



# Arkansas Department of Health and Human Services

## Division of Medical Services



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Little Rock, AR 72203-1437

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Internet Website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)

**TO:** Arkansas Medicaid Health Care Providers – ARKids First-B

**DATE:** July 1, 2007

**SUBJECT:** Provider Manual Update Transmittal #58

**REMOVE**

Section	Date
262.100	11-1-06
262.110	8-1-06
262.120	8-1-06
262.140	8-1-06
262.200	10-13-03
262.400	11-1-06
262.430	9-1-06

**INSERT**

Section	Date
262.100	7-1-07
262.110	7-1-07
262.120	7-1-07
262.140	7-1-07
262.200	7-1-07
262.400	7-1-07
262.430	7-1-07

**Explanation of Updates**

**Effective for claims received on or after July 1, 2007, the provider manual revisions described in this update transmittal are implemented.**

**The Type of Service field has been deleted from the revised CMS-1500 (08/05) form. This field is no longer required.**

Section 262.100 is updated to remove obsolete information.

Sections 262.110, 262.120, and 262.140 are updated to remove obsolete references to using a type of service code.

Section 262.120 additionally has a new local code added (**Z1825**) and an additional local code (**Z0428**) that was previously not entered with its description.

Section 262.200 is re-titled National Place of Service Codes.

Section 262.400 is updated to remove obsolete reference to using a type of service code.

Section 262.430 is updated to remove obsolete reference to using a type of service code.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:  
[www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Roy Jeffus, Director

## SECTION II ARKIDS FIRST - B

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**262.000 ARKids First-B Billing Procedures**

**262.100 CPT and/or HCPCS Procedure Codes 7-1-07**

National codes must be used for both electronic and paper claims. Where only a local code is available, it can be used indefinitely, but it can be billed only on a paper claim.

**262.110 Medical Supplies Procedure Codes 7-1-07**

The following medical supplies procedure codes may be billed by Medicaid-enrolled Home Health and Prosthetics providers for ARKids First-B participants.

A4206	A4221	A4222	A4253 U1	A4256
A4259 U2	A4265	A4310	A4311	A4312
A4313	A4314	A4315	A4316	A4320
A4322	A4326	A4327	A4328	A4330
A4338	A4340	A4344	A4346	A4348
A4351	A4352	A4354	A4355	A4356
A4357	A4358	A4359	A4361	A4362
A4364	A4367	A4369	A4371	A4397
A4398	A4399	A4400	A4402	A4404
A4405	A4406	A4450	A4452	A4455
A4558	A4561	A4562	A4623	A4624
A4625	A4626	A4628	A4629	A4772
A4927	A5051	A5052	A5053	A5054
A5055	A5061	A5062	A5063	A5071
A5072	A5073	A5081	A5082	A5093
A5102	A5105	A5112	A5113	A5114
A5120	A5121	A5122	A5126	A5131
A6154	A6234	A6241	A6242	A6248
A7520	B4086	E0776		

<b>Procedure Code</b>	<b>Required Modifier(s)</b>	<b>Description</b>
A6257	—	Transparent film, each (16 square inches or less)
A6258	—	Transparent film, each (more than 16, but less than 48 square inches)
A6259	—	Transparent film, each (more than 48 square inches)
A6216 A6219 A6228	—	Gauze pads medicated or non-medicated, each (16 square inches or less)

Procedure Code	Required Modifier(s)	Description
A6217 A6220 A6229 A6403	—	Gauze pads medicated or non-medicated, each (more than 16, but less than 48 square inches)
A6204 A6218 A6221 A6230	—	Gauze pads medicated or non-medicated, each (more than 48 square inches)
A6441 A6446	—	Gauze, non-elastic, per roll (1 linear yard)
A6242 A6245	—	Hydrogel dressing, each (16 square inches or less)
A6243 A6246	—	Hydrogel dressing, each (more than 16, but less than 48 square inches)
A6244 A6247	—	Hydrogel dressing, each (more than 48 square inches)
A6248	—	Hydrogel dressing, each (1 ounce)
A6234 A6237	—	Hydrocolloid dressing, each (16 square inches or less)
A6235 A6238	—	Hydrocolloid dressing, each (more than 16, but less than 48 square inches)
A6238	U1	Hydrocolloid dressing, each (more than 48 square inches)
A6196	—	Alginate dressing, each (16 square inches or less)
A6197	—	Alginate dressing, each (more than 16, but less than 48 square inches)
A6198	—	Alginate dressing, each (more than 48 square inches)
A6197	—	Alginate dressing, each (1 linear yard)
A6209 A6212	—	Foam dressing, each (16 square inches or less)
A6210 A6213	—	Foam dressing, each (more than 16, but less than 48 square inches)
A6211	—	Foam dressing, each (more than 48 square inches)
A6200 A6203	—	Composite dressing, each (16 square inches or less)
A6201 A6204	—	Composite dressing, each (more than 16, but less than 48 square inches)
A6202 A6205	—	Composite dressing, each (more than 48 square inches)
A4253	—	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4353	—	Urinary intermittent catheter with insertion supplies
A4394	—	Ostomy deodorant, all types, per ounce

Procedure Code	Required Modifier(s)	Description
A4365	—	Adhesive remover wipes, any type, per 50
A4368	—	Ostomy filters, any type, each
A6449 A6452	—	Gauze elastic, all types, per roll (linear yard)
A4483	—	Moisture exchange/agreer, disposable, for use with invasive mech
B4100	—	Food thickener, administered orally, per oz.
A6549*	—	Stocking (Jobst)

**\*NOTE: A4221, A4222 and A6549 must be prior authorized. Form AFMC-103 must be used for the request for prior authorization. [View or print form AFMC-103 and instructions for completion.](#)**

**The costs of B4100 and A6549 are not subject to the \$125 medical supplies monthly benefit limit.**

The following procedure code must be utilized when billing for Pedia-Pop. Reimbursement for this product is provider’s cost plus ten percent. Pedia-Pop is only for oral consumption, and only in frozen form.

**Z2487** Pedia-Pop            1 unit = 1 box            Maximum = 2 units per date of service

**NOTE: Pedia-Pop must be billed on paper.**

**262.120            Durable Medical Equipment (DME) Procedure Codes**

**7-1-07**

The following DME HCPCS procedure codes may be billed by Medicaid-enrolled prosthetics providers for ARKids First-B participants.

HCPCS code	Capped rental, purchase or rental only
A4635	Purchase only
A4636	Purchase only
A4637	Purchase only
E0100	Purchase only
E0105	Purchase only
E0110	Purchase only
E0111	Purchase only
E0112	Purchase only
E0113	Purchase only
E0114	Purchase only
E0116	Purchase only
E0130	Purchase only
E0135	Purchase only
E0140	Purchase only

<b>HCPCS code</b>	<b>Capped rental, purchase or rental only</b>
E0143	Purchase only
E0147	Purchase only
E0153	Purchase only
E0154	Purchase only
E0155	Purchase only
E0157	Purchase only
E0158	Purchase only
E0161	Purchase only
E0163	Purchase only
E0164	Purchase only
E0166	Purchase only
E0167	Purchase only
E0175	Purchase only
E0180	Purchase only
E0181	Capped rental
E0182	Purchase only
E0184	Purchase only
E0185	Purchase only
E0189	Purchase only
E0190	Purchase only
E0191	Purchase only
E2601 E2602	Capped rental
E0196	Purchase only
E0197	Purchase only
E0200	Capped rental
E0202	Rental only
E0205	Capped rental
E0217	Capped rental
E0225	Capped rental
E0235	Purchase only
E0236	Capped rental
E0238	Purchase only
E0239	Capped rental
E0249	Purchase only
E0250	Capped rental
E0255	Capped rental



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<b>HCPCS code</b>	<b>Capped rental, purchase or rental only</b>
E0260	Capped rental
E0271	Capped rental
E0272	Capped rental
E0273	Purchase only
E0275	Purchase only
E0276	Purchase only
E0280	Purchase only
E0325	Purchase only
E0326	Purchase only
E0424	Rental only
E0430	Rental only
E0435	Rental only
E0439	Rental only
E0443	Purchase only
E0444	Purchase only
E0480	Capped rental
E0560	Purchase only
E0565	Capped rental
E0570	Purchase only
E0575	Capped rental
E0585	Capped rental
E0600	Rental only
E0605	Purchase only
E0606	Capped rental
E0607 U1	Purchase only
E0630	Capped rental
E0650	Capped rental
E0667	Capped rental
E0668	Capped rental
E0691	Rental only
E0692	Rental only
E0693	Rental only
E0694	Rental only
E0720	Capped rental
E0730	Capped rental
E0740	Purchase only

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<b>HCPCS code</b>	<b>Capped rental, purchase or rental only</b>
E0745	Capped rental
E0747	Rental only
E0840	Purchase only
E0850	Purchase only
E0860	Purchase only
E0870	Purchase only
E0880	Purchase only
E0890	Purchase only
E0900	Purchase only
E0910	Capped rental
E0920	Capped rental
E0930	Capped rental
E0935	Capped rental
E0940	Capped rental
E0941	Capped rental
E0942	Purchase only
E0944	Purchase only
E0945	Purchase only
E0946	Purchase only
E0947	Purchase only
E0948	Purchase only
E1130	Capped rental
E1140	Capped rental
E1150	Capped rental
E1160	Capped rental
E1224	Capped rental
E1390	Rental only
E1391	Rental only
E2611	Purchase only
E2612	Purchase only

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Procedure Code	Required Modifier	Description	Capped rental, purchase or rental only
E1340	NU	Durable medical equipment repairs/parts only repairs will not be approved for more than the allowed purchase price of new equipment. (The manufacturer's invoice must be attached to the repair claim for all parts.)	Manually priced
Z0428 Bill on paper	NU	Unlisted durable medical equipment, \$500.00 and over. (The manufacturer's invoice must be attached to the claim form.)	Manually priced
Z1825 Bill on paper	NU	Unlisted durable medical equipment, under \$500.00. The manufacturer's invoice must be attached to the claim form.)	
E0779 E0779	RR —	Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home	Rental only
A7034 A7034	RR —	CPAP (continuous positive airway pressure) device, nasal (includes necessary accessory items) <b>Note: Complete medical data pertinent to the request must be submitted with a prior authorization request.</b>	Rental only
E0445	—	Pulse oximeter (including 4 disposable probes)	Rental only
E1340	EP, U3	Unlisted repairs/wheelchairs	Manually priced
E0483 E0483	UB RR	High-frequency chest-wall oscillation air-pulse generator system, incl	Rental only
E0483	—	Pulmonary vest (The manufacturer's invoice must be attached to the claim form.)	Purchase only
E1340	U4	Maintenance for capped rental items	N/A
E1340	NU, U1	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
E1340	—	Labor only (a maximum of twenty (20) units per date of service is allowed) (20 units = 5 hours of labor)	Manually priced
A4670	—	Electronic blood pressure monitor and cuff	Rental only
A4230	—	Infusion set for external insulin pump, non-needle cannula type	Purchase only

Procedure Code	Required Modifier	Description	Capped rental, purchase or rental only
A4213	—	Syringes, sterile, 20 cc or greater, each	Purchase only
Bill on paper	—	Power kit/batteries	Purchase only
A6021 A6022 A6023 A6024	—	Polyskin dressing	Purchase only
A4627	UB	Spacer bag or reservoir, with or without mask, for use with metered dose inhaler	Purchase only
A4627	—	Spacer bag or reservoir, with mask, for use with metered inhaler	Purchase only

**262.140**      **Speech-Language Pathology Procedure Codes**      **7-1-07**

Procedure Code	Required Modifier	Description
92506		Evaluation for Speech Therapy
92507	—	Individual Speech Session
92507	UB	Individual Speech Therapy by Speech Language Pathology Assistant
92508	—	Group Speech Session
92508	UB	Group Speech Therapy by Speech Language Pathology Assistant

**262.200**      **National Place of Service Codes**      **7-1-07**

Refer to the appropriate Arkansas Medicaid Provider Manual for instructions.

**262.400**      **Billing Procedures for Preventive Health Screens**      **7-1-07**

ARKids First-B reimburses providers for preventive health screenings performed at the intervals recommended by the American Academy of Pediatrics.

References in this section indicate that ARKids First-B preventive health screenings are similar to Arkansas Medicaid Child Health Services (EPSDT) screens. However, please note these important distinctions:

- A. File claims for ARKids First-B preventive health screenings in the CMS-1500 claim format. Do not use the DMS-694 claim format.

**NOTE: Certified nurse-midwives are restricted to performing the preventive health screen, Newborn 99431, 99432 or 99435. They may not bill procedure codes 99381-99385 or 99391-99395.**

**262.430**      **Vaccines for Children Program**      **7-1-07**

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. These vaccines are available for ARKids First-B participants who are under the age of 19. To enroll in the VFC Program, contact the Division of Health. Providers may also obtain the vaccines to administer from the Division of Health. **View or print the Division of Health contact information.**

Vaccines available through the VFC program are covered for ARKids First-B participants. The administration fee only is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require the modifier **TJ**.

For information about vaccines covered through the VFC program, contact the Division of Health (see contact link above).

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**TO:** Arkansas Medicaid Health Care Providers – Physician/Independent  
Lab/CRNA/Radiation Therapy Center

**DATE:** July 1, 2007

**SUBJECT:** Provider Manual Update Transmittal #129

### REMOVE

Section	Date
229.110	4-1-07
242.000	10-3-03
262.000	10-1-06
291.000	10-13-03
292.200	4-3-06
292.210	4-3-06
292.220	4-3-06
292.300	10-13-03
292.310	2-1-06
292.410	10-1-06
292.420	10-13-03
292.430	10-1-06
292.440	10-1-06
292.442	10-13-06
292.446	10-13-03
292.447	2-1-06
292.450	2-1-06
292.451	2-1-06
292.480	10-1-06
292.510	12-5-05
292.521	12-5-05
292.525	10-13-03
292.540	7-1-05
292.550	blank
292.551	10-1-06
292.552	No date

### INSERT

Section	Date
229.110	7-1-07
242.000	7-1-07
262.000	7-1-07
291.000	7-1-07
292.200	7-1-07
292.210	7-1-07
—	—
292.300	7-1-07
292.310	7-1-07
292.410	7-1-07
292.420	7-1-07
292.430	7-1-07
292.440	7-1-07
292.442	7-1-07
292.446	7-1-07
292.447	7-1-07
292.450	7-1-07
292.451	7-1-07
292.480	7-1-07
292.510	7-1-07
292.521	7-1-07
292.525	7-1-07
292.540	7-1-07
292.550	Blank
292.551	7-1-07
292.552	7-1-07

**REMOVE**

<b>Section</b>	<b>Date</b>
292.553	10-1-06
292.560	10-3-03
292.561	10-1-06
292.580	10-13-03
292.590	7-1-05
292.592	10-1-06
292.593	10-1-06
292.594	10-1-06
292.596	2-1-06
292.597	7-1-05
292.598	10-1-05
292.620	10-1-06
292.672	10-1-06
292.674	10-1-06
292.675	10-1-06
292.682	7-1-05
292.730	10-1-06
292.741	10-13-03
292.750	10-13-03
292.760	10-1-06
292.770	7-1-05
292.780	7-1-05
292.790	10-13-03
292.801	10-1-06
292.811	10-13-03
292.812	10-1-06
292.813	10-13-03
292.821	3-15-05
292.850	3-15-05
292.860	6-1-06
292.870	10-1-06
292.880	2-1-06
292.890	2-1-06

**INSERT**

<b>Section</b>	<b>Date</b>
292.553	7-1-07
292.560	7-1-07
292.561	7-1-07
292.580	7-1-07
292.590	7-1-07
292.592	7-1-07
292.593	7-1-07
292.594	7-1-07
292.596	7-1-07
292.597	7-1-07
292.598	7-1-07
292.620	7-1-07
292.672	7-1-07
292.674	7-1-07
292.675	7-1-07
292.682	7-1-07
292.730	7-1-07
292.741	7-1-07
292.750	7-1-07
292.760	7-1-07
292.770	7-1-07
292.780	7-1-07
292.790	7-1-07
292.801	7-1-07
292.811	7-1-07
292.812	7-1-07
292.813	7-1-07
292.821	7-1-07
292.850	7-1-07
292.860	7-1-07
292.870	7-1-07
292.880	7-1-07
292.890	7-1-07

### Explanation of Updates

**Effective for claims received on or after July 1, 2007, the following provider manual revisions are implemented.**

**The Type of Service field has been eliminated due to the implementation of the new CMS-1500 (rev. 08-05). This field is no longer required.**

Sections 242.000, 292.410, 292.430, 292.442, 292.446, 292.447, 292.450, 292.451, 292.480, 292.510, 292.525, 292.540, 292.551, 292.552, 292.553, 292.560, 292.561, 292.592, 292.593, 292.594, 292.596, 292.597, 292.598, 292.675, 292.682, 292.730, 292.750, 292.760, 292.790, 292.801, 292.812, 292.821, 292.850, 292.860, 292.870, 292.880, 292.890 have been updated to delete Type of Service requirements since this category has been eliminated.

Section 229.110 has been updated with new instructions for completion of the DMS 671 form.

Section 262.000 has been updated with the modifiers “80-82.”

Section 291.000 contains an updated Introduction to Billing

Section 292.200 has been updated to add the word “National” to Place of Service and to delete reference to Type of Service codes.

Section 292.210 has been updated to add the word “National” to Place of Service and add a statement that “Electronic Claims require the National Place of Service Code.” In addition, the obsolete “Paper Claims” column has been deleted and “National POS Claims” has replaced the wording “Electronic Claims” and Type of Service references have been deleted.

Section 292.220 has been deleted since the Type of Service field is no longer required.

Section 292.300 contains an updated version of Billing Instructions-Paper Only.

Section 292.310 contains updated instructions for Completion of the CMS-1500 (rev. 08-05) Claim Form.

Section 292.420 has updated language to clarify Allergy and Immunology billing requirements.

Section 292.440 has updated language to clarify Anesthesia Services billing requirements and has been updated to show that the “AA” modifier has been added.

Section 292.521 has been updated to add the word “National” to Place of Service and delete the word “Electronic” since all Place of Service codes are now “**National.**” In addition, all references to the Type of Service field have been deleted since it is no longer required.

Section 292.580 has been updated to add the modifiers “AA” and “80-82.”

Section 292.590 has been updated with new language to clarify billing instructions for Injections.

Section 292.591 has been updated to remove reference to obsolete separate one digit Place of service code.

Sections 292.620 and 292.674 have been updated to delete references to the Type of Service field, which is no longer required. They have also been updated to place the word “National” before the words “Place of Service” to reflect the changes in billing. In addition, the word “Electronic” has been deleted as obsolete.

Section 292.672 has been updated with the modifiers “80-82.”



Section 292.741 has been updated with new language to clarify billing instructions for Individual Medical Psychotherapy.

Section 292.770 has been updated to delete references to the Type of Service field, which is no longer required. It has also been updated to place the word “**National**” before the words “Place of Service” to reflect the changes in billing. In addition, the word “Electronic” has been deleted as obsolete.

Section 292.780 has been updated with new language to clarify billing instructions for Substitute Physicians.

Sections 292.811 and 292.813 have been updated to delete references to the Type of Service field, which is no longer required. They have also been updated to place the word “**National**” before the words “Place of Service” to reflect the changes in billing. In addition, the word “Electronic” has been deleted as obsolete. There is also a notation that “Electronic and paper claims now require the same National Place of Service code.”

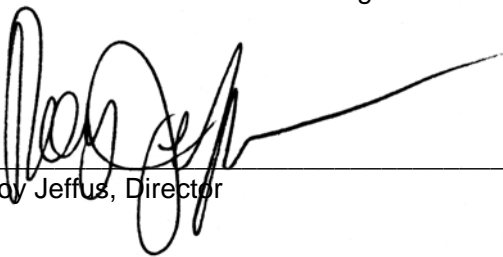
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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Roy Jeffus, Director

## SECTION II - PHYSICIAN/INDEPENDENT LAB/CRNA/RADIATION THERAPY CENTER

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292.900	Tobacco Cessation Counseling Services

**229.110**      **Completion of Request Form DMS-671, “Request For Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray Services”**      **7-1-07**

Requests for extension of benefits for Clinical Services (Physician’s Visits), Outpatient Services (Hospital Outpatient visits), Laboratory Services (Lab Tests) and X-ray services (X-ray, Ultrasound, Electronic Monitoring - e.e.g.; e.k.g.; etc-), must be submitted to AFMC for consideration. Consideration of requests for extension of benefits requires correct completion of all fields on the Request for Extension of Benefits for Clinical, Outpatient, Laboratory and X-Ray (form DMS-671). [View or print form DMS-671.](#)

**Complete instructions for accurate completion of form DMS- 671 (including indication of required attachments) accompany the form. All forms are listed and accessible in Section V of each Provider Manual.**

**242.000**      **Dermatology**      **7-1-07**

The Arkansas Medicaid Program covers CPT procedure code **96900** - Actinotherapy (ultraviolet light). The physician must submit documentation with claim to establish medical necessity.

**262.000**      **Procedures That Require Prior Authorization**      **7-1-07**

The following procedure codes require prior authorization:

Procedure Codes							
J7320	J7340	L8614	L8615	L8616	L8617	L8618	L8619
S0512	S2213	V5014	00170	01966	11960	11970	11971
15400	15831	19318	19324	19325	19328	19330	19340
19342	19350	19355	19357	19361	19364	19366	19367
19368	19369	19370	19371	19380	20974	20975	21076
21077	21079	21080	21081	21082	21083	21084	21085
21086	21087	21088	21089	21120	21121	21122	21123
21125	21127	21137	21138	21139	21141	21142	21143
21145	21146	21147	21150	21151	21154	21155	21159
21160	21172	21175	21179	21180	21181	21182	21183
21184	21188	21193	21194	21195	21196	21198	21199
21208	21209	21244	21245	21246	21247	21248	21249
21255	21256	27412	27415	29866	29867	29868	30220
30400	30410	30420	30430	30435	30450	30460	30462
32851	32852	32853	32854	33140	33282	33284	33945
36470	36471	37785	37788	38240	38241	38242	42820
42821	42825	42826	42842	42844	42845	42860	42870
43257	43644	43645	43842	43845	43846	43847	43848
43850	43855	43860	43865	47135	48155	48160	48554
48556	50320	50340	50360	50365	50370	50380	51925



Procedure Codes							
54360	54400	54415	54416	54417	55400	57335	58150
58152	58180	58260	58262	58263	58267	58270	58280
58290	58291	58292	58293	58294	58345	58550	58552
58553	58554	58672	58673	58750	58752	59135	59840
59841	59850	59851	59852	59855	59856	59857	59866
60512	61850	61860	61862	61870	61875	61880	61885
61886	61888	63650	63655	63660	63685	63688	64555
64573	64585	64809	64818	65710	65730	65750	65755
67900	69300	69310	69320	69714	69715	69717	69718
69930	87901	87903	87904	92081	92100	92326	92393
93980	93981						

Procedure Code	Modifier	Description
E0779	RR	Ambulatory infusion device
D0140	EP	EPSDT interperiodic dental screen
J7330		Autologous cultured chondrocytes, implant
L8619	EP	External sound processor
S0512		Daily wear specialty contact lens, per lens
V2501	UA	Supplying and fitting Keratoconus lens (hard or gas permeable) - 1 lens
V2501	U1	Supplying and fitting of monocular lens (soft lens) - 1 lens
Z1930	80, 81, 82	Non-emergency hysterectomy following c-section
92002	UB	Low vision services – evaluation

## 290.000 BILLING PROCEDURES

### 291.000 Introduction to Billing

7-1-07

Physician/Independent Lab/CRNA/Radiation Therapy Center providers use the CMS-1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid beneficiaries. Each claim may contain charges for only one beneficiary.

Section III of this manual contains information about Provider Electronic Solutions (PES) and other available options for electronic claim submission.

### 292.200 Physician National Place of Service

#### 292.210 National Place of Service Codes

7-1-07

Electronic and paper claims now require the same National Place of Service code

Place of Service	POS Codes
Inpatient Hospital	21
Outpatient Hospital	22
Doctor's Office	11
Patient's Home	12
Ambulatory Surgical Center	24
Day Care Facility or DDTCS Facility	99
Nursing Facility	32
Skilled Nursing Facility	31
Other Locations	99
Independent Laboratory	81
End Stage Renal Disease Treatment Facility	65
Emergency Room	23
Inpatient Psychiatric Facility	51

### 292.300 Billing Instructions—Paper Only

7-1-07

EDS offers providers several options for electronic billing. Therefore, claims submitted on paper are lower priority and are paid once a month. The only claims exempt from this rule are those that require attachments or manual pricing.

Bill Medicaid for professional services with form CMS-1500. The numbered items in the following instructions correspond to the numbered fields on the claim form. [View a sample form CMS-1500.](#)

Carefully follow these instructions to help EDS efficiently process claims. Accuracy, completeness, and clarity are essential. Claims cannot be processed if necessary information is omitted.

Forward completed claim forms to the EDS Claims Department. [View or print the EDS Claims Department contact information.](#)

**NOTE: A provider delivering services without verifying beneficiary eligibility for each date of service does so at the risk of not being reimbursed for the services.**

### 292.310 Completion of the CMS-1500 Claim Form

7-1-07

Field Name and Number	Instructions for Completion
1. (type of coverage)	Not required.
1a. INSURED'S I.D. NUMBER (For Program in Item 1)	Beneficiary's or participant's 10-digit Medicaid or ARKids First-A or ARKids First-B identification number.
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Beneficiary's or participant's last name and first name.

Field Name and Number	Instructions for Completion
3. PATIENT'S BIRTH DATE	Beneficiary's or participant's date of birth as given on the individual's Medicaid or ARKids First-A or ARKids First-B identification card. Format: MM/DD/YY.
SEX	Check M for male or F for female.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Required if insurance affects this claim. Insured's last name, first name, and middle initial.
5. PATIENT'S ADDRESS (No., Street)	Optional. Beneficiary's or participant's complete mailing address (street address or post office box).
CITY	Name of the city in which the beneficiary or participant resides.
STATE	Two-letter postal code for the state in which the beneficiary or participant resides.
ZIP CODE	Five-digit zip code; nine digits for post office box.
TELEPHONE (Include Area Code)	The beneficiary's or participant's telephone number or the number of a reliable message/contact/emergency telephone.
6. PATIENT RELATIONSHIP TO INSURED	If insurance affects this claim, check the box indicating the patient's relationship to the insured.
7. INSURED'S ADDRESS (No., Street)	Required if insured's address is different from the patient's address.
CITY	
STATE	
ZIP CODE	
TELEPHONE (Include Area Code)	
8. PATIENT STATUS	Not required.
9. OTHER INSURED'S NAME (Last name, First Name, Middle Initial)	If patient has other insurance coverage as indicated in Field 11d, the other insured's last name, first name, and middle initial.
a. OTHER INSURED'S POLICY OR GROUP NUMBER	Policy and/or group number of the insured individual.
b. OTHER INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
c. EMPLOYER'S NAME OR SCHOOL NAME	Required when items 9 a-d are required. Name of the insured individual's employer and/or school.
d. INSURANCE PLAN NAME OR PROGRAM NAME	Name of the insurance company.
10. IS PATIENT'S CONDITION RELATED TO:	

Field Name and Number	Instructions for Completion
a. EMPLOYMENT? (Current or Previous)	Check YES or NO.
b. AUTO ACCIDENT?  PLACE (State)	Required when an auto accident is related to the services. Check YES or NO.  If 10b is YES, the two-letter postal abbreviation for the state in which the automobile accident took place.
c. OTHER ACCIDENT?	Required when an accident other than automobile is related to the services. Check YES or NO.
10d. RESERVED FOR LOCAL USE	Not used.
11. INSURED'S POLICY GROUP OR FECA NUMBER	Not required when Medicaid is the only payer.
a. INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
b. EMPLOYER'S NAME OR SCHOOL NAME	Not required.
c. INSURANCE PLAN NAME OR PROGRAM NAME	Not required.
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	When private or other insurance may or will cover any of the services, check YES and complete items 9a through 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	Required when services furnished are related to an accident, whether the accident is recent or in the past. Date of the accident.
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE	Not required.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Not required.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Primary Care Physician (PCP) referral is required for most Physician/Independent Lab/CRNA/Radiation Therapy Center services provided by non-PCPs. Enter the referring physician's name and title.
17a. (blank)	The 9-digit Arkansas Medicaid provider ID number of the referring physician.
17b. NPI	Not required.

Field Name and Number	Instructions for Completion
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	When the serving/billing provider's services charged on this claim are related to a beneficiary's or participant's inpatient hospitalization, enter the individual's admission and discharge dates. Format: MM/DD/YY.
19. RESERVED FOR LOCAL USE	<b>Not used.</b>
20. OUTSIDE LAB? <b>\$ CHARGES</b>	Not required. <b>Not required.</b>
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Diagnosis code for the primary medical condition for which services are being billed. Up to three additional diagnosis codes can be listed in this field for information or documentation purposes. Use the U.S. Department of Health and Human Services diagnosis coding, current as of the claim date (not the service date), from ICD-9-CM.
22. MEDICAID RESUBMISSION CODE  ORIGINAL REF. NO.	Reserved for future use.  Reserved for future use.
23. PRIOR AUTHORIZATION NUMBER	The prior authorization or benefit extension control number if applicable.
24A. DATE(S) OF SERVICE  B. PLACE OF SERVICE  <b>C. EMG</b>  D. PROCEDURES, SERVICES, OR SUPPLIES  CPT/HCPCS MODIFIER	The "from" and "to" dates of service for each billed service. Format: MM/DD/YY.  1. On a single claim detail (one charge on one line), bill only for services provided within a single calendar month.  2. Providers may bill on the same claim detail for two or more sequential dates of service within the same calendar month when the provider furnished equal amounts of the service on each day of the date sequence.  Two-digit national standard place of service code. See Section 292.200 for codes.  <b>Not required.</b>  One CPT or HCPCS procedure code for each detail. Modifier(s) if applicable.  <b>For anesthesia, when billed with modifier(s) P1, P2, P3, P4, or P5, hours and minutes must be entered in the shaded portion of that detail in field 24D.</b>

Field Name and Number	Instructions for Completion
E. DIAGNOSIS POINTER	Enter in each detail the single number—1, 2, 3, or 4—that corresponds to a diagnosis code in Item 21 (numbered 1, 2, 3, or 4) and that supports most definitively the medical necessity of the service(s) identified and charged in that detail. Enter only one number in E of each detail. Each DIAGNOSIS POINTER number must be only a 1, 2, 3, or 4, and it must be the only character in that field.
F. \$ CHARGES	The full charge for the service(s) totaled in the detail. This charge must be the usual charge to any client, patient, or other <b>beneficiary</b> of the provider's services.
G. DAYS OR UNITS	The units (in whole numbers) of service(s) provided during the period indicated in Field 24A of the detail.
H. EPSDT/Family Plan	Enter E if the services resulted from a Child Health Services (EPSDT) screening/referral.
I. ID QUAL	Not required.
J. RENDERING PROVIDER ID #	The 9-digit Arkansas Medicaid provider ID number of the individual who furnished the services billed for in the detail.
NPI	Not required.
25. FEDERAL TAX I.D. NUMBER	Not required. This information is carried in the provider's Medicaid file. If it changes, please contact Provider Enrollment.
26. PATIENT'S ACCOUNT N O.	Optional entry that may be used for accounting purposes; use up to 16 numeric or alphabetic characters. This number appears on the Remittance Advice as "MRN."
27. ACCEPT ASSIGNMENT?	Not required. Assignment is automatically accepted by the provider when billing Medicaid.
28. TOTAL CHARGE	Total of Column 24F—the sum all charges on the claim.
29. AMOUNT PAID	Enter the total of payments previously received on this claim. Do not include amounts previously paid by Medicaid. * Do <b>not</b> include in this total the automatically deducted Medicaid or ARKids First-B co-payments.
30. BALANCE DUE	From the total charge, subtract amounts received from other sources and enter the result.
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider's direction. "Provider's signature" is defined as the provider's actual signature, a rubber stamp of the provider's signature, an automated signature, a typewritten signature, or the signature of an individual authorized by the provider rendering the service. The name of a clinic or group is not acceptable.

