	E0666	M	D	A
E0667	M	D	A	E0690	M	D	A	E0801	N	M	N	E0700	N	D	N
E0710	N	D	N	E0730	M	D	A	E0105	N	M	N	E0731	N	D	N
E0744	M	D	A	E0746	M	D	A	E0119	N	M	N	E0747	M	D	A
E0755	N	D	A	E0781	M	D	A	E0126	N	M	N	E0791	M	D	A
E0840	M	D	A	E0860	M	D	A	E0036	N	M	A	E0870	M	D	A
E0880	M	D	A	E0900	M	D	A	E0084	N	M	A	E0910	M	D	A
E0920	M	D	A	E0935	D	N	A	E0153	N	M	A	E0940	M	D	A
E0941	M	D	A	E0943	M	D	N	E0172	N	M	A	E0044	M	D	N
E0945	M	D	N	E0946	M	D	A	E0947	M	D	A	E0948	M	D	A
E0950	M	D	N	E0951	M	D	N	E0952	M	D	N	E0953	M	D	N
E0954	M	D	N	E0958	M	D	A	E0959	M	D	N	E0961	M	D	N
E0962	M	D	N	E0963	M	D	N	E0964	M	D	N	E0965	M	D	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
E0966	M	D	N	E0967	M	D	N	E0968	M	D	N	E0969	M	D	N
E0970	M	D	N	E0971	M	D	N	E0972	M	D	N	E0973	M	D	N
E0974	M	D	N	E0975	M	D	N	E0976	M	D	N	E0977	M	D	N
E0978	M	D	N	E0979	M	D	N	E0980	M	D	N	E0990	M	D	N
E0991	M	D	N	E0992	M	D	N	E0993	M	D	N	E0994	M	D	N
E0995	M	D	N	E0996	M	D	N	E0997	M	D	N	E0998	M	D	N
E0999	M	D	N	E1000	M	D	N	E1001	M	D	N	E1031	M	D	A
E1050	M	D	A	E1060	M	D	A	E1065	M	D	A	E1066	M	D	N
E1069	M	D	N	E1070	M	D	A	E1083	M	D	A	E1084	M	D	A
E1085	M	D	A	E1086	M	D	A	E1087	M	D	A	E1088	M	D	A
E1089	M	D	A	E1090	M	D	A	E1091	M	D	A	E1092	M	D	A
E1093	M	D	A	E1100	M	D	A	E1110	M	D	A	E1130	M	D	A
E1140	M	D	A	E1150	M	D	A	E1160	M	D	A	E1170	M	D	A
E1171	M	D	A	E1172	M	D	A	E1180	M	D	A	E1190	M	D	A
E1195	M	D	A	E1200	M	D	A	E1210	M	D	A	E1211	M	D	A
E1212	M	D	A	E1213	M	D	A	E1220	M	D	A	E1221	M	D	A
E1111	M	D	A	E1223	M	D	A	E1924	M	D	A	E1225	M	D	N
E1226	M	D	A	E1227	M	D	N	E1228	M	D	N	E1230	M	D	A
E1240	M	D	A	E1250	M	D	A	E1260	M	D	A	E1270	M	D	A
E1280	M	D	A	E1285	M	D	A	E1290	M	D	A	E1295	M	D	A
E1296	M	D	N	E1297	M	D	N	E1298	M	D	A	E1300	M	D	A
E1310	M	D	A	E1350	M	D	A	E1353	M	D	A	E1355	M	D	A
E1372	M	D	A	E1375	M	D	A	E1377	M	N	A	E1378	M	D	A
E1379	M	N	A	E1380	M	N	A	E1381	M	N	A	E1382	M	N	A
E1383	M	N	A	E3846	M	N	A	E1385	M	N	A	E1399	M	D	A
E1400	M	D	A	E1401	M	D	A	E1402	M	D	A	E1403	M	D	A
E1404	M	D	A	E1405	M	D	A	E1406	M	D	A	E1592	M	D	A
E1594	M	D	A	E1610	M	D	A	E1615	M	D	A	E1630	M	D	A
E1632	M	D	A	E1640	M	D	A	E1699	M	D	A	E1700	M	D	A
E1701	N	D	A	E1702	M	D	N	K0001	M	D	A	K0002	M	D	N
K0003	M	D	A	K0004	M	D	A	K0005	M	D	A	K0006	M	D	A
K0007	M	D	A	K0008	M	D	A	K0009	M	D	A	K0010	M	D	A
K0011	M	D	A	K0012	M	D	A	K0013	M	D	A	K0014	M	D	A
