

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH	No	60 Per Month	Yes	Yes	Yes
A4207	SYRINGE WITH NEEDLE, STERILE 2CC, EACH	No	60 Per Month	Yes	Yes	Yes
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	No	60 Per Month	Yes	Yes	Yes
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	No	150 Per Month	Yes	Yes	Yes
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	No	60 Per Month	Yes	Yes	Yes
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	No	50 Per Month	Yes	Yes	Yes
A4215	NEEDLE, STERILE, ANY SIZE, EACH	No	60 Per Month	Yes	Yes	Yes
A4216	STERILE WATER/SALINE, 10 ML	No	20 Per Month	Yes	Yes	Yes
A4217	STERILE WATER/SALINE, 500 ML	No	35 Per Month	Yes	Yes	Yes
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	No	5 Per Month	Yes	Yes	Yes
A4221	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY	Yes	4 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	Yes	60 Per Month	Yes	Yes	Yes
A4224	SUPPLIES FOR MAINTENANCE OF NON-INSULIN DRUG INFUSION CATHETER, PER WEEK (LIST DRUGS SEPARATELY)	No	4 Per Month	Yes	Yes	Yes
A4225	SUPPLIES FOR EXTERNAL INSULIN INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	No	30 Per Month	Yes	Yes	Yes
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	No	30 Per Month	Yes	Yes	Yes
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	No	24 Per Month	Yes	Yes	Yes
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC	No	15 Per Month	Yes	Yes	Yes
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT. EACH	No	5 Per Year	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4234	REPLACEMENT BATTERY, ALKALINE , J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT. EACH	No	5 Per Year	Yes	Yes	Yes
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	No	5 Per Year	Yes	Yes	Yes
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	No	5 Per Year	Yes	Yes	Yes
A4244	ALCOHOL OR PEROXIDE, PER PINT	No	1 Per Month	Yes	Yes	Yes
A4245	ALCOHOL WIPES, PER BOX	No	2 Per Month	Yes	Yes	Yes
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	No	5 Per Month	Yes	Yes	Yes
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	No	2 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4252	PRECISION XTRA BETA KETONE TEST STRIPS 10 CT. (NDC 57599-0745-01) REIMBURSED THRU PHARMACY ONLY-PER STRIP	No	10 Per Month	Yes	Yes	Yes
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	No	3 Per Month	Yes	Yes	Yes
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	No	2 Per Month	Yes	Yes	Yes
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	No	1 Per Month	Yes	Yes	Yes
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	No	1 Per 6 Months	Yes	Yes	Yes
A4259	LANCETS, PER BOX OF 100	No	2 Per Month	Yes	Yes	Yes
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	No	1 Per Year	Yes	Yes	Yes
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	No	1 Per Year	Yes	Yes	Yes
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	No	30 Per Month	Yes	Yes	Yes
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	No	30 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	No	1 Per Month	Yes	Yes	Yes
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	No	1 Per Month	Yes	Yes	Yes
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No	1 Per Month	Yes	Yes	Yes
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	No	1 Per Month	Yes	Yes	Yes
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	No	1 Per Month	Yes	Yes	Yes
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	No	1 Per Month	Yes	Yes	Yes
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	No	1 Per Month	Yes	Yes	Yes
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	No	3 Per Month	Yes	Yes	Yes
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	No	2 Per Month	Yes	Yes	Yes
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH INTEGRAL COLLECTION CHAMBER, EACH	No	2 Per Month	Yes	Yes	Yes
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; METAL CUP, EACH	No	1 Per Month	Yes	Yes	Yes
A4328	FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH	No	12 Per Month	Yes	Yes	Yes
A4330	PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	No	1 Per Month	Yes	Yes	Yes
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	No	180 Per Month	Yes	Yes	Yes
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	No	15 Per Month	Yes	Yes	Yes
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	No	1 Per Month	Yes	Yes	Yes
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	Yes	Varies	Yes	Yes	Yes
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	No	1 Per Month	Yes	Yes	Yes
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	No	1 Per Month	Yes	Yes	Yes
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	No	1 Per Month	Yes	Yes	Yes
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH	No	31 Per Month	Yes	Yes	Yes
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	No	180 Per Month	Yes	Yes	Yes
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH	No	180 Per Month	Yes	Yes	Yes
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	No	180 Per Month	Yes	Yes	Yes
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	No	1 Per Month	Yes	Yes	Yes
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	No	3 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	No	1 Per 3 Months	Yes	Yes	Yes
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	No	2 Per Month	Yes	Yes	Yes
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH	No	2 Per Month	Yes	Yes	Yes
A4361	OSTOMY FACEPLATE, EACH	No	3 Per 6 Months	Yes	Yes	Yes
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	No	20 Per Month	Yes	Yes	Yes
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	No	2 Per Month	Yes	Yes	Yes
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	No	4 Per Month	Yes	Yes	Yes
A4366	OSTOMY VENT, ANY TYPE, EACH	No	20 Per Month	Yes	Yes	Yes
A4367	OSTOMY BELT, EACH	No	1 Per Month	Yes	Yes	Yes
A4368	OSTOMY FILTER, ANY TYPE, EACH	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	No	2 Per Month	Yes	Yes	Yes
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	No	10 Every 6 Months	Yes	Yes	Yes
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH	No	31 Per Month	Yes	Yes	Yes
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	No	31 Per Month	Yes	Yes	Yes
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	No	10 Per Month	Yes	Yes	Yes
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	No	2 Per Month	Yes	Yes	Yes
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	No	10 Per Month	Yes	Yes	Yes
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	No	1 Per Month	Yes	Yes	Yes
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	No	10 Per Month	Yes	Yes	Yes
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	No	10 Per Month	Yes	Yes	Yes
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	No	1 Per Month	Yes	Yes	Yes
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	No	1 Per Month	Yes	Yes	Yes
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	No	6 Per Month	Yes	Yes	Yes
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH	No	25 Per Month	Yes	Yes	Yes
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	No	15 Per Month	Yes	Yes	Yes
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	No	31 Per Month	Yes	Yes	Yes
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	No	3 Per Year	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	No	3 Per Year	Yes	Yes	Yes
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	No	2 Every 6 Months	Yes	Yes	Yes
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, WITH OR WITHOUT BRUSH	No	2 Every 6 Months	Yes	Yes	Yes
A4400	OSTOMY IRRIGATION SET	No	31 Per Month	Yes	Yes	Yes
A4402	LUBRICANT, PER OUNCE	No	12 Per Month	Yes	Yes	Yes
A4404	OSTOMY RING, EACH	No	10 Per Month	Yes	Yes	Yes
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	No	4 Per Month	Yes	Yes	Yes
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	No	4 Per Month	Yes	Yes	Yes
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	No	20 Per Month	Yes	Yes	Yes
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month	Yes	Yes	Yes
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	No	20 Per Month	Yes	Yes	Yes
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	No	20 Per Month	Yes	Yes	Yes
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITH FILTER, EACH	No	20 Per Month	Yes	Yes	Yes
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	No	20 Per Month	Yes	Yes	Yes
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	No	20 Per Month	Yes	Yes	Yes
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	31 Per Month	Yes	Yes	Yes
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTER (1 PIECE), EACH	No	31 Per Month	Yes	Yes	Yes
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	31 Per Month	Yes	Yes	Yes
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	No	30 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4421	OSTOMY SUPPLY; MISCELLANEOUS	Yes	Varies	Yes	Yes	Yes
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH	No	31 Per Month	Yes	Yes	Yes
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	No	20 Per Month	Yes	Yes	Yes
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM), EACH	No	20 Per Month	Yes	Yes	Yes
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	15 Per Month	Yes	Yes	Yes
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (TWO PIECE), EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE , WITH FAUCET-TYPE TAP WITH VALVE (TWO PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A4436	IRRIGATION SUPPLY SLEEVE REUSABLE PER MONTH.	No	4 Per Month	Yes	Yes	Yes
A4437	IRRIGATION SUPPLY; SLEEVE, DISPOSABLE, PER MONTH	No	2397	Yes	Yes	Yes
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	No	40 Per Month	Yes	Yes	Yes
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	No	40 Per Month	Yes	Yes	Yes
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE	No	8 Per Month	Yes	Yes	Yes
A4456	ADHESIVE REMOVER, WIPES , ANY TYPE, EACH	No	50 Per Month	Yes	Yes	Yes
A4481	TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	No	31 Per Month	Yes	Yes	Yes
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	Yes	31 Per Month	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	No, if < 200	200 Per Month	Yes	Yes	Yes
A4554	DISPOSABLE UNDERPADS, ALL SIZES	No, if < 70	70 Per Month	Yes	Yes	Yes
A4556	ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	No	2 Per Month	Yes	Yes	Yes
A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	No	1 Per Year	Yes	Yes	Yes
A4558	CONDUCTIVE PASTE OR GEL	No	1 Per Month	Yes	Yes	Yes
A4561	PESSARY, RUBBER, ANY TYPE	No	4 Per Year	Yes	Yes	Yes
A4562	PESSARY, NON RUBBER, ANY TYPE	No	4 Per Year	Yes	Yes	Yes
A4565	SLINGS	No	2 Per Year	Yes	Yes	Yes
A4570	SPLINT	No	2 Per Year	Yes	Yes	Yes
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	No	2 Per Month	Yes	Yes	Yes
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 3 Months	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	No	15 Per Month	Yes	Yes	Yes
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	No	1 Per Month	Yes	Yes	Yes
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	No	1 Per 3 Months	Yes	Yes	Yes
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	No	1 Per 5 Years	No	No	No
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	No	1 Per 5 Years	No	No	No
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	No	1 Per 5 Years	No	No	No
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	No	1 Per 6 Months	Yes	Yes	Yes
A4615	CANNULA, NASAL	No	6 Per Month	Yes	Yes	Yes
A4616	TUBING (OXYGEN), PER FOOT	No	60 Per Year	Yes	Yes	Yes
A4617	MOUTH PIECE	No	12 Per Year	Yes	Yes	Yes
A4618	BREATHING CIRCUITS	No	15 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4619	FACE TENT	No	12 Per Year	Yes	Yes	Yes
A4620	VARIABLE CONCENTRATION MASK	No	12 Per Year	Yes	Yes	Yes
A4623	TRACHEOSTOMY, INNER CANNULA	No	35 Per Month	Yes	Yes	Yes
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH	No	12 Per Month	Yes	Yes	Yes
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	No	1 Per Month	Yes	Yes	Yes
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	No	2 Per Month	Yes	Yes	Yes
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	No	8 Per Year	Yes	Yes	Yes
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	No	12 Per Month	Yes	Yes	Yes
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	<u>No</u>	2 Per 6 Months	Yes	Yes	Yes
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	<u>No</u>	1 Per Year	Yes	Yes	Yes
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	No	2 Per Year	Yes	Yes	Yes
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	No	4 Per Year	Yes	Yes	Yes
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	No	4 Per Year	Yes	Yes	Yes
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	<u>No</u>	1 Per Year	Yes	Yes	Yes
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	No	1 Per 5 Years	Yes	Yes	Yes
A4663	BLOOD PRESSURE CUFF ONLY	No	1 Per 5 Year	Yes	Yes	Yes
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	No	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH	No	60 Per Month	Yes	Yes	Yes