Field Name and Number	Instructions for Completion
32. SERVICE FACILITY LOCATION INFORMATION	If other than home or office, enter the name and street, city, state, and zip code of the facility where services were performed.
a. (blank)	Not required.
b. (blank)	Not required.
33. BILLING PROVIDER INFO & PH #	Billing provider's name and complete address. Telephone number is requested but not required.
a. (blank)	Not required.
b. (blank)	Enter the 9-digit Arkansas Medicaid provider ID number of the billing provider.

**292.400 Special Billing Procedures**

**292.410 Abortion Procedure Codes**

7-1-07

Abortion procedures performed when the life of the mother would be endangered if the fetus were carried to term require prior authorization from the Arkansas Foundation of Medical Care, Inc. (AFMC).

Abortion for pregnancy resulting from rape or incest must be prior authorized by the Division of Medical Services, Administrator, and Utilization Review.

The physician must request prior authorization for the abortion procedures and for anesthesia. Refer to section 260.000 of this manual for prior authorization procedures. The physician is responsible for providing the required documentation to other providers (hospitals, anesthetist, etc.) for billing purposes.

All claims must be made on paper with attached documentation. A completed Certification Statement for Abortion (form DMS-2698 Rev. 8/04), patient history and physical exam are required for processing of claims.

Use the following procedure codes when billing for abortions.

01966*	59840	59841	59850	59851	59852
59855	59856	59857			

\*Effective for dates of service on and after March 1, 2006, CPT anesthesia procedure code **01964** is non-payable and has been replaced with procedure code **01966**.

Refer to section 251.220 of this manual for policies and procedures regarding coverage of abortions and section 261.000, 261.100, 261.200, 261.260 for prior authorization instructions.

**292.420 Allergy and Clinical Immunology**

7-1-07

Allergy testing is available for all eligible Medicaid beneficiaries regardless of age, but allergy immunotherapy is payable only for eligible children under the Child Health Services (EPSDT) Program.

When charges for children under the Child Health Services (EPSDT) Program are billed to the Medicaid Program for the above services, the health care provider should check "Yes" in the child screening referral section of the claim, Field 24H, on the CMS-1500 claim form only if the service is a direct referral resulting from a Child Health Services (EPSDT) screen (examination).

[View a CMS-1500 sample form.](#)

Appropriate CPT procedure codes should be used when billing for procedures listed in the allergy and clinical immunology section of the CPT book.

Reimbursement of allergy testing will be paid on a “per test” basis. Enter the exact number of tests performed in the “Units” field. Procedure codes **95070** and **95071** must be billed.

Procedure code **95078** is not a payable code.

All laboratory tests done in conjunction with allergy testing or immunotherapy must also be billed by the provider who actually performs the test. Refer to Section 292.600 of this manual for information on specimen collection.

### 292.430 Ambulatory Infusion Device

7-1-07

Procedure code **E0779**, modifier **RR**, **Ambulatory Infusion Device**, is payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home. One unit of service equals one day. A reimbursement rate has been established and represents a daily rental amount. Refer to section 241.000 of this manual for coverage information and section 261.220 for prior authorization procedures.

### 292.440 Anesthesia Services

7-1-07

Anesthesia procedure codes (**00100** through **01999**) must be billed in anesthesia time. Anesthesia modifiers **P1** through **P5** listed under Anesthesia Guidelines in the CPT must be used. When appropriate anesthesia procedure codes have a base of 4 or less, they are eligible to be billed with a second modifier, “**22**,” referencing surgical field avoidance.

Any surgical procedure with local/topical anesthesia is computed to include the administration of the local anesthetic agent, as it is already computed into the reimbursement amount and is billed by the primary surgeon. No modifiers or time may be billed with these procedures.

#### A. Electronic Claims

PES or electronic claims submission may be used unless paper attachments are required.

#### B. Paper Claims

If paper billing is required, enter the procedure code, time and units as shown in section 292.447. Enter again the number of units (each 15 minutes of anesthesia equals 1 time unit) in Field 24G. (See cutaway section of a completed claim in Section 292.447.)

National Code	Local Code	Description	Documentation Required
01966*		Anesthesia for induced abortion procedures  Use for billing anesthesia service for all elective, induced abortions, including abortions performed for rape or incest	Certification Statement for Abortion (DMS-2698) (See sections 251.220, 261.000, 261.100, 261.200 and 261.260 of this manual.) <a href="#">View or print form DMS-2698 and instructions for completion.</a>
<b>Z9940</b>	<b>AA</b>	Anesthesia for Abdominal Hysterectomy	Acknowledgement of Hysterectomy (DHS-2606) <a href="#">View or print form DMS-2606 and instructions for completion.</a>

#### C. The following CPT procedure codes must be billed on CMS-1500 paper claims because they require attachments or documentation:



Procedure Code	Documentation Required
00846	Acknowledgement of Hysterectomy Information (DMS-2606) <a href="#">View or print form DMS-2606 and instructions for completion.</a>
00848	Operative Report
01962	Acknowledgement of Hysterectomy Information (DMS-2606) <a href="#">View or print form DMS-2606 and instructions for completion.</a>
01963	
00922	Operative Report
00944	Acknowledgement of Hysterectomy Information (DMS-2606) <a href="#">View or print form DMS-2606 and instructions for completion.</a>
01999	Procedure Report
00800	On females only, required to name each procedure done by surgeon in "Procedures, Services or Supplies" column. Example - 1. colon resection 2. lysis of adhesions 3. appendectomy
00840	On females only, required to name each procedure done by surgeon in "Procedures, Services or Supplies" column.
00940	Required to name each procedure done by surgeon in "Procedures, Services or Supplies" column.

Anesthesiologist/anesthetists may bill procedure code **00170** for any inpatient or outpatient dental surgery using place of service code "24," "21," "22" or "11," as appropriate. This code does not require prior approval for anesthesia claims.

A maximum of 17 units of anesthesia is allowed for a vaginal delivery or C-Section. Refer to Anesthesia Guidelines of the CPT book for procedure codes related to vaginal or C-section deliveries.

### 292.442 Epidural Therapy

7-1-07

Procedure code **62319** should be billed with one (1) unit of service at the time of insertion only. Providers are to bill for daily pain management utilizing procedure code **01996**, with one time unit of 15 minutes, with no additional payment to the anesthetist for hospital visits. In cases where the method of anesthesia for surgery is an epidural anesthetic, providers are not allowed to re-bill for the insertion of a catheter for pain management unless there is documentation attached to verify two separate insertions were done. CPT procedure codes describing catheter and/or reservoir/pump implantation are to be used for long-term therapy.

Procedure code **93503** must be billed when performed by an anesthesiologist/CRNA.

### 292.446 Time Units

7-1-07

Time units will be added to the Base Value and the Anesthesia Modifier for all cases at the rate of 1.0 Unit for each 15 minutes or any fraction thereof. Anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room or in an equivalent area and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under post-operative supervision. Enter the time units in Field 24G.

Anesthesia stand-by should be billed as detention time using procedure code **99360**. One unit equals 30 minutes. A maximum of one unit per date of service may be billed.

**292.447 Example of Proper Completion of Claim**

7-1-07

The following is a cutaway section of the CMS-1500 claim form demonstrating the proper method of entering the following information:

Line No. 1 - Anesthesia for Procedure  
 Line No. 2 - Qualifying Circumstance

DATE (S) OF SERVICE From To MM DD YY MM DD YY		Place of Service	PROCEDURES, SERVICES OR SUPPLIES (Explains Unusual Circumstances) CPT HCPCS Modifier		DIAGNOSIS CODE	S CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE		
07	15	03		1	00560	P3	441.3	xxx	Xx	12			105967001
					180 min.	= 12 units							
07	15	03		1	99116		441.3	xxx	Xx	1			105967001

**292.450 Assistant Surgery**

7-1-07

Assistant surgeon's fees require prior authorization and use of modifier 80 billed with the same procedure code billed by the primary physician.

**292.451 Co-Surgery**

7-1-07

Co-surgeon billing is indicated with modifier 62. Modifier 62 must be used in accordance with CPT guidelines. Operative reports from all physicians performing surgery during the same operative session must be attached to the claim that includes modifier 62.

**292.480 Cataract Surgery**

7-1-07

**Post-cataract lens implant** must be billed using procedure code **V2630**. This procedure code may be billed electronically or on paper. The lens implant code is billed in conjunction with the cataract surgery and is covered for eligible Medicaid beneficiaries of all ages in the outpatient setting.

**292.510 Dialysis**

7-1-07

A. Hemodialysis

The following procedure codes must be used by the nephrologist when billing for acute hemodialysis on hospitalized patients. Class I and Class II must have a secondary diagnosis listed to justify the level of care billed.

Procedure Code	Required Modifier	Description
90937		Class I – Acute renal failure complicated by illness or failure of other organ systems
90935		Class II – Acute renal failure without failure of other organ systems but with other dysfunction in other areas requiring attention
99221	U1	Class III – Acute renal failure with minor or no other complicating medical problems
99231	U1	

These are global codes. Hospital visits are included and must not be billed separately.

#### B. Peritoneal Dialysis

The following procedure codes must be used when billing for physician inpatient management of peritoneal dialysis. Class I and Class II must have a secondary diagnosis code listed to justify the level of care billed

Procedure Code	Required Modifier(s)	Description
90947		Class I – Acute renal failure complicated by illness or failure of other organ systems (peritoneal dialysis)
90945		Class II – Acute renal failure, without failure of other organ systems but with dysfunction in other areas receiving attention (peritoneal dialysis)
99221 99231	UB UB	Class III – Acute renal failure with minor or no other complicating medical problems

These are global codes. Hospital visits are included and must not be billed separately.

#### C. Outpatient Management of Dialysis

The Arkansas Medicaid Program will reimburse for outpatient management of dialysis under procedure codes **90922**, **90923**, **90924** and **90925**.

One day of dialysis management equals one unit of service. A provider may bill one day of outpatient management for each day of the month unless the beneficiary is hospitalized. When billing for an entire month of management, be sure to include the dates of management in the “Date of Service” column. Only one month of management must be reflected per claim line with a maximum of 31 units per month. If a patient is hospitalized, these days must not be included in the monthly charge. These days must be split billed. An example is:

Date of Service	Procedures, Services, or Supplies CPT/HCPCS	Days or Units
6-1-05 through 6-14-05	90922	14
6-21-05 through 6-30-05	90922	11

Arkansas Medicaid also covers Iron Dextran for beneficiaries of all ages who receive dialysis due to acute renal failure. Use procedure code **J1750** when administering in a physician’s office. Units billed are equal to the milliliters administered (1 unit = 50 mg).

Procedure code **J0636** (Injection, Calcitrol, 1 mcg, ampule) is payable for eligible Medicaid beneficiaries of all ages who receive dialysis due to acute renal failure (diagnosis codes 584 - 586).

## 292.521

## Consultations

7-1-07

When billing for office consultations when the place of service is the provider's office (POS: **11**) or inpatient hospital (POS: **21**), use the appropriate CPT procedure codes according to the description of each level of service.

The consultation procedure codes listed below must be used when the place of service is outpatient hospital or emergency room-hospital (POS: **22** or **23**, respectively) or ambulatory surgical center (POS **24**).

Procedure Code	Required Modifier(s)	Description
99241	UA, UB	Other Outpatient Consultation for a new or established patient, which requires these three key components: A problem-focused history, A problem-focused examination and Straightforward medical decision-making.
99242	UA, UB	Other Outpatient Consultation for a new or established patient, which requires these three key components: An expanded problem-focused history, An expanded problem-focused examination and Straightforward medical decision-making.
99243	UA, UB	Other Outpatient Consultation for a new or established patient, which requires these three key components: A detailed history; A detailed examination and Medical decision making of low complexity.
99244	U1, UA	Other Outpatient Consultation for a new or established patient, which requires these three key components: A comprehensive history, A comprehensive examination and Medical decision making of moderate complexity.
99245	U1, UA	Other Outpatient Consultation for a new or established patient, which requires these three key components: A comprehensive history, An expanded problem-focused examination and Medical decision making of high complexity.

Medicaid does not cover follow-up consultations. A consulting physician assuming care of a patient is providing a primary evaluation and management service and bills Medicaid accordingly within CPT standards.

For information on benefit limits for all consultation (inpatient and outpatient) refer to section 226.100 of this manual.

## 292.525

## Hospital Discharge Day Management

7-1-07

Procedure code **99238**, hospital discharge day management, may not be billed by providers in conjunction with an initial or subsequent hospital care code, procedures **99221** through **99233**. Initial hospital care codes and subsequent hospital care codes may not be billed on the day of discharge.

**292.540 Factor VIII, Factor IX and Cryoprecipitate**

7-1-07

Anti-hemophiliac Factor VIII is covered by the Arkansas Medicaid Program when administered in the outpatient hospital, physician's office or in the patient's home. The following procedure codes must be used:

**J7190** Factor VIII [antihemophilic factor (human)], per IU

**J7191** Factor VIII [antihemophilic factor (porcine)], per IU

**J7192** Factor VIII [antihemophilic factor (recombinant)], per IU

The provider must bill his/her cost per unit and the number of units administered.

HCPCS procedure code **J7194** must be used when billing for Factor IX Complex (human). Factor IX Complex (Human) is covered by Medicaid when administered in the physician's office or the patient's home (residence). The provider must bill his/her cost per unit and the number of units administered.

The Arkansas Medicaid Program covers procedure code **P9012** - Cryoprecipitate. This procedure is covered when provided to eligible Medicaid beneficiaries of all ages in the physician's office, outpatient hospital setting or patient's home.

Providers must attach a copy of the manufacturer's invoice to the claim form when billing for Cryoprecipitate.

For the purposes of Factor VIII, Factor IX and Cryoprecipitate coverage, the patient's home is defined as where the patient resides. Institutions, such as a hospital or nursing facility, are not considered a patient's residence.

**292.550 Family Planning Services****292.551 Family Planning Services For Beneficiaries in Full Coverage Aid Categories**

7-1-07

Family planning services are covered for beneficiaries in full coverage aid categories. Family planning procedures payable to physicians require a modifier "FP". All procedure codes in this table require a family planning or sterilization diagnosis code in each claim detail.

- A. The following tables include procedure codes that are covered as family planning services for beneficiaries in full coverage aid categories

Procedure Codes							
11975	11976	11977	55250	55450	58300	58301	58340**
58345**	58565	58600	58605	58611	58615	58661*	58670
58671	58700*	72190**	74740**	74742**	99144**	99145**	

\*CPT codes **58661** and **58700** represent procedures to treat medical conditions as well as for elective sterilizations

\*\*These procedures require special billing instructions. Refer to part C of this section.

Procedure Code	Modifier(s)	Description
J1055	FP	Medroxyprogesterone acetate for contraceptive use

Procedure Code	Modifier(s)	Description
J7300	FP	Intrauterine copper contraceptive
J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system
J7303	FP	Contraceptive supply, hormone containing vaginal ring
J7306	FP	Levonorgestrel (contraceptive) implant system, including implants and supplies
36415	FP	Routine venipuncture for blood collection
99401	FP, UA, UB	Periodic family planning visit
99401	FP, UA, U1	Arkansas Division of Health periodic/follow-up visit
99402	FP, UA	Arkansas Division of Health basic visit
99402	FP, UA, UB	Basic family planning visit

When filing family planning claims for physician services in an outpatient clinic, use modifier **U6** for the basic family planning visit and the periodic family planning visit

- B. Effective for dates of service on and after June 28, 2006, procedure code **S0612** is not covered as a family planning procedure. It is covered for regular Medicaid beneficiaries for annual gynecological examinations.
- C. Additional procedures have been added as family planning services when related to procedure **58565** – hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (Essure).
1. Effective for dates of service on and after March 1, 2006, conscious sedation procedure codes **99144** and **99145** may be covered as family planning service only when administered in conjunction with the Essure procedure (**58565**).  

To file claims for these professional services, use modifier **FP**. Whether billing on paper or electronically, the primary detail diagnosis code for each procedure must be a family planning diagnosis.

Claims filed for these professional services when provided in an outpatient hospital clinic do not require modifiers if filed. **All claims billed require that** the primary detail diagnosis code for each procedure must be a family planning diagnosis.
  2. Effective for dates of service on and after February 1, 2006, procedure codes **58340**, **58345**, **72190**, **74740** and **74742** are only payable as family planning services within the 6 months after the Essure procedure's date of service.
    - a. Professional claims for procedure codes **58340** and **58345** must be filed with modifier **FP**. **All claims billed require that** the primary detail diagnosis for each procedure must be a family planning diagnosis code.
    - b. Professional claims for procedure codes **72190**, **74740** and **74742** must be filed with modifier **FP**. **All claims billed require that** the primary detail diagnosis for each procedure must be a family planning diagnosis code.
    - c. Procedure codes **J1055**, **11976** and **58301** are covered family planning services. Effective for dates of service on and after February 1, 2006, these procedures are also covered up to six months as necessary for follow-up services to the Essure procedure. When provided as post-Essure follow-up care, billing protocol is unchanged for **J1055**, **11976** and **58301** for all providers.

All visits related to post-Essure services during the 6 months following the Essure procedure are included in the fee allowed for **58565**.

**292.552 Family Planning Services for Beneficiaries in Limited Aid Category 69**

7-1-07

Arkansas covers many family planning services for women of child-bearing age who are Medicaid-eligible in aid category 69 and who participate in the Arkansas Women's Health Waiver.

Covered family planning procedures furnished to beneficiaries in aid category 69 are payable to physicians and must be billed with a modifier **"FP"**.

- A. The following services are covered for this limited service category.

Procedure Codes							
11975	11976	11977	58300	58301	58340*	58345*	58565
58600	58615	58670	58671	72190*	74740*	74742*	99144*
99145*							

\*Asterisked codes require special billing procedures. Refer to part C of this section.

Procedure Code	Modifier(s)	Description
J1055	FP	Medroxyprogesterone acetate for contraceptive use
J7300	FP	Intrauterine copper contraceptive
J7302	FP	Levonorgestrel-releasing intrauterine contraceptive system
J7303	FP	Contraceptive supply, hormone containing vaginal ring
J7306	FP	Levonorgestrel (contraceptive) implant system, including implants and supplies
36415	FP	Routine venipuncture for blood collection
99401	FP, UA, UB	Periodic family planning visit
99401	FP, UA, U1	Arkansas Division of Health periodic/follow-up visit
99402	FP, UA	Arkansas Division of Health basic visit
99402	FP, UA, UB	Basic family planning visit

When filing family planning claims for physician services in an outpatient clinic, use modifier **U6** for the basic family planning visit and the periodic family planning visit.

- B. Effective for dates of service on and after June 28, 2006, the following procedure codes are not covered for aid category 69 beneficiaries.

58605	58611	58661	58700	S0612
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- C. Additional procedures have been added as family planning services when related to procedure **58565** – hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants (Essure).

1. Effective for dates of service on and after March 1, 2006, conscious sedation procedure codes **99144** and **99145** may be covered as family planning service only when administered in conjunction with the Essure procedure (**58565**).  
 To file claims for these professional services, use modifier **FP**. All claims billed require that the primary detail diagnosis code for each procedure must be a family planning diagnosis.  
 Claims filed for these professional services when provided in an outpatient hospital clinic do not require modifiers. **All claims billed require that** the primary detail diagnosis code for each procedure must be a family planning diagnosis.
2. Effective for dates of service on and after February 1, 2006, procedure codes **58340**, **58345**, **72190**, **74740** and **74742** are only payable as family planning services within the 6 months after the Essure procedure's date of service.
  - a. Professional claims for procedure codes **58340** and **58345** must be filed with modifier **FP**. **All claims billed require that** the primary detail diagnosis for each procedure must be a family planning diagnosis code.
  - b. Professional claims for procedure codes **72190**, **74740** and **74742** must be filed with modifier **FP**. **All claims billed require that** the primary detail diagnosis for each procedure must be a family planning diagnosis code.
3. Procedure codes **J1055**, **11976** and **58301** are covered family planning services. Effective for dates of service on and after February 1, 2006, these procedures are also covered up to six months as necessary for follow-up services to the Essure procedure. When provided as post-Essure follow-up care, billing protocol is unchanged for **J1055**, **11976** and **58301** for all providers.  
 All visits related to post-Essure services during the 6 months following the Essure procedure are included in the fee allowed for **58565**.

**292.553 Family Planning Laboratory Procedure Codes**

7-1-07

This table contains laboratory procedure codes payable as family planning services for regular Medicaid beneficiaries and for beneficiaries in limited aid category 69. They are also payable when used for purposes other than family planning. Claims require modifier **FP** when the service diagnosis indicates family planning.

Independent Lab CPT Codes							
Q0111	81000	81001	81002	81003	81025	83020	83520
83896	84703	85014	85018	85660	86592	86593	86687
86701	87075	87081	87087	87210	87390	87470	87490
87491***	87536	87590	87591***	87621**	88142*	88143*	88150**
88152	88153	88154	88155**	88164	88165	88166	88167
88174	88175	89300	89310	89320			

\*Procedure codes 88142 and 88143 are limited to one unit per beneficiary per state fiscal year.

\*\*Payable only to pathologists and independent labs.

\*\*\*Procedure codes 87491 and 87591 are payable as family planning services effective for dates of service on and after February 1, 2006.

Procedure Code	Required Modifiers	Description
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Procedure Code	Required Modifiers	Description
88302	FP	Surgical Pathology, Complete Procedure, Elective Sterilization
88302	FP, U2	Surgical Pathology, Professional Component, Elective Sterilization
88302	FP, U3	Surgical Pathology, Technical Component, Elective Sterilization

**292.560 Genetic Services**

7-1-07

The Arkansas Medicaid Program covers the following procedure codes regarding genetic services.

National Code	Local Code	Local Code Description
Bill on paper	Z1729	Prenatal Diagnosis Counseling
84702		Prenatal screening for fetal anomalies using maternal serum HCG and AFP

**NOTE: Where both a national code and a local code (“Z code”) are available, the local code can be used only for dates of service through October 15, 2003; the national code must be used for both electronic and paper claims for dates of service after October 15, 2003. Where only a local code is available, it can be used indefinitely, but it can be billed only on a paper claim. Where only a national code is available, it can be used indefinitely for both electronic and paper claims.**

## A. Documentation

In addition to the medical records physicians are required to keep as detailed in Section 202.200 of this manual, the **beneficiary's** medical record must verify the physician providing genetic services is a board-certified maternal fetal medicine physician as required by Arkansas Medicaid genetic policy.

## B. Prenatal Diagnosis Counseling

Prenatal Diagnosis Counseling must be performed by a maternal fetal medicine physician or a staff member under his or her direct supervision. This service includes, but is not limited to:

1. Family, medical, pregnancy history
2. Psychosocial assessment and counseling of couple regarding genetic testing and disorder
3. Diagnosis, prognosis, available options, pregnancy management are explained to the couple.

## C. Services Not Performed by a Physician

When procedure codes **Z1729 (must be billed on paper)** and **84702** are provided and the services are not performed by a physician, the provider must have written policies with a physician who assumes the responsibility for the provision of the services rendered and agrees:

1. To be immediately available for consultation to the staff performing the services,

2. To ensure that the clinic staff has appropriate training and adequate skills for performing the procedures for which they are responsible and
3. To periodically review the staff's level of performance in administering these procedures.

The physician must be physically present (under the same roof) at all times during the service delivery.

**292.561 Genetic Testing**

7-1-07

Medicaid will reimburse physician services for the following genetic testing procedures.

S3840	S3842	S3843	S3844	S3846	S3847	S3848	S3849
S3850	S3851	S3853					

**292.580 Hysterectomy for Cancer or Severe Dysplasia**

7-1-07

Physicians/Primary Surgeon may use procedure code **Z0663 with an AA modifier** when billing for a total hysterectomy procedure when the diagnosis is malignant neoplasm or severe dysplasia. **Physician/Assistant Surgeons may use procedure code Z0663 with an AA modifier and an additional modifier of 80, 81, or 82, as indicated. Assistant Surgeons must be prior authorized (see section 292.450).** Procedure code **Z0663** does not require prior authorization and must be billed on paper.

**292.590 Injections**

7-1-07

Providers billing the Arkansas Medicaid Program for covered injections should bill the appropriate CPT or HCPCS procedure code for the specific injection administered. The procedure codes and their descriptions may be found in the CPT coding book, in the HCPCS coding book and in this section of this manual.

Unless otherwise indicated, the procedure code for the injection includes the cost of the drug and the administration of the injection for intramuscular or subcutaneous routes.

Most of the covered drugs can be billed electronically. However, any drug marked with an asterisk (\*) must be billed on paper with the name of the drug and dosage listed in the "Procedures, Services, or Supplies" column, Field 24D, of the CMS-1500 claim form. [View a CMS-1500 sample form.](#) Reimbursement is based on the "Red Book" drug price. If preferred, a copy of the invoice verifying the provider's cost of the drug may be attached to the Medicaid claim form.

**292.592 Other Covered Injections and Immunizations with Special Instructions**

7-1-07

Physicians may bill for immunization procedures on either the Child Health Services (EPSDT) DMS-694 claim form or the CMS-1500 claim form. [View a DMS-694 sample form.](#) [View a CMS-1500 sample form.](#)

When a patient is scheduled for immunization only, reimbursement is limited to the immunization. The provider may bill for the immunization only. Unless otherwise noted in this section of the manual, covered vaccines are payable only for beneficiaries under age 21. The following is a list of injections with special instructions for coverage and billing.

Procedure Code	Modifier(s)	Special Instructions
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Procedure Code	Modifier(s)	Special Instructions
J0150		Procedure is covered for all ages with no diagnosis restriction.
J0152		Payable for all ages. When administered in the office, the provider must have nursing staff available to monitor the patient's vital signs during infusion. The provider must be able to treat cardiac shock and to provide advanced cardiac life support in the treatment area where the drug is infused.
J0170		Payable if the service is performed on an emergency basis and is provided in a physician's office.
J0180*		This procedure is covered for treatment of Fabry's disease, ICD-9-CM diagnosis code 272.7. Procedure requires prior approval from DMS Medical Director. See section 244.001 for additional coverage information and instructions for requesting prior approval.
J0585		Payable for individuals of all ages when medically necessary. Botox A is reviewed for medical necessity based on diagnosis.
J0636		Payable for individuals of all ages receiving dialysis due to renal failure (diagnosis codes 584-586).
J0637*		Caspofungin acetate injection is covered when administered to patients with refractory aspergillosis who also have a diagnosis of malignant neoplasm or HIV disease. Complete history and physical exam, documentation of failure with other conventional therapy and dosage must be submitted with invoice. After 30 days of use, an updated medical exam and history must be submitted.
J0702		Covered for beneficiaries of all ages. However, when provided to beneficiaries aged 21 and older, there must be a diagnosis of AIDS, cancer or complications during pregnancy (diagnosis code range 640 – 648.93).
J0881 J0885		Payable for dates of service on and after March 1, 2006, for non-ESRD use. Covered by Medicaid only when provided to patients with anemia associated with rheumatoid arthritis, sideroblastic anemia, anemia associated with multiple myeloma, anemia associated with B-cell malignancies, myelodysplastic anemia and chemotherapy induced anemia.
J0882 J0886		Payable for dates of service on and after March 1, 2006. Covered when administered to patients diagnosed with ESRD (diagnosis range 584 – 586).
J1100		Covered for beneficiaries of all ages. However, when provided to beneficiaries aged 21 and older, there must be a diagnosis of HIV/AIDS, cancer or complications during pregnancy (diagnosis code range 640 – 648.93).

Procedure Code	Modifier(s)	Special Instructions
J1440 J1441 J1460 J1470 J1480 J1490 J1500 J1510 J1520 J1530 J1540 J1550 J1560		Covered for individuals of all ages with no diagnosis restrictions.
J1566 J1567		Electronic and paper claims are reviewed for medical necessity, based on the diagnosis code.
J1600		Payable for patients with a detail diagnosis of rheumatoid arthritis (diagnosis code range 714.0 – 714.9).
J1640		Payable when administered to beneficiaries with ICD-9-CM detail diagnosis 277.1).
J1745*		<p>For beneficiaries under age 18 years, an approval letter is required, regardless of the diagnosis.</p> <p>For beneficiaries age 18 years and older, procedure code J1745 is payable when one of the following conditions exist:</p> <p>1) ICD-9-CM code 555.9 as the primary detail diagnosis <b>AND</b> a secondary diagnosis of 565.1 or 569.81</p> <p><b>OR</b></p> <p>2) ICD-9-CM code range 556.0 – 556.9</p> <p><b>OR</b></p> <p>3) ICD-9-CM code 696.0</p> <p><b>OR</b></p> <p>4) ICD-9-CM code 714.0</p> <p><b>NOTE:</b> ICD-9 diagnosis code 714.0 requires a prior approval letter from the Medical Director. The request for approval must include documentation showing failed trial of Enbrel or Humira.</p> <p>Claims must be submitted to EDS with any applicable attachments. Claims will be manually reviewed by Medicaid medical staff prior to payment.</p> <p><b>OR</b></p> <p>5) ICD-9-CM 724.9.</p> <p><b>NOTE:</b> ICD-9 diagnosis code 724.9 requires a prior approval letter from the Medical Director. The request for approval must include documentation showing failed trial of Enbrel or Humira.</p> <p>Claims must be submitted to EDS with any applicable</p>

Procedure Code	Modifier(s)	Special Instructions
		attachments. Claims will be manually reviewed by Medicaid medical staff prior to payment.
J1751 J1752		Effective for dates of service on and after March 1, 2006, procedure codes J1750 became non-payable and was replaced with procedure codes J1751 and J1752. These services are payable for individuals with a diagnosis of ICD-9-CM code 280.9.
J1785*		This procedure is covered for the treatment of Type I Gaucher disease with complications, with a detail diagnosis of ICD-9 code 272.7. Prior approval from the DMS Medical Director is required. See section 244.001 for additional coverage information and instructions for requesting prior approval. A copy of the prior approval letter must be attached to each claim.
J1931*		This procedure is covered for treatment of mucopolysaccharidosis (MPS I), ICD-9-CM diagnosis code 277.5. Prior approval from DMS Medical Director is required. See section 244.001 for additional coverage information and instructions for requesting prior approval. A copy of the prior approval letter must be attached to each claim.
J2260		Payable for Medicaid beneficiaries of all ages with congestive heart failure (ICD-9 diagnosis codes 428-428.9)
J2353* J2354*		Payable for Medicaid beneficiaries of all ages. For ages 21 and older, J2353 and J2354 are covered for diagnosis of aids and cancer (ICD-9-CM diagnosis codes 140.0 – 208.91, 230.0 – 238.9 or 042). For other diagnoses, a prior approval letter is required and must be attached to each claim. See section 244.100 for information of requesting a prior approval letter.  Paper billing is required for all diagnoses for all beneficiaries.
J2503		Payable for beneficiaries diagnosed with macular degeneration (ICD-9-CM diagnosis code 362.50 – 362.52).
J2504		Payable for beneficiaries of all ages with a primary detail diagnosis of 279.2.
J2505*		Covered for beneficiaries of all ages with a detail diagnosis from diagnosis code ranges 162.0 – 165.9, <b>or</b> 174.0 – 175.9 <b>or</b> 201.00 – 201.98 <b>or</b> 202.80 – 202.88.
J2513		Covered when administered to beneficiaries of all ages with no diagnosis restrictions.
J2788		Limited to one injection per pregnancy.
J2790 J2792		Payable with a primary diagnosis of 999.7; reviewed for medical necessity prior to payment.
J2910		Payable for patients with a primary detail diagnosis of rheumatoid arthritis (ICD-9 diagnosis codes 714.0 – 714.9).