K0015	M	D	N	K0016	M	D	N	K0017	M	D	N	K0018	M	D	N
K0019	M	D	N	K0020	M	D	N	K0021	M	D	N	K0022	M	D	N
K0023	M	D	N	K0024	M	D	N	K0025	M	D	N	K0026	M	D	N
K0027	M	D	N	K0028	M	D	A	K0029	M	D	N	K0030	M	D	N
K0031	N	D	N	K0032	M	D	N	K0033	M	D	N	K0034	M	D	N
K0035	M	D	N	K0036	M	D	N	K0037	M	D	N	K0038	M	D	N
K0039	M	D	N	K0040	M	D	N	K0041	M	D	N	K0042	M	D	N
K0043	M	D	N	K0044	M	D	N	K0045	M	D	N	K0046	M	D	N
K0047	M	D	N	K0048	M	D	N	K0049	M	D	N	K0050	M	D	N
K0051	N	D	N	K0052	M	D	N	K0053	N	D	N	K0054	M	D	N
K0055	M	D	N	K0056	M	D	N	K0057	M	D	N	K0058	M	D	N
K0059	M	D	N	K0060	M	D	N	K0061	M	D	N	K0062	M	D	N
K0063	M	D	N	K0064	M	D	N	K0065	M	D	N	K0066	M	D	N
K0067	M	D	N	K0068	M	D	N	K0069	M	D	N	K0070	M	D	N
K0071	M	D	N	K0072	M	D	N	K0073	M	D	N	K0074	M	D	N
K0075	M	D	N	K0076	M	D	N	K0077	M	D	N	K0078	M	D	N
K0079	M	D	N	K0080	M	D	N	K0081	M	D	N	K0082	M	D	N
K0083	N	D	N	K0084	M	D	N	K0085	M	D	N	K0086	M	D	N
K0087	M	D	N	K0088	M	D	N	K0089	M	D	N	K0090	M	D	N
K0091	M	D	N	K0092	M	D	N	K0093	M	D	N	K0094	M	D	N
K0095	M	D	N	K0096	M	D	N	K0097	M	D	N	K0098	M	D	N
K0099	M	D	N	K0100	M	D	N	K0101	M	D	A	K0102	M	D	N
K0103	M	D	N	K0104	M	D	N	K0105	M	D	N	K0106	M	D	N
K0107	M	D	N	K0108	M	D	A	K0109	M	D	A	K0112	N	P	N
K0113	N	P	N	K0114	N	P	N	K0115	N	P	N	K0116	N	P	N
K0117	N	P	N	K0118	N	M	A	K0126	N	P	N	K0127	N	P	N
K0128	N	P	N	K0129	N	P	N	K0130	N	P	N	K0131	N	M	A
K0132	N	M	N	K0133	N	M	N	K0134	N	M	N	K0135	N	M	N
K0136	M	M	N	K0137	N	M	N	K0138	N	M	N	K0139	N	M	N
K0147	M	N	N	K0148	N	M	N	K0149	N	M	N	K0150	N	M	N
K0151	N	M	N	K0152	N	P	N	K0153	N	M	N	K0154	N	M	N
K0163	M	D	A	K0164	N	M	N	K0165	N	M	N	K0168	N	M	A
K0169	N	M	A	K0170	N	M	A	K0171	N	M	A	K0172	N	M	A
K0173	N	M	A	K0174	N	M	N	K0175	N	M	A	K0176	N	M	A
K0177	N	M	A	K0178	N	M	A	K0179	N	M	A	K0180	N	M	A
K0181	N	M	A	K0182	N	M	A	K0183	N	M	N	K0184	N	M	N
K0185	N	M	N	K0186	N	M	N	K0187	N	M	N	K0188	N	M	N
K0189	N	M	N	K0190	N	M	N	K0191	N	M	N	K0192	N	M	N
K0193	M	D	A	K0194	M	D	A	K0195	N	D	N	L0110	N	P	N
L0120	N	P	N	L0140	N	P	N	L0172	N	P	N	L0210	N	P	N
L0300	N	P	N	L0315	N	P	N	L0500	N	P	N	L0515	N	P	N
L0600	N	P	N	L0900	N	P	N	L0920	N	P	N	L0940	N	P	N
L0960	N	P	N	L0974	N	P	N	L0976	N	P	N	L0980	N	P	N
L0982	N	P	N	L1600	N	P	N	L1610	N	P	N	L1620	N	P	N
L1800	N	P	N	L1810	N	P	N	L1815	N	P	N	L1820	N	P	N
L1825	N	P	N	L1830	N	P	N	L1902	N	P	N	L1906	N	P	N