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	60 Per Month	Yes	Yes	Yes
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	No	60 Per Month	Yes	Yes	Yes
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	No	60 Per Month	Yes	Yes	Yes
A5055	STOMA CAP	No	31 Per Month	Yes	Yes	Yes
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH	No	20 Per Month	Yes	Yes	Yes
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH	No	20 Per Month	Yes	Yes	Yes
A5081	STOMA PLUG OR SEAL , ANY TPYE	No	31 Per Month	Yes	Yes	Yes
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	No	1 Per Month	Yes	Yes	Yes
A5093	OSTOMY ACCESSORY; CONVEX INSERT	No	10 Per Month	Yes	Yes	Yes
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	No	1 Per Quarter	Yes	Yes	Yes
A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	No	3 Per Month	Yes	Yes	Yes
A5112	URINARY DRAINAGE BAG, LEG OR ABDOMEN, LATEX, WITH OUR WITHOUT TUBE, WITH STRAPS, EACH	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	No	1 Per Month	Yes	Yes	Yes
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	No	2 Per Month	Yes	Yes	Yes
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	No	20 Per Month	Yes	Yes	Yes
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	No	20 Per Month	Yes	Yes	Yes
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	No	20 Per Month	Yes	Yes	Yes
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	No	20 Per Month	Yes	Yes	Yes
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	No	1 Per Month	Yes	Yes	Yes
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	No	3 Per Month	Yes	Yes	Yes
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT'S), PER SHOE.	<u>No</u>	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE	<u>No</u>	2 Per Year	No	No	No
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM, PER SHOE	<u>No</u>	2 Per Year	No	No	No
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH WEDGE(S), PER SHOE	<u>No</u>	2 Per Year	No	No	No
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE	<u>No</u>	2 Per Year	No	No	No
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE	<u>No</u>	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	<u>No</u>	2 Per Year	No	No	No
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXT. HEAT SOURCE, PREFAB, EACH	<u>No</u>	6 Per Year	No	No	No
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, CUSTOM FABRICATED, EACH	<u>No</u>	2 Per Year	No	No	No
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	No	31 Per Month	Yes	Yes	Yes
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	No	30 Per Month	Yes	Yes	Yes
A6021	COLLAGEN DRESSING, STERILE SIZE 16 SQ. IN. OR LESS, EACH	No	10 Per Month	Yes	Yes	Yes
A6022	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	No	10 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6023	COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN., EACH	No	10 Per Month	Yes	Yes	Yes
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	No	10 Per Month	Yes	Yes	Yes
A6154	WOUND POUCH, EACH	No	15 Per Month	Yes	Yes	Yes
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	No	35 Per Month	Yes	Yes	Yes
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No	35 Per Month	Yes	Yes	Yes
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, PER 6 INCHES	No	35 Per Month	Yes	Yes	Yes
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 16 SQUARE INCHES, BUT LESS THAN OR EQUAL TO 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, PAD SIZE MORE THAN 48 SQUARE INCHES, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	No	15 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	No	15 Per Month	Yes	Yes	Yes
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	No	31 Per Month	Yes	Yes	Yes
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	No	31 Per Month	Yes	Yes	Yes
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	No	15 Per Month	Yes	Yes	Yes
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, ANY WIDTH, PER LINEAR YARD	No	35 Per Month	Yes	Yes	Yes
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	No	60 Per Month	Yes	Yes	Yes
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	No	60 Per Month	Yes	Yes	Yes
A6410	EYE PAD, STERILE, EACH	No	31 Per Month	Yes	Yes	Yes
A6411	EYE PAD, NON-STERILE, EACH	No	31 Per Month	Yes	Yes	Yes
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	4 Per Month	Yes	Yes	Yes
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	No	31 Per Month	Yes	Yes	Yes
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	Yes	25 Per Month	Yes	Yes	Yes
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	No	10 Per Month	Yes	Yes	Yes
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	No	1 Per 3 Months	Yes	Yes	Yes
A7002	TUBING, USED WITH SUCTION PUMP, EACH	No	2 Per Month	Yes	Yes	Yes
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	No	2 Per Month	Yes	Yes	Yes
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	No	1 Per 6 Months	Yes	Yes	Yes
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	No	6 Per Month	Yes	Yes	Yes
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	No	6 Per Month	Yes	Yes	Yes
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	No	1 Per Month	Yes	Yes	Yes
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	No	1 Per Month	Yes	Yes	Yes
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	No	2 Per Month	Yes	Yes	Yes
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	No	1 Per 3 Months	Yes	Yes	Yes
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	No	1 Per Month	Yes	Yes	Yes
A7016	DOMES AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	No	2 Per Year	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	No	1 Per 3 Years	Yes	Yes	Yes
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	No	12 units (12 liters) Per Month	Yes	Yes	Yes
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	No	1 Per 6 Months	Yes	Yes	Yes
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	No	2 Per Month	Yes	Yes	Yes
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	No	2 Per Month	Yes	Yes	Yes
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	No	2 Per Year	Yes	Yes	Yes
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	No	1 Per Month	Yes	Yes	Yes
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	No	2 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	No	2 Per Month	Yes	Yes	Yes
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	No	1 Per 6 Months	Yes	Yes	Yes
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 6 Months	Yes	Yes	Yes
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 6 Months	Yes	Yes	Yes
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per Month	Yes	Yes	Yes
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	2 Per Month	Yes	Yes	Yes
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	No	1 Per 6 Months	Yes	Yes	Yes
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	No	1 Per 6 Months	Yes	Yes	Yes
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	No	1 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	No	1 Per Month	Yes	Yes	Yes
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No	1 Per 6 Months	Yes	Yes	Yes
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No	31 Per Month	Yes	Yes	Yes
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	No	1 Per Month	Yes	Yes	Yes
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH	No	31 Per Month	Yes	Yes	Yes
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH	No	20 Per Month	Yes	Yes	Yes
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	No	31 Per Month	Yes	Yes	Yes
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	No	2 Per Month	Yes	Yes	Yes
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH	No	2 Per Month	Yes	Yes	Yes
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH	No	1 Per Month	Yes	Yes	Yes
A7525	TRACHEOSTOMY MASK, EACH	No	1 Per Month	Yes	Yes	Yes
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	No	15 Per Month	Yes	Yes	Yes
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	No	1 Per 3 Months	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
A8000	HELMET, PROTECTIVE, SOFT, PREFAB., INCLUDES ALL COMPONENTS AND ACCESSORIES	No	1 Per Year	Yes	Yes	Yes
A8001	HELMET, PROTECTIVE, HARD, PREFAB., INCLUDES ALL COMPONENTS AND ACCESSORIES	No	1 Per Year	Yes	Yes	Yes
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE	Yes	Varies	Yes	Yes	Yes
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	Varies	Yes	Yes	Yes
B4034	ENTER FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Yes	31 Per Month	Yes	Yes	Yes
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Yes	31 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE	Yes	31 Per Month	Yes	Yes	Yes
B4081	NASOGASTRIC TUBING WITH STYLET	No	1 Per Month	Yes	Yes	Yes
B4082	NASOGASTRIC TUBING WITHOUT STYLET	No	1 Per Month	Yes	Yes	Yes
B4083	STOMACH TUBE - LEVINE TYPE	No	4 Per Month	Yes	Yes	Yes
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	No	1 Per 3 months	Yes	Yes	Yes
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	No	1 Per 3 Months	Yes	Yes	Yes
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	Yes	96 Per Month	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION OF PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. GLUCOSE POLYMERS), PROTEINS/AMINO ACIDS (E.G. GLUTAMINE, ARGININE), FAT (E.G. MEDIUM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, FATS, CARBS, VIT AND MIN, 100 CALORIES = 1 UNIT	Yes	Varies	Yes	Yes	Yes
B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	No	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5% 500 ML = 1 UNIT HOME MIX	No	Varies	Yes	Yes	Yes
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOME MIX	No	Varies	Yes	Yes	Yes
B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID 7% 500 ML = 1 UNIT HOME MIX	No	Varies	Yes	Yes	Yes
B4178	PARENTERAL NUTRITION SOLUTION; AMINO ACID GREATER THAN 8,5% 500 ML = 1 UNIT HOME MIX	No	Varies	Yes	Yes	Yes
B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES GREATER THAN 50% 500 ML = 1 UNIT HOME MIX	No	Varies	Yes	Yes	Yes
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	No	Varies	Yes	Yes	Yes
B4187	OMEGA VEN, 10 GRAMS LIPIDS	No	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB, WITH LYTES, TRACE ELEMENTS, AND VIT INCLUDES PREPARATION, ANY STRENGTH 10 TO 51 GRAMS OF PROTEIN PREMIX	No	Varies	Yes	Yes	Yes
B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB, WITH LYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH 52 TO 73 GRAMS OF PROTEIN, PREMIX	No	Varies	Yes	Yes	Yes
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID, CARB WITH LYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, 74 TO 100 GRAMS OF PROTEIN. PREMIX	No	Varies	Yes	Yes	Yes
B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARB WITH LYTES, TRACE ELEMENTS AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, OVER 100 GRAMS OF PROTEIN, PREMIX	No	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, LYTES) - HOME MIX, PER DAY	No	Varies	Yes	Yes	Yes
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	No	Varies	Yes	Yes	Yes
B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	No	Varies	Yes	Yes	Yes
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	No	Varies	Yes	Yes	Yes
B5000	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, RENAL-AMINOSYN-RF, NEPHRAMINE, RENAMINE-PREMIX	No	Varies	Yes	Yes	Yes
B5100	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, HEPATIC, HEPATAMINE-PREMIX	No	Varies	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
B5200	PARENTERAL NUTRITION SOLUTION COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND VITAMINS, INCLUDING PREPARATION, ANY STRENGTH, STRESS-BRANCH CHAIN AMINO ACIDS-FREAMINE-HBC-PREMI	No	Varies	Yes	Yes	Yes
B9002	ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	Yes	1 Per 5 Years	Yes	Yes	Yes
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	No	1 Per 5 Years	Yes	Yes	Yes
B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	No	1 Per 5 Years	Yes	Yes	Yes
B9998	NOC FOR ENTERAL SUPPLIES	Yes	Varies	Yes	Yes	Yes
B9999	NOC FOR PARENTERAL SUPPLIES	Yes	Varies	Yes	Yes	Yes
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	No	1 Per 7 Years	Yes	Yes	Yes
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	No	1 Per 7 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS	No	1 Per 7 Years	Yes	Yes	Yes
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	No	1 Per 7 Years	Yes	Yes	Yes
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per 7 Years	Yes	Yes	Yes
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	No	1 Per 7 Years	Yes	Yes	Yes
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	No	1 Per 7 Years	Yes	Yes	Yes
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH	No	1 Per 7 Years	Yes	Yes	Yes
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	No	1 Per 7 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years	Yes	Yes	Yes
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years	Yes	Yes	Yes
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	No	1 Per 7 Years	Yes	Yes	Yes