Procedure Code	Modifier(s)	Special Instructions
J2916		Payable for beneficiaries aged 21 and older when there is a diagnosis of cancer, aids, or acute renal failure with a diagnosis on the claim that also includes 964.0. indicating that the beneficiary is allergic to iron dextran. May be billed electronically or on paper.
J2997		Payable for beneficiaries of all ages with no diagnosis restrictions. Limited to 2 units per day in the office place of service.
J3396		Covered for all ages if one of the following: diagnoses exist: ICD-9 diagnosis code 362.50 or 362.52; <b>or</b> ICD-9 diagnosis code 360.21; <b>or</b> ICD-9 diagnosis code 115.02 <b>or</b> 115.12 or 115.92. Claims may be filed electronically or on paper. See section 244.003 for additional coverage information.
J3420		Payable for patients with a primary detail diagnosis of pernicious anemia, 281.0. Coverage includes the B-12, administration and supplies. It must not be billed in multiple units.
J3465*		Covered for non-pregnant beneficiaries aged 18 and older with a diagnosis of AIDS or cancer and one of the following diagnoses: 112.2, 112.3, 112.5, 112.84, 112.85, 112.9 or 117.3. Claims must be filed on paper.
J3487		Payable to physicians when provided in the office if one of the following diagnoses exist: AIDS or cancer along with diagnosis code 275.42 <b>or</b> diagnosis code 198.5; <b>or</b> diagnosis code 203.0. Claim will be manually reviewed prior to payment.
J7198		Payable for all ages with no diagnosis restrictions.
J7199		Must be billed on a paper claim form with the name of the drug, dosage and the route of administration.
J7320		Requires prior authorization. Limited to 3 injections per knee, per beneficiary, per lifetime. (This includes Synvisc.) See section 261.240.
J7330		Requires prior authorization from AFMC for all providers. See sections 260.000, 261.000, 261.100 and 261.110.
J7341		Payable for beneficiaries of all ages with no diagnosis restrictions.
J9025		Coverage of this procedure code requires an ICD-9-CM diagnosis within the code range of 205.00 – 205.91 with applicable 4 <sup>th</sup> and 5 <sup>th</sup> digits per ICD-9-CM, <b>or</b> a diagnosis of 238.7.
J9035*		Coverage of this procedure code requires an ICD-9-CM diagnosis within the code range of 140.0 – 208.91, 230.0 – 238.9, 042, 362.50 or 362.52. A prior approval letter is required and must be attached to each claim. See section 244.100 for information on requesting prior approval.

Procedure Code	Modifier(s)	Special Instructions
J9219		This procedure code is covered for males of all ages with ICD-9-CM diagnosis code 185, 198.82 or V10.46. Benefit limit is one procedure every 12 months.
J9225		Payable for beneficiaries with a diagnosis of malignant neoplasm of prostate (ICD-9-CM code 185).
J9250		Payable for beneficiaries of all ages without restriction.
J9350		Covered for beneficiaries of all ages with a primary detail diagnosis of 162.9 or 183.0. Billable on electronic and paper claims.
J9395*		Payable for beneficiaries of all ages, with a diagnosis of 174.0 – 174.9 after treatment failure with antiestrogen drugs.  A prior approval letter is required. Requests for prior approval must include the history, physical exam and plan of treatment stating that request for this drug is due to a treatment failure. See section 244.001 for additional coverage information and instructions for requesting prior approval. A copy of the prior approval letter must be attached to each claim.
Q3025 Q3026		These procedure codes are covered for all ages based on medical necessity.
Q4079*		Procedure requires a prior approval letter. See section 244.100. The history and physical showing a relapse of multiple sclerosis must be submitted with the request for the prior approval letter. This procedure must be billed on a paper claim. The approval letter must be attached to each claim. Requires review before payment.
S0145 S0146		Procedures are payable when there is a primary detail diagnosis ICD-9-CM 070.54
90371		One unit equals 1/2 cc, with a maximum of 10 units payable per day. Payable for Medicaid beneficiaries of all ages in the physician's office.
90375* 90376*		Covered for all ages. Billing requires paper claims with procedure code and dosage entered infield 24.D of claim form CMS-1500 for each date of service. If date spans are used, I units of service must be identical for each date within the span. The manufacturer's invoice must be attached. Reimbursement rate includes administration fee.
90385		Limited to one injection per pregnancy.
90581*		Payable for ages 18 years and older. Indicate dose and attach manufacturer's invoice.
90585		Payable for all ages.
90586		Payable for ages 18 years and older.
90632		Payable when administered to beneficiaries ages 19 years and older.
90633 90634	EP, TJ	Payable when administered to beneficiaries ages 12 months – 18 years. See section 292.593.

<b>Procedure Code</b>	<b>Modifier(s)</b>	<b>Special Instructions</b>
90636	EP, TJ	Payable when administered to beneficiaries age 18 years and older. Modifiers are required only when administered to beneficiaries aged 18 years. See section 292.593.
90645 90646 90647	EP, TJ	Payable when administered to beneficiaries of all ages. See section 292.593 for billing instructions when administered to beneficiaries aged 18 years and younger.
90648	EP, TJ	Payable when administered to beneficiaries aged 18 years and younger. Refer to section 292.593 for more information.
90655 90657	EP, TJ	Influenza vaccines payable through the VFC program for beneficiaries 6 – 35 months of age. See section 292.593 for billing instructions.
90656 90658	EP, TJ	Influenza vaccines payable for beneficiaries aged 3 years and older. Modifiers required only when administered to children under age 19. Refer to sections 292.593 and 292.594 for influenza vaccine policy.
90660	EP, TJ	Covered for healthy individuals aged 5-49 and not pregnant. Modifiers required only when administered to beneficiaries under age 19. See sections 292.593 and 292.594 of this manual.
90665		Payable when administered to beneficiaries ages 19 years and older.
90669	EP, TJ	Administration of vaccine is covered for children under age 5 years. See section 292.593 for billing instructions.
90675* 90676*		Covered for all ages without diagnosis restrictions. Billing requires paper claims with procedure code and dosage entered in field 24.D of claim form CMS-1500 for each date of service. If date spans are used, units of service must be identical for each date within the span. The manufacturer's invoice must be attached. Reimbursement rate includes administration fee.
90680	EP, TJ	VFC vaccine payable when administered to beneficiaries ages 6 weeks – 32 weeks. See section 292.593 for more information.
90690		Payable for beneficiaries ages 6 years and older.
90691		Payable for beneficiaries aged 3 years and older.
90698		Payable for beneficiaries aged 0 – 7 years.
90700	EP, TJ	VFC vaccine payable when administered to beneficiaries under age 7 years. Modifiers are required. See section 292.593 for more information.
90703		Payable for ages 18 years and older.
90704		Payable for beneficiaries aged 1 year and older.
90705		Payable for ages 9 months and older.



<b>Procedure Code</b>	<b>Modifier(s)</b>	<b>Special Instructions</b>
90706		Payable for ages 1 year and older.
90707	U1	Payable when provided to women of childbearing age, ages 21 through 44, who may be at risk of exposure to these diseases. Coverage is limited to two (2) injections per lifetime. U1 modifier is required for this age group.  Payable when administered to beneficiaries aged 19 and 20 years.
90707	EP, TJ	Payable when administered to beneficiaries under age 19 years. Modifiers are required when administered to beneficiaries under age 19 years. See section 292.593.
90708		Payable for beneficiaries 9 months of age and older.
90710	EP, TJ	Payable for beneficiaries under age 21 years. Modifiers are required only when administered to children under age 19. See section 292.593 for additional information.
90713	EP, TJ	Payable for beneficiaries of all ages. However, modifiers are required only when administered to beneficiaries under age 19 years. See section 292.593.
90714	EP, TJ	Payable for beneficiaries ages 7 years and older. Modifiers are required when administered to beneficiaries under age 19 years. See section 292.593.
90715	EP, TJ	This vaccine is covered for individuals aged 7 years and older. Modifiers are required only when administered to beneficiaries under age 19 years. See section 292.593.
90716	EP, TJ	This vaccine is covered for beneficiaries under age 21. Modifiers are required only when administered to beneficiaries under age 19. See section 292.593.
90717		Payable for all ages. Submit invoice with claim.
90718	EP, TJ	This vaccine is covered for individuals aged 7 years and older. Modifiers are required only when administered to beneficiaries under age 19 years. See section 292.593.
90719		This vaccine is covered for individuals of all ages.
90721	EP, TJ	Covered for beneficiaries under age 21 years. Modifiers are required only when administered to beneficiaries under age 19 years. See section 292.593.
90723	EP, TJ	Covered for beneficiaries under age 19 years. See section 292.593.
90725*		Payable for all ages; submit manufacturer's invoice.
90727*		{Payable for all ages; submit manufacturer's invoice.
90732		This code is payable for individuals aged 2 years and older. Patients age 21 years and older who receive the injection must be considered by the provider as high risk. All beneficiaries over age 65 may be considered high risk.

Procedure Code	Modifier(s)	Special Instructions
90733		Covered for beneficiaries of all ages.
90734	EP, TJ	Covered for beneficiaries of all ages. Modifiers are required only when administered to beneficiaries under age 19 years. See section 292.593.
90735		Payable for individuals under age 21 years.
90740		Three dose schedule. Payable for individuals of all ages.
90743	EP, TJ	Two dose schedule. Payable only when administered to children aged 0 – 18 years. See section 292.593.
90744	EP, TJ	Three dose schedule. Payable for ages 0 – 18 years. See section 292.593.
90746		Payable for ages 19 years and older.
90747	EP, TJ	Covered for beneficiaries of all ages. Modifiers are required <b>only</b> when administered to beneficiaries under age 19 years. See section 292.593.
90748	EP, TJ	Covered for beneficiaries of all ages. Modifiers are required <b>only</b> when administered to beneficiaries under age 19 years. See section 292.593.

\* Procedure code requires paper billing with applicable attachments.

### 292.593 Vaccines for Children Program

7-1-07

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. Arkansas Medicaid established new procedure codes for billing the administration of VFC immunizations for children under the age of 19. To enroll in the VFC Program, contact the Arkansas Division of Health. Providers may also obtain the vaccines to administer from the Arkansas Division of Health. [View or print Arkansas Division of Health contact information.](#)

Medicaid policy regarding immunizations for adults remains unchanged by the VFC Program.

Vaccines available through the VFC program are covered for Medicaid-eligible children. Administration fee only is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. Electronic and paper claims require modifiers **EP** and **TJ**. When vaccines are administered to beneficiaries of ARKids First-B services, only modifier **TJ** must be used for billing.

The following is a list of covered vaccines for children under age 19.

90633*	90634*	90636	90645	90646	90647	90648	90655
90656	90657	90658	90660	90669	90680**	90700	90707
90710*	90713	90714	90715*	90716	90718	90721	90723
90734*	90743	90744	90747	90748			

\*Effective for dates of service on and after March 1, 2006, these vaccines are available through the VFC program.

\*\*Effective for dates of service on and after July 10, 2006, procedure code 90680 is available through the VFC program.

**292.594 Influenza Virus Vaccine**

7-1-07

- A. Procedure code **90655**, influenza virus vaccine, split virus, preservative free, for children 6 to 35 months, is currently covered through the VFC program. Claims for Medicaid beneficiaries must be filed using modifiers **EP** and **TJ**

For ARKids First-B beneficiaries, use modifier **TJ**

- B. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure code **90656**, influenza virus vaccine, split virus, preservative free, for ages 3 years and older.

1. For individuals under 19 years of age, claims must be filed using modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**
3. For individuals ages 19 and older, no modifier is necessary.

- C. Effective for dates of service on and after October 1, 2005, procedure code **90660**, influenza virus vaccine, live, for intranasal use, is covered. Coverage is limited to healthy individuals ages 5 through 49 who are not pregnant.

1. When filing claims for children 5 through 18 years of age, use modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, the procedure code must be billed using modifier **TJ**.
3. No modifier is required for filing claims for beneficiaries ages 19 through 49.

- D. Procedure code **90657**, influenza virus vaccine, split virus, for children ages 6 through 35 months, is covered. Modifiers **EP** and **TJ** are required.

For ARKids First-B beneficiaries, use modifier **TJ**

- E. Procedure code **90658**, influenza virus vaccine, split virus, for use in individuals ages 3 years and older, will continue to be covered.

1. When filing claims for individuals under age 19, use modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**
3. No modifier is required for filing claims for beneficiaries aged 19 and older.

**292.596 Zoledronic Acid Injection**

7-1-07

- A. Zoledronic acid injection, procedure code **J3487**, is payable to the physician when provided in the office for patients of all ages. However, beneficiaries aged 21 and older must have one of the following:

1. A diagnosis of AIDS or cancer along with diagnosis code 272.42; or
2. A diagnosis of 198.5; or
3. A diagnosis of 203.0

- B. Procedure code **J3487** must be billed on paper. ICD-9-CM diagnosis criteria is used in point A above, no medical records are required.

- C. Utilization Review's medical staff must manually review claims for zoledronic acid injections before payment is approved.

**292.597 Vaccines for Children Program**

7-1-07

The Vaccines for Children (VFC) Program was established to generate awareness and access for childhood immunizations. Arkansas Medicaid established new procedure codes for billing the administration of VFC immunizations for children under the age of 19. To enroll in the VFC Program, contact the Arkansas Department of Health. Providers may also obtain the vaccines to administer from the Arkansas Department of Health. [View or print Arkansas Department of Health contact information.](#)

Medicaid policy regarding immunizations for adults remains unchanged by the VFC Program.

Vaccines available through the VFC program are covered for Medicaid-eligible children. Administration fee only is reimbursed. When filing claims for administering VFC vaccines, providers must use the CPT procedure code for the vaccine administered. **All** claims require modifiers **EP** and **TJ**.

The following is a list of covered vaccines for children under age 19.

90645	90646	90647	90655	90657	90658	90669	90700
90702	90707	90712	90713	90716	90718	90720	90721
90723	90743	90744	90748				

**292.598 Influenza Virus Vaccine**

7-1-07

- A. Procedure code **90655**, influenza virus vaccine, split virus, preservative free, for children 6 to 35 months, is currently covered through the VFC program. Claims for Medicaid beneficiaries must be filed using modifiers **EP** and **TJ**.

For ARKids First-B beneficiaries, use modifier **TJ**.

- B. Effective for dates of service on and after October 1, 2005, Medicaid will cover procedure code **90656**, influenza virus vaccine, split virus, preservative free, for ages 3 years and older.

1. For individuals under 19 years of age, claims must be filed using modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**.
3. For individuals ages 19 and older, no modifier is necessary.

- C. Effective for dates of service on and after October 1, 2005, procedure code **90660**, influenza virus vaccine, live, for intranasal use, is covered. Coverage is limited to healthy individuals ages 5 through 49 who are not pregnant.

1. When filing claims for children 5 through 18 years of age, use modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, the procedure code must be billed using modifier **TJ**.
3. No modifier is required for filing claims for beneficiaries ages 19 through 49.

- D. Procedure code **90657**, influenza virus vaccine, split virus, for children ages 6 through 35 months, is covered. Modifiers **EP** and **TJ** are required.

For ARKids First-B beneficiaries, use modifier **TJ**.

- E. Procedure code **90658**, influenza virus vaccine, split virus, for use in individuals ages 3 years and older, will continue to be covered.

1. When filing paper claims for individuals under age 19, use modifiers **EP** and **TJ**.
2. For ARKids First-B beneficiaries, use modifier **TJ**.
3. No modifier is required for filing claims for beneficiaries aged 19 and older.

**292.620 Office Medical Supplies - Beneficiaries Under Age 21**

7-1-07

For beneficiaries under age 21, procedure code **99070** is payable to physicians for supplies and materials (except eyeglasses), provided by the physician over and above those usually included with the office visit or other services rendered. Procedure code **99070** must not be billed for the provision of drug supply samples and may not be billed on the same date of service as a surgery code. When filing claims, physicians must bill procedure code **99070**. Claims require National Place of Service code “**11**”. Procedure code **99070** is limited to beneficiaries under age 21.

**292.672 Method 2 - “Itemized Billing”**

7-1-07

Use this method only when either of the following conditions exists:

- A. Less than two months of antepartum care was provided or
- B. The patient was NOT Medicaid eligible for at least the last two months of the pregnancy.

Bill Medicaid for the antepartum care in accordance with the special billing procedures set forth in section 292.675. The visits for antepartum care will not be counted against the patient’s annual physician benefit limit. Keep in mind that date-of-service spans may not include any dates for which the patient was not eligible for Medicaid.

Bill Medicaid for the delivery and postpartum care with the applicable procedure code from the following table:

National Codes			
59410	59515	59525	59622

National Code	Local Code	Local Code Description
<b>Z1930</b>	<b>80, 81, 82</b>	Non-Emergency Hysterectomy after C-Section [Requires prior authorization from the Arkansas Foundation for Medical Care (AFMC)]. <b>Bill on paper.</b>

If Method 2 is used to bill for OB services, care should be taken to ensure that the services are billed within the 12-month filing deadline.

If only the delivery is performed and neither antepartum nor postpartum services are rendered, procedure codes **59409** or **59612** should be billed for vaginal delivery and procedure codes **59514** or **59620** should be billed for cesarean section. Procedure codes **59400**, **59410**, **59510** and **59515** may not be billed in addition to procedure codes **59409**, **59612**, **59514** or **59620**. These procedures will be reviewed on a post-payment basis to ensure that these procedures are not billed in addition to antepartum or postpartum care.

Operative standby for a C-section must be billed using procedure code **99360**.

Laboratory and X-ray services may be billed separately using the appropriate CPT codes, if this is the physician’s standard office practice for billing OB patients. If lab tests and/or X-rays are pregnancy related, the referring physician must be sure to code appropriately when these

services are sent to the lab or X-ray facility. The diagnostic facilities are completely dependent on the referring physician for diagnosis information necessary for Medicaid reimbursement.

The obstetrical laboratory profile procedure code **80055** consists of four components: Complete blood count, VDRL, Rubella and blood typing and RH. If the ASO titer (procedure code **86060**) is performed, the test should be billed separately using the individual code.

For laboratory procedures, if a blood specimen is sent to an outside laboratory, only a collection fee may be billed. No additional fees are to be billed for other types of specimens that are sent for testing to an outside laboratory. The laboratory could then bill Medicaid for the laboratory procedure. Refer to Section 292.600 of this manual.

**NOTE: Payment will not be made for emergency room physician charges on an OB patient admitted directly from the emergency room into the hospital for delivery.**

#### 292.674 External Fetal Monitoring

7-1-07

Procedure code **59050** must be used exclusively for external fetal monitoring when performed in a physician's office or clinic **with National** Place of Service code "11. Physicians may bill for one unit per day of external fetal monitoring. Physicians may bill for external fetal monitoring in addition to a global obstetric fee. When itemizing obstetric visits, physicians may bill for medically necessary fetal monitoring in addition to obstetric office visits.

#### 292.675 Obstetrical Care Without Delivery

7-1-07

- A. Obstetrical care without delivery may be billed using procedure code **59425**, modifier **UA**, when 1 – 3 visits are provided and **59425** with no modifiers when 4 – 6 six visits are provided. Procedure code **59426** with no modifiers is payable for 7 or more visits.
- B. These procedure codes enable physicians rendering care to the patient during the pregnancy, but not delivering the baby, to receive reimbursement for these services. Units of service billed with these procedure codes are not counted against the patient's annual physician visit benefit limit. Reimbursement for each visit includes routine sugar and protein analysis. Other lab tests may be billed separately within 12 months of the date of service.
- C. Providers must enter the dates of service in the CMS-1500 claim format and the number of units being billed. One visit equals one unit of service. Providers must submit the claim within 12 months of the first date of service.

[View a CMS-1500 sample form.](#)

**For example:** An OB patient is seen by Dr. Smith on 1-10-05, 2-10-05, 3-10-05, 4-10-05, 5-10-05 and 6-10-05. The patient then moves and begins seeing another physician prior to the delivery. Dr. Smith may submit a claim with dates of service shown as 1-10-05 through 6-10-05 and 6 units of service entered in the appropriate field. EDS must receive the claim within the 12 months from the first date of service. Dr. Smith must have on file the patient's medical record that reflects each date of service being billed. Dr. Smith must bill the appropriate code: **59425** with modifier **UA** when 1 – 3 visits are provided, **59425** with no modifiers when 4 – 6 visits are provided and procedure code **59426** when 7 or more visits are provided.

#### 292.682 Non-Emergency Services

7-1-07

Procedure code **T1015**, modifier **U1**, should be billed for a non-emergency physician visit in the emergency department. Procedure code **T1015**, modifier **U1**, requires PCP referral. This procedure code is subject to the non-emergency outpatient hospital benefit limit of 12 visits per state fiscal year (SFY).

Physicians must use procedure code **T1015**, modifier **U2**, **Physician Outpatient Clinic Services** for outpatient hospital visits. This service requires a PCP referral. Procedure codes **T1015**, modifier **U1**, and **T1015**, modifier **U2**, are subject to the benefit limit of 12 visits per SFY for non-emergency professional visits to an outpatient hospital for patients age 21 and over.

To reimburse emergency department physicians for determining emergent or non-emergent patient status, Medicaid established a physician assessment fee. Procedure code **T1015**, **Physician Assessment in Outpatient Hospital** is payable for beneficiaries enrolled with a PCP. The procedure code does not require PCP referral. The procedure code does not count against the beneficiary’s benefit limits, but the **beneficiary** must be enrolled with a PCP. It is for use when the beneficiary is not admitted for inpatient or outpatient treatment.

**292.730 Professional and Technical Components 7-1-07**

Covered laboratory and radiology procedure codes in code range **70010** through **89399** as well as covered services listed in the Medicine section of CPT and HCPCS procedure codes manuals that require the use of a machine may be billed electronically or on paper.

Applicable modifiers are required in Field 24D in addition to the procedure code. Modifier **TC** must be used for the technical component and modifier **26** must be used for the professional component.

**292.741 Individual Medical Psychotherapy 7-1-07**

The appropriate CPT procedure codes must be used when billing for individual medical psychotherapy. The appropriate **National** Place of Service code must be entered in Field 24B in the CMS-1500 claim format.

**292.750 Radiation Therapy 7-1-07**

Refer to the Radiology section of the CPT coding book for appropriate CPT procedure codes.

**292.760 Rural Health Clinic (RHC) Non-Core Services 7-1-07**

Physician groups whose individual practitioners are contracting with a rural health clinic are limited to billing Medicaid for Rural Health Clinic (RHC) non-core services. These providers may bill the following procedure codes:

<b>RHC NON-CORE SERVICES</b>	
<b>Outpatient Hospital Visits</b>	<b>Inpatient Hospital Visits</b>
Non-emergency: T1015 modifier U1	99217 through 99223 99231 through 99238
Emergency: 99281 through 99285	99251 through 99255 99291, 99295, 99296, 99297
<b>Electrocardiograms and Echocardiography Technical component- only Modifier TC</b>	<b>Radiology Technical component only Modifier TC</b>
93005, 93012, 93041, 93225, 93226, 93231, 93232, 93236, 93270, 93271, 93307, 93308, 93312, 93320, 93321, 93325, 93350	70010 through 76946 76950 through 76977 76999 through 78813 78990 through 79999
<b>Surgery, Outpatient and Inpatient</b>	
All payable CPT procedure codes within range 10040 through 69990	

**NOTE: Inpatient and outpatient hospital services are RHC non-core services only if the physician's contract with the RHC does not state that the physician will be compensated by the RHC for those services. Interpretation of X-rays and diagnostic machine tests in the inpatient or outpatient hospital is a non-core service when the visit itself is a non-core service. Home visits, nursing facility visits or other off-site visits are RHC encounters if the physician's agreement with the RHC requires that he or she provide the services and seek compensation from the RHC. Any of these off-site services is payable separately (through the Physician Program) from the RHC encounter fee if it is not a part of the physician's contract with the RHC.**

See Sections 201.120 and 246.000 of this manual for additional information.

### 292.770 Sexual Abuse Examination for Beneficiaries Under Age 21 7-1-07

The procedure code for **Sexual Abuse Examination** listed in the table below is payable to physicians when provided in the physician's office or in a hospital outpatient department, emergency or non-emergency, with **National** Place of Service: **code "11", "23" or "22"**. This procedure is exempt from the PCP referral requirement and is covered for **beneficiaries** under the age of 21 only.

Procedure Code	Modifier	Description	Diagnosis Code
99205	U2	Sexual Abuse Examination	995.53

### 292.780 Substitute Physicians 7-1-07

To comply with Section 4708 of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), the Arkansas Medicaid Program implemented the following requirements regarding substitute physician billing identification:

- A. Under a reciprocal billing arrangement (not to exceed 14 continuous days), the regular physician must identify the services as substitute physician services by entering in Field 24D in the CMS-1500 claim format a "Q5" modifier after the procedure code.
- B. Under a locum tenens billing arrangement (90 continuous days or longer), the regular physician must identify the services as substitute physician services by entering in Field 24D in the CMS-1500 claim format a "Q6" modifier after the procedure code.

Under both the above billing arrangements, the billing (regular) physician (or medical group) must keep on file a record of each service provided by the substitute physician, associated with the substitute physician's name and make this record available upon request. A record of the service would include the date and place of the service, the procedure code, the charge and the beneficiary involved.

These billing requirements apply to all substitute physician services including Primary Care Physician Managed Care Program services.

### 292.790 Surgical Procedures with Certain Diagnosis Ranges 7-1-07

The following procedure codes are payable by the Arkansas Medicaid Program only if the diagnosis is in the range listed below:

Procedure Code	Procedure Description	Diagnosis Range
----------------	-----------------------	-----------------



Procedure Code	Procedure Description	Diagnosis Range
44950	Appendectomy	5400 - 5439
44960	Appendectomy with abscess	5400 - 5439
49520	Hernia	55000 - 55093

**292.801 Cochlear Implant and External Sound Processor**

7-1-07

Procedure code **69930** - Cochlear device implantation, with or without mastoidectomy - may be billed only by the physician performing the surgical procedure up to 50 daily units. When the cochlear device is provided by the physician, the physician may bill procedure code **L8614** for the cochlear device using **EP** modifier. Procedure code **69930** and **L8614** require prior authorization. The physician must attach a copy of the invoice to the CMS-1500 claim form. If the cochlear device is provided by the hospital, the physician may not bill for the device. Refer to Section 251.230 of this manual for coverage information.

External sound processors, procedure code **L8619**, are covered for eligible Medicaid **beneficiaries** under age 21 in the EPSDT Program. Additional procedure codes **L8615**, **L8616**, **L8617**, **L8618**, **L8621** and **L8622** are also payable to the physician. These procedure codes require prior authorization and the physician must attach a copy of the invoice to the CMS-1500 claim form. Refer to Section 251.230 of this manual for coverage information.

Procedures are covered for beneficiaries under age 21 and must be billed with modifier **EP**.

[View a CMS-1500 sample form.](#)

**292.810 Telemedicine (Interactive Electronic Medical Transactions)****292.811 Telemedicine Physician Services**

7-1-07

- A. Physicians providing covered telemedicine services must comply with the definitions and coding requirements of Sections 292.811 through 292.813 when billing Medicaid.
- B. Telemedicine transactions involve interaction between individuals who are each physically located at one of two sites.

**Telemedicine Site Definitions**

Local Site: The local site is the patient's location.

Remote Site: The remote site is the location of the physician performing a telemedicine service for the patient at the local site.

- C. The **National** Place of Service (**POS**) code is determined by the patient's location (the local site) or, if the patient is an inpatient of an acute care or rehabilitative hospital, by the patient's inpatient status.

**Telemedicine National Place of Service (POS) Codes**

**Electronic and paper claims now require the same National Place of Service code.**

POS Codes	Descriptions
21	Inpatient hospital  The place of service for a hospital inpatient is always <b>21</b> , regardless of the patient's physical location at the time of a particular service.

**Telemedicine National Place of Service (POS) Codes**

Electronic and paper claims now require the same National Place of Service code.

POS Codes	Descriptions
22	Non-emergency outpatient hospital
11	Physician office or clinic (includes rural health clinics)
24	Ambulatory surgical center
56	Federally qualified health center
23	Emergency department for emergency services.

The remote site is *never* the place of service.

**292.812 Telemedicine Evaluation and Management Procedure Codes**

7-1-07

Arkansas Medicaid reimburses as telemedicine services, the evaluation and management services listed in this section when the services are billed by their correct procedure codes and place of service codes as listed and defined in Sections 292.811 through 292.813.

HCPCS Code	Modifier	Description
T1015	U1	Non-emergency Outpatient Hospital Visit

Procedure Code							
99201	99202	99203	99204	99205	99211	99212	99213
99214	99215	99221	99222	99223	99231	99232	99233
99241	99242	99243	99244	99245	99251	99252	99253
99254	99255	99281	99282	99283	99284	99285	

**\*NOTE:** Arkansas Medicaid covers telemedicine evaluation and management services of an attending physician at the local site *only* when the physician is physically attending the patient and is presenting the case to a consulting physician at the remote site by means of telemedicine media.

**292.813 Telemedicine Echography and Echocardiography Procedure Codes**

7-1-07

Arkansas Medicaid reimburses as telemedicine services, the radiology procedures listed in this subsection when the services are billed by their correct procedure codes and National Place of Service codes as listed and defined in Sections 292.811 through 292.813.

- A. The local site may bill only the technical component (Modifier TC) of the ultrasound procedures listed below.
- B. Please note that, when billing for remote site services, the National Place of Service code is determined by the patient's location or by the patient's inpatient status, as explained at Section 292.811, subpart C.

Procedure Code							
76805	76810	76815	76816	76818	76825	76826	76827
76828	76830	76856	76857				

**292.821 Billing for Corneal Transplants 7-1-07**

The following CPT procedure codes are payable for corneal transplants with prior approval: **65710, 65730, 65750** and **65755**.

Medicaid will reimburse the physician for the acquisition and preservation of the cornea. Medicaid will not reimburse for the transportation of the cornea. HCPCS procedure code **V2785** must be used when billing for the acquisition and preservation of the cornea. This code must be billed in conjunction with the transplant surgery. An itemized statement for the acquisition and preservation of the cornea must accompany the CMS-1500 claim form. [View a CMS-1500 sample form.](#)

**292.850 Blood or Blood Components for Transfusions 7-1-07**

The Arkansas Medicaid Program will reimburse for blood or blood components used for transfusions in the physician's office. CPT procedure code **36430** should be used for the administration fee. This includes all supplies used to perform the transfusion. The blood or blood components supplied by the physician may be billed using CPT procedure code **86999**. A copy of the invoice must be attached to the claim form with the amount that was charged for the blood product circled. The number of units provided to the Medicaid eligible patient must be indicated on the invoice. Any laboratory procedures performed may be billed using the appropriate CPT procedure codes.

**292.860 Hyperbaric Oxygen Therapy Procedures 7-1-07**

Physicians may be reimbursed for attendance and supervision of hyperbaric oxygen therapy. Physicians billing for the physician component of "Physician attendance and supervision of hyperbaric oxygen therapy" **may bill for only one unit of service per day. The physician's charge for each service date must include all his or her hyperbaric oxygen therapy charges, regardless of how many treatment sessions per day are administered.**

- A. Physicians may bill for surgery and professional components of anatomical lab procedures, X-rays and machine tests in addition to **99183**.
- B. Physicians must file paper claims for **99183** because the claims are reviewed for medical necessity.
  1. Indicate which treatment session is being billed (for example, "Treatment session # 4") and attach pertinent progress and treatment notes.
  2. Refer to section 258.000 of this manual for coverage policy, diagnosis requirements and treatment schedules.

**292.870 Bilaminate Graft or Skin Substitute Procedures 7-1-07**

Arkansas Medicaid will reimburse physicians who furnish the manufactured viable bilaminate graft or skin substitute with prior authorization. The product is manually priced and requires paper claims using procedure code **J7340**. The manufacturer's invoice and the operative report must be attached.

Application procedures for bilaminate skin substitute do not require prior authorization. The procedures are payable to the physician and must be listed separately on claims.

Surgical preparation procedures, CPT codes **15000** and **15001**, may be reimbursed when performed at the same surgical setting. These codes are to be listed separately in addition to the primary procedure and do not require PA.