L2210	N	P	N	L2270	N	P	N	L2360	N	P	N	L2999	N	P	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
L3000	N	P	A	L3001	N	P	A	L3002	N	P	A	L3003	N	P	A
L3010	N	P	A	L3020	N	P	A	L3030	N	P	A	L3040	N	P	A
L3050	N	P	A	L3060	N	P	A	L3070	N	P	A	L3080	N	P	A
L3090	N	P	A	L3100	N	P	A	L3140	N	P	A	L5150	N	P	A
L3170	N	P	A	L3201	N	P	A	L3202	N	P	A	L3203	N	P	A
L3204	N	P	A	L3206	N	P	A	L3207	N	P	A	L3208	N	P	A
L3209	N	P	A	L3211	N	P	A	L3212	N	P	A	L3213	N	P	A
L3214	N	P	A	L3215	N	P	A	L3216	N	P	A	L3217	N	P	A
L3218	N	P	A	L3219	N	P	A	L3221	N	P	A	L3222	N	P	A
L3223	N	P	A	L3230	N	P	A	L3250	N	P	A	L3250	N	P	A
L3252	N	P	A	L3253	N	P	A	L3254	N	P	A	L3255	N	P	A
L3257	N	P	A	L3260	N	P	A	L3265	N	P	A	L3300	N	P	A
L3310	N	P	A	L3320	N	P	A	L3330	N	P	A	L3332	N	P	A
L3334	N	P	A	L3340	N	P	N	L3350	N	P	N	L3360	N	P	N
L3370	N	P	N	L3380	N	P	N	L3390	N	P	N	L3400	N	P	N
L3410	N	P	N	L3420	N	P	N	L3430	N	P	N	L3440	N	P	N
L3450	N	P	N	L3455	N	P	N	L3460	N	P	N	L3465	N	P	N
L3470	N	P	N	L3480	N	P	N	L3485	N	P	N	L3500	N	P	N
L3510	N	P	N	L3520	N	P	N	L3530	N	P	N	L3540	N	P	N
L3550	N	P	N	L3560	N	P	N	L3570	N	P	N	L3580	N	P	N
L3590	N	P	N	L3595	N	P	N	L3600	N	P	N	L3610	N	P	N
L3620	N	P	N	L3630	N	P	N	L3640	N	P	N	L3649	N	P	N
L3650	N	P	N	L3660	N	P	N	L3670	N	P	N	L3700	N	P	N
L3800	N	P	N	L3908	N	P	N	L3914	N	P	N	L3916	N	P	N
L4200	N	P	N	L4350	N	P	N	L4360	N	P	N	L4370	N	P	N
L4380	N	P	N	L5000	N	P	N	L5270	N	P	N	L5300	N	P	N
L6500	N	P	N	L8000	N	P	N	L8010	N	P	N	L8020	N	P	N
L8030	N	P	N	L8100	N	P	N	L8110	N	P	N	L8120	N	P	N
L8130	N	P	N	L8140	N	P	N	L8150	N	P	N	L8160	N	P	N
L8170	N	P	N	L8180	N	P	N	L8190	N	P	N	L8200	N	P	N
L8210	N	P	N	L8220	N	P	N	L8230	N	P	N	L8300	N	P	N
L8310	N	P	N	L8320	N	P	N	L8330	N	P	N	L8400	N	P	N
L8410	N	P	N	L8415	N	P	N	L8420	N	P	N	L8430	N	P	N
L8435	N	P	N	L8440	N	P	N	L8460	N	P	N	L8465	N	P	N
L8470	N	P	N	L8480	N	P	N	X0003	N	P	N	X3610	N	P	N
X3680	N	P	N	X4280	N	P	N	X4290	N	P	N	X4800	N	P	A
X4801	N	P	A	X4802	N	P	A	X4803	N	P	A	X4804	N	P	A
X4805	N	P	A	X4810	N	P	A	X4850	N	P	A	X4851	N	P	A
X4852	N	P	A	X4853	N	P	A	X4854	N	P	A	X4890	N	P	A
X4891	N	P	A	X4892	N	P	A	X6000	N	M	A	X6006	N	M	A
X6460	N	M	A	X7200	N	M	N	X7300	N	M	N	X7520	N	M	A
X8200	M	D	N	X8334	N	M	A	X8335	N	M	A	X8336	N	M	A
X8337	N	M	A	X8338	N	M	A	X8339	N	M	A	X8433	N	M	A

APPENDIX B

FISCAL AGENT BILLING SUPPLEMENT

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