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years	Yes	Yes	Yes
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	No	1 Per 7 Years	Yes	Yes	Yes
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR SEAT	No	1 Per 7 Years	Yes	Yes	Yes
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	No	1 Per 7 Years	Yes	Yes	Yes
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	No	1 Per 7 Years	Yes	Yes	Yes
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	No	1 Per 7 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	No	2 Per Year	Yes	Yes	Yes
E0154	PLATFORM ATTACHMENT, WALKER, EACH	No	2 Per Year	Yes	Yes	Yes
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	No	1 Per 3 Years	Yes	Yes	Yes
E0156	SEAT ATTACHMENT, WALKER	No	1 Per 3 Years	Yes	Yes	Yes
E0157	CRUTCH ATTACHMENT, WALKER, EACH	No	2 Per Year	Yes	Yes	Yes
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	No	1 Per 3 Years	Yes	Yes	Yes
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	No	2 Per 2 Years	Yes	Yes	Yes
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	No	1 Per Year	Yes	Yes	Yes
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENT/S	No	1 Per 7 Years	Yes	Yes	Yes
E0162	SITZ BATH CHAIR	No	1 Per 7 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	No	1 Per 7 Years	Yes	Yes	Yes
E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	No	1 Per Year	Yes	Yes	Yes
E0167	PAIL OR PAN FOR USE WITH COMMODORE CHAIR	No	1 Per 7 Years	Yes	Yes	Yes
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	No	2 Per Year	Yes	Yes	Yes
E0175	FOOT REST, FOR USE WITH COMMODORE CHAIR, EACH	<u>No</u>	1 Per 3 Years	Yes	Yes	Yes
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	Yes	1 Per 3 Years	Yes	Yes	Yes
E0182	PUMP FOR ALTERNATING PRESSURE PAD	Yes	1 Per 3 Years	Yes	Yes	Yes
E0184	DRY PRESSURE MATTRESS	Yes	1 Per 3 Years	Yes	Yes	Yes
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per 3 Years	Yes	Yes	Yes
E0186	AIR PRESSURE MATTRESS	Yes	1 Per Year	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0187	WATER PRESSURE MATTRESS	Yes	1 Per 2 Years	Yes	Yes	Yes
E0188	SYNTHETIC SHEEPSKIN PAD	No	4 Per Year	Yes	Yes	Yes
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	No	1 Per 3 Years	Yes	Yes	Yes
E0191	HEEL OR ELBOW PROTECTOR, EACH	No	1 Per 3 Years	Yes	Yes	Yes
E0196	GEL PRESSURE MATTRESS	Yes	1 Per 3 Years	Yes	Yes	Yes
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per Year	Yes	Yes	Yes
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per 5 Years	Yes	Yes	Yes
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	Yes	1 Per 5 Years	Yes	Yes	Yes
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	Yes	1 Per 5 Years	Yes	Yes	Yes
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	No	1 Per 2 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0245	TUB STOOL OR BENCH	No	1 Per 10 Years	Yes	Yes	Yes
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	Yes	1 Per 10 Years	Yes	Yes	Yes
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE REAILS, WITH MATTRESS	Yes	1 Per 3 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT, AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 3 Years	Yes	Yes	Yes
E0271	MATTRESS, INNERSPRING	No	1 Per 3 Years	Yes	Yes	Yes
E0272	MATTRESS, FOAM RUBBER	No	1 Per 3 Years	Yes	Yes	Yes
E0275	BED PAN, STANDARD, METAL OR PLASTIC	No	1 Per 3 Years	Yes	Yes	Yes
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	No	1 Per 10 Years	Yes	Yes	Yes
E0280	BED CRADLE, ANY TYPE	No	1 Per 10 Years	Yes	Yes	Yes
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Yes	1 Per 10 Years	Yes	Yes	Yes
E0305	BED SIDE RAILS, HALF LENGTH	No	1 Per 2 Years	Yes	Yes	Yes
E0310	BED SIDE RAILS, FULL LENGTH	No	1 Per 2 Years	Yes	Yes	Yes
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	No	1 Per 5 Years	Yes	Yes	Yes
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	No	1 Per 5 Years	Yes	Yes	Yes
E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER, CONTENTS GAUGE, CANNULA OR MASK, TUBING AND REFILL ADAPTOR	No	1 Per Month	Yes	Yes	No
E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USE OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING	No	1 Per Month	Yes	Yes	No
E0441	OXYGEN CONTENTS, GASEOUS , 1 MONTH'S SUPPLY = 1 UNIT	No	1 Per Month	Yes	Yes	No
E0442	OXYGEN CONTENTS, LIQUID, MONTH'S SUPPLY = 1 UNIT	No	1 Per Month	Yes	Yes	No
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS , 1 MONTHS SUPPLY = 1 UNIT	Yes	1 Per 7 Years	Yes	Yes	No
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT	Yes	1 Per 5 Years	Yes	Yes	No
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	Yes	1 Per 7 Years	Yes	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0457	CHEST SHELL (CUIRASS)	No	1 Per 7 Years	Yes	No	Yes
<u>E0464</u>	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE)	Yes	<u>1 per 2 years</u>	No	No	No
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)	Yes	1 Per 5 Years	Yes	Yes	Yes
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G., MASK, CHEST SHELL)	Yes	1 Per 5 Years	Yes	Yes	Yes
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	Yes	1 Per 5 Years	Yes	Yes	Yes
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	<u>No</u>	1 Per 10 Years	Yes	Yes	Yes
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	Yes	1 Per 5 Years	Yes	Yes	Yes
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM, INCLUDES ALL ACCESSORIES AND SUPPLIES, EACH	Yes	1 Per 5 Years	Yes	Yes	Yes
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	<u>No</u>	1 Per 5 Years	Yes	Yes	Yes
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	Yes	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	Yes	1 Per 5 Years	Yes	Yes	Yes
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	Yes	1 Per 5 Years	Yes	Yes	Yes
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	1 Per 5 Years	Yes	Yes	Yes
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	Yes	1 Per 5 Years	Yes	Yes	Yes
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN	Yes	1 Per 5 Years	Yes	Yes	Yes
E0570	NEBULIZER, WITH COMPRESSOR	Yes	1 Per 5 Years	Yes	Yes	Yes
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Yes	1 Per 3 Years	Yes	Yes	Yes
E0601	CONTINUOUS POSTIVE AIRWAY PRESSURE (CPAP) DEVICE	Yes	1 Per 3 Years	Yes	Yes	Yes
E0602	BREAST PUMP, MANUAL, ANY TYPE	No	1 Per 4 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	No	1 Per 5 Years	Yes	Yes	Yes
E0607	HOME BLOOD GLUCOSE MONITOR	No	1 Per 5 Years	Yes	Yes	Yes
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	<u>No</u>	1 Per 5 Years	Yes	Yes	Yes
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS	<u>No</u>	1 Per 5 Years	Yes	Yes	Yes
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	Yes	1 Per 2 Years	Yes	Yes	Yes
E0619	APNEA MONITOR, WITH RECORDING FEATURE	Yes	1 Per 5 Years	Yes	Yes	Yes
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	<u>No</u>	1 Per 5 Years	Yes	Yes	Yes
E0627	SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE (NOT FOR W/C)	No	1 Per 7 Years	Yes	Yes	Yes
E0629	SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE (NOT FOR A W/C)	No	1 Per 10 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	No	1 Per 10 Years	Yes	Yes	Yes
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEEL	Yes	1 Per 5 Years	Yes	Yes	No
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	Yes	1 Per 5 Years	Yes	Yes	No
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	Yes	1 Per 5 Years	Yes	Yes	Yes
E0700	SAFETY DEVICE - FIRE SAFETY CANULA VALVE	Yes	1 Per 5 Years	Yes	Yes	Yes
E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	Yes	1 Per 3 Years	Yes	Yes	Yes
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	Yes	1 Per 2 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	Yes	1 Per 2 Years	Yes	Yes	Yes
E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	Yes	1 Per 5 Years	Yes	Yes	Yes
E0748	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS	Yes	1 Per 5 Years	Yes	Yes	Yes
E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	Yes	1 Per 8 Years	Yes	Yes	Yes
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	No	1 Per 5 Years	Yes	Yes	Yes
E0776	IV POLE	No	1 Per 5 Years	Yes	Yes	Yes
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	No	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	Yes	1 Per 5 Years	Yes	Yes	Yes
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	No	1 Per 5 Years	Yes	Yes	Yes
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	No	1 Per 5 Years	Yes	Yes	Yes
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND, FRAME, PNEUMATIC, APPLYING TRACTION FORCE TO OTHER THAN MANDIBLE	No	1 Per 5 Years	Yes	Yes	Yes
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	No	1 Per 5 Years	Yes	Yes	Yes
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	No	1 Per 5 Years	Yes	Yes	Yes
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	No	1 Per 5 Years	Yes	Yes	Yes
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	No	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	No	1 Per 5 Years	Yes	Yes	Yes
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	No	1 Per 5 Years	Yes	Yes	Yes
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	No	1 Per 5 Years	Yes	Yes	Yes
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	No	1 Per 5 Years	Yes	Yes	Yes
E0911	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	No	1 Per 5 Years	Yes	Yes	Yes
E0912	TRAPEZE BAR, HEAVY-DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREESTANDING, COMPLETE WITH GRAB BAR	No	1 Per 5 Years	Yes	Yes	Yes
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	No	1 Per 5 Years	Yes	Yes	Yes
E0942	CERVICAL HEAD HARNESS/HALTER	No	1 Per 5 Years	Yes	Yes	Yes
E0944	PELVIC BELT/HARNESS/BOOT	No	1 Per 5 Years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0945	EXTREMITY BELT/HARNESS	No	1 Per 5 Years	Yes	Yes	Yes
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	No	1 Per 5 Years	Yes	Yes	No
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	No	1 Per 2 Years	Yes	Yes	No
E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	Yes	4 Per 2 Years	Yes	Yes	No
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per 2 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	Yes	1 Per Year	Yes	Yes	No
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per Year	Yes	Yes	No
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	Yes	2 Per Year	Yes	Yes	No
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH	Yes	1 Per Year	Yes	Yes	No
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0969	NARROWING DEVICE, WHEELCHAIR	Yes	1 Per Year	Yes	Yes	No
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	Yes	1 Per 3 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH	Yes	1 Per Year	Yes	Yes	No
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0980	SAFETY VEST, WHEELCHAIR	Yes	1 Per 2 Years	Yes	Yes	No
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT	Yes	1 Per 2 Years	Yes	Yes	No
E0994	ARM REST, EACH	Yes	1 Per 5 Years	Yes	Yes	No
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE	Yes	1 Per 5 Years	Yes	Yes	No
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	Yes	1 Per 5 Years	Yes	Yes	No
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	Yes	1 Per 5 Years	Yes	Yes	No
E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	Yes	1 Per 5 Years	Yes	Yes	No
E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	Yes	1 Per 5 Years	Yes	Yes	No
E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH), SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	Yes	1 Per 5 Years	Yes	Yes	No
E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	Yes	1 Per 5 Years	Yes	Yes	No
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH	Yes	1 Per 5 Years	Yes	Yes	No
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	Yes	1 Per 5 Years	Yes	Yes	No
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LARGEST	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	Yes	1 Per 5 Years	Yes	Yes	No
E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	Yes	1 Per 5 Years	Yes	Yes	No
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	Yes	1 Per 5 Years	Yes	Yes	No
E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	No	1 Per 5 Years	Yes	Yes	No
E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	Yes	1 Per 5 Years	Yes	Yes	No
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	Yes	1 Per 5 Years	Yes	Yes	Yes
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1390	MAINTENANCE OF OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE	Yes Must use required MS modifier along with NU or will be denied	6 months after becomes member owned and then 1 unit every 6 months	Yes	Yes	No
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	Yes	Varies	Situational	Situational	Situational
E1700	JAW MOTION REHABILITATION SYSTEM	No	1 Per 5 Years	Yes	Yes	Yes
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	No	3 Per Year	Yes	Yes	Yes
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	No	1 per 2 years	Yes	Yes	Yes
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	No	1 per 2 years	Yes	Yes	Yes

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E1820	REPLACEMENT SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	No	1 per Year	Yes	Yes	Yes