**292.880 Enterra Therapy for Gastroparesis**

7-1-07

When filing claims for Enterra therapy for treatment of gastroparesis use procedure code **S2213** for implantation of gastric electrical stimulation and **64555** for implantation of peripheral neurostimulator electrodes. A prior authorization number is required on the claim.

Procedure code **64595** must be used when filing claims for revision or removal of the peripheral neurostimulator. This procedure does not require prior authorization but the claim must be filed on paper with operative report attached.

**292.890 Gastrointestinal Tract Imaging with Endoscopy Capsule**

7-1-07

For gastrointestinal tract imaging with endoscopy capsule, claims must be filed on paper with the patient's medical history and physical exam attached. Claims will be manually reviewed prior to reimbursement.

Procedure code **91110** must be used when performed in the physician's office. Modifier 26 must additionally be used for professional component when performed as inpatient, outpatient hospital or ambulatory surgical center.



# Arkansas Department of Health and Human Services



## Division of Medical Services

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**TO:** Arkansas Medicaid Health Care Providers – Prosthetics

**DATE:** July 1, 2007

**SUBJECT:** Provider Manual Update Transmittal # 96

**REMOVE**

Section	Date
242.110	12-5-05
242.111	8-1-05
242.112	8-1-05
242.120	12-1-06
242.121	10-15-06
242.122	12-1-06
242.130	8-1-05
242.140	8-1-05
242.150	9-1-06
242.151	8-1-05
242.152	12-1-06
242.153	8-1-05
242.154	11-1-05
242.160	8-1-05
242.161	8-1-05
242.170	8-1-05
242.180	10-15-06
242.190	8-1-06
242.191	8-1-06
242.192	12-5-05
242.193	10-15-06
242.200	4-3-06
242.300	10-13-03
242.310	10-13-03

**INSERT**

Section	Date
242.110	7-1-07
242.111	7-1-07
242.112	7-1-07
242.120	7-1-07
242.121	7-1-07
242.122	7-1-07
242.130	7-1-07
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242.192	7-1-07
242.193	7-1-07
242.200	7-1-07
242.300	7-1-07
242.310	7-1-07

### Explanation of Updates

Effective for claims received on or after July 1, 2007, the following provider manual revisions will be implemented.

#### **The Type of Service field has been eliminated due to the implementation of the new CMS-1500 (08/05). This field is no longer required.**

Section 242.110 is being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Section 242.111 is being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Section 242.112 is being included to remove information about type of service (TOS) codes from the section.

Sections 242.120 through 242.122 are being included to remove information about type of service (TOS) codes from the section.

Section 242.130 is being included to remove information about type of service (TOS) codes from the section.

Section 242.140 is being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Sections 242.150 through 242.154 are being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Section 242.160 is being included to remove information about type of service (TOS) codes from the section. Local procedure code **Z2211** is being added because it is a covered code. Other minor text changes have been included that do not affect the policy.

Section 242.161 is being included to remove information about type of service (TOS) codes from the section.

Section 242.170 is being included to remove information about type of service (TOS) codes from the section. Modifier “**EP**” is being added to local code **Z1684** because the modifier will be used in place of the TOS code. Other minor text changes have been included that do not affect the policy.

Sections 242.180 through 242.190 are being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Section 242.191 is being included to remove information about type of service (TOS) codes from the section. Modifiers **NU** and/or **EP** have been added to all local codes in the section because the modifier(s) will be used in place of the TOS code. Local procedure code **Z2158** is being added to the section because it is a covered code. Local procedure code **Z2571** has been removed from the section because it is no longer a payable code. Other minor text changes have been included that do not affect the policy.

Section 242.192 is being included to remove information about type of service (TOS) codes from the section. Modifiers **NU** and/or **EP** have been added to all local codes in the section because the modifier(s) will be used in place of the TOS code. Local procedure code **Z1999** is being added because it is a covered code. Local procedure codes **Z2020, Z2022, Z2023, Z2026, Z2029, Z2030, Z2031, Z2032, Z2034, Z2035, Z2036, Z2048, Z2090, Z2091, and Z2092** have been removed from the section because they no longer payable codes. Other minor text changes have been included that do not affect the policy.

Section 242.193 is being included to remove information about type of service (TOS) codes from the section. Other minor text changes have been included that do not affect the policy.

Section 242.200 has been included to revise the heading title and to remove all paper claim codes. Those procedure codes are being replaced with the national place of service codes. TOS codes are being removed from the section.

Section 242.300 is being included to add new paper billing instructions.

Section 242.310 is being included to revise the title heading and to add new instructions for completion of the revised CMS-1500 (08/05) claim form.

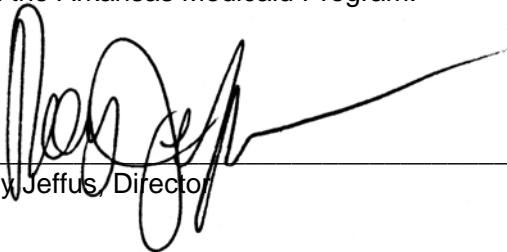
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.



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Roy Jeffus, Director

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**242.110 Respiratory and Diabetic Equipment, All Ages**

7-1-07

When billed either electronically or on paper, procedure codes found in this section must be billed with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, the information is indicated with a “Y” in the column; if not, an “N” is shown.

- ◆ Prior authorization is not required when **other** insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

**Respiratory and Diabetic Equipment, All Ages (section 242.110)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
A4230	NU		Infusion set for external insulin pump, nonneedle cannula type (each)	Y◆	Purchase
A4231	NU		Infusion set for external insulin pump, needle type (each)	Y◆	Purchase
A4232	NU		Syringe with needle for external insulin pump, sterile, 3 cc (each)	Y◆	Purchase
A4627	NU	UB	** (Spacer bag or reservoir <u>without mask</u> , for use with metered dose inhaler) Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	N	Purchase
A4627	NU		** (Spacer bag or reservoir <u>with mask</u> , for use with metered dose inhaler) Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	N	Purchase
A4632			Replacement battery for external infusion pump, any type, each	Y◆	Purchase
A6021	NU		Collagen dressing, pad size 16 sq. in. or less, each	Y◆	Purchase
A6022	NU		Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	Y◆	Purchase
A6023	NU		Collagen dressing, pad size more than 48 sq. in., each	Y◆	Purchase
A6024	NU		Collagen dressing wound filler, per 6 in.	Y◆	Purchase

**Respiratory and Diabetic Equipment, All Ages (section 242.110)**

Procedure Code	M1	M2	Description	PA	Payment Method
A7034	NU	RR	*(CPAP Device Nasal Continuous Positive Airway Pressure (CPAP) Device; includes necessary accessory items) <b>NOTE: Complete medical data pertinent to the request must be submitted with the prior authorization request. NOTE: Bill A7034 as the Global Monthly Rental Service.</b> Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Y♦	Rental Only
A7045	NU		Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	N	Purchase
A9999	NU		*(Unlisted Durable Medical Equipment. <b>The manufacturer's invoice must be attached to the claim form.</b> ) Misc. DME supply or accessory, not otherwise specified	Y	Manually Priced
E0424			Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Y♦	Rental Only
E0430			Portable gaseous oxygen system, purchase, includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Y♦	Rental Only
E0435			Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	Y♦	Rental Only
E0439			Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Y♦	Rental Only
E0441			Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit	Y	Purchase
E0442			Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit	Y	Purchase
E0443			Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply=1 unit	Y♦	Purchase

**Respiratory and Diabetic Equipment, All Ages (section 242.110)**

Procedure Code	M1	M2	Description	PA	Payment Method
E0444			Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply=1 unit	Y♦	Purchase
E0470	RR		*(BIPAP Device, Nasal Bi-level Positive Airway support system; includes necessary accessory items. <b>NOTE: Complete medical data pertinent to the request must be submitted with the prior authorization request.</b> ) 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)	Y	Capped Rental
E0470	NU EP	RR RR	Respiratory assist device, bi-level pressure capacity, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0471	NU EP	RR RR	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0472	NU EP	RR RR	Respiratory assist device, bi-level pressure capacity, with backup rate feature, used with invasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Y Y	Rental Only
E0483	NU	RR	*(Bronchial Drainage System) High-frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Y♦	Rental Only
E0483	NU	UB	*(Pulmonary Vest. <b>The manufacturer invoice must be attached to the claim form.</b> ) High-frequency chest wall oscillation air-pulse generator system (includes hoses and vest), each	Y♦	Purchase
E0560			Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	N	Purchase
E0561	NU EP		Humidifier, non-heated, used w/positive airway pressure device	Y Y	Purchase
E0562	NU EP		Humidifier, heated, used w/positive airway pressure device	Y Y	Purchase
E0570			Nebulizer, with compressor	Y♦	Purchase

**Respiratory and Diabetic Equipment, All Ages (section 242.110)**

Procedure Code	M1	M2	Description	PA	Payment Method
E0575			Nebulizer, ultrasonic, large volume	Y♦	Capped Rental
E0600			Respiratory suction pump, home model, portable or stationary, electric	N	Rental Only
E0779	NU	RR	⌘ (Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Y♦	Rental Only
E0784	NU		External ambulatory infusion pump, insulin	Y♦	Purchase
E1340	NU		⌘ (DME Repair: Parts Only Repairs will not be approved for more than the allowed purchase price of new equipment. <b>The manufacturer's invoice must be attached to the repair claim for all parts.</b> ) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced
E1340	NU	U4	⌘ (Maintenance for Capped Rental items) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	N/A
E1340	NU	U1	⌘ (Labor Only; a maximum of twenty (20) units per date of service is allowable. 20 units = 5 hours of labor) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced
E1340	EP	U1	⌘ (Labor Only; a maximum of twenty (20) units per date of service is allowable. 20 units = 5 hours of labor) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N	Manually Priced
E1390			Oxygen concentrator, single delivery port, capable of delivering 85 % or greater oxygen concentration at the prescribed flow rate	Y♦	Rental Only
E1391	NU		O2 concentrator, dual delivery port, capable of delivering 85% or > O2 concentration at the prescribed flow rate, each	Y	Purchase

**Respiratory and Diabetic Equipment, All Ages (section 242.110)**

Procedure Code	M1	M2	Description	PA	Payment Method
E1391	NU		O2 concentrator, dual delivery port, 85% or > O2 concentration at the prescribed flow rate, each	Y	Purchase

**242.111 Initial Rental of a DME Item for Individuals of All Ages**

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **KH** to indicate an initial rental of an item. Modifiers are indicated below with the headings of M1 and M2.

Procedure codes shown in the list below are either covered for all ages (AA), for only individuals under age 21 (U21) or for only individuals age 21 and over (21+). A column in the list below defines the differences.

- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.
- ◆\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

**Initial Rental of a DME Item for Individuals of All Ages (section 242.111)**

Procedure Code	M1	M2	Description	All U21 21+
A7034◆			◆*(CPAP Device Nasal Continuous Positive Airway Pressure (CPAP) Device; includes necessary accessory items. <b>NOTE: For 21+, complete medical data pertinent to the request must be submitted with the prior authorization request.</b> ) Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	AA
E0143◆		I	Walker, folding, wheeled, adjustable or fixed height	21+
E0166			Commode chair, mobile, with detachable arms	U21
E0181			Pressure pad, alternating with pump, heavy duty	U21
E0200			Heat lamp, without stand (table model), includes bulb, or infrared element	U21
E0205			Heat lamp, with stand includes bulb, or infrared element	U21
E0217			Water circulating heat pad with pump	U21
E0225			Hydrocollator unit, includes pad	U21
E0236			Pump for water circulating pad	U21
E0239			Hydrocollator unit, portable	U21
E0250◆			Hospital bed, fixed height, with any type side rails, with mattress	U21

**Initial Rental of a DME Item for Individuals of All Ages (section 242.111)**

Procedure Code	M1	M2	Description	All
				U21
				21+
E0250 ♦			Hospital bed, fixed height, with any type side rails, with mattress	21+
E0255 ♦			Hospital bed, variable height; hi-lo, with any type side rails, with mattress	U21
E0255	KH		Hospital bed, variable height; hi-lo, with any type side rails, with mattress	21+
E0260 ♦			Hospital bed, semi-electric (head and foot adjustment), with any type side rails with mattress	U21
E0260 ♦	KH		Hospital bed, semi-electric (head and foot adjustment), with any type side rails with mattress	21+
E0271			Mattress, inner spring	U21
E0272			Mattress, foam rubber	U21
E0303			Hospital bed, heavy duty, extra wide, with weight capacity > 350 but < or = 600, any type side rails, w/mattress	AA
E0424			Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator flowmeter, humidifier, nebulizer cannula or mask, and tubing	AA
E0430 ♦			Portable gaseous oxygen system, purchase, includes regulator, flowmeter, humidifier, cannula, or mask, and tubing	AA
E0435 ♦			Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	AA
E0439			Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	AA
E0480			Percussor, electric or pneumatic, home model	U21
E0445 ♦			** (Pulse oximeter, including 4 disposable probes) Oximeter for measuring blood oxygen levels noninvasively	U21
E0565 ♦			Compressor, air power source for equipment which is not self-contained or cylinder driven	U21
E0575 ♦			Nebulizer, ultrasonic, large volume	AA
E0585			Nebulizer, with compressor and heater	U21
E0600			Respiratory suction pump, home model, portable or stationary, electric	AA
E0606			Vaporizer, room type	U21
E0630 ♦			Patient lift, hydraulic, with seat or sling	U21

**Initial Rental of a DME Item for Individuals of All Ages (section 242.111)**

Procedure Code	M1	M2	Description	All
				U21
				21+
E0630	KH		Patient lift, hydraulic, with seat or sling	21+
E0650◆			Pneumatic compressor, nonsegmental home model	U21
E0667◆			Segmental pneumatic appliance for use with pneumatic compressor, full leg	U21
E0668◆			Segmental pneumatic appliance for use with pneumatic compressor, full arm	U21
E0691			Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less	U21
E0692			Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; four foot panel	U21
E0693			Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; six foot panel	U21
E0694			Ultraviolet multidirectional light therapy system in six foot cabinet includes bulbs/lamps, timer and eye protection	U21
E0720◆			TENS, two lead, localized stimulation	U21
E0730◆			Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation	U21
E0745◆			Neuromuscular stimulator, electronic shock unit	U21
E0747◆			Osteogenesis stimulator, electrical noninvasive, other than spinal applications	U21
E0779◆			** (Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion device pump, mechanical, reusable, for infusion 8 hours or greater	AA
E0910			Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	U21
E0910	KH		Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	21+
E0920			Fracture frame, attached to bed, includes weights	U21
E0930			Fracture frame, freestanding, includes weights	U21
E0935◆			Passive motion exercise device	U21
E0940			Trapeze bar, freestanding, complete with grab bar	U21
E0941			Gravity assisted traction device, any type	U21
E1130◆			Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	U21



**Initial Rental of a DME Item for Individuals of All Ages (section 242.111)**

Procedure Code	M1	M2	Description	All
				U21
				21+
E1130 ♦	KH		Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	21+
E1224 ♦			Wheelchair with detachable arms, elevating legrests	U21
E1224 ♦			Wheelchair with detachable arms, elevating legrests	21+
E1390			Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate	AA

Providers will be reimbursed for a minimum of 30 days of rental when the equipment is used less than 30 days. Initial rental codes should only be billed when equipment is used less than 30 days during the first month of rental.

Arkansas Medicaid will only reimburse for one initial minimum 30 days of rental per state fiscal year period per beneficiary per procedure code. The provider will not be reimbursed for the same procedure code utilizing another modifier for the same time period.

**242.112 Home Blood Glucose Monitor and Supplies – Pregnant Women Only, All Ages** **7-1-07**

Procedure codes found in this section must be billed either electronically or on paper with modifier **NU** for individuals of all ages. When a second modifier is listed, that modifier must be used in conjunction with the **NU** modifier.

Modifiers in the section are indicated by the headings M1 and M2. Prior authorization is indicated by the heading PA.

Procedure Code	M1	M2	Description	PA	Payment Method
E0607	NU	U1	Home Blood Glucose Monitor	N	Purchase
A4253	NU	U1	Blood glucose test or reagent strips for home glucose monitor, per 50 strips	N	Purchase
A4259	NU	U2	Lancets, per box of 100	N	Purchase

**242.120 Medical Supplies, All Ages** **7-1-07**

Procedure codes found in this section must be billed either electronically or on paper with modifier **NU** for individuals of all ages. When a second modifier is listed, that modifier must be used in conjunction with the modifier **NU**.

Modifiers in this section are indicated by the headings M1 and M2

<sup>1</sup> These supplies must be prior authorized. Form AFMC-103 may be used for the request for prior authorization. [View or print form AFMC-103 and instructions for completion.](#)  
Please note: Compression burn garments are manually priced.

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A4206	NU		Syringe with needle, sterile, 1 cc, ea
A4207	NU		Syringe with needle, sterile, 2 cc, ea
A4209	NU		Syringe with needle, sterile, 5 cc or greater, ea
A4216	NU		Sterile water/saline, 10 ml
A4217	NU		Sterile water/saline, 500 ml
A4221 <sup>1</sup>	NU		Supplies for maintenance of drug infusion catheter, per week (list drug separately)
A4222 <sup>1</sup>	NU		Supplies for external drug infusion pump, per cassette or bag (list drug separately)
A4253	NU		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253	NU	UB	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4256	NU		Normal, low, and high calibrator solution/chips
A4259	NU		Lancets, per box of 100
A4265	NU		Paraffin, per pound
A4310	NU		Insertion tray without drainage bag and without catheter (accessories only)
A4311	NU		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	NU		Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	NU		Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314	NU		Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.
A4315	NU		Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	NU		Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	NU		Irrigation tray with bulb or piston syringe, any purpose
A4322	NU		Irrigation syringe, bulb or piston, each
A4326	NU		Male external catheter specialty type with intergral collection chamber, each
A4327	NU		Female external urinary collection device; metal cup, each
A4328	NU		Female external urinary collection device; pouch, each
A4330	NU		Perianal fecal collection pouch with adhesive, each

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A4331	NU		Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4338	NU		Indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc), each
A4340	NU		Indwelling catheter; specialty type (e.g., coude, mushroom, wing, etc.), each
A4344	NU		Indwelling catheter, Foley type, two-way, all silicone, each
A4346	NU		Indwelling catheter, Foley type, three-way for continuous irrigation, each
A4348	NU		Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month)
A4349	NU		Male external catheter with or without adhesive, disposable, each
A4351	NU		Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each
A4351	NU	U1	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each
A4352	NU		Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each
A4352	NU	U1	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric or hydrophilic, etc.), each
A4353	NU	U2	Intermittent urinary catheter, with insertion supplies (tray)
A4354	NU		Insertion tray with drainage bag but without catheter
A4355	NU		Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each
A4356	NU		External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	NU		Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	NU		Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4359	NU		Urinary suspensory without leg bag, each
A4361	NU		Ostomy faceplate, each
A4362	NU		Skin barrier; solid, four by four or equivalent; each
A4364	NU		Adhesive, liquid, or equal, any type, per ounce
A4365	NU		Adhesive remover wipes, any type, per 50
A4367	NU		Ostomy belt, each
A4368	NU		Ostomy filter, any type, each

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A4369	NU		Ostomy skin barrier, liquid, (spray, brush, etc), per oz
A4371	NU		Ostomy skin barrier, power, per oz
A4394	NU		Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce
A4397	NU		Irrigation supply; sleeve, each
A4398	NU		Ostomy irrigation supply; bag, each
A4399	NU		Ostomy irrigation supply; cone/catheter, including brush
A4400	NU		Ostomy irrigation set
A4402	NU		Lubricant, per ounce
A4404	NU		Ostomy ring, each
A4405	NU		Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	NU		Ostomy skin barrier, pectin based, paste, per ounce
A4414	NU		Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4450	NU	U1	Tape, non-waterproof, per 18 square inches
A4450	NU		Tape, non-waterproof, per 18 square inches
A4452	NU		Tape, waterproof, per 18 square inches
A4455	NU		Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4483	NU		Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4558	NU		Conductive paste or gel
A4561	NU	U1	Pessary, rubber, any type
A4562	NU		Pessary, non rubber, any type
A4623	NU		Tracheostomy, inner cannula
A4625	NU		Tracheostomy care kit for new tracheostomy
A4626	NU		Tracheostomy cleaning brush, each
A4628	NU		Oropharyngeal suction catheter, each
A4629	NU		Tracheostomy care kit for established tracheostomy
A4772	NU		Blood glucose test strips, for dialysis, per 50
A4927	NU		Gloves, non-sterile, per 100
A5051	NU		Ostomy pouch, closed; with barrier attached (one piece), each
A5052	NU		Ostomy pouch, closed; without barrier attached (one piece), each
A5053	NU		Ostomy pouch, closed; for use on faceplate, each
A5054	NU		Ostomy pouch, closed; for use on barrier with flange (two piece), each

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A5055	NU		Stoma cap
A5061	NU	U1	Ostomy pouch, drainable; with barrier attached (one piece), each
A5062	NU		Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	NU		Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	NU		Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	NU		Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	NU		Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	NU		Continent device; plug for continent stoma
A5082	NU		Continent device; catheter for continent stoma
A5093	NU		Ostomy accessory; convex insert
A5102	NU		Bedside drainage bottle, with or without tubing, rigid or expandable, each
A5105	NU		Urinary suspensory; with leg bag, with or without tube
A5112	NU		Urinary leg bag; latex
A5113	NU		Leg strap; latex, replacement only, per set
A5114	NU		Leg strap; foam or fabric, replacement only, per set
A5119	NU		Skin barrier; wipes, box per 50
A5121	NU		Skin barrier; solid, 6 x 6 or equivalent, each
A5122	NU		Skin barrier; solid, 8 x 8 or equivalent, each
A5126	NU		Adhesive or non-adhesive; disk or foam pad
A5131	NU		Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A6154	NU		Wound pouch, each
A6196	NU		Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing
A6197	NU	UB	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
A6197	NU	UB	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 (1 linear yard)
A6198	NU		Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing
A6203	NU		Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A6204	NU		Composite dressing, pad size more than 16 sq. in. but less than 48 sq. in., with any size adhesive border, each dressing
A6205	NU		Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6211	NU		Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	NU		Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	NU		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
A6216	NU		Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6219	NU		Gauze, non-impregnated, 16 sq. in. or less with any size adhesive border, each dressing
A6220	NU		Gauze, non-impregnated, pad more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	NU		Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6228	NU		Gauze, impregnated, water or normal saline, pad, size 16 sq. in. or less, without adhesive border, each dressing
A6229	NU		Gauze, impregnated, water or normal saline, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	NU		Gauze, impregnated, water or normal saline, pad more than 48 sq. in., without adhesive border, each dressing
A6234	NU	U1	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6234	NU		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	NU		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
A6236	NU		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	NU		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	NU		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
A6238	NU	U1	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

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A6239	NU		Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6241	NU		Hydrocolloid dressing, wound filler, dry form, per gram
A6242	NU		Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6242	NU	U1	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6242	NU		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	NU		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
A6244	NU		Hydrogel dressing, wound cover, pad size more than 48 sq. in. without adhesive border, each dressing
A6245	NU		Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	NU		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
A6247	NU		Hydrogel dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing
A6248	NU		Hydrogel dressing, wound filler, gel, per fluid ounce
A6248	NU	U1	Hydrogel dressing, wound filler, gel, per fluid ounce
A6248	NU		Hydrogel dressing, wound filler, gel, per fluid ounce
A6257	NU		Transparent film, 16 sq. in. or less, each dressing
A6258	NU		Transparent film, more than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6259	NU		Transparent film, more than 48 sq. in., each dressing
A6403	NU		Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than 48 sq. in., without adhesive border, each dressing
A6404	NU		Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6441	NU		Padding bandage, non-elastic, non-woven/non-knitted, width > or = 3 inches & < 5 in, per yd
A6442	NU		Conforming bandage, non-elastic, knitted/woven, non-sterile, width < 3 in, per yd
A6443	NU		Conforming bandage, non-elastic, knitted/woven, non-sterile, width > or = 3 in & < 5 in, per yd
A6444	NU		Conforming bandage, non-elastic, knitted/woven, non-sterile, width > or = 5 in, per yd

**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A6445	NU		Conforming bandage, non-elastic, knitted/woven sterile, width <3 in, per yd
A6446	NU		Conforming bandage, non-elastic, knitted/woven, sterile, width > or = 3 in & < 5 in, per yd
A6447	NU		Conforming bandage, non-elastic, knitted/woven, sterile, width > or = 5 in, per yd
A6448	NU		Light compression bandage, elastic, knitted/woven width<3in, per yd
A6449	NU		Light compression bandage, elastic, knitted/woven, width > or = 3 in & < 5 in, per yd
A6450	NU		Light compression bandage, elastic, knitted/woven, width > or = 5 in, per yd
A6451	NU		Moderate compress bandage, elastic, knitted/woven load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width > or = 3 in & < 5 in, per yd
A6452	NU		High compress bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 % maximum stretch, width > or = 3 in & < 5 in, per yd
A6453	NU		Self-adherent bandage, elastic, non-knitted/non-woven, width<3in, per yd
A6454	NU		Self-adherent bandage, elastic, non-knitted/non-woven, width > or = 3 in & < 5 in, per yd
A6455	NU		Self-adherent bandage, elastic, non-knitted/non-woven, width > or = 5 in, per yd
A6501 <sup>1</sup>	NU		Compression burn garment, body suit (head to foot), custom fabricated
A6502 <sup>1</sup>	NU		Compression burn garment, chin strap, custom fabricated
A6503 <sup>1</sup>	NU		Compression burn garment, facial hood, custom fabricated
A6504 <sup>1</sup>	NU		Compression burn garment, glove to wrist, custom fabricated
A6505 <sup>1</sup>	NU		Compression burn garment, glove to elbow, custom fabricated
A6506 <sup>1</sup>	NU		Compression burn garment, glove to axilla, custom fabricated
A6507 <sup>1</sup>	NU		Compression burn garment, foot to knee length, custom fabricated
A6508 <sup>1</sup>	NU		Compression burn garment, foot to thigh length, custom fabricated
A6509 <sup>1</sup>	NU		Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510 <sup>1</sup>	NU		Compression burn garment, trunk including arms down to leg openings (leotard), custom fabricated
A6511 <sup>1</sup>	NU		Compression burn garment, lower trunk including leg openings (panty), custom fabricated



**Medical Supplies, All Ages (section 242.120)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
A6512 <sup>1</sup>	NU		Compression burn garment, not otherwise classified
A7520	NU		Trachestomy/Laryngectomy tube, non-cuffed, PVC, silicone or equal, each
A7521			Trachestoomy/Laryngectomy tube, cuffed, PVC, silicone or equal, each
A7522			Trachestomy/Laryngectomy tube, stainless steel or equal, (sterilizable and reusable), each
A7524			PO-Tracheostoma stent/stud/button, each
A7525			Tracheostomy mask, each
B4086	NU		Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each
E0776	NU		IV pole

**242.121 Food Thickeners, All Ages**

7-1-07

Food thickeners, including “Thick-It,” “Thick-It II,” “Simply Thick,” “Thick and Easy” and “Thick and Clear” are not subject to the \$250 medical supply benefit limit.

The modifier **NU** must be used with the procedure code found in this section and when food thickeners are to be administered enterally, the modifier “**BA**” must be used in conjunction with the procedure code.

When food thickeners are billed, total units are to be calculated to the nearest full ounce. Partial units may not be rounded up. When a date span is billed, the product cannot be billed until the end date has elapsed.

The maximum number of units allowed for food thickeners is 16 units per date of service.

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>
B4100	NU		Food thickener, administered orally, per oz.
B4100	NU	BA	Food thickener, administered enterally, per oz.

**242.122 Jobst Stocking, All Ages**

7-1-07

The gradient compression stocking (Jobst) is payable for individuals of all ages. However, before supplying the item, the Jobst stocking must be prior authorized by AFMC. [View or print form AFMC-103 and instructions for completion.](#) Documentation accompanying form AFMC-103 must indicate that the patient has severe varicose veins with edema, or a venous stasis ulcer, unresponsive to conventional therapy such as wrappings, over-the-counter stockings and Unna boots. The documentation must include clinical medical records from a physician detailing the failure of conventional therapy.

Procedure Code	M1	M2	Description	Maximum Units
A6549	NU		Gradient compression stocking, NOS (Jobst); 1 unit = 1 stocking	Maximum 4 units per date of service

### 242.130 Diapers and Underpads, 3 Years Old and Older

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization is indicated by the heading PA. If prior authorization is required, that information is indicated with a "Y" in the column, or if not, an "N" is shown.

\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

#### Diapers and Underpads, 3 Years Old and Older (section 242.130)

Procedure Code	M1	M2	Description	PA	Payment Method
A4335	EP		*(Small Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	EP	U1	*(Medium Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	EP	U2	*(Large Child-Size Diaper) Incontinence supply; miscellaneous	N	Purchase
A4335	NU EP	U1 U3	*(Incontinence supply; miscellaneous (Under-Garment One size fits all))	N	Purchase
A4554	NU		Disposable underpads, all sizes (e.g., Chux's)	N	Purchase
T4521	NU		Adult-sized disposable incontinence product, brief/diaper, small, each	N	Purchase
T4522	NU		Adult-sized disposable incontinence product, brief/diaper, medium, each	N	Purchase
T4523	NU		Adult-sized disposable incontinence product, brief/diaper, large, each	N	Purchase
T4524	NU		Adult-sized disposable incontinence product, brief/diaper, extra large, each	N	Purchase
T4526	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, medium size, each	N	Purchase
T4527	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, large size, each	N	Purchase
T4528	NU EP		Adult-sized disposable incontinence product, protective underwear/pull-on, extra large size, each	N	Purchase

**Diapers and Underpads, 3 Years Old and Older (section 242.130)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
T4529	EP		Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4529	EP	U1	Pediatric-sized disposable incontinence product, brief/diaper, small/medium size, each	N	Purchase
T4530	EP		Pediatric-sized disposable incontinence product, brief/diaper, large size, each	N	Purchase
T4531	EP		Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4531	EP	U1	Pediatric-sized disposable incontinence product, brief/diaper, reusable, small/medium size, each	N	Purchase
T4532	EP		Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase
T4532	EP	U1	Pediatric-sized disposable incontinence product, brief/diaper, reusable, large size, each	N	Purchase
T4533	EP		Youth-sized disposable incontinence product, brief/diaper, each	N	Purchase
T4535	NU EP		Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase
T4535	NU EP	U1 U1	Disposable liner/shield/guard/pad/undergarment for incontinence, each	N	Purchase

Reimbursement is based on a per unit basis with one unit equaling one item (diaper, underpad). When billing for these services that are benefit limited to a dollar amount per month, providers must bill according to the calendar month.

Providers must not span calendar months when billing for diapers and/or underpads. The date of delivery is the date of service. Providers should not bill "from" and "through" dates of service.

Refer to section **212.100** of this manual for coverage information on diapers and underpads.

**242.140 Electronic Blood Pressure Monitor and Cuff, All Ages****7-1-07**

The procedure code found in this section must be billed either electronically or on paper using modifier **NU** for individuals of all ages.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

Procedure Code	M1	M2	Description	PA	Payment Method
A4670	NU		Automatic blood pressure monitor	Y♦	Rental Only

Included with the rental of this monitor, the provider will need to supply one (1) disposable blood pressure cuff each month.

**242.150 Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age**

7-1-07

The coverage listed is payable only if the service is prescribed as a result of a Child Health Services (EPSDT) screening/referral.

**NOTE: The Women, Infant and Children program (WIC) must be accessed first for children from birth through five years of age.**

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age. Modifier "**BO**" is used to bill for oral usage. When a second **or third** modifier is listed, that modifier must be used in conjunction with **EP**.

Modifiers in this section are indicated by the headings M1, **M2** and **M3**.