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	No	1 per Year	Yes	Yes	Yes
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	Yes	1 Per 5 Years	Yes	Yes	Yes
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	Yes	1 Per 5 Years	Yes	Yes	No
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 IN	Yes	1 Per 5 Years	Yes	Yes	No
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	Yes	1 Per 5 Years	Yes	Yes	No
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH	Yes	1 Per 3 Years	Yes	Yes	No
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	Yes	1 Per 5 Years	Yes	Yes	No
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	Yes	2 Per Year	Yes	Yes	No
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE, ANY TYPE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	Yes	1 Per Year	Yes	Yes	No
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per Year	Yes	Yes	No
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per Year	Yes	Yes	No
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per Year	Yes	Yes	No
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per Year	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Yes	1 Per 2 Years	Yes	Yes	No
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	Yes	1 Per 2 Years	Yes	Yes	No
<u>E2298</u>	COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE	Yes	1 Per 5 Years	Yes	Yes	Yes
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	Yes	1 Per 5 Years	Yes	Yes	No
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	Yes	1 Per 5 Years	Yes	Yes	No
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	Yes	1 Per 5 Years	Yes	Yes	No
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WITH, 24-27 INCHES	Yes	1 Per 5 Years	Yes	Yes	No
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (e.g., GEL CELL, ABSORBED GLASMAT)	Yes	1 Per 5 Years	Yes	Yes	No
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	Yes	2 per 2 Years	Yes	Yes	No
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes	2 per 2 Years	Yes	Yes	No
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	Yes	2 per 2 Years	Yes	Yes	No
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes	2 per 2 Years	Yes	Yes	No
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes	2 per 2 Years	Yes	Yes	No
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	1 Per 10 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	Yes	1 Per 10 Years	Yes	Yes	No
E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2370	POWER WHEELCHAIR COMPONENT, INTERGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2373	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2374	POWER WHEELCHAIR ACCESS., HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE NOT INCLUDING CONTROLLER, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2375	POWER WHEELCHAIR ACCESS., NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2376	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No
E2377	POWER WHEELCHAIR ACCESS., EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	Yes	1 Per 5 Years	Yes	Yes	No
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 per 2 Years	Yes	Yes	No
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 per 2 Years	Yes	Yes	No
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 per 2 Years	Yes	Yes	No
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 per 2 Years	Yes	Yes	No
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 per 2 Years	Yes	Yes	No
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 per 2 Years	Yes	Yes	No
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 per 2 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2388	POWER WHEELCHAIR ACCESS., FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E2389	POWER WHEELCHAIR ACCESS, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 Per 2 Years	Yes	Yes	No
E2390	POWER WHEEL CHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E2391	POWER WHEELCHAIR ACCESS., SOLID (RUBBER/PLASTIC) CASTER TIRE, ANY SIZE, REPLACEMENT ONLY EACH	Yes	2 Per 2 Years	Yes	Yes	No
E2392	POWER WHEELCHAIR ACCESS., SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 Per 2 Years	Yes	Yes	No
E2394	POWER WHEELCHAIR ACCESS, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E2395	POWER WHEELCHAIR ACCESS, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 Per 2 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	Yes	2 Per 2 Years	Yes	Yes	No
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	Yes	1 per 5 years	Yes	Yes	No
E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	Yes	1 per 5 years	Yes	Yes	No
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	<u>No</u>	1 Per 10 Years	Yes	Yes	No
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	Yes	1 Per 10 Years	Yes	Yes	No
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	Yes	1 Per 10 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	Yes	1 Per 10 Years	Yes	Yes	No
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	Yes	1 Per 10 Years	Yes	Yes	No
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	Yes	1 Per 10 Years	Yes	Yes	No
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	Yes	1 Per 10 Years	Yes	Yes	No
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 IN. OR GREATER, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 IN, OR GREATER, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 IN. OR GREATER, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	Yes	1 Per 3 Years	Yes	Yes	No
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2616	POSITIONING WC BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 IN OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	Yes	1 Per 2 Years	Yes	Yes	No
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 IN OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	Yes	1 Per 3 Years	Yes	Yes	No
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	Yes	1 Per 3 Years	Yes	Yes	No
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	Yes	1 Per 5 Years	Yes	Yes	No
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	Yes	1 Per 5 Years	Yes	Yes	No
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	Yes	1 Per 5 Years	Yes	Yes	No
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT	Yes	1 Per 5 Years	Yes	Yes	No
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	Yes	1 Per 5 Years	Yes	Yes	No
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	Yes	1 Per 5 Years	Yes	Yes	No
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	Yes	1 Per 5 Years	Yes	Yes	No
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 10 Years	Yes	Yes	No
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 10 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS	Yes	1 Per 5 Years	Yes	Yes	No
K0001	STANDARD WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0003	LIGHTWEIGHT WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0006	HEAVY DUTY WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Yes	1 Per 5 Years	Yes	Yes	No
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	Yes	1 Per 3 Years	Yes	Yes	No
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH	Yes	1 Per 3 Years	Yes	Yes	No
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH	Yes	1 Per 3 Years	Yes	Yes	No
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0019	ARM PAD, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	Yes	1 Per 2 Years	Yes	Yes	No
K0037	HIGH MOUNT FLIP-UP FOOTREST, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0038	LEG STRAP, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0039	LEG STRAP, H STYLE, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	Yes	1 Per 2 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0041	LARGE SIZE FOOTPLATE, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0042	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0043	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0044	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0045	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0050	RATCHET ASSEMBLY, REPLACEMENT ONLY	Yes	1 Per 2 Years	Yes	Yes	No
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0056	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR	Yes	1 Per Year	Yes	Yes	No
K0065	SPOKE PROTECTORS, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0073	CASTER PIN LOCK, EACH	Yes	1 Per 2 Years	Yes	Yes	No
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH	Yes	1 Per 2 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0098	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY	Yes	1 Per 2 Years	Yes	Yes	No
K0105	IV HANGER, EACH	Yes	Varies	Yes	Yes	No
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Yes	1 Per 2 Years	Yes	Yes	No
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	Yes	1 Per 10 Years	Yes	Yes	No
K0455	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)	No	31 Per Month	Yes	Yes	No
K0552	SUPPLIES FOR EXTERNAL NON-INSULIN DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	No	2 Per Month	Yes	Yes	No
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH	No	2 Per Month	Yes	Yes	No
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH	No	2 Per Month	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH	No	2 Per Month	Yes	Yes	No
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	No	2 Per Month	Yes	Yes	No
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	No	2 Per Month	Yes	Yes	No
K0733	POWER WC ACCE3SS, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTER, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	Yes	1 Per 5 Years	Yes	Yes	No
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	Yes	Varies	Yes	Yes	No
K0813	PWC, GR. 1 PORTABLE, SLING/SOLID SEAT AND BACK, PT. WT. CAPACITY UP TO AND INCLUDING 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0814	PWC,GR. 1 PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0815	PWC, GR. 1, SLING/SOLID SEAT AND BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0816	PWC GR., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0820	PWC GR. 2, PORTABLE, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0821	PWC GR 2,, PORTABLE, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0822	PWC GR 2, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0823	PWC GR 2, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0824	PWC GR 2, HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0825	PWC GR 2 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0826	PWC GR 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0827	PWC GR 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0828	PWC GR 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years	Yes	Yes	No
K0829	PWC GR 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years	Yes	Yes	No
K0830	PWC GR 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0831	PWC GR 2, SEAT ELEVATOR, CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0835	PWC GR 2, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0836	PWC GR 2, SINGLE PWR. OPT., CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0837	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0838	PWC GR 2 HEAVY DUTY, SINGLE PWR OPT., CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0839	PWC GR 2 VERY HEAVY DUTY, SINGLE PWR OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP, 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0840	PWC GR 2 XTRA HEAVY DUTY, SINGLE PWR.OPT. SLING/SOLID SEAT/BACK, PT. WT. CP. 601 LBS AND MORE	Yes	1 Per 5 Years	Yes	Yes	No
K0841	PWC GR 2, MULT. PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0842	PWC GR 2, MULT. PWR OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0843	PWC GR 2 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0848	PWC GR 3, SLING/SOLID SEAT.BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0849	PWC GR 3 CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0850	PWC GR 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0851	PWC GR 3 HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0852	PWC GR 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0853	PWC GR 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0854	PWC GR 3 XTRA HEAVY DUTY, SLING/SOLID SEAT/BACK PT. WT. CAP. 601 LBS AND MORE	Yes	1 Per 5 Years	Yes	Yes	No
K0855	PWC GR 3 XTRA HEAVY DUTY, CAPTAINS CHAIR, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years	Yes	Yes	No
K0856	PWC GR 3, SINGLE PWR. OPT, SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0857	PWC GR 3, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0858	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT., SLING/SOLID SEAT/BACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0859	PWC GR 3 HEAVY DUTY, SINGLE PWR. OPT. CAPTAINS CHAIR, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
K0860	PWC GR 3 VERY HEAVY DUTY, SINGLE PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0861	PWC GR 3 MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. UP TO AND INCL. 300 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0862	PWC GR 3 HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/VACK, PT. WT. CAP. 301 TO 450 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0863	PWC GR 3 VERY HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 451 TO 600 LBS	Yes	1 Per 5 Years	Yes	Yes	No