**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

Procedure Code	M1	M2	M3	Description	Covered Formulae
B4149	EP			Enteral formula, 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	Compleat
B4149	EP	BO			

**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>Description</b>	<b>Covered Formulae</b>
B4150	EP			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	See list below
B4150	EP	BO			
<b>Covered Formulae:</b>					
Boost				Fibersource HN	Nutren 1.0 with Fiber
Boost with Benefiber and FOS				Fortison	Osmolite
Carnation Instant Breakfast – Lactose Free				Intraolite	Osmolite 1.0 CAL
Ensure				Isocal	Osmolite HN
Ensure Fiber with FOS				Isocal HN	Portagen
Ensure High Protein				IsoSource	Probalance
Ensure HN				IsoSource HN	Promote
Ensure Powder				Jevity 1.0 CAL	Promote with Fiber
Fibersource				Nutrapack	Ultracal
B4150	EP	U1	BO	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	Boost Pudding Ensure Pudding
B4152	EP			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	Boost Plus Carnation Instant Breakfast – Lactose Free Plus Comply Ensure Plus Ensure Plus HN Novasource 2.0 Nutren 1.5 Nutren 2.0 Scandishake Two-Cal HN
B4152	EP	BO			

**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>Description</b>	<b>Covered Formulae</b>
B4153 B4153	EP EP		BO	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	Alitraq Criticare HN Isotein HN Peptamen Peptamen 1.5 Peptamen VHP Peptamen with Prebio 1 Perative Tolerex Vital HN Vivonex Plus Vivonex TEN
B4154 B4154	EP EP		BO	Enteral formula, nutritionally complete, for special metabolic needs, includes 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	See list below
<b>Covered formulae:</b>					
				Advera AminAid Choice DM/Boost Diabetic Forta Drink Glucerna Glytrol Hepatic Aid Impact	Impact with Fiber IsoSource VHN Ketocal Lipisorb Lofenalac Nepro NutriHep Protain XL
					Pulmocare Resource Diabetic Respalor Similac 60/40 Suplena Traumacal Trumaid Powder
B4155 B4155	EP EP		BO	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arganine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Casec Powder Fructose Powder MCT Oil Moducal Polycose Liquid Procel Protein Power Provimin Sumacal
				Bill on paper (Indicate specific name of formula on claims.)	

**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>Description</b>	<b>Covered Formulae</b>
B4155 B4155	EP EP	U1 U1		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	Polycose Powder Dextrose Scandical
B4155 B4155	EP EP	U2 U2	BO	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	Microlipids
B4155 B4155	EP EP	U3 U3	BO	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	Product 80056 PKU 1, 2 and 3 RCF Try 1 and 2
B4158 B4158	EP EP		BO	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	Enfamil Enfamil AR Lipil Enfamil Lactofree Enfamil Lactofree Lipil Enfamil Lipil Low Iron Enfamil Lipil with Iron Enfamil Next Step Lipil Nutren Jr. Nutren JF with Fiber Resource for Kids Resource Just for Kids with Fiber

**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>Description</b>	<b>Covered Formulae</b>
B4159 B4159	EP EP		BO	Enteral formula, for pediatrics, nutritionally complete soy base 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	Enfamil Next Step Prosobee Lipil Enfamil Prosobee Lipil Isomil Isomil Advance Soy with Iron Prosobee
B4160 B4160	EP EP		BO	Enteral formula, for pediatrics, nutritionally 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	Enfamil Enfacare Lipil Powder Kindercal Kindercal with Fiber Pediasure Pediasure with Fiber
B4160 B4160	EP EP	U1 U1	BO	Enteral formula, for pediatrics, nutritionally 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	Enfamil Premature Lipil 24 Cal Low Iron Enfamil Premature Lipil 24 Cal with Iron Similac Neosure Similac Neosure Advance Special Care Advance 20 Special Care Advance 20 with Iron Special Care Advance 24 Special Care Advance 24 with Iron



**Nutritional Formulae for Child Health Services (EPSDT) Beneficiaries Under 21 Years of Age (section 242.150)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>M3</b>	<b>Description</b>	<b>Covered Formulae</b>
B4161 B4161	EP EP		BO	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Alimentum ELECARE Enfamil Nutramigen Lipil Enfamil Pregestimil Neocate Infant Formula Neocate Jr Neocate One + (Pediatric E028) Liquid Neocate One + Powder Nutramigen Peptamen Jr Pregestimil Similac Alimentum Advance with Iron Vivonex Pediatric
B4162 B4162	EP EP		BO	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	See list below
<b>Covered Formulae:</b>					
				Low Phe Try Diet Powder	Periflex
				Maxamaid MSUD	Phenex-1
				Maxamaid XLYS-TRY	Phenex-2
				Maxamaid Xp	Phenyl Free 1
				Maxamaid Xphen Try	Phenyl Free 2
				Maxamum MSUD	Propimex-1
				Maxamum XP	Propimex-2
				MSUD Analog	XP Analog
				MSUD 1 and 2	Xphen, Try Analog
B4162 B4162	EP EP	U1 U1	BO	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	XMTVI Maximaid

One unit of service equals 100 calories with a reimbursable maximum of 30 units per day. Supplies furnished by prosthetics providers in conjunction with the nutritional formula must be billed to Medicaid with the prosthetics medical supply codes. These formulae are covered as nutritional supplements rather than as the sole source of nutrition.

**NOTE: Beneficiaries who require enteral nutrition as the sole source of nutrition with the formulae being administered through a nasogastric, jejunostomy or gastrostomy tube should be referred to a hyperalimentation provider enrolled in the Medicaid Program.**

Each claim should reflect a “from” and “through” date of service. The claims must not be filed until after the “through” date has elapsed. Claims may be submitted on either a weekly or monthly basis.

**NOTE: If a specific formula is not listed but is prescribed as the result of the EPSDT screening of an Arkansas Medicaid beneficiary, the provider may forward a copy of the screening and prescription, along with product information, to Utilization Review for consideration.**

#### 242.151 Pedia-Pop

7-1-07

The procedure code found in this section must be billed with modifier **EP**. Pedia-Pop is only for oral consumption, and is only in frozen form.

Modifiers in this section are indicated by the headings M1 and M2.

Procedure Code	M1	M2	Description	Maximum Units
Z2487	EP		Pedia-Pop; 1 unit = 1 box	2 units per date of service

#### 242.152 Enteral Nutrition Infusion Pump and Enteral Feeding Pump Supply Kit

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age. When a second modifier is listed, that modifier must be used in conjunction with **EP**.

The procedure codes require prior authorization from AFMC.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a “Y” in the column; if not, an “N” is shown.

\*...( ) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

Procedure Code	M1	M2	Description	Maximum Units	PA	Payment Method
B4035	EP		Enteral feeding supply kit, pump fed, per day (1 unit = 1 day)	1 per day	Y	Purchase
B9000	EP		Enteral nutrition infusion pump – without alarm (1 day = 1 unit)	1 per day	Y	Rent to Purchase

Procedure Code	M1	M2	Description	Maximum Units	PA	Payment Method
B9002	EP		Enteral nutrition infusion pump – with alarm (1 day = 1 unit)	1 per day	Y	Rent to Purchase
E1340	EP	U2	*(Repair – Enteral nutrition infusion pump) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component		Y	

### Enteral Nutrition Infusion Pump

Reimbursement for the enteral nutrition infusion pump is based on a rent-to-purchase methodology. Each unit reimbursed by Medicaid will apply towards the purchase price established by Medicaid.

Reimbursement will only be approved for new equipment. Used equipment will not be prior authorized. Procedure codes **B9000** and **B9002** represent a new piece of equipment being reimbursed by Medicaid on the rent-to-purchase plan.

Codes **B9000** and **B9002** are reimbursed on a per unit basis with 1 day equaling 1 unit of service per day.

Medicaid will reimburse on the rent-to-purchase plan for a total of 304 units of service. After reimbursement has been made for 304 units, the equipment will become the property of the Medicaid beneficiary.

Prior authorization is required for codes **B9000** and **B9002**. The prior authorization request must include the serial number of the infusion pump being provided to the beneficiary.

See section 236.000 for reimbursement when the Medicaid Program is billed for repairs made to the enteral infusion pump.

### **242.153 MIC-KEY Skin Level Gastrostomy Tube (Mic-Key Button) and Supplies for Individuals Under Age 21**

7-1-07

Procedure codes found in this section must be billed with modifier **EP** for beneficiaries under 21 years of age. **When a second modifier is listed, that modifier must be used in conjunction with EP.**

**Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a “Y” in the column; if not, an “N” is shown.**

Procedure Code	M1	M2	PA	Description	Payment Method
B9998			Y	MIC-KEY Kit	Purchase
B9998	EP	U1	Y	SECUR-LOK Extension Set with 2 Port ‘Y’ and Clamp 12” Length	Purchase
B9998	EP	U2	Y	SECUR-LOK Extension Set with 2 Port ‘Y’ and Clamp 24” Length	Purchase

Procedure Code	M1	M2	PA	Description	Payment Method
B9998	EP	U3	Y	Bolus Extension Set with Single Port Clamp 12" Length	Purchase
B9998	EP	U4	Y	Bolus Extension Set with Single Port Clamp 24" Length	Purchase
B9998	EP	U5	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 12" Length	Purchase
B9998	EP	U6	Y	Bolus SECUR-LOK Extension Set Single Port w/Clamp 24" Length	Purchase
B9998	EP	U7	Y	Microvasive Adapter	Purchase
B9998	EP	U8	Y	Microvasive Decompression Tube	Purchase

### 242.154 Nasogastric Tubing for Individuals Under Age 21

7-1-07

The procedure code found in this section must be billed with modifier **EP** for beneficiaries under 21 years of age. The code is payable only for beneficiaries under age 21.

Procedure Code	M1	M2	PA	Description	Payment Method
B4082	EP		N	Nasogastric tubing without stylet	Purchase

### 242.160 Durable Medical Equipment, All Ages

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**. Modifier **UE** must be used to bill for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

- \* The purchase of wheelchairs for individuals age 21 and over is limited to one per five-year period.
- \*\*\* This procedure code may not be billed for used equipment.
- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.
- ⚡(... ) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

#### Durable Medical Equipment, All Ages (section 242.160)

Procedure Code	M1	M2	PA	Description	Payment Method
A4635	NU EP UE		N	Underarm pad, crutch, replacement, each	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
A4636	NU EP UE		N	Replacement, handgrip, cane, crutch, or walker, each	Purchase
A4637	NU EP UE		N	Replacement, tip, cane, crutch, walker, each	Purchase
E0100	NU EP UE		N	Cane, includes canes of all materials, adjustable or fixed, with tip	Purchase
E0105	NU EP UE		N	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	Purchase
E0110	NU EP UE		N	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Purchase
E0111	NU EP UE	U1	N	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip	Purchase
E0112	NU EP UE		N	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Purchase
E0113	NU EP UE		N	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	Purchase
E0114	NU EP UE		N	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Purchase
E0116	NU EP UE		N	Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip	Purchase
E0130	NU EP UE		N	Walker, rigid (pickup), adjustable or fixed height	Purchase
E0135	NU EP UE		N	Walker, folding (pickup), adjustable or fixed height	Purchase
E0140	NU EP		N	Walker, w/trunk support, adjustable or fixed height, any type	Purchase
E0141	NU EP UE		N	Walker, rigid, wheeled, adjustable or fixed height	Purchase
E0143	NU EP UE		N	Walker, folding, wheeled, adjustable or fixed height	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0147	NU EP UE		N	Walker, heavy duty, multiple braking system, variable wheel resistance	Purchase
E0153	NU EP UE		N	Platform attachment, forearm crutch, each	Purchase
E0154	NU EP UE		N	Platform attachment, walker, each	Purchase
E0155	NU EP UE		N	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker	Purchase
E0156	NU EP		N	Seat attachment, walker	Purchase
E0157	NU EP UE		N	Crutch attachment, walker, each	Purchase
E0158	NU EP UE		N	Leg extensions for walker, per set of four (4)	Purchase
E0159	NU EP		N	Brake attachment for wheeled walker, replacement, each	Purchase
E0160	NU EP UE		N	Sitz type bath or equipment, portable, used with or without commode	Purchase
E0161	NU EP UE		N	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s)	Purchase
E0163	NU EP UE		N	Commode chair, stationary, with fixed arms	Purchase
E0164	NU EP UE		N	Commode chair, mobile, with fixed arms	Purchase
E0166	NU EP UE		N	PO-Commode chair, mobile, w/detachable arms	Capped Rental
E0166	NU EP UE	U2 U2 U2	N	PO-Commode chair, mobile, w/detachable arms	Purchase
E0167	NU EP UE		N	Pail or pan for use with commode chair	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0175	NU EP UE		N	Foot rest, for use with commode chair, each	Purchase
E0180	NU EP UE		N	Pressure pad, alternating with pump	Purchase
E0181	NU EP UE		N	Pressure pad, alternating with pump, heavy duty	Capped Rental
E0182	NU EP UE	U1	N	Pump for alternating pressure pad	Purchase
E0184	NU EP UE		N	Dry pressure mattress	Purchase
E0185	NU EP UE		N	Gel or gel-like pressure pad for mattress, standard mattress length and width	Purchase
E0186	NU EP		Y	Air pressure mattress	Purchase
E0187	NU EP		Y	Water pressure mattress	Purchase
E0189	NU EP UE		N	Lambswool sheepskin pad, any size	Purchase
E0190	NU UE		N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP		N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U1	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U2	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U3	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U4	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U5	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U6	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U7	N	Positioning cushion/pillow/wedge, any shape or size	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0190	EP	U8	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	EP	U9	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	KA	U1	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	KA	U2	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0190	KA	U3	N	Positioning cushion/pillow/wedge, any shape or size	Purchase
E0191	NU EP UE		N	Heel or elbow protector, each	Purchase
E0196	NU EP		N	Gel pressure mattress	Purchase
E0197	NU EP UE		N	Air pressure pad for mattress, standard mattress length and width	Purchase
E0198	NU EP		Y	Water pressure pad for mattress, standard mattress length and width	Purchase
E0200	NU EP UE		N	Heat lamp, without stand (table model), includes bulb, or infrared element	Capped Rental
E0202	NU EP UE		N	Phototherapy (bilirubin) light with photometer	Rental Only
E0205	NU EP UE		N	Heat lamp, with stand includes bulb, or infrared element	Capped Rental
E0217	NU EP UE		N	Water circulating heat pad with pump	Capped Rental
E0225	NU EP UE		N	Hydrocollator unit, includes pad	Capped Rental
E0235	NU EP UE		N	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Purchase
E0236	NU EP UE		N	Pump for water circulating pad	Capped Rental
E0238	NU EP UE		N	Nonelectric heat pad, moist	Purchase



**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0239	NU EP UE		N	Hydrocollator unit, portable	Capped Rental
E0240	NU EP NU EP NU EP NU EP	U1 U1 U2 U3 U3	N	Bath/shower chair w/wo wheels, any size	Purchase
E0244	NU EP		Y	Raised toilet seat	Purchase
E0245***	NU EP	U1 U1	N	** (Bath Frame Support, Large) Tub stool or bench	Purchase
E0247	NU EP NU EP	U1 U1	N	Transfer bench, tub/toilet, w/wo commode opening	Purchase
E0248	NU EP NU EP	U1 U1	N	Transfer bench, heavy duty, tub/toilet w/wo commode opening	Purchase
E0249	NU EP UE		N	Pad for water circulating heat unit	Purchase
E0250	UE		Y♦	Hospital bed, fixed height, with any type side rails, with mattress	Capped Rental
E0250	NU EP		Y♦	** (Hospital bed, with side rails, fixed height, with mattress, purchase) Hospital bed, fixed height, with any type side rails, with mattress	Purchase
E0255	UE		Y♦	Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Capped Rental
E0255	NU EP	U1	Y♦	** (Hospital bed, with side rails, variable height; hi-lo, with mattress, purchase) Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Purchase
E0260	NU EP UE	RR RR	Y♦	Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Capped Rental
E0260	NU EP		Y♦	** (Hospital bed, with side rails, semi-electric, head and foot adjustments, with mattress, purchase) Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0271	NU EP UE		N	Mattress, inner spring	Capped Rental
E0272	NU EP UE		N	Mattress, foam rubber	Capped Rental
E0273	NU EP UE		N	Bed board	Purchase
E0275	NU EP UE		N	Bed pan, standard, metal or plastic	Purchase
E0276	NU EP UE		N	Bed pan, fracture, metal or plastic	Purchase
E0280	NU EP UE		N	Bed cradle, any type	Purchase
E0300	EP  EP	  RR	Y  Y	Pediatric crib, hospital grade, fully enclosed	Purchase  Rental Only
E0303	NU EP UE		Y Y Y	Hospital bed, heavy duty, extra wide, with weight capacity > 350 but < or = 600, any type side rails, w/mattress	Rental Only (Rent to Purchase)
E0325	NU NU EP UE	U1	N	Urinal; male, jug-type, any material	Purchase
E0326	NU EP UE		N	Urinal; female, jug-type, any material	Purchase
E0445***	NU EP		Y ♦	*(Pulse oximeter, including 4 disposable probes) Oximeter for measuring blood oxygen levels non-invasively	Rental Only
E0480	NU EP UE		N	Percussor, electric or pneumatic, home model	Capped Rental
E0565	NU EP UE		Y ♦	Compressor, air power source for equipment which is not self-contained or cylinder driven	Capped Rental
E0570	NU EP UE		Y	Nebulizer, with compressor	Purchase

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0585	NU EP UE		N	Nebulizer, with compressor and heater	Capped Rental
E0605	NU EP UE		N	Vaporizer, room type	Purchase
E0606	NU EP UE		N	Postural drainage board	Capped Rental
E0607***	NU EP		N	Home blood glucose monitor	Purchase
E0621	NU		N	Sling or seat, patient lift, canvas or nylon	Purchase
E0630	NU EP UE		Y♦	Patient lift, hydraulic, with seat or sling	Capped Rental
E0650	NU EP UE		Y♦	Pneumatic compressor, nonsegmental home model	Capped Rental
E0667	NU EP UE		Y♦	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Capped Rental
E0668	NU EP UE		Y♦	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Capped Rental
E0691	NU EP UE		N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less	Rental Only
E0692	NU EP		N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; four foot panel	Rental Only
E0693	NU EP		N	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; six foot panel	Rental Only
E0694	NU EP		N	Ultraviolet multidirectional light therapy system in six foot cabinet includes bulbs/lamps, timer and eye protection	Rental Only
E0720	NU EP UE		Y♦	TENS, two lead, localized stimulation	Capped Rental
E0730	NU EP UE		Y♦	Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation	Capped Rental

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0740	NU EP UE		N	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	Purchase
E0745	NU EP UE		Y ♦	Neuromuscular stimulator, electronic shock unit	Capped Rental
E0747	NU EP UE		Y ♦	Osteogenesis stimulator, electrical noninvasive, other than spinal applications	Rental Only
E0748	NU EP		N	Osteogenesis stimulator, electrical noninvasive, spinal applications	Purchase
E0749	NU EP UE		Y ♦	Osteogenesis stimulator, electrical , surgically implanted	Purchase
E0779	NU		Y ♦	** (Ambulatory infusion device, payable only when services are provided to patients receiving chemotherapy, pain management or antibiotic treatment in the home) Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Rental Only
E0840	NU EP UE		N	Traction frame, attached to headboard, cervical traction	Purchase
E0850	NU EP UE		N	Traction stand, freestanding, cervical traction	Purchase
E0860	NU EP UE		N	Traction equipment, overdoor, cervical	Purchase
E0870	NU EP UE		N	Traction frame, attached to footboard, extremity traction (e.g., Buck's)	Purchase
E0880	NU EP UE		N	Traction stand, freestanding, extremity traction (e.g., Buck's)	Purchase
E0890	NU EP UE		N	Traction frame, attached to footboard, pelvic traction	Purchase
E0900	NU EP UE		N	Traction stand, freestanding, pelvic traction (e.g., Buck's)	Purchase
E0910	NU EP UE		N	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Capped Rental

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E0920	NU EP UE		N	Fracture frame, attached to bed, includes weights	Capped Rental
E0930	NU EP UE		N	Fracture frame, freestanding, includes weights	Capped Rental
E0935	NU EP UE		Y ♦	Passive motion exercise device	Capped Rental
E0940	NU EP UE		N	Trapeze bar, freestanding, complete with grab bar	Capped Rental
E0941	NU EP UE		N	Gravity assisted traction device, any type	Capped Rental
E0942	NU EP UE		N	Cervical head harness/halter	Purchase
E0944	NU EP UE		N	Pelvic belt/harness/boot	Purchase
E0945	NU EP UE		N	Extremity belt/harness	Purchase
E0946	NU EP UE		N	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, Four Poster)	Purchase
E0947	NU EP UE		N	Fracture frame, attachments for complex pelvic traction	Purchase
E0948	NU EP UE		N	Fracture frame, attachments for complex cervical traction	Purchase
E0950	NU EP UE		N	Wheelchair accessory, tray, each	Purchase
E1130*	NU EP UE		Y ♦	Standard wheelchair, fixed full-length arms, fixed or swing-away, detachable footrests	Capped Rental
E1140*	NU EP UE		Y ♦	Wheelchair, detachable arms, desk or full-length, swing-away, detachable footrests	Capped Rental
E1150*	NU EP UE		Y ♦	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Capped Rental

**Durable Medical Equipment, All Ages (section 242.160)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>PA</b>	<b>Description</b>	<b>Payment Method</b>
E1160*	NU EP UE		Y ♦	Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	Capped Rental
E1224*	NU EP UE		Y ♦	Wheelchair with detachable arms, elevating leg rests	Capped Rental
E1340	NU		N	** (DME Repairs/Parts Only Repairs will not be approved for more than the allowed purchase price of new equipment. <b>The manufacturer's invoice must be attached to the repair claim for all parts.</b> ) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Manually Priced
E1340***	NU EP	U1 U1	N	** (Labor Only; a maximum of twenty [20] units [20 units = 5 hours of labor] per date of service is allowable.) Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Manually Priced
E1399	NU		N	Durable medical equipment, miscellaneous	Manually Priced
S8096***	NU EP		N	** (Peak flow meter used by asthmatic patients) Portable peak flow meter	Purchase
Z2211 (Bill on Paper)	NU EP		Y	Power Kit/Batteries	Purchase

Procedure codes **E0250 ♦**, **E0255 ♦** and **E0260 ♦** must be billed when hospital beds are purchased for eligible Medicaid beneficiaries of all ages. **The procedure codes must be used to bill for equipment that does not meet the purchase-only criteria. They are reimbursed on a capped rental basis. The capped rental items must be used until the equipment is no longer repairable or until it is no longer appropriate for the beneficiary as verified by the physician.**

The hospital beds must be new, not used. **The** procedure codes must be billed with modifier **NU** for individuals age 21 and over or modifier **EP** for individuals under the age of 21. The codes all require prior authorization. Providers must only provide these purchase-only services to beneficiaries who are expected to require the bed for a long period of time. Each procedure code for hospital beds listed above may only be billed once every 10 years.

Procedure codes **E0250 ♦**, **E0255 ♦** and **E0260 ♦** must **also** be used to bill for equipment that does not meet the purchase-only criteria. They are reimbursed on a capped rental basis. The capped rental items must be used until the equipment is no longer repairable or until it is no longer appropriate for the beneficiary as verified by the physician.

Procedure codes found in this section must be billed either electronically or on paper with modifier **UE** for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

- \* The purchase of wheelchairs for individuals age 21 and over is limited to one per five-year period.
- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.
- \*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

#### Used Durable Medical Equipment, Age 21 and Over (section 242.161)

Procedure Code	M1	M2	Description	PA	Payment Method
E0105	UE		Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	N	Purchase
E0143	UE		** (Walker, folding, wheeled, with seat) Walker, folding, wheeled, adjustable or fixed height	N	Capped Rental
E0143	UE		Walker, folding, wheeled, adjustable or fixed height	N	Purchase
E0163	UE		Commode chair, stationary with fixed arms	N	Purchase
E0180	UE		Pressure pad, alternating with pump	N	Purchase
E0191	UE		Heel or elbow protector, each	N	Purchase
E0192	UE		Low pressure and positioning equalization pad for wheelchair	N	Purchase
E0202	UE		Phototherapy (bilirubin) light with photometer	N	Rental Only
E0255	UE		** (Hospital bed, with side rails, variable height; hi-lo, with mattress) Hospital bed, variable height; hi-lo, with any type side rails, with mattress	Y	Capped Rental
E0260	UE		** (Hospital bed, with side rails, semi-electric; head and foot adjustment, with mattress) Hospital bed, semi-electric, head and foot adjustment, with any type side rails with mattress	Y◆	Capped Rental
E0630	UE		Patient lift, hydraulic, with seat or sling	Y◆	Capped Rental
E0730	UE		Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation	Y◆	Capped Rental

**Used Durable Medical Equipment, Age 21 and Over (section 242.161)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0910	UE		** (Trapeze bars, attached to bed, complete with grab bar) Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	N	Capped Rental
E1130*	UE		Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests	Y♦	Capped Rental
E1224*	UE		** (Footrest wheelchair with detachable arms, elevating legrests) Wheelchair with detachable arms, elevating legrests	Y♦	Capped Rental

**242.170 Apnea Monitors for Individuals Under 1 Year of Age**

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age. Modifier **UE** must be used to bill for used equipment.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a “Y” in the column; if not, an “N” is shown.

Sections 212.300 and 222.200 contain information regarding specific coverage and restrictions.

- ♦ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

<b>National Code</b>	<b>M1</b>	<b>M2</b>	<b>Local Code</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0618	EP			Apnea monitor, without recording feature	Y (on 31st day)♦	Rental Only (Daily Rental)
E0619	EP			Apnea monitor, with recording feature	Y (on 31st day)♦	Rental Only (Daily Rental)
E0619				** (Initial setup of apnea monitor, includes 30 days rental) Apnea monitor, with recording feature	N	First 30 Days Rental
Bill on paper	EP		Z1684	Technical and lab services for setting up pneumogram or event recording (not including professional services)	N	Purchase

**242.180 Orthotic Appliances, All Ages**

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and



older. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and older, that information is indicated with a "Y" in the column; if not, an "N" is shown. When prior authorization is not applicable (for U21) that information is shown with an "N/A" in the column.

When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and older.

\*\* This item is not a covered service for the diagnosis of Carpal Tunnel Syndrome prior to surgery.

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

■ Effective for dates of service on and after March 1, 2006, this procedure code does not require prior authorization; however, the beneficiary's medical condition must fall within the diagnosis range of 250.00 and 251.93.

#### Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
A5500 <sup>■</sup>	NU		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	21+	N	Purchase
A5501 <sup>■</sup>	NU		For diabetics only, fitting (including follow-up) custom preparation and supply of molded from cast(s) of patient's foot (custom molded shoe), per shoe	21+	N	Purchase
A5503 <sup>■</sup>	NU		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	21+	N	Purchase
A5504 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	21+	N	Purchase
A5505 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	21+	N	Purchase
A5506 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	21+	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
A5507	NU		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	21+	Y	Purchase
A5510 <sup>■</sup>	NU		For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	21+	N	Purchase
A5512	NU		For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer of 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	21+	Y	Purchase
A5513	NU		For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of ¼ inch material of shore a 35 durometer of 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material custom fabricated, each	21+	Y	Purchase
L0100	NU EP		Cranial orthosis (helmet), with or without soft interface, molded to patient model	All	N	Purchase
L0110	NU EP		Cranial orthosis (helmet), with or without soft interface, non-molded	All	N	Purchase
L0120	NU EP		Cervical, flexible, nonadjustable (foam collar)	All	N	Purchase
L0130	NU EP		Cervical, flexible, thermoplastic collar, molded to patient	All	N	Purchase
L0140	NU EP		Cervical, semi-rigid, adjustable (plastic collar)	All	N	Purchase
L0150	NU EP		Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	All	N	Purchase
L0160	NU EP		Cervical, semi-rigid wire frame occipital/mandibular support	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0170	NU EP		Cervical, collar, molded to patient model	All	N	Purchase
L0172	NU EP		Cervical, collar, semi-rigid thermoplastic foam, two piece	All	N	Purchase
L0174	NU EP		Cervical, collar, semi-rigid thermoplastic foam, two piece with thoracic extension	All	N	Purchase
L0180	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable	All	N	Purchase
L0190	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	All	N	Purchase
L0200	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	All	N	Purchase
L0210	NU EP		Thoracic, rib belt	All	N	Purchase
L0220	NU EP		Thoracic, rib belt, custom fabricated	All	N	Purchase
L0450	NU EP		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, includes fitting and adjustment	All	N	Purchase
L0452	NU EP		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, custom fabricated	All	N	Purchase
L0454	NU EP		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, includes fitting and adjustment	All	N	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0456	NU EP		TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from 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, includes fitting and adjustment	All	Y	Purchase
L0458	NU EP		TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from 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	All	Y	Purchase
L0460	NU EP		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 sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0462	NU EP		TLSO, triplanar control modular segmented spinal system, three rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0464	NU EP		TLSO, triplanar control modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0466	NU EP		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, includes fitting and adjustment	All	Y	Purchase
L0468	NU EP		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, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0470	NU EP		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 transverse planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0472	NU EP		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	All	N	Purchase
L0474	NU EP		TLSO, triplanar control, rigid posterior frame with multiple 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 transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0480	NU EP		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	All	Y	Purchase
L0482	NU EP		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	All	Y	Purchase
L0484	NU EP		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	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0486	NU EP		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	All	Y	Purchase
L0488	NU EP		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	All	Y	Purchase
L0490	NU EP		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 T9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0621	NU EP		SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0622	NU EP		SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	All	N	Purchase



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L0623	NU EP		SO, flexible, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0624	NU EP		SO, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	All	N	Manually Priced
L0625	NU EP		LO, 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, includes fitting and adjustment	All	N	Purchase
L0626	NU EP		LO, sagittal control, with rigid posterior panel(s), 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, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0627	NU EP		LO, sagittal control, with rigid anterior and posterior panel(s), 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, includes fitting and adjustment	All	N	Purchase

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L0628	NU EP		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, includes fitting and adjustment	All	N	Purchase
L0629	NU EP		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, custom fabricated	All	N	Manually Priced
L0630	NU EP		LSO, 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	All	N	Purchase
L0631	NU EP		LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0632	NU EP		LSO, 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, custom fabricated	All	N	Manually Priced

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0633	NU EP		LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0634	NU EP		LSO, 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/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Manually Priced
L0635	NU EP		LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, 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 the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0636	NU EP		LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), 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 the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	All	N	Purchase

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L0637	NU EP		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 the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0638	NU EP		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 the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Purchase
L0639	NU EP		LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0640	NU EP		LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	All	N	Purchase

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L0700	NU EP		Cervical-thoracic-lumbar-sacral orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	All	Y	Purchase
L0710	NU EP		CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	All	Y	Purchase
L0810	NU EP		Halo procedure, cervical halo incorporated into jacket vest	All	Y	Purchase
L0820	NU EP		Halo procedure, cervical halo incorporated into plaster body jacket	All	Y	Purchase
L0830	NU EP		Halo procedure, cervical halo incorporated into Milwaukee type orthosis	All	Y	Purchase
L0859	NU EP		Addition to halo procedure, magnetic resonance image compatible system, rings and pins, any material	All	Y	Purchase
L0960	NU EP		Torso support, post surgical support, pads for post surgical support	All	N	Purchase
L0970	NU EP		TLSO, corset front	All	N	Purchase
L0972	NU EP		LSO, corset front	All	N	Purchase
L0974	NU EP		TLSO, full corset	All	N	Purchase
L0976	NU EP		LSO, full corset	All	N	Purchase
L0978	NU EP		Axillary crutch extension	All	N	Purchase
L0980	NU EP		Peroneal straps, pair	All	N	Purchase
L0982	NU EP		Stocking supporter grips, set of four (4)	All	N	Purchase
L0984	NU		Protective body sock, each	21+	N	Purchase
L1000	NU EP		CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	All	Y	Purchase
L1010	NU EP		TLSO or scoliosis orthosis, axilla sling	All	N	Purchase
L1020	NU EP		Addition to CTLSO or scoliosis orthosis, kyphosis pad	All	N	Purchase
L1025	NU EP		Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	All	N	Purchase