K0864	PWC GR 3 XTRA HEAVY DUTY, MULT. PWR. OPT. SLING/SOLID SEAT/BACK, PT. WT. CAP. 601 LBS OR MORE	Yes	1 Per 5 Years	Yes	Yes	No
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE PREFABRICATED, OFF-THE-SHELF (FOAM COLLAR)	No	1 Per Year	No	No	No
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	No	1 Per Year	No	No	No
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	No	1 Per Year	No	No	No
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	No	1 Per Year	No	No	No
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	No	1 Per Year	No	No	No
L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION	No	1 Per Year	No	No	No
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	No	1 Per Year	No	No	No
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0454	TLISO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L0455</u>	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L0457</u>	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, OFF-THE-SHELF	No	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO THE STERNA NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L0469</u>	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISKS, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANVERSE PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC AND ONE STERNAL), POSTERIOR AND LATERAL PADS WITH STRAPS AND CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING PLASTIC, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, INCLUDES A CARVED PLASTER OR CAD-CAM MODEL, CUSTOM FABRICATED	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULTIPLE STRAPS AND CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL AND CORONAL PLANES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SI JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFAB, INCLUDE FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0627	LUMBER ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDE STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L0628	LSO,, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANT. AND POST. PANELS, POSTERIOR EXTENDS FROM SACROCCCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0633	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LAT. FRAME/PANEL, PRODUCES INTRACAVITARY PRESSURE TO REDUCE ON VERTBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0636	LUMBAR-SACRAL ORTHOTIC (LSO), SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0638	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, AMY INCLUDES PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	No	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0640	LSO, SAGITTAL-CORONAL CONTROL, RIGID SHELL/PANEL POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO SYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES, STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	No	1 Per 3 Years	No	No	No
L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L0648</u>	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	no	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	No	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L0650</u>	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTL SO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, (MINERVA TYPE)	Yes	1 Per 3 Years	No	No	No
L0710	CTL SO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	Yes	1 Per 3 Years	No	No	No
L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	Yes	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	Yes	1 Per Year	No	No	No
L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	Yes	1 Per Year	No	No	No
L0970	TLISO, CORSET FRONT	No	1 Per Year	No	No	No
L0972	LSO, CORSET FRONT	No	1 Per Year	No	No	No
L0974	TLISO, FULL CORSET	No	1 Per Year	No	No	No
L0976	LSO, FULL CORSET	No	1 Per Year	No	No	No
L0978	AXILLARY CRUTCH EXTENSION	No	1 Per Year	No	No	No
L0980	PERONEAL STRAPS, PREFABRICATED, OFF-THE-SHELF, PAIR	No	3 Per Year	No	No	No
L0982	STOCKING SUPPORTER GRIPS, PREFABRICATED, OFF-THE-SHELF, SET OF FOUR (4)	No	1 Per 3 Years	No	No	No
L0984	PROTECTIVE BODY SOCK, PREFABRICATED, OFF-THE-SHELF, EACH	<u>No</u>	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUDING MODEL	Yes	1 Per Year	No	No	No
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	No	1 Per Year	No	No	No
L1020	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	No	1 Per Year	No	No	No
L1025	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	No	1 Per Year	No	No	No
L1030	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	No	1 Per Year	No	No	No
L1040	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	No	1 Per Year	No	No	No
L1050	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	No	2 Per Year	No	No	No
L1060	ADDITION TO CTL SO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	No	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	No	1 Per Year	No	No	No
L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	No	1 Per Year	No	No	No
L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	No	2 Per Year	No	No	No
L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	No	2 Per Year	No	No	No
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	No	3 Per Year	No	No	No
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	No	1 Per Year	No	No	No
L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	No	2 Per Year	No	No	No
L1200	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	Yes	1 Per Year	No	No	No
L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	No	1 Per Year	No	No	No
L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	No	2 Per Year	No	No	No
L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	No	1 Per Year	No	No	No
L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	No	3 Per Year	No	No	No
L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	No	2 Per Year	No	No	No
L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	No	2 Per Year	No	No	No
L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	No	1 Per Year	No	No	No
L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	No	1 Per Year	No	No	No
L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	Yes	1 Per Year	No	No	No
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	Yes	1 Per 2 Years	No	No	No
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY), PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS), PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE), CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE	No	1 Per 2 Years	No	No	No
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L1680	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1685	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No
L1686	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L1700	LEGG PERTHES ORTHOSIS, (TORONTO TYPE), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L1710	LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No
L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L1755	LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS, WITH OR WITHOUT PATELLAR CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT (S), POSITIONAL ORTHOSIS, PREFAB, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L1834	KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1840	KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	Yes	1 Per 2 Years	No	No	No
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	No	1 Per 2 Years	No	No	No
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	1 Per 2 Years	No	No	No
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
<u>L1851</u>	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No
L1860	KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)	Yes	1 Per 2 Years	No	No	No
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1902	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L1904	ANKLE ORTHOSIS, ANKLE GAUNTLET OR SIMILIAR, WITH OR WITHOUT JOINTS, CUSTOM FABRICATED	No	1 Per 2 Years	No	No	No
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTOUS ANKLE SUPPORT, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L1907	ANKLE FOOT ORTHOSIS, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	No	1 Per 2 Years	No	No	No
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<u>No</u>	1 Per 2 Years	No	No	No
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L1960	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L1970	ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR 'BK' ORTHOSIS), CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2005	KAFT, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING, PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED.	Yes	1 Per 2 Years	No	No	No
L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR 'AK' ORTHOSIS), CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR 'AK' ORTHOSIS), WITHOUT KNEE JOINT, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	No	1 Per 2 Years	No	No	No
L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED	No	1 Per 2 Years	No	No	No
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L2106	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L2108	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L2114	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2116	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED	Yes	1 Per 2 Years	No	No	No
L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	1 Per 2 Years	No	No	No
L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	Yes	2 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	No	2 Per 2 Years	No	No	No
L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	No	2 Per 2 Years	No	No	No
L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	No	1 Per 2 Years	No	No	No
L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	No	1 Per 2 Years	No	No	No
L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	No	1 Per 2 Years	No	No	No
L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	No	2 Per Year	No	No	No
L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	No	2 Per Year	No	No	No
L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	No	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	No	1 Per Year	No	No	No
L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	No	1 Per Year	No	No	No
L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	No	1 Per Year	No	No	No
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATION ORTHOSIS ONLY	No	1 Per Year	No	No	No
L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	No	1 Per Year	No	No	No
L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	No	1 Per Year	No	No	No
L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	No	1 Per Year	No	No	No
L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ('T') STRAP, PADDED/LINED OR MALLEOLUS PAD	No	1 Per Year	No	No	No
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED	No	1 Per 2 Years	No	No	No
L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	No	1 Per 2 Years	No	No	No
L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	No	1 Per Year	No	No	No
L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	No	1 Per 2 Years	No	No	No
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No	1 Per 2 Years	No	No	No
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No	1 Per Year	No	No	No
L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	No	1 Per 2 Years	No	No	No
L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORTHOSES)	Yes	1 Per 2 Years	No	No	No
L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	No	1 Per 2 Years	No	No	No
L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	No	1 Per 2 Years	No	No	No
L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	No	2 Per 2 Years	No	No	No
L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	No	2 Per 2 Years	No	No	No
L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	No	2 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	No	2 Per 2 Years	No	No	No
L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	No	2 Per 2 Years	No	No	No
L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	No	2 Per 2 Years	No	No	No
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	No	2 Per 2 Years	No	No	No
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	No	2 Per 2 Years	No	No	No
L2415	ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL, CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT	No	2 Per 2 Years	No	No	No
L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	No	2 Per 2 Years	No	No	No
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	No	1 Per 2 Years	No	No	No
L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	No	1 Per 2 Years	No	No	No
L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, MOLDED TO PATIENT MODEL	<u>No</u>	1 Per 2 Years	No	No	No
L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI-LATERAL BRIM, CUSTOM FITTED	No	1 Per 2 Years	No	No	No