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L1030	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	All	N	Purchase
L1040	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	All	N	Purchase
L1050	NU EP		Addition to CTLSO or scoliosis orthosis, sternal pad	All	N	Purchase
L1060	NU EP		Addition to CTLSO or scoliosis orthosis, thoracic pad	All	N	Purchase
L1070	NU EP		Addition to CTLSO or scoliosis orthosis, trapezius sling	All	N	Purchase
L1080	NU EP		Addition to CTLSO or scoliosis orthosis, outrigger	All	N	Purchase
L1085	NU EP		Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	All	N	Purchase
L1090	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar sling	All	N	Purchase
L1100	NU EP		Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	All	N	Purchase
L1110	NU EP		Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	All	N	Purchase
L1120	NU EP		Addition to CTLSO, scoliosis orthosis, cover for upright, each	All	N	Purchase
L1200	NU EP		Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	All	Y	Purchase
L1210	NU EP		Addition to TLSO (low profile), lateral thoracic extension	All	N	Purchase
L1220	NU EP		Addition to TLSO (low profile), anterior thoracic extension	All	N	Purchase
L1230	NU EP		Addition to TLSO (low profile), Milwaukee type superstructure	All	N	Purchase
L1240	NU EP		Addition to TLSO (low profile), lumbar derotation pad	All	N	Purchase
L1250	NU EP		Addition to TLSO (low profile), anterior ASIS pad	All	N	Purchase
L1260	NU EP		Addition to TLSO (low profile), anterior thoracic derotation pad	All	N	Purchase
L1270	NU EP		Addition to TLSO (low profile), abdominal pad	All	N	Purchase

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L1280	NU EP		Addition to TLSO (low profile), rib gusset (elastic), each	All	N	Purchase
L1290	NU EP		Addition to TLSO (low profile), lateral trochanteric pad	All	N	Purchase
L1300	NU EP		Other scoliosis procedure, body jacket molded to patient model	All	Y	Purchase
L1310	NU EP		Other scoliosis procedure, post-operative body jacket	All	Y	Purchase
L1499	NU EP		Spinal orthosis, not otherwise specified. ** (The manufacturer's invoice must be attached to all claims.)	All	Y	Manually Priced
L1500	NU EP		THKAO, mobility frame (Newington, Parapodium types)	All	Y	Purchase
L1510	NU EP		THKAO, standing frame, with or without tray and accessories	All	Y	Purchase
L1520	NU EP		THKAO, swivel walker	All	Y	Purchase
L1600	NU EP		HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	All	N	Purchase
L1610	NU EP		HO, abduction control of hip joints, flexible (Frejka cover only), prefabricated, includes fitting and adjustment	All	N	Purchase
L1620	NU EP		HO, abduction control of hip joints, flexible (Pavlik harness), prefabricated, includes fitting and adjustment	All	N	Purchase
L1630	NU EP		HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	All	N	Purchase
L1640	NU EP		HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	All	N	Purchase
L1650	NU EP		HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type), prefabricated, includes fitting and adjustment	All	N	Purchase
L1660	NU EP		HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	All	N	Purchase

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L1680	NU EP		HO; abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	All	Y	Purchase
L1685	NU EP		HO, abduction control of hip joint, post operative hip abduction type, custom fabricated	All	Y	Purchase
L1686	NU EP		HO, abduction control of hip joint, post operative hip abduction type, prefabricated, includes fitting and adjustments	All	Y	Purchase
L1690	NU		Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1700	NU EP		Legg Perthes orthosis (Toronto type), custom fabricated	All	Y	Purchase
L1710	NU EP		Legg Perthes orthosis (Newington type), custom fabricated	All	Y	Purchase
L1720	NU EP		Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	All	Y	Purchase
L1730	NU EP		Legg Perthes orthosis (Scottish Rite type) custom fabricated	All	Y	Purchase
L1750	NU EP		Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	All	Y	Purchase
L1755	NU EP		Legg Perthes orthosis (Patten bottom type), custom fabricated	All	Y	Purchase
L1800	NU EP		KO, elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L1810	NU EP		KO, elastic with joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1815	NU EP		KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	All	N	Purchase
L1820	NU EP		KO, elastic with condyle pads and joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1825	NU EP		KO, elastic knee cap. prefabricated, includes fitting and adjustment	All	N	Purchase



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L1830	NU EP		KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	All	N	Purchase
L1832	NU EP		KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment rigid support	All	N	Purchase
L1834	NU EP		KO, without knee joint, rigid, custom fabricated	All	N	Purchase
L1840	NU EP		KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	All	Y	Purchase
L1843	NU		Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1844	NU		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	21+	Y	Purchase
L1845	NU EP		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	All	Y	Purchase
L1846	NU EP		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	All	Y	Purchase
L1847	NU		Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s) prefabricated, includes fitting and adjustment	21+	N	Purchase
L1850	NU EP		KO, Swedish type, prefabricated, includes fitting and adjustment	All	N	Purchase
L1855	NU EP		KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	All	Y	Purchase
L1858	NU EP		KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	All	Y	Purchase

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L1860	NU EP		KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	All	Y	Purchase
L1870	NU EP		KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	All	Y	Purchase
L1880	NU EP		KO, double upright, nonmolded thigh and calf cuff/lacers with knee joints, custom fabricated	All	N	Purchase
L1900	NU EP		AFO, spring wire, dorsiflexion assist calf band, custom fabricated	All	N	Purchase
L1902	NU EP		AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	All	N	Purchase
L1904	NU EP		AFO, molded ankle gauntlet, custom fabricated	All	N	Purchase
L1906	NU EP		AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	All	N	Purchase
L1907	NU EP		AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	All	N	Purchase
L1910	NU EP		AFO, posterior, single bar, clasp attachment to shoe counter prefabricated, includes fitting and adjustment	All	N	Purchase
L1920	NU EP		AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	All	N	Purchase
L1920	EP		⌘(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	U21	N/A	Purchase
L1930	NU EP		AFO, plastic or other material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1932	NU EP		AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1940	NU EP		AFO, plastic or other material, custom-fabricated	All	N	Purchase
L1945	NU EP		AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	All	Y	Purchase

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L1950	NU EP		AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	All	N	Purchase
L1960	NU EP		AFO, posterior solid ankle, plastic, custom fabricated	All	N	Purchase
L1970	NU EP		AFO, plastic, with ankle joint, custom fabricated	All	N	Purchase
L1980	NU EP		AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	All	N	Purchase
L1990	NU EP		AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	All	N	Purchase
L2000	NU EP		KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2005	NU EP		KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	All	N	Purchase
L2010	NU EP		KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2020	NU EP		KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2030	NU EP		KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2035	NU		KAFO, full plastic, static prefabricated (pediatric size) prefabricated, includes fitting and adjustment	21+	N	Purchase
L2036	NU EP		KAFO, full plastic, double upright, free knee, custom fabricated	All	Y	Purchase
L2037	NU EP		KAFO, full plastic, single upright, free knee, custom fabricated	All	Y	Purchase

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L2038	NU EP		KAFO, full plastic, without knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated	All	Y	Purchase
L2039	NU		KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated	21+	Y	Purchase
L2040	NU EP		HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2040	NU	U1	** (Night "A" frame-KAFO, torsion control, bilateral night "A" frame)	All	N	Manually Priced
	EP	U1	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated			Purchase
L2040	NU	U1	** (Night "A" frame-KAFO, torsion control, bilateral night "A" frame)	All	N	Manually Priced
	EP	U1	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated			Purchase
L2050	NU EP		HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2060	NU EP		HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2070	NU EP		HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2080	NU EP		HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2090	NU EP		HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2106	NU EP		AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	N	Purchase
L2108	NU EP		AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	All	Y	Purchase
L2112	NU EP		AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	All	N	Purchase
L2114	NU EP		AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2116	NU EP		AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	All	N	Purchase
L2126	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	All	Y	Purchase
L2128	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	Y	Purchase
L2132	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2134	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	All	Y	Purchase
L2136	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2180	NU EP		Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	All	N	Purchase
L2182	NU EP		Addition to lower extremity fracture orthosis, drop lock knee joint	All	N	Purchase
L2184	NU EP		Addition to lower extremity fracture orthosis, limited motion knee joint	All	N	Purchase
L2186	NU EP		Addition to lower extremity fracture orthosis, adjustable motion knee joint (Lerman type)	All	N	Purchase
L2188	NU EP		Addition to lower extremity fracture orthosis, quadrilateral brim	All	N	Purchase
L2190	NU EP		Addition to lower extremity fracture orthosis, waist belt	All	N	Purchase
L2192	NU EP		Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	All	N	Purchase
L2200	NU EP		Additions to lower extremity, dorsiflexion and plantar flexion	All	N	Purchase
L2210	NU EP		Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2220	NU EP		Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	All	N	Purchase
L2230	NU EP		Addition to lower extremity, split flat caliper stirrups and plate attachment	All	N	Purchase
L2232	NU EP		Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	All	N	Manually Priced
L2240	NU EP		Addition to lower extremity, round caliper and plate attachment	All	N	Purchase
L2250	NU EP		Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	All	N	Purchase
L2260	NU EP		Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	All	N	Purchase
L2265	NU EP		Addition to lower extremity, long tongue stirrup	All	N	Purchase
L2270	NU EP		Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	All	N	Purchase
L2275	NU		Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	21+	N	Purchase
L2280	NU EP		Addition to lower extremity, molded inner boot	All	N	Purchase
L2300	NU EP		Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	All	N	Purchase
L2310	NU EP		Addition to lower extremity, abduction bar straight	All	N	Purchase
L2320	NU EP		Addition to lower extremity, nonmolded lacer	All	N	Purchase
L2330	NU EP		Addition to lower extremity, lacer molded to patient model	All	N	Purchase
L2335	NU EP		Addition to lower extremity, anterior swing band	All	N	Purchase
L2340	NU EP		Addition to lower extremity, pretidial shell, molded to patient model	All	N	Purchase
L2350	NU EP		Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)	All	Y	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2360	NU EP		Addition to lower extremity, extended steel shank	All	N	Purchase
L2370	NU EP		Addition to lower extremity, Patten bottom	All	N	Purchase
L2375	NU EP		Addition to lower extremity, torsion control, ankle joint and half solid stirrup	All	N	Purchase
L2380	NU EP		Addition to lower extremity, torsion control, straight knee joint, each joint	All	N	Purchase
L2385	NU EP		Addition to lower extremity, straight knee joint, heavy duty, each joint	All	N	Purchase
L2390	NU EP		Addition to lower extremity, offset knee joint, each joint	All	N	Purchase
L2395	NU EP		Addition to lower extremity, offset knee joint, heavy duty, each joint	All	N	Purchase
L2397	NU		Addition to lower extremity orthosis, suspension sleeve	21+	N	Purchase
L2405	NU EP		Addition to knee joint, lock; drop, stance or swing phase, each joint	All	N	Purchase
L2415	NU EP		Addition to knee lock with integrated release mechanism , (bail, cable or equal, any material, each joint	All	N	Purchase
L2425	NU EP		Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	All	N	Purchase
L2430	NU EP		Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	All	N	Purchase
L2492	NU EP		Addition to knee joint, lift loop for drop lock ring	All	N	Purchase
L2500	NU EP		Addition to lower extremity, thigh/weight bearing, gulteal/ischial weight bearing, ring	All	N	Purchase
L2510	NU EP		Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	All	N	Purchase
L2520	NU EP		Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	All	N	Purchase
L2525	NU EP		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2526	NU EP		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	All	N	Purchase
L2530	NU EP		Addition to lower extremity, thigh/weight bearing, lacer, non-molded	All	N	Purchase
L2540	NU EP		Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	All	N	Purchase
L2550	NU EP		Addition to lower extremity, thigh/weight bearing, high roll cuff	All	N	Purchase
L2570	NU EP		Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	All	N	Purchase
L2580	NU EP		Addition to lower extremity, pelvic control, pelvic sling	All	N	Purchase
L2600	NU EP		Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing free, each	All	N	Purchase
L2610	NU EP		Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	All	N	Purchase
L2620	NU EP		Addition to lower extremity, pelvic control, hip joint, heavy duty, each	All	N	Purchase
L2622	NU EP		Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	All	N	Purchase
L2624	NU EP		Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	All	N	Purchase
L2627	NU EP		Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	All	N	Purchase
L2628	NU EP		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	All	N	Purchase
L2630	NU EP		Addition to lower extremity, pelvic control, band and belt unilateral	All	N	Purchase
L2640	NU EP		Addition to lower extremity, pelvic control, band and belt bilateral	All	N	Purchase
L2650	NU EP		Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	All	N	Purchase



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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2660	NU EP		Addition to lower extremity, thoracic control, thoracic band	All	N	Purchase
L2670	NU EP		Addition to lower extremity, thoracic control, paraspinal uprights	All	N	Purchase
L2680	NU EP		Addition to lower extremity, thoracic control, lateral support uprights	All	N	Purchase
L2750	NU EP		Addition to lower extremity orthosis, plating chrome or nickel, per bar	All	N	Purchase
L2755	NU		Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	21+	N	Purchase
L2755	NU EP		** (Carbon composite ankles; addition to AFO) Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	All	N	Manually Priced Purchase
L2760	NU EP		Addition to lower extremity orthosis, extension, per extension, per bar (for linear adjustment for growth)	All	N	Purchase
L2770	NU EP		Addition to lower extremity orthosis, any material, per bar or joint	All	N	Purchase
L2780	NU EP		Addition to lower extremity orthosis, non-corrosive finish, per bar	All	N	Purchase
L2785	NU EP		Addition to lower extremity orthosis, drop lock retainer, each	All	N	Purchase
L2795	NU EP		Addition to lower extremity orthosis, knee control, full kneecap	All	N	Purchase
L2800	NU EP		Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	All	N	Purchase
L2810	NU EP		Addition to lower extremity orthosis, knee control, condylar pad	All	N	Purchase
L2810	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Addition to lower extremity orthosis, knee control, condylar pad	U21	N/A	Purchase
L2820	NU EP		Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	All	N	Purchase
L2830	NU EP		Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2840	NU EP		Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	All	N	Purchase
L2850	NU EP		Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	All	N	Purchase
L2999	NU EP		Lower extremity orthoses, NOS	All	N	Manually Priced
L2999	NU EP		** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS	All	Y	Manually Priced
L3000	NU EP		Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	All	N	Purchase
L3002	NU EP		Foot insert, removable, molded to patient model, Plastazote or equal, each	All	N	Manually Priced
L3010	NU EP		Foot insert, removable, molded to patient model, longitudinal arch support, each	All	N	Purchase
L3020	NU EP		Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	All	N	Purchase
L3030	NU EP		Foot insert, removable, formed to patient foot, each	All	N	Purchase
L3040	NU EP		Foot, arch support, removable, premolded, longitudinal, each	All	N	Purchase
L3050	NU EP		Foot, arch support, removable, premolded, metatarsal, each	All	N	Purchase
L3060	NU EP		Foot, arch support, removable, premolded, longitudinal/metatarsal, each	All	N	Purchase
L3070	NU EP		Foot, arch support, non-removable, attached to shoe, longitudinal, each	All	N	Purchase
L3080	NU EP		Foot, arch support, non-removable, attached to shoe, metatarsal, each	All	N	Purchase
L3090	NU EP		Foot, arch support, non-removable, attached to shoe, longitudinal/metatarsal, each	All	N	Purchase
L3100	NU EP		Hallus-valgus night dynamic splint	All	N	Purchase

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Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3140	NU		** (Bebox foot orthosis club foot abduction orthosis) Foot, abduction rotation bar, including shoes	All	N	Manually Priced
	EP	UB				Purchase
L3140	NU		** (Don Joy knee orthosis) Foot, abduction rotation bar, including shoes	21+	Y	Manually Priced
L3150	NU		Foot, abduction rotation bar, without shoes	All	N	Purchase
	EP					
L3150	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Foot, abduction rotation bar, without shoes	U21	N/A	Purchase
L3170	NU		Foot, plastic heel stabilizer	All	N	Purchase
	EP					
L3202	EP		Orthopedic shoe, oxford with supinator or pronator, child	U21	N/A	Purchase
L3204	EP		Orthopedic shoe, high-top with supinator or pronator, infant	U21	N/A	Purchase
L3204	NU		** (Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP					Purchase
L3204	NU	U1	** (Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP					Purchase
L3204	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase
L3204	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Purchase
	EP	U1				
L3204	NU		** (Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase
L3204	NU		** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, infant	21+	N	Manually Priced
L3204	NU		** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3206	NU		**(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP					Purchase
L3206	NU		**(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		**(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		**(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Purchase
	EP	U1				
L3206	NU		**(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		**(Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, child	21+	N	Manually Priced
L3206	NU		**(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		**(Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP					Purchase
L3207	NU		**(Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		**(Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		**(Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Purchase
	EP	U1				
L3207	NU		**(Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		**(Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, junior	21+	N	Manually Priced

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Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3207	NU		*(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		*(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP					Purchase
L3208	EP		Surgical boot, each, infant	U21	N/A	Purchase
L3209	EP		Surgical boot, each, child	U21	N/A	Purchase
L3215	NU		Orthopedic footwear, woman's shoes, oxford	All	Y	Manually Priced
	EP					Purchase
L3216	NU		Orthopedic footwear, woman's shoes, depth inlay	All	Y	Purchase
	EP					
L3217	NU		*(Straight last high-top shoe, each, size 2-8) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP					Purchase
L3217	NU	U1	*(Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3217	NU		*(Regular last high-top shoe, each, size 3-6) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3217	NU		*(Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1				
L3217	NU		*(Reverse last closed toe) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3219	NU		Orthopedic footwear, man's shoes, oxford	All	Y	Manually Priced
	EP					Purchase
L3221	NU		Orthopedic footwear, man's shoes, depth inlay	All	Y	Purchase
	EP					
L3222	NU		*(Straight last high-top shoe, each, size 2-8) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP					Purchase
L3222	NU		*(Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3222	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3222	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1				
L3222	NU		** (Reverse last closed toe) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3224	NU		Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3225	NU		Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3230	NU EP		Orthopedic footwear, custom shoes, depth inlay	All	Y	Purchase
L3250	NU EP		Orthopedic footwear, custom molded shoe, removable inner molded, prosthetic shoe, each	All	Y	Manually Priced
L3253	NU EP		Foot, molded shoe Plastazote (or similar), custom fitted, each	All	Y	Purchase
L3257	NU EP		Orthopedic footwear, additional charge for split size	All	Y	Purchase
L3260	NU EP		Surgical boot/shoe, each	All	N	Purchase
L3265	NU EP		Plastazote sandal, each	All	N	Purchase
L3310	NU EP		Lift, elevation, heel and sole, neoprene, per inch	All	N	Purchase
L3332	NU EP		Lift, elevation, inside shoe, tapered, up to one-half inch	All	N	Purchase
L3334	NU EP		Lift, elevation, heel, per inch	All	N	Purchase
L3350	NU EP		Heel wedge	All	N	Purchase
L3360	NU EP		Sole wedge, outside sole	All	N	Purchase
L3370	NU EP		Sole wedge, between sole	All	N	Purchase
L3400	NU EP		Metatarsal bar wedge, rocker	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3420	NU EP		Full sole and heel wedge, between sole	All	N	Purchase
L3450	NU EP		Heel, SACH cushion type	All	N	Purchase
L3455	NU EP		Heel, new leather, standard	All	N	Purchase
L3465	NU EP		Heel, Thomas with wedge	All	N	Purchase
L3540	NU EP		Orthopedic shoe addition, sole full	All	N	Purchase
L3580	NU EP		Orthopedic shoe addition, convert instep to velcro closure	All	N	Purchase
L3590	NU EP		Orthopedic shoe addition, convert firm shoe counter to soft counter	All	N	Purchase
L3600	NU EP		Transfer for an orthosis from one shoe to another, caliper plate, existing	All	N	Purchase
L3620	NU EP		Transfer of an orthosis from one shoe to another, solid stirrup, existing	All	N	Purchase
L3630	NU EP		Transfer of an orthosis from one shoe to another, solid stirrup, new	All	N	Purchase
L3649	EP		Orthopedic shoe, modification, addition or transfer, NOS	U21	N/A	Manually Priced
L3649	NU EP	U1	** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS	All	Y	Manually Priced Purchase
L3649	NU EP		** (Orthopedic footwear, wooden sole shoe, each) Orthopedic shoe, modification, addition or transfer, NOS	All	N	Manually Priced Purchase
L3650	NU EP		SO, figure of eight design abduction re-strainer prefabricated, includes fitting and adjustment	All	N	Purchase
L3660	NU EP		SO, figure of eight design, abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	All	N	Purchase
L3670	NU EP		SO, acromio/clavicular (canvas and webbing type) prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3675	NU		SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	21+	N	Purchase
L3700	NU EP		Elbow orthoses (EO), elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L3710	NU EP		EO, elastic with metal joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L3720	NU EP		EO, double upright with forearm/arm cuffs, free motion, custom fabricated	All	N	Purchase
L3730	NU EP		EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	All	Y	Purchase
L3740	NU EP		EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	All	Y	Purchase
L3800	NU EP		WHFO, short opponens, no attachments, custom fabricated	All	N	Purchase
L3805	NU EP		WHFO, long opponens, no attachment, custom fabricated	All	N	Purchase
L3807	NU EP		WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	All	N	Purchase
L3810	NU EP		WHFO, addition to short and long opponens, thumb abduction ("C") bar	All	N	Purchase
L3815	NU EP		WHFO, addition to short and long opponens, second M.P. abduction assist	All	N	Purchase
L3820	NU EP		WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	All	N	Purchase
L3825	NU EP		WHFO, addition to short and long opponens, M.P. extension stop	All	N	Purchase
L3830	NU EP		WHFO, addition to short and long opponens, M.P. extension assist	All	N	Purchase
L3835	NU EP		WHFO, addition to short and long opponens, M.P. spring extension assist	All	N	Purchase
L3840	NU EP		WHFO, addition to short and long opponens, spring swivel thumb	All	N	Purchase



**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3845	NU EP		WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	All	N	Purchase
L3850	NU EP		WHO, addition to short and long opponens, action wrist with dorsiflexion assist	All	N	Purchase
L3855	NU EP		WHFO, addition to short and long opponens, adjustable M.P. flexion control	All	N	Purchase
L3860	NU EP		WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	All	N	Purchase
L3900	NU EP		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	All	Y	Purchase
L3901	NU EP		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	All	Y	Purchase
L3902	NU EP		WHFO, external powered, compressed gas, custom fabricated	All	Y	Purchase
L3904	NU EP		WHFO, external powered, electric, custom fabricated	All	Y	Purchase
L3906**	NU EP		WHFO, wrist gauntlet, molded to patient model, custom fabricated	All	N	Purchase
L3907**	NU EP		WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	All	N	Purchase
L3908	NU EP		WHFO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	All	N	Purchase
L3910	NU EP		WHFO, Swanson design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3912	NU EP		HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	All	N	Purchase
L3914	NU EP		WHO, wrist extension (cock-up) prefabricated, includes fitting and adjustment	All	N	Purchase
L3916	NU EP		WHFO, wrist extension (cock-up), with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3918	NU EP		HFO, knuckle bender prefabricated, includes fitting and adjustment	All	N	Purchase
L3920	NU EP		HFO, knuckle bender, with outrigger prefabricated, includes fitting and adjustment	All	N	Purchase
L3922	NU EP		HFO, knuckle bender, two segment to flex joints prefabricated, includes fitting and adjustment	All	N	Purchase
L3924	NU EP		WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	All	N	Purchase
L3926	NU EP		WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	All	N	Purchase
L3928	NU EP		HFO, finger extension, with lock spring, prefabricated, includes fitting and adjustment	All	N	Purchase
L3930	NU EP		WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	All	N	Purchase
L3932	NU EP		FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	All	N	Purchase
L3934	NU EP		FO, safety pin, modified, prefabricated, includes fitting and adjustment	All	N	Purchase
L3936	NU EP		WHFO, Palmer prefabricated, includes fitting and adjustment	All	N	Purchase
L3938	NU EP		WHFO, Dorsal wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3940	NU EP		WHFO, Dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	All	N	Purchase
L3942	NU EP		HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase
L3944	NU EP		HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase
L3946	NU EP		HFO, composite elastic, prefabricated, includes fitting and adjustment	All	N	Purchase
L3948	NU EP		FO, finger knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3950	NU EP		WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3952	NU EP		WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3954	NU EP		HFO, spreading hand, prefabricated, includes fitting and adjustment	All	N	Purchase
L3956	NU		Addition of joint to upper extremity orthosis, any material; per joint	21+	N	Purchase
L3960	NU EP		SEWHO, abduction, positioning, airplane design, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3962	NU EP		SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3963	NU EP		SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	All	Y	Purchase
L3964	NU EP		SEO, mobile arm supports attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	All	N	Purchase
L3965	NU EP		SEO mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3966	NU EP		SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3968	NU EP		SEO, mobile arm support attached to wheelchair, balanced, friction arm support, (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	All	Y	Purchase
L3969	NU EP		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3970	NU EP		SEO, addition to mobile arm support elevating proximal arm	All	N	Purchase
L3972	NU EP		SEO , addition to mobile arm support, offset or lateral rocker arm with elastic balance control	All	N	Purchase
L3974	NU EP		SEO, addition to mobile arm support, supinator	All	N	Purchase
L3980	NU EP		Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	All	N	Purchase
L3982	NU EP		Upper extremity fracture orthosis, radius/ulnar prefabricated, includes fitting and adjustment	All	N	Purchase
L3984	NU EP		Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3985	NU EP		Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	All	N	Purchase
L3986	NU EP		Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles' fracture), custom fabricated	All	N	Purchase
L3995	NU EP		Addition to upper extremity orthosis sock, fracture or equal, each	All	N	Purchase
L3999	EP		Upper limb orthosis, NOS	U21	N/A	Manually Priced
L3999	NU  EP		⚠(The manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS	All	Y	Manually Priced  Manually Priced
L4000	NU EP		Replace girdle for spinal orthosis (CTLSSO or SO)	All	Y	Purchase
L4002	NU EP		Replace strap, any orthosis, includes all components, any length, any type	All	N	Manually Priced
L4010	NU EP		Replace trilateral socket brim	All	N	Purchase
L4020	NU EP		Replace quadrilateral socket brim, molded to patient model	All	N	Purchase
L4030	NU EP		Replace quadrilateral socket brim, custom fitted	All	N	Purchase
L4040	NU EP		Replace molded thigh lacer	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L4045	NU EP		Replace nonmolded thigh lacer	All	N	Purchase
L4050	NU EP		Replace molded calf lacer	All	N	Purchase
L4055	NU EP		Replace nonmolded calf lacer	All	N	Purchase
L4060	NU EP		Replace high roll cuff	All	N	Purchase
L4070	NU EP		Replace proximal and distal upright for KAFO	All	N	Purchase
L4080	NU EP		Replace metal bands KAFO, proximal thigh	All	N	Purchase
L4090	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Replace metal bands KAFO-AFO, calf or distal thigh	U21	N/A	Purchase
L4090	NU EP		Replace metal bands KAFO-AFO, calf or distal thigh	All	N	Purchase
L4100	NU EP		Replace leather cuff KAFO, proximal thigh	All	N	Purchase
L4110	NU EP		Replace leather cuff KAFO-AFO, calf or distal thigh	All	N	Purchase
L4130	NU EP		Replace pretibial shell	All	N	Purchase
L4205	NU  EP		Repair of orthotic device, labor component, per 15 minutes	All	Y	Manually Priced  Purchase
L4210	NU  EP		Repair of orthotic device, repair or replace minor parts	All	Y	Manually Priced  Purchase
L4350	NU EP		Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	All	N	Purchase
L4360	NU EP		Walking boot, pneumatic with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	All	N	Purchase
L4370	NU EP		Pneumatic full leg splint, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L4380	NU EP		Pneumatic knee splint, prefabricated, includes fitting and adjustment	All	N	Purchase
L4392			Replacement soft interface material, static AFO	21+	N	Purchase
L4394	NU		Replace soft interface material, foot drop splint	21+	N	Purchase
L4396	NU		Static AFO, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	21+	N	Purchase
L4398	NU		Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	21+	N	Purchase
L5999	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Lower extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7499	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Upper extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7510	NU EP	UB	Repair of prosthetic device, hourly rate	All	Y	Manually Priced Purchase
L7520	NU EP		Repair prosthetic device, labor component, per 15 minutes	All	Y	Manually Priced Purchase
L8499	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Unlisted procedure for miscellaneous prosthetic services	All	Y	Manually Priced Purchase

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Orthotic Appliances, All Ages

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and

older. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and older, that information is indicated with a "Y" in the column; if not, an "N" is shown. When prior authorization is not applicable (for U21) that information is shown with an "N/A" in the column.

When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and older.

\*\* This item is not a covered service for the diagnosis of Carpal Tunnel Syndrome prior to surgery.

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

■ Effective for dates of service on and after March 1, 2006, this procedure code does not require prior authorization; however, the beneficiary's medical condition must fall within the diagnosis range of 250.00 and 251.93.

#### Orthotic Appliances, All Ages (section 242.180)

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
A5500 <sup>■</sup>	NU		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	21+	N	Purchase
A5501 <sup>■</sup>	NU		For diabetics only, fitting (including follow-up) custom preparation and supply of molded from cast(s) of patient's foot (custom molded shoe), per shoe	21+	N	Purchase
A5503 <sup>■</sup>	NU		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	21+	N	Purchase
A5504 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe	21+	N	Purchase
A5505 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe	21+	N	Purchase
A5506 <sup>■</sup>	NU		For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe	21+	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
A5507	NU		For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe	21+	Y	Purchase
A5510 <sup>■</sup>	NU		For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	21+	N	Purchase
A5512	NU		For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer of 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each	21+	Y	Purchase
A5513	NU		For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer of 3/16 inch material of shore a 40 durometer (or higher), includes arch filler and other shaping material custom fabricated, each	21+	Y	Purchase
L0100	NU EP		Cranial orthosis (helmet), with or without soft interface, molded to patient model	All	N	Purchase
L0110	NU EP		Cranial orthosis (helmet), with or without soft interface, non-molded	All	N	Purchase
L0120	NU EP		Cervical, flexible, nonadjustable (foam collar)	All	N	Purchase
L0130	NU EP		Cervical, flexible, thermoplastic collar, molded to patient	All	N	Purchase
L0140	NU EP		Cervical, semi-rigid, adjustable (plastic collar)	All	N	Purchase
L0150	NU EP		Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	All	N	Purchase
L0160	NU EP		Cervical, semi-rigid wire frame occipital/mandibular support	All	N	Purchase



**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0170	NU EP		Cervical, collar, molded to patient model	All	N	Purchase
L0172	NU EP		Cervical, collar, semi-rigid thermoplastic foam, two piece	All	N	Purchase
L0174	NU EP		Cervical, collar, semi-rigid thermoplastic foam, two piece with thoracic extension	All	N	Purchase
L0180	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable	All	N	Purchase
L0190	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	All	N	Purchase
L0200	NU EP		Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	All	N	Purchase
L0210	NU EP		Thoracic, rib belt	All	N	Purchase
L0220	NU EP		Thoracic, rib belt, custom fabricated	All	N	Purchase
L0450	NU EP		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, includes fitting and adjustment	All	N	Purchase
L0452	NU EP		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, custom fabricated	All	N	Purchase
L0454	NU EP		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, includes fitting and adjustment	All	N	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0456	NU EP		TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from 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, includes fitting and adjustment	All	Y	Purchase
L0458	NU EP		TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from 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	All	Y	Purchase
L0460	NU EP		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 sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0462	NU EP		TLSO, triplanar control modular segmented spinal system, three rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0464	NU EP		TLSO, triplanar control modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, including straps and closures, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0466	NU EP		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, includes fitting and adjustment	All	Y	Purchase
L0468	NU EP		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, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0470	NU EP		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 transverse planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0472	NU EP		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	All	N	Purchase
L0474	NU EP		TLSO, triplanar control, rigid posterior frame with multiple 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 transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**


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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0480	NU EP		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	All	Y	Purchase
L0482	NU EP		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	All	Y	Purchase
L0484	NU EP		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	All	Y	Purchase

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**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0486	NU EP		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	All	Y	Purchase
L0488	NU EP		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	All	Y	Purchase
L0490	NU EP		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 T9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	All	Y	Purchase
L0621	NU EP		SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0622	NU EP		SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0623	NU EP		SO, flexible, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0624	NU EP		SO, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	All	N	Manually Priced
L0625	NU EP		LO, 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, includes fitting and adjustment	All	N	Purchase
L0626	NU EP		LO, sagittal control, with rigid posterior panel(s), 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, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0627	NU EP		LO, sagittal control, with rigid anterior and posterior panel(s), 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, includes fitting and adjustment	All	N	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0628	NU EP		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, includes fitting and adjustment	All	N	Purchase
L0629	NU EP		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, custom fabricated	All	N	Manually Priced
L0630	NU EP		LSO, 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	All	N	Purchase
L0631	NU EP		LSO, sagittal control, with rigid anterior and 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, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0632	NU EP		LSO, 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, custom fabricated	All	N	Manually Priced

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0633	NU EP		LSO, 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 the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0634	NU EP		LSO, 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/panel(s), produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Manually Priced
L0635	NU EP		LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, 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 the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0636	NU EP		LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), 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 the intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	All	N	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L0637	NU EP		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 the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0638	NU EP		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 the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	All	N	Purchase
L0639	NU EP		LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	All	N	Purchase
L0640	NU EP		LSO, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	All	N	Purchase

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L0700	NU EP		Cervical-thoracic-lumbar-sacral orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	All	Y	Purchase
L0710	NU EP		CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type)	All	Y	Purchase
L0810	NU EP		Halo procedure, cervical halo incorporated into jacket vest	All	Y	Purchase
L0820	NU EP		Halo procedure, cervical halo incorporated into plaster body jacket	All	Y	Purchase
L0830	NU EP		Halo procedure, cervical halo incorporated into Milwaukee type orthosis	All	Y	Purchase
L0859	NU EP		Addition to halo procedure, magnetic resonance image compatible system, rings and pins, any material	All	Y	Purchase
L0960	NU EP		Torso support, post surgical support, pads for post surgical support	All	N	Purchase
L0970	NU EP		TLSO, corset front	All	N	Purchase
L0972	NU EP		LSO, corset front	All	N	Purchase
L0974	NU EP		TLSO, full corset	All	N	Purchase
L0976	NU EP		LSO, full corset	All	N	Purchase
L0978	NU EP		Axillary crutch extension	All	N	Purchase
L0980	NU EP		Peroneal straps, pair	All	N	Purchase
L0982	NU EP		Stocking supporter grips, set of four (4)	All	N	Purchase
L0984	NU		Protective body sock, each	21+	N	Purchase
L1000	NU EP		CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model	All	Y	Purchase
L1010	NU EP		TLSO or scoliosis orthosis, axilla sling	All	N	Purchase
L1020	NU EP		Addition to CTLSO or scoliosis orthosis, kyphosis pad	All	N	Purchase
L1025	NU EP		Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	All	N	Purchase

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L1030	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	All	N	Purchase
L1040	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	All	N	Purchase
L1050	NU EP		Addition to CTLSO or scoliosis orthosis, sternal pad	All	N	Purchase
L1060	NU EP		Addition to CTLSO or scoliosis orthosis, thoracic pad	All	N	Purchase
L1070	NU EP		Addition to CTLSO or scoliosis orthosis, trapezius sling	All	N	Purchase
L1080	NU EP		Addition to CTLSO or scoliosis orthosis, outrigger	All	N	Purchase
L1085	NU EP		Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	All	N	Purchase
L1090	NU EP		Addition to CTLSO or scoliosis orthosis, lumbar sling	All	N	Purchase
L1100	NU EP		Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	All	N	Purchase
L1110	NU EP		Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	All	N	Purchase
L1120	NU EP		Addition to CTLSO, scoliosis orthosis, cover for upright, each	All	N	Purchase
L1200	NU EP		Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	All	Y	Purchase
L1210	NU EP		Addition to TLSO (low profile), lateral thoracic extension	All	N	Purchase
L1220	NU EP		Addition to TLSO (low profile), anterior thoracic extension	All	N	Purchase
L1230	NU EP		Addition to TLSO (low profile), Milwaukee type superstructure	All	N	Purchase
L1240	NU EP		Addition to TLSO (low profile), lumbar derotation pad	All	N	Purchase
L1250	NU EP		Addition to TLSO (low profile), anterior ASIS pad	All	N	Purchase
L1260	NU EP		Addition to TLSO (low profile), anterior thoracic derotation pad	All	N	Purchase
L1270	NU EP		Addition to TLSO (low profile), abdominal pad	All	N	Purchase

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L1280	NU EP		Addition to TLSO (low profile), rib gusset (elastic), each	All	N	Purchase
L1290	NU EP		Addition to TLSO (low profile), lateral trochanteric pad	All	N	Purchase
L1300	NU EP		Other scoliosis procedure, body jacket molded to patient model	All	Y	Purchase
L1310	NU EP		Other scoliosis procedure, post-operative body jacket	All	Y	Purchase
L1499	NU EP		Spinal orthosis, not otherwise specified. ** (The manufacturer's invoice must be attached to all claims.)	All	Y	Manually Priced
L1500	NU EP		THKAO, mobility frame (Newington, Parapodium types)	All	Y	Purchase
L1510	NU EP		THKAO, standing frame, with or without tray and accessories	All	Y	Purchase
L1520	NU EP		THKAO, swivel walker	All	Y	Purchase
L1600	NU EP		HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	All	N	Purchase
L1610	NU EP		HO, abduction control of hip joints, flexible (Frejka cover only), prefabricated, includes fitting and adjustment	All	N	Purchase
L1620	NU EP		HO, abduction control of hip joints, flexible (Pavlik harness), prefabricated, includes fitting and adjustment	All	N	Purchase
L1630	NU EP		HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	All	N	Purchase
L1640	NU EP		HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	All	N	Purchase
L1650	NU EP		HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type), prefabricated, includes fitting and adjustment	All	N	Purchase
L1660	NU EP		HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	All	N	Purchase

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L1680	NU EP		HO; abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	All	Y	Purchase
L1685	NU EP		HO, abduction control of hip joint, post operative hip abduction type, custom fabricated	All	Y	Purchase
L1686	NU EP		HO, abduction control of hip joint, post operative hip abduction type, prefabricated, includes fitting and adjustments	All	Y	Purchase
L1690	NU		Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1700	NU EP		Legg Perthes orthosis (Toronto type), custom fabricated	All	Y	Purchase
L1710	NU EP		Legg Perthes orthosis (Newington type), custom fabricated	All	Y	Purchase
L1720	NU EP		Legg Perthes orthosis, trilateral (Tachdijan type), custom fabricated	All	Y	Purchase
L1730	NU EP		Legg Perthes orthosis (Scottish Rite type) custom fabricated	All	Y	Purchase
L1750	NU EP		Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	All	Y	Purchase
L1755	NU EP		Legg Perthes orthosis (Patten bottom type), custom fabricated	All	Y	Purchase
L1800	NU EP		KO, elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L1810	NU EP		KO, elastic with joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1815	NU EP		KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment	All	N	Purchase
L1820	NU EP		KO, elastic with condyle pads and joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L1825	NU EP		KO, elastic knee cap. prefabricated, includes fitting and adjustment	All	N	Purchase

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L1830	NU EP		KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	All	N	Purchase
L1832	NU EP		KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment rigid support	All	N	Purchase
L1834	NU EP		KO, without knee joint, rigid, custom fabricated	All	N	Purchase
L1840	NU EP		KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	All	Y	Purchase
L1843	NU		Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	21+	Y	Purchase
L1844	NU		KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	21+	Y	Purchase
L1845	NU EP		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	All	Y	Purchase
L1846	NU EP		KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	All	Y	Purchase
L1847	NU		Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s) prefabricated, includes fitting and adjustment	21+	N	Purchase
L1850	NU EP		KO, Swedish type, prefabricated, includes fitting and adjustment	All	N	Purchase
L1855	NU EP		KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	All	Y	Purchase
L1858	NU EP		KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	All	Y	Purchase

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L1860	NU EP		KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	All	Y	Purchase
L1870	NU EP		KO, double upright, thigh and calf lacers, with knee joints, custom fabricated	All	Y	Purchase
L1880	NU EP		KO, double upright, nonmolded thigh and calf cuff/lacers with knee joints, custom fabricated	All	N	Purchase
L1900	NU EP		AFO, spring wire, dorsiflexion assist calf band, custom fabricated	All	N	Purchase
L1902	NU EP		AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	All	N	Purchase
L1904	NU EP		AFO, molded ankle gauntlet, custom fabricated	All	N	Purchase
L1906	NU EP		AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	All	N	Purchase
L1907	NU EP		AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	All	N	Purchase
L1910	NU EP		AFO, posterior, single bar, clasp attachment to shoe counter prefabricated, includes fitting and adjustment	All	N	Purchase
L1920	NU EP		AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	All	N	Purchase
L1920	EP		⌘(Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	U21	N/A	Purchase
L1930	NU EP		AFO, plastic or other material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1932	NU EP		AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	All	N	Purchase
L1940	NU EP		AFO, plastic or other material, custom-fabricated	All	N	Purchase
L1945	NU EP		AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	All	Y	Purchase



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L1950	NU EP		AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	All	N	Purchase
L1960	NU EP		AFO, posterior solid ankle, plastic, custom fabricated	All	N	Purchase
L1970	NU EP		AFO, plastic, with ankle joint, custom fabricated	All	N	Purchase
L1980	NU EP		AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	All	N	Purchase
L1990	NU EP		AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	All	N	Purchase
L2000	NU EP		KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2005	NU EP		KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	All	N	Purchase
L2010	NU EP		KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2020	NU EP		KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	All	Y	Purchase
L2030	NU EP		KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	All	Y	Purchase
L2035	NU		KAFO, full plastic, static prefabricated (pediatric size) prefabricated, includes fitting and adjustment	21+	N	Purchase
L2036	NU EP		KAFO, full plastic, double upright, free knee, custom fabricated	All	Y	Purchase
L2037	NU EP		KAFO, full plastic, single upright, free knee, custom fabricated	All	Y	Purchase

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L2038	NU EP		KAFO, full plastic, without knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated	All	Y	Purchase
L2039	NU		KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated	21+	Y	Purchase
L2040	NU EP		HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2040	NU	U1	** (Night "A" frame-KAFO, torsion control, bilateral night "A" frame)	All	N	Manually Priced
	EP	U1	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated			Purchase
L2040	NU	U1	** (Night "A" frame-KAFO, torsion control, bilateral night "A" frame)	All	N	Manually Priced
	EP	U1	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated			Purchase
L2050	NU EP		HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2060	NU EP		HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2070	NU EP		HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	All	N	Purchase
L2080	NU EP		HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2090	NU EP		HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	All	N	Purchase
L2106	NU EP		AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	N	Purchase
L2108	NU EP		AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	All	Y	Purchase
L2112	NU EP		AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	All	N	Purchase
L2114	NU EP		AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	All	N	Purchase

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L2116	NU EP		AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	All	N	Purchase
L2126	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	All	Y	Purchase
L2128	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	All	Y	Purchase
L2132	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2134	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	All	Y	Purchase
L2136	NU EP		KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	All	Y	Purchase
L2180	NU EP		Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	All	N	Purchase
L2182	NU EP		Addition to lower extremity fracture orthosis, drop lock knee joint	All	N	Purchase
L2184	NU EP		Addition to lower extremity fracture orthosis, limited motion knee joint	All	N	Purchase
L2186	NU EP		Addition to lower extremity fracture orthosis, adjustable motion knee joint (Lerman type)	All	N	Purchase
L2188	NU EP		Addition to lower extremity fracture orthosis, quadrilateral brim	All	N	Purchase
L2190	NU EP		Addition to lower extremity fracture orthosis, waist belt	All	N	Purchase
L2192	NU EP		Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	All	N	Purchase
L2200	NU EP		Additions to lower extremity, dorsiflexion and plantar flexion	All	N	Purchase
L2210	NU EP		Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	All	N	Purchase

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L2220	NU EP		Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	All	N	Purchase
L2230	NU EP		Addition to lower extremity, split flat caliper stirrups and plate attachment	All	N	Purchase
L2232	NU EP		Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	All	N	Manually Priced
L2240	NU EP		Addition to lower extremity, round caliper and plate attachment	All	N	Purchase
L2250	NU EP		Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	All	N	Purchase
L2260	NU EP		Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	All	N	Purchase
L2265	NU EP		Addition to lower extremity, long tongue stirrup	All	N	Purchase
L2270	NU EP		Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	All	N	Purchase
L2275	NU		Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	21+	N	Purchase
L2280	NU EP		Addition to lower extremity, molded inner boot	All	N	Purchase
L2300	NU EP		Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	All	N	Purchase
L2310	NU EP		Addition to lower extremity, abduction bar straight	All	N	Purchase
L2320	NU EP		Addition to lower extremity, nonmolded lacer	All	N	Purchase
L2330	NU EP		Addition to lower extremity, lacer molded to patient model	All	N	Purchase
L2335	NU EP		Addition to lower extremity, anterior swing band	All	N	Purchase
L2340	NU EP		Addition to lower extremity, pretidial shell, molded to patient model	All	N	Purchase
L2350	NU EP		Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB" "AFO" orthoses)	All	Y	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2360	NU EP		Addition to lower extremity, extended steel shank	All	N	Purchase
L2370	NU EP		Addition to lower extremity, Patten bottom	All	N	Purchase
L2375	NU EP		Addition to lower extremity, torsion control, ankle joint and half solid stirrup	All	N	Purchase
L2380	NU EP		Addition to lower extremity, torsion control, straight knee joint, each joint	All	N	Purchase
L2385	NU EP		Addition to lower extremity, straight knee joint, heavy duty, each joint	All	N	Purchase
L2390	NU EP		Addition to lower extremity, offset knee joint, each joint	All	N	Purchase
L2395	NU EP		Addition to lower extremity, offset knee joint, heavy duty, each joint	All	N	Purchase
L2397	NU		Addition to lower extremity orthosis, suspension sleeve	21+	N	Purchase
L2405	NU EP		Addition to knee joint, lock; drop, stance or swing phase, each joint	All	N	Purchase
L2415	NU EP		Addition to knee lock with integrated release mechanism , (bail, cable or equal, any material, each joint	All	N	Purchase
L2425	NU EP		Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	All	N	Purchase
L2430	NU EP		Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	All	N	Purchase
L2492	NU EP		Addition to knee joint, lift loop for drop lock ring	All	N	Purchase
L2500	NU EP		Addition to lower extremity, thigh/weight bearing, gulteal/ischial weight bearing, ring	All	N	Purchase
L2510	NU EP		Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	All	N	Purchase
L2520	NU EP		Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	All	N	Purchase
L2525	NU EP		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2526	NU EP		Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	All	N	Purchase
L2530	NU EP		Addition to lower extremity, thigh/weight bearing, lacer, non-molded	All	N	Purchase
L2540	NU EP		Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	All	N	Purchase
L2550	NU EP		Addition to lower extremity, thigh/weight bearing, high roll cuff	All	N	Purchase
L2570	NU EP		Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each	All	N	Purchase
L2580	NU EP		Addition to lower extremity, pelvic control, pelvic sling	All	N	Purchase
L2600	NU EP		Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing free, each	All	N	Purchase
L2610	NU EP		Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	All	N	Purchase
L2620	NU EP		Addition to lower extremity, pelvic control, hip joint, heavy duty, each	All	N	Purchase
L2622	NU EP		Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	All	N	Purchase
L2624	NU EP		Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	All	N	Purchase
L2627	NU EP		Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	All	N	Purchase
L2628	NU EP		Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	All	N	Purchase
L2630	NU EP		Addition to lower extremity, pelvic control, band and belt unilateral	All	N	Purchase
L2640	NU EP		Addition to lower extremity, pelvic control, band and belt bilateral	All	N	Purchase
L2650	NU EP		Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2660	NU EP		Addition to lower extremity, thoracic control, thoracic band	All	N	Purchase
L2670	NU EP		Addition to lower extremity, thoracic control, paraspinal uprights	All	N	Purchase
L2680	NU EP		Addition to lower extremity, thoracic control, lateral support uprights	All	N	Purchase
L2750	NU EP		Addition to lower extremity orthosis, plating chrome or nickel, per bar	All	N	Purchase
L2755	NU		Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	21+	N	Purchase
L2755	NU EP		** (Carbon composite ankles; addition to AFO) Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment	All	N	Manually Priced Purchase
L2760	NU EP		Addition to lower extremity orthosis, extension, per extension, per bar (for linear adjustment for growth)	All	N	Purchase
L2770	NU EP		Addition to lower extremity orthosis, any material, per bar or joint	All	N	Purchase
L2780	NU EP		Addition to lower extremity orthosis, non-corrosive finish, per bar	All	N	Purchase
L2785	NU EP		Addition to lower extremity orthosis, drop lock retainer, each	All	N	Purchase
L2795	NU EP		Addition to lower extremity orthosis, knee control, full kneecap	All	N	Purchase
L2800	NU EP		Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull	All	N	Purchase
L2810	NU EP		Addition to lower extremity orthosis, knee control, condylar pad	All	N	Purchase
L2810	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Addition to lower extremity orthosis, knee control, condylar pad	U21	N/A	Purchase
L2820	NU EP		Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	All	N	Purchase
L2830	NU EP		Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L2840	NU EP		Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	All	N	Purchase
L2850	NU EP		Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	All	N	Purchase
L2999	NU EP		Lower extremity orthoses, NOS	All	N	Manually Priced
L2999	NU EP		** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS	All	Y	Manually Priced
L3000	NU EP		Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	All	N	Purchase
L3002	NU EP		Foot insert, removable, molded to patient model, Plastazote or equal, each	All	N	Manually Priced
L3010	NU EP		Foot insert, removable, molded to patient model, longitudinal arch support, each	All	N	Purchase
L3020	NU EP		Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	All	N	Purchase
L3030	NU EP		Foot insert, removable, formed to patient foot, each	All	N	Purchase
L3040	NU EP		Foot, arch support, removable, premolded, longitudinal, each	All	N	Purchase
L3050	NU EP		Foot, arch support, removable, premolded, metatarsal, each	All	N	Purchase
L3060	NU EP		Foot, arch support, removable, premolded, longitudinal/metatarsal, each	All	N	Purchase
L3070	NU EP		Foot, arch support, non-removable, attached to shoe, longitudinal, each	All	N	Purchase
L3080	NU EP		Foot, arch support, non-removable, attached to shoe, metatarsal, each	All	N	Purchase
L3090	NU EP		Foot, arch support, non-removable, attached to shoe, longitudinal/metatarsal, each	All	N	Purchase
L3100	NU EP		Hallus-valgus night dynamic splint	All	N	Purchase



**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3140	NU		** (Bebox foot orthosis club foot abduction orthosis) Foot, abduction rotation bar, including shoes	All	N	Manually Priced
	EP	UB				Purchase
L3140	NU		** (Don Joy knee orthosis) Foot, abduction rotation bar, including shoes	21+	Y	Manually Priced
L3150	NU		Foot, abduction rotation bar, without shoes	All	N	Purchase
	EP					
L3150	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Foot, abduction rotation bar, without shoes	U21	N/A	Purchase
L3170	NU		Foot, plastic heel stabilizer	All	N	Purchase
	EP					
L3202	EP		Orthopedic shoe, oxford with supinator or pronator, child	U21	N/A	Purchase
L3204	EP		Orthopedic shoe, high-top with supinator or pronator, infant	U21	N/A	Purchase
L3204	NU		** (Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP					Purchase
L3204	NU	U1	** (Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP					Purchase
L3204	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase
L3204	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Purchase
	EP	U1				
L3204	NU		** (Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase
L3204	NU		** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, infant	21+	N	Manually Priced
L3204	NU		** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, infant	All	N	Manually Priced
	EP	U1				Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3206	NU		** (Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP					Purchase
L3206	NU		** (Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Purchase
	EP	U1				
L3206	NU		** (Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3206	NU		** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, child	21+	N	Manually Priced
L3206	NU		** (Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, child	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		** (Straight last high-top shoe, each, size 2-8) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP					Purchase
L3207	NU		** (Straight last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Purchase
	EP	U1				
L3207	NU		** (Reverse last closed toe) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		** (Orthopedic shoe, high-top, normal last, each, size 3-8) Orthopedic shoe, high-top with supinator or pronator, junior	21+	N	Manually Priced

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L3207	NU		*(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP	U1				Purchase
L3207	NU		*(Orthopedic shoe, high-top, normal last, each, size 8½-12) Orthopedic shoe, high-top with supinator or pronator, junior	All	N	Manually Priced
	EP					Purchase
L3208	EP		Surgical boot, each, infant	U21	N/A	Purchase
L3209	EP		Surgical boot, each, child	U21	N/A	Purchase
L3215	NU		Orthopedic footwear, woman's shoes, oxford	All	Y	Manually Priced
	EP					Purchase
L3216	NU		Orthopedic footwear, woman's shoes, depth inlay	All	Y	Purchase
	EP					
L3217	NU		*(Straight last high-top shoe, each, size 2-8) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP					Purchase
L3217	NU	U1	*(Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3217	NU		*(Regular last high-top shoe, each, size 3-6) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3217	NU		*(Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1				
L3217	NU		*(Reverse last closed toe) Orthopedic footwear, woman's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3219	NU		Orthopedic footwear, man's shoes, oxford	All	Y	Manually Priced
	EP					Purchase
L3221	NU		Orthopedic footwear, man's shoes, depth inlay	All	Y	Purchase
	EP					
L3222	NU		*(Straight last high-top shoe, each, size 2-8) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP					Purchase
L3222	NU		*(Straight last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3222	NU		** (Regular last high-top shoe, each, size 3-6) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3222	NU		** (Regular last high-top shoe, each, size 8½-12) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Purchase
	EP	U1				
L3222	NU		** (Reverse last closed toe) Orthopedic footwear, man's shoes, high-top, depth inlay	All	N	Manually Priced
	EP	U1				Purchase
L3224	NU		Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3225	NU		Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	21+	N	Purchase
L3230	NU EP		Orthopedic footwear, custom shoes, depth inlay	All	Y	Purchase
L3250	NU EP		Orthopedic footwear, custom molded shoe, removable inner molded, prosthetic shoe, each	All	Y	Manually Priced
L3253	NU EP		Foot, molded shoe Plastazote (or similar), custom fitted, each	All	Y	Purchase
L3257	NU EP		Orthopedic footwear, additional charge for split size	All	Y	Purchase
L3260	NU EP		Surgical boot/shoe, each	All	N	Purchase
L3265	NU EP		Plastazote sandal, each	All	N	Purchase
L3310	NU EP		Lift, elevation, heel and sole, neoprene, per inch	All	N	Purchase
L3332	NU EP		Lift, elevation, inside shoe, tapered, up to one-half inch	All	N	Purchase
L3334	NU EP		Lift, elevation, heel, per inch	All	N	Purchase
L3350	NU EP		Heel wedge	All	N	Purchase
L3360	NU EP		Sole wedge, outside sole	All	N	Purchase
L3370	NU EP		Sole wedge, between sole	All	N	Purchase
L3400	NU EP		Metatarsal bar wedge, rocker	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3420	NU EP		Full sole and heel wedge, between sole	All	N	Purchase
L3450	NU EP		Heel, SACH cushion type	All	N	Purchase
L3455	NU EP		Heel, new leather, standard	All	N	Purchase
L3465	NU EP		Heel, Thomas with wedge	All	N	Purchase
L3540	NU EP		Orthopedic shoe addition, sole full	All	N	Purchase
L3580	NU EP		Orthopedic shoe addition, convert instep to velcro closure	All	N	Purchase
L3590	NU EP		Orthopedic shoe addition, convert firm shoe counter to soft counter	All	N	Purchase
L3600	NU EP		Transfer for an orthosis from one shoe to another, caliper plate, existing	All	N	Purchase
L3620	NU EP		Transfer of an orthosis from one shoe to another, solid stirrup, existing	All	N	Purchase
L3630	NU EP		Transfer of an orthosis from one shoe to another, solid stirrup, new	All	N	Purchase
L3649	EP		Orthopedic shoe, modification, addition or transfer, NOS	U21	N/A	Manually Priced
L3649	NU EP	U1	** (Unlisted prosthetic devices or orthotic appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS	All	Y	Manually Priced Purchase
L3649	NU EP		** (Orthopedic footwear, wooden sole shoe, each) Orthopedic shoe, modification, addition or transfer, NOS	All	N	Manually Priced Purchase
L3650	NU EP		SO, figure of eight design abduction re-strainer prefabricated, includes fitting and adjustment	All	N	Purchase
L3660	NU EP		SO, figure of eight design, abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	All	N	Purchase
L3670	NU EP		SO, acromio/clavicular (canvas and webbing type) prefabricated, includes fitting and adjustment	All	N	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3675	NU		SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	21+	N	Purchase
L3700	NU EP		Elbow orthoses (EO), elastic with stays, prefabricated, includes fitting and adjustment	All	N	Purchase
L3710	NU EP		EO, elastic with metal joints, prefabricated, includes fitting and adjustment	All	N	Purchase
L3720	NU EP		EO, double upright with forearm/arm cuffs, free motion, custom fabricated	All	N	Purchase
L3730	NU EP		EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	All	Y	Purchase
L3740	NU EP		EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	All	Y	Purchase
L3800	NU EP		WHFO, short opponens, no attachments, custom fabricated	All	N	Purchase
L3805	NU EP		WHFO, long opponens, no attachment, custom fabricated	All	N	Purchase
L3807	NU EP		WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type	All	N	Purchase
L3810	NU EP		WHFO, addition to short and long opponens, thumb abduction ("C") bar	All	N	Purchase
L3815	NU EP		WHFO, addition to short and long opponens, second M.P. abduction assist	All	N	Purchase
L3820	NU EP		WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	All	N	Purchase
L3825	NU EP		WHFO, addition to short and long opponens, M.P. extension stop	All	N	Purchase
L3830	NU EP		WHFO, addition to short and long opponens, M.P. extension assist	All	N	Purchase
L3835	NU EP		WHFO, addition to short and long opponens, M.P. spring extension assist	All	N	Purchase
L3840	NU EP		WHFO, addition to short and long opponens, spring swivel thumb	All	N	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3845	NU EP		WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	All	N	Purchase
L3850	NU EP		WHO, addition to short and long opponens, action wrist with dorsiflexion assist	All	N	Purchase
L3855	NU EP		WHFO, addition to short and long opponens, adjustable M.P. flexion control	All	N	Purchase
L3860	NU EP		WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	All	N	Purchase
L3900	NU EP		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	All	Y	Purchase
L3901	NU EP		WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	All	Y	Purchase
L3902	NU EP		WHFO, external powered, compressed gas, custom fabricated	All	Y	Purchase
L3904	NU EP		WHFO, external powered, electric, custom fabricated	All	Y	Purchase
L3906**	NU EP		WHFO, wrist gauntlet, molded to patient model, custom fabricated	All	N	Purchase
L3907**	NU EP		WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	All	N	Purchase
L3908	NU EP		WHFO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	All	N	Purchase
L3910	NU EP		WHFO, Swanson design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3912	NU EP		HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	All	N	Purchase
L3914	NU EP		WHO, wrist extension (cock-up) prefabricated, includes fitting and adjustment	All	N	Purchase
L3916	NU EP		WHFO, wrist extension (cock-up), with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3918	NU EP		HFO, knuckle bender prefabricated, includes fitting and adjustment	All	N	Purchase
L3920	NU EP		HFO, knuckle bender, with outrigger prefabricated, includes fitting and adjustment	All	N	Purchase
L3922	NU EP		HFO, knuckle bender, two segment to flex joints prefabricated, includes fitting and adjustment	All	N	Purchase
L3924	NU EP		WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	All	N	Purchase
L3926	NU EP		WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	All	N	Purchase
L3928	NU EP		HFO, finger extension, with lock spring, prefabricated, includes fitting and adjustment	All	N	Purchase
L3930	NU EP		WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	All	N	Purchase
L3932	NU EP		FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	All	N	Purchase
L3934	NU EP		FO, safety pin, modified, prefabricated, includes fitting and adjustment	All	N	Purchase
L3936	NU EP		WHFO, Palmer prefabricated, includes fitting and adjustment	All	N	Purchase
L3938	NU EP		WHFO, Dorsal wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3940	NU EP		WHFO, Dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	All	N	Purchase
L3942	NU EP		HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase
L3944	NU EP		HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	All	N	Purchase
L3946	NU EP		HFO, composite elastic, prefabricated, includes fitting and adjustment	All	N	Purchase
L3948	NU EP		FO, finger knuckle bender, prefabricated, includes fitting and adjustment	All	N	Purchase



**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3950	NU EP		WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3952	NU EP		WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	All	N	Purchase
L3954	NU EP		HFO, spreading hand, prefabricated, includes fitting and adjustment	All	N	Purchase
L3956	NU		Addition of joint to upper extremity orthosis, any material; per joint	21+	N	Purchase
L3960	NU EP		SEWHO, abduction, positioning, airplane design, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3962	NU EP		SEWHO, abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	All	N	Purchase
L3963	NU EP		SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	All	Y	Purchase
L3964	NU EP		SEO, mobile arm supports attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	All	N	Purchase
L3965	NU EP		SEO mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3966	NU EP		SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	All	Y	Purchase
L3968	NU EP		SEO, mobile arm support attached to wheelchair, balanced, friction arm support, (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	All	Y	Purchase
L3969	NU EP		SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L3970	NU EP		SEO, addition to mobile arm support elevating proximal arm	All	N	Purchase
L3972	NU EP		SEO , addition to mobile arm support, offset or lateral rocker arm with elastic balance control	All	N	Purchase
L3974	NU EP		SEO, addition to mobile arm support, supinator	All	N	Purchase
L3980	NU EP		Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	All	N	Purchase
L3982	NU EP		Upper extremity fracture orthosis, radius/ulnar prefabricated, includes fitting and adjustment	All	N	Purchase
L3984	NU EP		Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	All	N	Purchase
L3985	NU EP		Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	All	N	Purchase
L3986	NU EP		Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles' fracture), custom fabricated	All	N	Purchase
L3995	NU EP		Addition to upper extremity orthosis sock, fracture or equal, each	All	N	Purchase
L3999	EP		Upper limb orthosis, NOS	U21	N/A	Manually Priced
L3999	NU  EP		⚠️(The manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS	All	Y	Manually Priced  Manually Priced
L4000	NU EP		Replace girdle for spinal orthosis (CTLSSO or SO)	All	Y	Purchase
L4002	NU EP		Replace strap, any orthosis, includes all components, any length, any type	All	N	Manually Priced
L4010	NU EP		Replace trilateral socket brim	All	N	Purchase
L4020	NU EP		Replace quadrilateral socket brim, molded to patient model	All	N	Purchase
L4030	NU EP		Replace quadrilateral socket brim, custom fitted	All	N	Purchase
L4040	NU EP		Replace molded thigh lacer	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L4045	NU EP		Replace nonmolded thigh lacer	All	N	Purchase
L4050	NU EP		Replace molded calf lacer	All	N	Purchase
L4055	NU EP		Replace nonmolded calf lacer	All	N	Purchase
L4060	NU EP		Replace high roll cuff	All	N	Purchase
L4070	NU EP		Replace proximal and distal upright for KAFO	All	N	Purchase
L4080	NU EP		Replace metal bands KAFO, proximal thigh	All	N	Purchase
L4090	EP		** (Custom night "A" frame-KAFO, torsion control, bilateral night "A" frame) Replace metal bands KAFO-AFO, calf or distal thigh	U21	N/A	Purchase
L4090	NU EP		Replace metal bands KAFO-AFO, calf or distal thigh	All	N	Purchase
L4100	NU EP		Replace leather cuff KAFO, proximal thigh	All	N	Purchase
L4110	NU EP		Replace leather cuff KAFO-AFO, calf or distal thigh	All	N	Purchase
L4130	NU EP		Replace pretibial shell	All	N	Purchase
L4205	NU  EP		Repair of orthotic device, labor component, per 15 minutes	All	Y	Manually Priced  Purchase
L4210	NU  EP		Repair of orthotic device, repair or replace minor parts	All	Y	Manually Priced  Purchase
L4350	NU EP		Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment	All	N	Purchase
L4360	NU EP		Walking boot, pneumatic with or without joints, with or without interface material, prefabricated, includes fitting and adjustment	All	N	Purchase
L4370	NU EP		Pneumatic full leg splint, prefabricated, includes fitting and adjustment	All	N	Purchase

**Orthotic Appliances, All Ages (section 242.180)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L4380	NU EP		Pneumatic knee splint, prefabricated, includes fitting and adjustment	All	N	Purchase
L4392			Replacement soft interface material, static AFO	21+	N	Purchase
L4394	NU		Replace soft interface material, foot drop splint	21+	N	Purchase
L4396	NU		Static AFO, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment	21+	N	Purchase
L4398	NU		Foot drop splint, recumbent positioning device, prefabricated, includes fitting and adjustment	21+	N	Purchase
L5999	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Lower extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7499	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Upper extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L7510	NU EP	UB	Repair of prosthetic device, hourly rate	All	Y	Manually Priced Purchase
L7520	NU EP		Repair prosthetic device, labor component, per 15 minutes	All	Y	Manually Priced Purchase
L8499	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; <b>the manufacturer's invoice must be attached to all claims.</b> ) Unlisted procedure for miscellaneous prosthetic services	All	Y	Manually Priced Purchase

242.190

Prosthetic Devices, All Ages

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for individuals age 21 and

older. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed for individuals age 21 and older, that information is indicated with a "Y" in the column; if not, an "N" is shown. When codes are payable for all ages, "All" is indicated in the column, "U21" is shown when the code is payable only for individuals under age 21 and "21+" is shown when the code is payable only for those individuals age 21 and older.