L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	Yes	1 Per 2 Years	No	No	No
L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	No	1 Per 2 Years	No	No	No
L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	No	1 Per 2 Years	No	No	No
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	No	1 Per 2 Years	No	No	No
L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	No	1 Per 2 Years	No	No	No
L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	No	1 Per 2 Years	No	No	No
L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	No	1 Per 2 Years	No	No	No
L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	No	1 Per 2 Years	No	No	No
L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	No	1 Per 2 Years	No	No	No
L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	No	1 Per 2 Years	No	No	No
L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES	Yes	1 Per 2 Years	No	No	No
L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	Yes	1 Per 2 Years	No	No	No
L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	No	1 Per 2 Years	No	No	No
L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	No	1 Per 2 Years	No	No	No
L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	No	1 Per 2 Years	No	No	No
L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	No	1 Per 2 Years	No	No	No
L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	No	1 Per 2 Years	No	No	No
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	No	1 Per 2 Years	No	No	No
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No	2 Per Year	No	No	No
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	No	1 Per 2 Years	No	No	No
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	No	2 Per 2 Years	No	No	No
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	No	1 Per 2 Years	No	No	No
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	No	2 Per 2 Years	No	No	No
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY	No	1 Per 2 Years	No	No	No
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	No	1 Per 2 Years	No	No	No
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	No	3 Per Year	No	No	No
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	No	3 Per Year	No	No	No
L2840	ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	No	Varies	No	No	No
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L2999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	1 Per Year	No	No	No
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, 'UCB' TYPE, BERKELEY SHELL, EACH	Yes	1 Per Year	No	No	No
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	Yes	1 Per Year	No	No	No
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	Yes	1 Per Year	No	No	No
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	Yes	1 Per Year	No	No	No
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	Yes	1 Per Year	No	No	No
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH	Yes	1 Per Year	No	No	No
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	No	1 Per Year	No	No	No
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	No	1 Per Year	No	No	No
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH	No	1 Per Year	No	No	No
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	No	1 Per Year	No	No	No
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	No	1 Per Year	No	No	No
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	No	1 Per Year	No	No	No
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	No	1 Per Year	No	No	No
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	No	1 Per Year	No	No	No
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PREFABRICATED, OFF-THE-SHELF, EACH	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	Yes	1 Per Year	No	No	No
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	Yes	2 Per Year	No	No	No
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	Yes	2 Per Year	No	No	No
L3208	SURGICAL BOOT, EACH, INFANT	No	2 Per Year	No	No	No
L3209	SURGICAL BOOT, EACH, CHILD	No	1 Per Year	No	No	No
L3211	SURGICAL BOOT, EACH, JUNIOR	No	1 Per Year	No	No	No
L3212	BENESCH BOOT, PAIR, INFANT	No	1 Per Year	No	No	No
L3213	BENESCH BOOT, PAIR, CHILD	No	1 Per Year	No	No	No
L3214	BENESCH BOOT, PAIR, JUNIOR	No	1 Per Year	No	No	No
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	Yes	1 Per Year	No	No	No
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	Yes	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	Yes	1 Per Year	No	No	No
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	Yes	1 Per Year	No	No	No
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	1 Per Year	No	No	No
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	Yes	1 Per Year	No	No	No
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	Yes	1 Per Year	No	No	No
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	Yes	1 Per Year	No	No	No
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	Yes	1 Per Year	No	No	No
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	Yes	1 Per Year	No	No	No
L3260	SURGICAL BOOT/SHOE, EACH	No	1 Per Year	No	No	No
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	No	1 Per Year	No	No	No
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	No	1 Per Year	No	No	No
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	No	1 Per Year	No	No	No
L3334	LIFT, ELEVATION, HEEL, PER INCH	No	1 Per Year	No	No	No
L3340	HEEL WEDGE, SACH	No	1 Per Year	No	No	No
L3350	HEEL WEDGE	No	1 Per Year	No	No	No
L3360	SOLE WEDGE, OUTSIDE SOLE	No	1 Per Year	No	No	No
L3370	SOLE WEDGE, BETWEEN SOLE	No	1 Per Year	No	No	No
L3380	CLUBFOOT WEDGE	No	1 Per Year	No	No	No
L3390	OUTFLARE WEDGE	No	1 Per Year	No	No	No
L3400	METATARSAL BAR WEDGE, ROCKER	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	No	1 Per Year	No	No	No
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	No	1 Per Year	No	No	No
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	No	1 Per Year	No	No	No
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	No	1 Per Year	No	No	No
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	No	1 Per Year	No	No	No
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	No	1 Per Year	No	No	No
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	No	1 Per Year	No	No	No
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	No	1 Per 6 Months	No	No	No
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	No	1 Per 6 Months	No	No	No
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, OFF-THE-SHELF	No	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED, OFF-THE-SHELF	No	1 Per 6 Months	No	No	No
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITH OR WITHOUT NONTORSION JOINT/TURNUCKLE, MAY INCLUDE SOFT INNERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3702	ELBOW ORTHOTIC (EO), WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION ASSIST, CUSTOM-FABRICATED	No	1 Per 2 Years	No	No	No
L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED	No	1 Per Year	No	No	No
L3760	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3761	ELBOW ORTHOSIS (E0), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L3763	ELBOW-WRIST-HAND ORTHOTIC (EWHO), RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3764	ELBOW-WRIST-HAND ORTHOTIC (EWHO)INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTICE BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3766	EW HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	1 Per Year	No	No	No
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L3809</u>	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	<u>No</u>	1 per 2 years	No	No	No
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per Year	No	No	No
L3908	WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L3912	HAND-FINGER ORTHOTIC (HFO), FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED, OFF-THE-SHELF	No	1 Per 2 Years	No	No	No
L3913	HAND FINGER ORTHOTIC (HFO), WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3915	WRIST HAND ORTHOSIS INCLUDES ONE OR MORE NONTORSION JOINT, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL	No	1 Per 2 Years	No	No	No
L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No
L3917	HAND ORTHOTIC (HO), METACARPAL FRACTURE ORTHOTIC, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No
L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3921	HAND FINGER ORTHOTIC (HFO), INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	2 Per 6 Months	No	No	No
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	2 Per 6 Months	No	No	No
<u>L3924</u>	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NON TORSION JOINT/SPRING, EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO F	No	1 Per Year	No	No	No
L3927	FINGER ORTHOTIC (FO), PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PA	No	3 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NON-TORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 Per 2 Years	No	No	No
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTIC BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3933	FINGER ORTHOTIC (FO), WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No
L3961	SHOULDER ELBOW WRIST HAND ORTHOTIC (SEWHO), SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	3 Per Year	No	No	No
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	No	Varies	No	No	No
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	No	3 Per 2 Years	No	No	No
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED	Yes	1 Per Year	No	No	No
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCL. ALL COMPONENTS, ANY LENGTH, ANY TYPE	No	2 Per Year	No	No	No
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY	No	2 Per Year	No	No	No
L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	No	Varies	No	No	No
L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	No	Varies	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	1 Per Year	No	No	No
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes	1 Per Year	No	No	No
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE.	No	1 Per Year	No	No	No
<u>L4361</u>	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	<u>No</u>	1 per 2 years	No	No	No
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per Year	No	No	No
L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	No	1 Per Year	No	No	No
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	No	1 Per Year	No	No	No
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	No	1 Per Year	No	No	No
L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMBULATION, PREFABRICATED ITEM THAT HAS BEEN TRIMMED,BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT ASPECIFIC PATIENT BY AN INDIVIDAUL WITH EXPERTISE.	No	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
<u>L4397</u>	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	Yes	1 per 2 years	No	No	No
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, OFF-THE-SHELF	No	1 Per 5 Years	No	No	No
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER, BOTTOM, ANTERIOR TIBIAL SHELL, SOFT INTERFACE, CUSTOM ARCH SUPPORT, PLASTIC OR OTHER MATERIAL, INCLUDES STRAPS AND CLOSURES, CUSTOM FABRICATED	No	1 Per 5 Years	No	No	No
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	<u>No</u>	1 Per 4 Years	No	No	No
L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	Yes	1 Per 5 Years	No	No	No
L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	Yes	1 Per 5 Years	No	No	No
L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	Yes	1 Per 2 Years	No	No	No
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	Yes	1 Per 2 Years	No	No	No
L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	Yes	1 Per 2 Years	No	No	No
L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Yes	1 Per 5 Years	No	No	No
L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	Yes	1 Per 5 Years	No	No	No
L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	1 Per 5 Years	No	No	No
L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ('STUBBIES'), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EACH	Yes	1 Per 5 Years	No	No	No
L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	1 Per 4 Years	No	No	No
L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	1 Per 5 Years	No	No	No
L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	Yes	1 Per 5 Years	No	No	No
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	1 Per 5 Years	No	No	No
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	Yes	1 Per 5 Years	No	No	No
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Yes	1 Per 3 Months	No	No	No
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	Yes	1 Per 3 Months	No	No	No
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE	Yes	1 Per 3 Months	No	No	No
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	No	1 Per 3 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE 'AK' OR KNEE DISARTICULATION	Yes	1 Per 3 Months	No	No	No
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND SUSPENSION, 'AK' OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	<u>No</u>	1 Per 3 Months	No	No	No
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, BELOW KNEE	<u>No</u>	1 Per 6 Months	No	No	No
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	<u>No</u>	1 Per 6 Months	No	No	No
L5500	INITIAL, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No
L5510	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No
L5520	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No
L5530	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No
L5535	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED, ADJUSTABLE OPEN END SOCKET	Yes	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5540	PREPARATORY, BELOW KNEE 'PTB' TYPE SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No
L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No
L5570	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No
L5580	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5585	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PREFABRICATED ADJUSTABLE OPEN END SOCKET	Yes	1 Per 6 Months	No	No	No
L5590	PREPARATORY, ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NON-ALIGNABLE SYSTEM, PYLON NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO MODEL	Yes	1 Per 6 Months	No	No	No
L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO PATIENT MODEL	Yes	1 Per 5 Years	No	No	No
L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIENT MODEL	Yes	1 Per 5 Years	No	No	No
L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE - KNEE DISARTICULATION, 4 BAR LINKAGE, WITH FRICTION SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH HYDRAULIC SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4 BAR LINKAGE, WITH PNEUMATIC SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE CONTROL	Yes	2 Per 2 Years	No	No	No
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELOW KNEE, EACH	<u>No</u>	2 Per 2 Years	No	No	No
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	<u>No</u>	2 Per 2 Years	No	No	No
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	<u>No</u>	2 Per 2 Years	No	No	No
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	<u>No</u>	2 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	<u>No</u>	1 Per 2 Years	No	No	No
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	<u>No</u>	1 Per 5 Years	No	No	No
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	<u>No</u>	1 Per 5 Years	No	No	No
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, 'PTB' BRIM DESIGN SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5636	ADDITION TO LOWERE EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	Yes	1 Per 5 Years	No	No	No
L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	1 Per 5 Years	No	No	No
L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	1 Per 5 Years	No	No	No
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	Yes	1 Per 5 Years	No	No	No
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR, FLUID, GEL OR EQUAL, CUSHION SOCKET	Yes	1 Per 5 Years	No	No	No
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	Yes	1 Per 5 Years	No	No	No
L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	<u>No</u>	1 Per 5 Years	No	No	No
L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	Yes	1 Per 5 Years	No	No	No
L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	<u>No</u>	1 Per 5 Years	No	No	No
L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	<u>No</u>	1 Per 5 Years	No	No	No
L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	<u>No</u>	1 Per 5 Years	No	No	No
L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	<u>No</u>	1 Per 5 Years	No	No	No
L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ('PTS' OR SIMILAR)	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL), EXCLUDES SOCKET INSERT	<u>No</u>	2 Per Year	No	No	No
L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	<u>No</u>	1 Per 5 Years	No	No	No
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	Yes	1 Per 5 Years	No	No	No
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	<u>No</u>	1 Per 3 Years	No	No	No
L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	<u>No</u>	2 Per 2 Years	No	No	No
L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	<u>No</u>	1 Per 2 Years	No	No	No
L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NONMOLDED	<u>No</u>	1 Per 2 Years	No	No	No
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE	Yes	1 Per 2 Years	No	No	No
L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE	Yes	1 Per 2 Years	No	No	No
L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	<u>No</u>	1 Per 5 Years	No	No	No
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	<u>No</u>	1 Per 2 Years	No	No	No
L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	<u>No</u>	1 Per 2 Years	No	No	No
L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	<u>No</u>	1 Per 2 Years	No	No	No
L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	<u>No</u>	1 Per 2 Years	No	No	No
L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	<u>No</u>	1 Per 5 Years	No	No	No
L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	<u>No</u>	1 Per 2 Years	No	No	No
L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	<u>No</u>	1 Per 2 Years	No	No	No
L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	<u>No</u>	1 Per 2 Years	No	No	No
L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	<u>No</u>	1 Per 5 Years	No	No	No
L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	Yes	1 Per 5 Years	No	No	No
L5700	REPLACEMENT, SOCKET, BELOW KNEE, MOLDED TO PATIENT MODEL	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5701	REPLACEMENT, SOCKET, ABOVE KNEE/KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	Yes	1 Per 2 Years	No	No	No
L5702	REPLACEMENT, SOCKET, HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	Yes	1 Per 2 Years	No	No	No
L5704	CUSTOM SHAPED PROTECTIVE COVER, BELOW KNEE	<u>No</u>	1 Per 2 Years	No	No	No
L5705	CUSTOM SHAPED PROTECTIVE COVER, ABOVE KNEE	Yes	1 Per 2 Years	No	No	No
L5706	CUSTOM SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	Yes	1 Per 5 Years	No	No	No
L5707	CUSTOM SHAPED PROTECTIVE COVER, HIP DISARTICULATION	Yes	1 Per 5 Years	No	No	No
L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	<u>No</u>	1 Per 5 Years	No	No	No
L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	<u>No</u>	1 Per 5 Years	No	No	No
L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	<u>No</u>	1 Per 5 Years	No	No	No
L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes	1 Per 5 Years	No	No	No
L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	Yes	1 Per 5 Years	No	No	No
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM, HEAVY DUTY	Yes	1 Per 5 Years	No	No	No
L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	1 Per 5 Years	No	No	No
L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	<u>No</u>	1 Per 5 Years	No	No	No
L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	Yes	1 Per 5 Years	No	No	No
L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	<u>No</u>	1 Per 5 Years	No	No	No
L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE LOCK	Yes	1 Per 5 Years	No	No	No
L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	Yes	1 Per 5 Years	No	No	No
L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH ACTIVITY FRAME	Yes	1 Per 5 Years	No	No	No
L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5840	ADDITION, ENDOSKELETAL KNEE/SKIN SYSTEM, 4-BAR LINKAGE OR MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	Yes	1 Per 5 Years	No	No	No
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	<u>No</u>	1 Per 5 Years	No	No	No
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST	<u>No</u>	1 Per 5 Years	No	No	No
L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	<u>No</u>	1 Per 5 Years	No	No	No
L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	<u>No</u>	1 Per 5 Years	No	No	No
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICULATION, MANUAL LOCK	<u>No</u>	1 Per 5 Years	No	No	No
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	Yes	1 Per 5 Years	No	No	No
L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	Yes	1 Per 5 Years	No	No	No
L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	Yes	1 Per 5 Years	No	No	No
L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	<u>No</u>	1 Per 5 Years	No	No	No
L5972	ALL LOWER EXTREMITY PROSTHESES, FOOT, FLEXIBLE KEEL (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	<u>No</u>	1 Per 5 Years	No	No	No
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	<u>No</u>	1 Per 5 Years	No	No	No
L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	<u>No</u>	1 Per 5 Years	No	No	No
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT	<u>No</u>	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L5979	ALL LOWER EXTREMITY PROSTHESIS, MULTI-AXIAL ANKLE, DYNAMIC RESPONSE FOOT, ONE PIECE SYSTEM	Yes	1 Per 5 Years	No	No	No
L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	Yes	1 Per 5 Years	No	No	No
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	Yes	1 Per 5 Years	No	No	No
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	Yes	1 Per 5 Years	No	No	No
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT, WITH OR WITHOUT ADJUSTABILITY	<u>No</u>	1 Per 5 Years	No	No	No
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, DYNAMIC PROSTHETIC PYLON	<u>No</u>	1 Per 5 Years	No	No	No
L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ('MCP' OR EQUAL)	Yes	Varies	No	No	No
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	Yes	1 Per 2 Years	No	No	No
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	Yes	1 Per 2 Years	No	No	No
L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	Yes	1 Per 2 Years	No	No	No
L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	Yes	1 Per 2 Years	No	No	No
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes	1 Per 2 Years	No	No	No
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	Yes	1 Per 2 Years	No	No	No
L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	Yes	1 Per 2 Years	No	No	No
L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUSPENSION TYPES)	Yes	1 Per 2 Years	No	No	No
L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	Yes	1 Per 2 Years	No	No	No
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	Yes	1 Per 2 Years	No	No	No
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	Yes	1 Per 2 Years	No	No	No
L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	Yes	1 Per 2 Years	No	No	No
L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes	1 Per 2 Years	No	No	No
L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes	1 Per 2 Years	No	No	No
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	Yes	1 Per 2 Years	No	No	No
L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROSTHESIS)	Yes	1 Per 3 Months	No	No	No
L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	Yes	1 Per 3 Months	No	No	No
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW	Yes	1 Per 3 Months	No	No	No
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW	Yes	1 Per 3 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	Yes	1 Per 3 Months	No	No	No
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	<u>No</u>	1 Per 2 Years	No	No	No
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	<u>No</u>	1 Per 2 Years	No	No	No
L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	1 Per 2 Years	No	No	No
L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	1 Per 2 Years	No	No	No
L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	1 Per 4 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	1 Per 6 Months	No	No	No
L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	Yes	1 Per 6 Months	No	No	No
L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	1 Per 6 Months	No	No	No
L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES, FIGURE OF EIGHT HARNESS, HUMERAL CUFF, BOWDEN CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	1 Per 6 Months	No	No	No
L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE OF EIGHT HARNESS, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	1 Per 6 Months	No	No	No
L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	Yes	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING ELBOW, FRICTION WRIST, CHEST STRAP, FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, DIRECT FORMED	Yes	1 Per 3 Years	No	No	No
L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	<u>No</u>	1 Per 3 Years	No	No	No
L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	<u>No</u>	1 Per 3 Years	No	No	No
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	<u>No</u>	1 Per 3 Years	No	No	No
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	<u>No</u>	1 Per 3 Years	No	No	No
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	<u>No</u>	1 Per 3 Years	No	No	No
L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	<u>No</u>	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT, WITH OR WITHOUT FRICTION	<u>No</u>	1 Per 3 Years	No	No	No
L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	<u>No</u>	1 Per 3 Years	No	No	No
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	<u>No</u>	1 Per 3 Years	No	No	No
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	<u>No</u>	1 Per 3 Years	No	No	No
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	<u>No</u>	2 Per 3 Years	No	No	No
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	<u>No</u>	1 Per 3 Years	No	No	No
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	<u>No</u>	1 Per 3 Years	No	No	No
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	<u>No</u>	1 Per 3 Years	No	No	No
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	<u>No</u>	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	<u>No</u>	1 Per 3 Years	No	No	No
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	<u>No</u>	1 Per 3 Years	No	No	No
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	<u>No</u>	1 Per 3 Years	No	No	No
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	<u>No</u>	2 Per 2 Years	No	No	No
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	<u>No</u>	2 Per 2 Years	No	No	No
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	<u>No</u>	2 Per 2 Years	No	No	No
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	<u>No</u>	1 Per 2 Years	No	No	No
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	<u>No</u>	1 Per 2 Years	No	No	No
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	<u>No</u>	1 Per 2 Years	No	No	No
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), SINGLE CABLE DESIGN	<u>No</u>	2 Per 2 Years	No	No	No
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G. FIGURE OF EIGHT TYPE), DUAL CABLE DESIGN	<u>No</u>	2 Per 2 Years	No	No	No
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	<u>No</u>	2 Per 2 Years	No	No	No
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	<u>No</u>	1 Per 2 Years	No	No	No
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	<u>No</u>	1 Per 2 Years	No	No	No
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	<u>No</u>	1 Per 2 Years	No	No	No
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	Yes	1 Per 2 Years	No	No	No
L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	Yes	2 Per 2 Years	No	No	No
L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	<u>No</u>	2 Per 2 Years	No	No	No
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	<u>No</u>	1 Per 2 Years	No	No	No
L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	<u>No</u>	1 Per 2 Years	No	No	No
L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	Yes	1 Per 2 Years	No	No	No
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FAB. FROM EXISTING MOLD OR PREFAB., SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	<u>No</u>	1 Per 2 Years	No	No	No
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	<u>No</u>	1 Per 2 Years	No	No	No
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	<u>No</u>	1 Per 2 Years	No	No	No
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	<u>No</u>	1 Per 2 Years	No	No	No
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	Yes	1 Per 2 Years	No	No	No
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	Yes	1 Per 2 Years	No	No	No
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	Yes	1 Per 2 Years	No	No	No
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERAIL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	<u>No</u>	1 Per 2 Years	No	No	No
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED, PEDIATRIC	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes	1 Per 2 Years	No	No	No
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PEDIATRIC	Yes	1 Per 2 Years	No	No	No
L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	<u>No</u>	1 Per 3 Years	No	No	No
L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	<u>No</u>	1 Per 3 Years	No	No	No
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS, GLOVE FOR TERMINAL DEVICE, ANY MATERIAL, CUSTOM FABRICATED	<u>No</u>	1 Per 2 Years	No	No	No
L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REMAINING	Yes	1 Per 2 Years	No	No	No
L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAINING	Yes	1 Per 2 Years	No	No	No
L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	Yes	1 Per 2 Years	No	No	No
L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	<u>No</u>	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL, SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL ELECTRODES, CABLES, TWO BATTERIES AND ONE CHARGER, MYOELECTRONIC CONTROL OF TERMINAL	Yes	1 Per 2 Years	No	No	No
L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUMERAL SECTION, MECHANICAL ELBOW, FOREARM, OTTO BOCK OR EQUAL SWITCH, CABLES, TWO BATTERIES AND ONE CHARGER, SWITCH CONTROL OF TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	Yes	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQUENTIAL CONTROL OF ELBOW AND TERMINAL DEVICE	Yes	1 Per 2 Years	No	No	No
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	Yes	1 Per 2 Years	No	No	No
L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	No	1 Per 2 Years	No	No	No
L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	No	1 Per 2 Years	No	No	No
L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	No	1 Per 2 Years	No	No	No
L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	No	1 Per 2 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L7367	LITHIUM ION BATTERY, REPLACEMENT	No	1 Per 2 Years	No	No	No
L7368	LITHIUM ION BATTERY CHARGER	No	1 Per Year	No	No	No
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	<u>No</u>	Varies	No	No	No
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	<u>No</u>	Varies	No	No	No
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	Yes	Varies	No	No	No
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS	Yes	1 Per 5 Years	No	No	No
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	Yes	4 Per Year	No	No	No
L7900	MALE VACUUM ERECTION SYSTEM	No	2 Per Year	No	No	No
L8000	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROTHESIS FORM, ANY SIZE, ANY FORM	No	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILATERAL, ANY SIZE, ANY TYPE	No	2 Per Year	No	No	No
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILATERAL, ANY SIZE, ANY TYPE	No	2 Per 6 Months	No	No	No
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	No	1 Per 2 Years	No	No	No
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	No	1 Per Year	No	No	No
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	No	1 Per Year	No	No	No
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	1 Per Year	No	No	No
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	Yes	4 Per Year	No	No	No
L8300	TRUSS, SINGLE WITH STANDARD PAD	No	4 Per Year	No	No	No
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	No	4 Per Year	No	No	No
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	No	4 Per Year	No	No	No
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	No	4 Per Year	No	No	No
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE, EACH	No	4 Per Year	No	No	No
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	No	1 Per Year	No	No	No
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	No	2 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	No	2 Per Year	No	No	No
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	No	2 Per Year	No	No	No
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	No	4 Per Year	No	No	No
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	No	4 Per Year	No	No	No
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	No	4 Per Year	No	No	No
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	No	Varies	No	No	No
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	No	1 Per Year	No	No	No
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	Yes	1 Per Year	No	No	No
L8500	ARTIFICIAL LARYNX, ANY TYPE	No	3 Per Year	No	No	No
L8501	TRACHEOSTOMY SPEAKING VALVE	No	1 Per Year	No	No	No
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	No	1 Per Year	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	No	1 Per Year	No	No	No
L8510	VOICE AMPLIFIER	No	1 Per 3 Years	No	No	No
L8610	OCULAR IMPLANT	Yes	1 Per Year	No	No	No
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	1 Per 3 Years	No	No	No
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	1 Per Year	No	No	No
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	1 Per 6 Months	No	No	No
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE OR AUDITORY OSSEOINTEGRATED DEVICE, REPLACEMENT	Yes	1 Per 6 Months	No	No	No
L8619	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	Yes	1 Per 3 years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8621	ZINC AIR BATTERY FIOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	No	33 Per Month	Yes	Yes	No
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	No	33 Per Month	Yes	Yes	No
L8623	LITHIU ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL	No	1 Per 2 years	Yes	Yes	No
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTEGRATED DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH	No	4 Per Year	Yes	Yes	No
L8625	EXTERNAL RECHARGING SYSTEM FOR BATTERY USE WITH COCHLEAR IMPLANT OR AUDITORY OSSEOINTERGRATED DEVICE, REPLACEMENT ONLY, EACH	Yes	1 Per 5 Years	No	No	No
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	Yes	1 Per 3 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	Yes	1 Per 2 Years	No	No	No
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	Yes	4 Per 6 Months	No	No	No
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes	1 Per 5 Years	No	No	No
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT	Yes	1 Per 5 Years	No	No	No
L8693	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	Yes	1 Per 5 Years	No	No	No
L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined "No" in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE	Yes	Varies	No	No	No
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	Yes	Varies	No	No	No
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	No	1 Per Year	No	No	No
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	No	1 Per Year	No	No	No
V2626	REDUCTION OF OCULAR PROSTHESIS	No	1 Per Year	No	No	No
V2627	SCLERAL COVER SHELL	No	1 Per Year	No	No	No
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	No	1 Per Year	No	No	No
V5014	REPAIR/MODIFICATION OF A HEARING AID	Yes	1 Per 5 Years	No	No	No
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	Yes	1 Per 5 Years	No	No	No
V5050	HEARING AID, MONAURAL, IN THE EAR	Yes	1 Per 5 Years	No	No	No
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	Yes	1 Per 5 Years	No	No	No
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	Yes	1 Per 5 Years	No	No	No
V5110	DISPENSING FEE, BILATERAL	Yes	1 Per 5 Years	No	No	No
V5130	BINAURAL, IN THE EAR	Yes	1 Per 5 Years	No	No	No
V5140	BINAURAL, BEHIND THE EAR	Yes	1 Per 5 Years	No	No	No
V5160	DISPENSING FEE, BINAURAL	Yes	1 Per 5 Years	No	No	No
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	Yes	1 Per 5 Years	No	No	No
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, bte/bte	Yes	1 Per 5 Years	No	No	No
V5240	DISPENSING FEE, CONTRALATERAL ROUTING SYSTEM, BINAURAL	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	Yes	1 Per 5 Years	No	No	No
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	Yes	1 Per 5 Years	No	No	No
V5247	HEARING AID, DIGITALLY PPROGRAMMABLE ANALOG, MONAURAL, BTE (BEHING THE EAR)	Yes	1 Per 5 Years	No	No	No
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Yes	1 Per 5 Years	No	No	No
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	Yes	1 Per 5 Years	No	No	No
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	Yes	1 Per 5 Years	No	No	No
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Yes	1 Per 5 Years	No	No	No
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Yes	1 Per 5 Years	No	No	No
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	Yes	1 Per 5 Years	No	No	No
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Yes	1 Per 5 Years	No	No	No

PURCHASE LIMITS AND RESTRICTIONS POLICY

DURABLE MEDICAL EQUIPMENT MANUAL

This list of allowed codes indicates whether service authorization is required, what quantities and frequencies are allowed, and the responsibilities of the facility.

EFFECTIVE: 1-1-2018

REVISED: January 1st, 2025

Inclusion or exclusion of a procedure code, supply, product, or service does not imply Medicaid coverage, reimbursement, or lack thereof.

The bold and underlined “No” in the Service Authorization column indicates changes made to the code. Bold and underline code in Code column is a new code.

Code	Description	Service Authorization	Quantity Allowed	Nursing Home Responsibility	Swing Bed Responsibility	ICF/IID Responsibility
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Yes	1 Per 5 Years	No	No	No
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	Yes	1 Per 5 Years	No	No	No
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	Yes	1 Per 5 Years	No	No	No
V5266	BATTERY FOR USE IN HEARING DEVICE	No	Monaural 6/month Binaural 12/month	Yes	No	No
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SPECIFIED	Yes	Varies	No	No	No
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	Yes	Varies	No	No	No
V5299	HEARING AID, MISCELLANEOUS	Yes	Varies	No	No	No