\* Replacement only

\*\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

**NOTE: Procedure codes for prosthetic eyes and information regarding prosthetic eye care can be found in the Arkansas Medicaid Visual Care Program Manual.**

### Prosthetic Devices, All Ages (section 242.190)

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L1499	NU		**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Spinal orthosis, not otherwise specified	All	Y	Manually Priced
	EP					Manually Priced
L2999	NU		**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity orthoses, NOS	All	Y	Manually Priced
	EP					Manually Priced
L3649	NU		**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Orthopedic shoe, modification, addition or transfer, NOS	All	Y	Manually Priced
	EP	U1				Manually Priced
L3999	NU		**(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper limb orthosis, NOS	All	Y	Manually Priced
	EP					Manually Priced
L4205	NU		**(Orthotics and Prosthetics Repairs) Repair of orthotic device, labor component, per 15 minutes	All	Y	Manually Priced
	EP					Purchase
L4210	NU		**(Orthotics and Prosthetics Repairs) Repair of orthotic device, repair or replace minor parts	All	Y	Manually Priced
	EP					Purchase
L5000	NU		Partial foot, shoe insert with longitudinal arch, toe filler	All	N	Purchase
	EP					
L5010	NU		Partial foot, molded socket, ankle height, with toe filler	All	Y	Purchase
	EP					

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5020	NU EP		Partial foot, molded socket, tibial tubercle height, with toe filler	All	Y	Purchase
L5050	NU EP		Ankle, Symes, molded socket, SACH foot	All	Y	Purchase
L5060	NU EP		Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	All	Y	Purchase
L5100	NU EP		Below knee, molded socket, shin, SACH foot	All	Y	Purchase
L5105	NU EP		Below knee, plastic socket, joints and thigh lacer, SACH foot	All	Y	Purchase
L5150	NU EP		Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	All	Y	Purchase
L5160	NU EP		Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	All	Y	Purchase
L5200	NU EP		Above knee, molded socket, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5210	NU EP		Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	All	Y	Purchase
L5220	NU EP		Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	All	Y	Purchase
L5230	NU EP		Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	All	Y	Purchase
L5250	NU EP		Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5270	NU EP		Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5280	NU EP		Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	All	Y	Purchase
L5301	NU EP		Below knee, molded socket, shin, SACH foot, endoskeletal system	All	Y	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5311	NU EP		Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	All	Y	Purchase
L5321	NU EP		Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	All	Y	Purchase
L5331	NU EP		Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	All	Y	Purchase
L5341	NU EP		Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	All	Y	Purchase
L5400	NU EP		Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	All	N	Purchase
L5410	NU EP		Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	All	N	Purchase
L5420	NU EP		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, and one cast change "AK" or knee disarticulation	All	Y	Purchase
L5430	NU EP		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	All	N	Purchase
L5450	NU EP		Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee	All	N	Purchase
L5460	NU EP		Immediate post surgical or early fitting, application of nonweight bearing rigid dressing, above knee	All	N	Purchase
L5500	NU EP		Initial, below knee ("PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5505	NU EP		Initial, above knee-knee disarticulation (ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed)	All	Y	Purchase
L5510	NU EP		Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	All	Y	Purchase
L5520	NU EP		Preparatory, below knee "PTB" type socket, non-alignable pylon, no cover, SACH foot, thermoplastic or equal, direct formed	All	Y	Purchase
L5530	NU EP		Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	All	Y	Purchase
L5535	NU EP		Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	All	Y	Purchase
L5540	NU EP		Preparatory, below knee "PTB" type socket, non alignable, pylon, no cover, SACH foot, laminated socket, molded to model	All	Y	Purchase
L5560	NU EP		Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	All	Y	Purchase
L5570	NU EP		Preparatory, above knee-knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot thermoplastic or equal, direct formed	All	Y	Purchase
L5580	NU EP		Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	All	Y	Purchase
L5585	NU EP		Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	All	Y	Purchase



**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5590	NU EP		Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	All	Y	Purchase
L5595	NU EP		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	All	Y	Purchase
L5600	NU EP		Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	All	Y	Purchase
L5610	NU EP		Addition to lower extremity, endoskeletal system, above knee, hydracadence system	All	Y	Purchase
L5611	NU EP		Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with friction swing phase control	All	N	Purchase
L5613	NU EP		Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4-bar linkage, with hydraulic swing phase control	All	Y	Purchase
L5614	NU		Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control	21+	Y	Purchase
L5616	NU EP		Addition to lower extremity, endoskeletal system above knee, universal multiplex system, friction swing phase control	All	Y	Purchase
L5617	NU		Addition to lower extremity, quick change self-aligning unit, above or below knee, each	21+	Y	Purchase
L5618	NU EP		Addition to lower extremity, test socket, Symes	All	N	Purchase
L5620	NU EP		Addition to lower extremity, test socket, below knee	All	N	Purchase
L5622	NU EP		Addition to lower extremity, test socket, knee disarticulation	All	N	Purchase
L5624	NU EP		Addition to lower extremity, test socket, above knee	All	N	Purchase
L5626	NU EP		Addition to lower extremity, test socket, hip disarticulation	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5628	NU EP		Addition to lower extremity, test socket, hemipelvectomy	All	N	Purchase
L5629	NU EP		Addition to lower extremity, below knee, acrylic socket	All	N	Purchase
L5630	NU EP		Addition to lower extremity, Symes type, expandable wall socket	All	N	Purchase
L5631	NU EP		Addition to lower extremity, above knee or knee disarticulation, acrylic socket	All	N	Purchase
L5632	NU EP		Addition to lower extremity, Symes type, "PTB" brim design socket	All	N	Purchase
L5634	NU EP		Addition to lower extremity, Symes type posterior opening (Canadian) socket	All	N	Purchase
L5636	NU EP		Additions to lower extremity, Symes type, medial opening socket	All	N	Purchase
L5637	NU EP		Addition to lower extremity, below knee, total contact	All	N	Purchase
L5638	NU EP		Addition to lower extremity, below knee, leather socket	All	N	Purchase
L5639	NU EP		Addition to lower extremity, below knee, wood socket	All	N	Purchase
L5640	NU EP		Addition to lower extremity, knee disarticulation, leather socket	All	N	Purchase
L5642	NU EP		Addition to lower extremity, above knee, leather socket	All	N	Purchase
L5643	NU EP		Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	All	Y	Purchase
L5644	NU EP		Addition to lower extremity, above knee, wood socket	All	N	Purchase
L5645	NU EP		Addition to lower extremity, below knee, flexible inner socket, external frame	All	N	Purchase
L5646	NU EP		Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	All	N	Purchase
L5647	NU EP		Addition to lower extremity, below knee suction socket	All	N	Purchase
L5648	NU EP		Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5649	NU EP		Addition to lower extremity, ischial containment/narrow M-L socket	All	Y	Purchase
L5650	NU EP		Addition to lower extremity, total contact, above knee or knee disarticulation socket	All	N	Purchase
L5651	NU EP		Addition to lower extremity, above knee, flexible inner socket, external frame	All	N	Purchase
L5652	NU EP		Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket	All	N	Purchase
L5653	NU EP		Addition to lower extremity, knee disarticulation, expandable wall socket	All	N	Purchase
L5654	NU EP		Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5655	NU EP		Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5656	NU EP		Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5658	NU EP		Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	All	N	Purchase
L5661	NU EP		Addition to lower extremity, socket insert, multi durometer Symes	All	N	Purchase
L5665	EP		Addition to lower extremity, socket insert, multo-durometer, below knee	U21	N/A	Purchase
L5666	NU EP		Additions to lower extremity, below knee, cuff suspension	All	N	Purchase
L5668	NU EP		Addition to lower extremity, below knee, molded distal cushion	All	N	Purchase
L5670	NU EP		Addition to lower extremity, below knee, molded supracondyular suspension ("PTS" or similar)	All	N	Purchase
L5672	NU EP		Addition to lower extremity, below knee, removable medial brim suspension	All	N	Purchase
L5676	NU EP		Addition to lower extremity, below knee, knee joints, single axis, pair	All	N	Purchase
L5677	NU EP		Addition to lower extremity, below knee, knee joints, polycentric, pair	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5678	NU EP		Addition to lower extremity, below knee, joint covers, pair	All	N	Purchase
L5679	NU EP		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	All	N	Purchase
L5680	NU EP		Addition to lower extremity, below knee, thigh lacer, nonmolded	All	N	Purchase
L5682	NU EP		Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	All	N	Purchase
L5684	NU EP		Addition to lower extremity, below knee, fork strap	All	N	Purchase
L5685	NU EP		Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	All	N	Manually Priced
L5686	NU EP		Addition to lower extremity, below knee, back check (extension control)	All	N	Purchase
L5688	NU EP		Addition to lower extremity, below knee, waist belt, webbing	All	N	Purchase
L5690	NU EP		Addition to lower extremity, below knee, waist belt, padded and lined	All	N	Purchase
L5692	NU EP		Addition to lower extremity, above knee, pelvic control belt, light	All	N	Purchase
L5694	NU EP		Addition to lower extremity, above knee, pelvic control belt, padded and lined	All	N	Purchase
L5695	NU EP		Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	All	N	Purchase
L5696	NU EP		Addition to lower extremity, above knee or knee disarticulation, pelvic joint	All	N	Purchase
L5697	NU EP		Addition to lower extremity, above knee or knee disarticulation, pelvic band	All	N	Purchase
L5698	NU EP		Addition to lower extremity, above knee or knee disarticulation, silesian bandage	All	N	Purchase
L5699	NU EP		All lower extremity prosthesis, shoulder harness	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5700	NU		Replacement, socket, below knee, molded to patient model	21+	Y	Purchase
L5701	NU		Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	21+	Y	Purchase
L5702	NU		Replacement, socket, hip disarticulation, including hip joint, molded to patient model	21+	Y	Purchase
L5704	NU		Custom shaped protective cover, below knee	All	N	Purchase
L5705	NU		Custom shaped protective cover, above knee	21+	N	Purchase
L5706	NU		Custom shaped protective cover, knee disarticulation	21+	N	Purchase
L5707	NU		Custom shaped protective cover, hip disarticulation	21+	N	Purchase
L5710	NU EP		Addition, exoskeletal knee-shin system, single axis, manual lock	All	N	Purchase
L5711	NU EP		Addition exoskeletal knee-shin system, single axis, manual lock, ultra-light material	All	N	Purchase
L5712	NU EP		Addition exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	All	N	Purchase
L5714	NU EP		Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	All	N	Purchase
L5716	NU EP		Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	All	N	Purchase
L5718	NU EP		Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	All	N	Purchase
L5722	NU EP		Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	All	N	Purchase
L5724	NU EP		Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	All	Y	Purchase
L5726	NU EP		Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	All	Y	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5728	NU EP		Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	All	Y	Purchase
L5780	NU EP		Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	All	N	Purchase
L5785	NU EP		Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5790	NU EP		Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5795	NU EP		Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5810	NU EP		Addition, endoskeletal knee-shin system, single axis, manual lock	All	N	Purchase
L5811	NU EP		Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	All	N	Purchase
L5812	NU EP		Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	All	N	Purchase
L5816	NU EP		Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	All	N	Purchase
L5818	NU EP		Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	All	N	Purchase
L5822	NU EP		Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	All	Y	Purchase
L5824	NU EP		Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	All	Y	Purchase
L5826	NU		Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control with miniature high activity frame	21+	Y	Purchase
L5828	NU EP		Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	All	Y	Purchase
L5830	NU EP		Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	All	Y	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5840	NU		Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	21+	N	Purchase
L5845	NU		Addition, endoskeletal knee-shin system, stance flexion feature, adjustable	21+	Y	Purchase
L5850	NU EP		Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	All	N	Purchase
L5855	NU EP		Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	All	N	Purchase
L5910	NU EP		Addition, endoskeletal system, below knee, alignable system	All	N	Purchase
L5920	NU EP		Addition, endoskeletal system, above knee or hip disarticulation, alignable system	All	N	Purchase
L5925	NU		Addition, endoskeletal system, above knee, knee disarticulation, manual lock	21+	N	Purchase
L5930	NU		Addition, endoskeletal system, high activity knee control frame	21+	Y	Purchase
L5940	NU EP		Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5950	NU EP		Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5960	NU EP		Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	All	N	Purchase
L5962	NU		Addition, endoskeletal system, below knee, flexible protective outer surface covering system	21+	N	Purchase
L5964	NU		Addition, endoskeletal system, above knee, flexible protective outer surface covering system	21+	N	Purchase
L5966	NU		Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	21+	N	Purchase
L5968	NU		Addition to lower limb prostheses, multiaxial ankle with swing phase active dorsiflexion feature	21+	Y	Purchase

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<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L5970	NU EP		All lower extremity prostheses, foot, external keel, SACH foot	All	N	Purchase
L5972	NU EP		All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	All	N	Purchase
L5974	NU EP		All lower extremity prostheses, foot, single axis ankle/foot	All	N	Purchase
L5975	NU		All lower extremity prosthesis, combination single axis ankle and flexible keel foot	21+	N	Purchase
L5976	NU EP		All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	All	N	Purchase
L5978	NU EP		All lower extremity prostheses, foot, multiaxial ankle/foot	All	N	Purchase
L5979	NU		All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	21+	Y	Purchase
L5980	NU EP		All lower extremity prostheses, flex-foot system	All	Y	Purchase
L5981	NU		All lower extremity prostheses, flex-walk system or equal	All	Y	Purchase
L5982	NU EP		All exoskeletal lower extremity prostheses, axial rotation unit	All	N	Purchase
L5984	NU EP		All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	All	N	Purchase
L5985	NU		All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	21+	N	Purchase
L5986	NU EP		All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	All	N	Purchase
L5987	NU		All lower extremity prostheses, shank foot system with vertical loading pylon	21+	Y	Purchase
L5988	NU		Addition to lower limb prosthesis, vertical shock reducing pylon feature	21+	Y	Purchase
L5999	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Lower extremity prosthesis, not otherwise specified	All	Y	Manually Priced Manually Priced
L6000	NU EP		Partial hand, Robin-Aids, thumb remaining (or equal)	All	N	Purchase



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L6010	NU EP		Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	All	N	Purchase
L6020	NU EP		Partial hand, Robin-Aids, no finger remaining (or equal)	All	N	Purchase
L6050	NU EP		Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	All	Y	Purchase
L6055	NU EP		Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	All	Y	Purchase
L6100	NU EP		Below elbow, molded socket, flexible elbow hinge, triceps pad	All	Y	Purchase
L6110	NU EP		Below elbow, molded socket (Muenster or Northwestern suspension types)	All	Y	Purchase
L6120	NU EP		Below elbow, molded double wall split socket, step-up hinges, half cuff	All	Y	Purchase
L6130	NU EP		Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	All	Y	Purchase
L6200	NU EP		Elbow disarticulation, molded socket, outside locking hinge, forearm	All	Y	Purchase
L6205	NU EP		Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	All	Y	Purchase
L6250	NU EP		Above elbow, molded double wall socket, internal locking elbow, forearm	All	Y	Purchase
L6300	NU EP		Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	All	Y	Purchase
L6310	NU EP		Shoulder disarticulation, passive restoration (complete prosthesis)	All	Y	Purchase
L6320	NU EP		Shoulder disarticulation, passive restoration (shoulder cap only)	All	Y	Purchase
L6350	NU		Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	21+	Y	Purchase
L6360	NU EP		Interscapular thoracic, passive restoration (complete prosthesis)	All	Y	Purchase
L6370	NU EP		Interscapular thoracic, passive restoration (shoulder cap only)	All	Y	Purchase

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L6380	NU EP		Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	All	N	Purchase
L6382	NU EP		Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	All	N	Purchase
L6384	NU EP		Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	All	Y	Purchase
L6386	NU EP		Immediate postsurgical or early fitting, each additional cast change and realignment	All	N	Purchase
L6388	NU EP		Immediate postsurgical or early fitting, application of rigid dressing only	All	N	Purchase
L6400	NU EP		Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6450	NU EP		Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6500	NU EP		Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6550	NU EP		Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	All	Y	Purchase
L6570	NU EP		Interscapular thoracic, molded socket, endoskeletal system including soft prosthetic tissue shaping	All	Y	Purchase

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L6580	NU EP		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	All	Y	Purchase
L6582	NU EP		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	All	N	Purchase
L6584	NU EP		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	All	Y	Purchase
L6586	NU EP		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	All	Y	Purchase
L6588	NU EP		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	All	Y	Purchase
L6590	NU EP		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	All	Y	Purchase
L6600	NU EP		Upper extremity additions, polycentric hinge, pair	All	N	Purchase
L6605	NU EP		Upper extremity additions, single pivot hinge, pair	All	N	Purchase
L6610	NU EP		Upper extremity additions, flexible metal hinge, pair	All	N	Purchase
L6615	NU EP		Upper extremity addition, disconnect locking wrist unit	All	N	Purchase

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L6616	NU EP		Upper extremity addition, additional disconnect insert for locking wrist unit, each	All	N	Purchase
L6620	NU EP		Upper extremity addition, flexion/extension wrist unit, with or without friction	All	N	Purchase
L6623	NU EP		Upper extremity addition, spring assisted rotational wrist unit with latch release	All	N	Purchase
L6625	NU EP		Upper extremity addition, rotation wrist unit with cable lock	All	N	Purchase
L6628	NU EP		Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	All	N	Purchase
L6629	NU EP		Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	All	N	Purchase
L6630	NU EP		Upper extremity addition, stainless steel, any wrist	All	N	Purchase
L6632	NU EP		Upper extremity addition, latex suspension sleeve, each	All	N	Purchase
L6635	NU EP		Upper extremity additions, lift assist for elbow	All	N	Purchase
L6637	NU EP		Upper extremity addition, nudge control elbow lock	All	N	Purchase
L6640	NU EP		Upper extremity additions, shoulder abduction joint, pair	All	N	Purchase
L6641	NU EP		Upper extremity addition, excursion amplifier, pulley type	All	N	Purchase
L6642	NU EP		Upper extremity addition, excursion amplifier, lever type	All	N	Purchase
L6645	NU EP		Upper extremity addition, shoulder flexion-abduction joint, each	All	N	Purchase
L6650	NU EP		Upper extremity addition, shoulder universal joint, each	All	N	Purchase
L6655	NU EP		Upper extremity addition, standard control cable, extra	All	N	Purchase
L6660	NU EP		Upper extremity addition, heavy duty control cable	All	N	Purchase
L6665	NU EP		Upper extremity addition, Teflon, or equal, cable lining	All	N	Purchase
L6670	NU EP		Upper extremity addition, hook to hand cable adapter	All	N	Purchase

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L6672	NU EP		Upper extremity addition, harness, chest or shoulder, saddle type	All	N	Purchase
L6675	NU EP		Upper extremity addition, harness, (e.g., figure of eight type), single cable design	All	N	Purchase
L6676	NU EP		Upper extremity additions, harness, (e.g., figure of eight type), dual cable design	All	N	Purchase
L6680	NU EP		Upper extremity addition, test socket, wrist disarticulation or below elbow	All	N	Purchase
L6682	NU EP		Upper extremity addition, test socket, elbow disarticulation or above elbow	All	N	Purchase
L6684	NU EP		Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	All	N	Purchase
L6686	NU EP		Upper extremity addition, suction socket	All	N	Purchase
L6687	NU EP		Upper extremity addition, frame type socket, below elbow or wrist disarticulation	All	N	Purchase
L6688	NU EP		Upper extremity addition, frame type socket, above elbow or elbow disarticulation	All	N	Purchase
L6689	NU EP		Upper extremity addition, frame type socket, shoulder disarticulation	All	N	Purchase
L6690	NU EP		Upper extremity addition, frame type socket, interscapular-thoracic	All	N	Purchase
L6691	NU EP		Upper extremity addition, removable insert, each	All	N	Purchase
L6692	NU EP		Upper extremity addition, silicone gel insert or equal, each	All	N	Purchase
L6693	NU		Upper extremity addition, locking elbow, forearm counterbalance	21+	Y	Purchase
L6700	NU EP		Terminal device, hook, Dorrance or equal, model # 3	All	N	Purchase
L6705	NU EP		Terminal device, hook, Dorrance or equal, model # 3	All	N	Purchase
L6710	NU EP		Terminal device, hook, Dorrance or equal, model # 5x	All	N	Purchase
L6715	NU EP		Terminal device, hook, Dorrance or equal, Model # 5xa	All	N	Purchase
L6720	NU EP		Terminal device, hook, Dorrance or equal, model # 6	All	N	Purchase

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L6725	NU EP		Terminal device, hook, Dorrance or equal, model # 7	All	N	Purchase
L6730	NU EP		Terminal device, hook, Dorrance or equal, model # 7LO	All	N	Purchase
L6735	NU EP		Terminal device, hook, Dorrance or equal, model # 8	All	N	Purchase
L6740	NU EP		Terminal device, hook, Dorrance or equal, model # 8x	All	N	Purchase
L6745	NU EP		Terminal device, hook, Dorrance or equal, model # 88x	All	N	Purchase
L6750	NU EP		Terminal device, hook, Dorrance or equal, model # 10P	All	N	Purchase
L6755	NU EP		Terminal device, hook, Dorrance or equal, model # 10x	All	N	Purchase
L6765	NU EP		Terminal device, hook, Dorrance or equal, model # 12P	All	N	Purchase
L6770	NU EP		Terminal device, hook, Dorrance or equal, model # 99x	All	N	Purchase
L6775	NU EP		Terminal device, hook, Dorrance or equal, model # 555	All	N	Purchase
L6780	NU EP		Terminal device, hook, Dorrance or equal, model # SS555	All	N	Purchase
L6790	NU EP		Terminal device, hook-Accu hook or equal	All	N	Purchase
L6795	NU EP		Terminal device, hook 2 load or equal	All	N	Purchase
L6800	NU EP		Terminal device, hook-APRL VC or equal	All	N	Purchase
L6805	NU EP		Terminal device, modifier wrist flexion unit	All	N	Purchase
L6806	NU EP		Terminal device, hook, TRS grip, Grip III, VC, or equal	All	Y	Purchase
L6807	NU EP		Terminal device, hook, Grip I, Grip II, VC, or equal	All	N	Purchase
L6808	NU EP		Terminal device, hook, TRS Adept, infant or child, VC, or equal	All	N	Purchase
L6809	NU EP		Terminal device, hook, TRS Super Sport, passive	All	N	Purchase
L6810	NU EP		Terminal device, pincher tool, Otto Bock or equal	All	N	Purchase

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L6825	NU EP		Terminal device, hand, Dorrance, VO	All	N	Purchase
L6830	NU EP		Terminal device, hand, APRL, VC	All	N	Purchase
L6835	NU EP		Terminal device, hand, Sierra, VO	All	N	Purchase
L6840	NU EP		Terminal device, hand, Becker Imperial	All	N	Purchase
L6845	NU EP		Terminal device, hand, Becker Lock Grip	All	N	Purchase
L6850	NU EP		Terminal device, hand, Becker Plylite	All	N	Purchase
L6855	NU EP		Terminal device, hand, Robin-Aids, VO	All	N	Purchase
L6860	NU EP		Terminal device, hand, Robin-Aids, VO soft	All	N	Purchase
L6865	NU EP		Terminal device, hand, passive hand	All	N	Purchase
L6867	NU EP		Terminal device, hand, Detroit Infant Hand (mechanical)	All	N	Purchase
L6868	NU EP		Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	All	N	Purchase
L6870	NU EP		Terminal device, hand, child mitt	All	N	Purchase
L6872	NU EP		Terminal device, hand, NYU child hand	All	N	Purchase
L6873	NU EP		Terminal device, hand, mechanical infant hand, Steeper or equal	All	N	Purchase
L6875	NU EP		Terminal device, hand, Bock, VC	All	N	Purchase
L6880	NU EP		Terminal device, hand, Bock, VO	All	N	Purchase
L6890	NU EP		Terminal device, gloves for above hands, production glove	All	N	Purchase
L6895	NU EP		Terminal device, glove for above hands, custom glove	All	N	Purchase
L6900	NU EP		Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	All	N	Purchase

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L6905	NU EP		Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	All	N	Purchase
L6910	NU EP		Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	All	N	Purchase
L6915	NU EP		Hand restoration (shading and measurements included), replacement glove for above	All	N	Purchase
L6920*	NU EP		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	All	Y	Purchase
L6925*	NU EP		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	All	Y	Purchase
L6930*	NU EP		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	All	Y	Purchase
L6935*	NU EP		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	All	Y	Purchase
L6940*	NU EP		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	All	Y	Purchase



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L6945*	NU EP		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	All	Y	Purchase
L6950*	NU EP		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	All	Y	Purchase
L6955*	NU EP		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	All	Y	Purchase
L6960*	NU EP		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	All	Y	Purchase
L6965*	NU EP		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 device	All	Y	Purchase
L6970*	NU EP		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	All	Y	Purchase

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L6975*	NU EP		Interscapular-thoracic, 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 device	All	Y	Purchase
L7010*	NU EP		Electronic hand, Otto Bock, Steeper or equal, switch controlled	All	Y	Purchase
L7015*	NU EP		Electronic hand, System Teknik, Variety Village or equal, switch controlled	All	Y	Purchase
L7020*	NU EP		Electronic greifer, Otto Bock or equal, switch controlled	All	Y	Purchase
L7025*	NU EP		Electronic hand, Otto Bock or equal, myoelectronically controlled	All	Y	Purchase
L7030*	NU EP		Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	All	Y	Purchase
L7035*	NU EP		Electronic greifer, Otto Bock or equal, myoelectronically controlled	All	Y	Purchase
L7040*	NU EP		Prehensile actuator, Hosmer or equal, switch controlled	All	Y	Purchase
L7045*	NU EP		Electronic hook, child, Michigan or equal, switch controlled	All	Y	Purchase
L7170*	NU EP		Electronic elbow, Hosmer or equal, switch controlled	All	Y	Purchase
L7180*	NU EP		Electronic elbow, Utah or equal, myoelectronically controlled	All	Y	Purchase
L7185	EP		Electronic elbow, adolescent, Variety Village or equal, switch controlled	U21	N/A	Purchase
L7186	EP		Electronic elbow, child, Variety Village or equal, switch controlled	U21	N/A	Purchase
L7190	EP		Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	U21	N/A	Purchase
L7191	EP		Electronic elbow, child, Variety Village or equal, myoelectronically controlled	U21	N/A	Purchase
L7260*	NU EP		Electronic wrist rotator, Otto Bock or equal	All	Y	Purchase

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L7261*	NU EP		Electronic wrist rotator, for Utah arm	All	Y	Purchase
L7266*	NU EP		Servo control, Steeper or equal	All	N	Purchase
L7272*	NU EP		Analogue control, UNB or equal	All	Y	Purchase
L7274*	NU EP		Proportional control, 6-12 volt, Liberty, Utah or equal	All	Y	Purchase
L7360*	NU EP		Six volt battery, Otto Bock or equal, each	All	N	Purchase
L7362*	NU EP		Battery charger, six volt, Otto Bock or equal	All	N	Purchase
L7364*	NU EP		Twelve volt battery, Utah or equal, each	All	N	Purchase
L7366*	NU EP		Battery charger, twelve volt, Utah or equal	All	N	Purchase
L7499	NU  EP		*(Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Upper extremity prosthesis, NOS	All	Y	Manually Priced  Manually Priced
L7510	NU  EP	UB	*(Orthotics and Prosthetics Repairs) Repair of prosthetic device, repair or replace minor parts	All	Y	Manually Priced  Purchase
L7510	NU  EP		*(Twister cables - repair/replace) Repair of prosthetic device, repair or replace minor parts	All	N	Manually Priced  Purchase
L7520	NU  EP		*(Orthotics and Prosthetics Repairs) Repair prosthetic device, labor component, per 15 minutes	All	Y	Manually Priced  Purchase
L8000	NU EP		Breast prosthesis, mastectomy bra	All	N	Purchase
L8010	NU EP		Breast prosthesis, mastectomy sleeve	All	N	Purchase
L8015	NU		External breast prosthesis garment, with mastectomy form, post-mastectomy	21+	N	Purchase
L8020	NU EP		Breast prosthesis, mastectomy form	All	N	Purchase
L8030	NU EP		Breast prosthesis, silicone or equal	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>All U21 21+</b>	<b>PA 21+</b>	<b>Payment Method</b>
L8300	NU EP		Truss, single with standard pad	All	N	Purchase
L8310	NU EP		Truss, double with standard pads	All	N	Purchase
L8320	NU EP		Truss, addition to standard pad, water pad	All	N	Purchase
L8330	NU EP		Truss, addition to standard pad, scrotal pad	All	N	Purchase
L8400	NU EP		Prosthetic sheath, below knee, each	All	N	Purchase
L8410	NU EP		Prosthetic sheath, above knee, each	All	N	Purchase
L8415	NU EP		Prosthetic sheath, upper limb, each	All	N	Purchase
L8417	NU		Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	21+	N	Purchase
L8420	NU EP		Prosthetic sock, multiple ply, below knee, each	All	N	Purchase
L8430	NU EP		Prosthetic sock, multiple ply, above knee, each	All	N	Purchase
L8435	NU EP		Prosthetic sock, multiple ply upper limb, each	All	N	Purchase
L8440	NU EP		Prosthetic shrinker, below knee, each	All	N	Purchase
L8460	NU EP		Prosthetic shrinker, above knee, each	All	N	Purchase
L8465	NU EP		Prosthetic shrinker, upper limb, each	All	N	Purchase
L8470	NU EP		Prosthetic sock, single ply, fitting below knee, each	All	N	Purchase
L8480	NU EP		Prosthetic sock, single ply fitting, above knee, each	All	N	Purchase
L8485	NU		Prosthetic sock, single ply, fitting, upper limb, each	21+	N	Purchase
L8499	NU EP		** (Unlisted Prosthetic Devices or Orthotic Appliances; the manufacturer's invoice must be attached to all claims.) Unlisted procedure for miscellaneous prosthetic services	All	Y	Manually Priced Manually Priced
L8500	NU EP		Artificial larynx, any type	All	N	Purchase

**Prosthetic Devices, All Ages (section 242.190)**

Procedure Code	M1	M2	Description	All U21 21+	PA 21+	Payment Method
L8501	NU EP		Tracheostomy speaking valve	All	N	Purchase
L8600	NU EP		Implantable breast prosthesis, silicone or equal	All	N	Manually Priced

**242.191 Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult**

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and older. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

Other coding information found in the chart:

- <sup>1</sup> The purchase of this wheelchair component for **beneficiaries** age 21 and older is limited to one per five-year period.
- <sup>2</sup> The purchase of this wheelchair component for **beneficiaries** under age 21 is limited to one per two-year period.
- \* The purchase of wheelchairs for **beneficiaries** age 21 and older is limited to one per five-year period.
- \*\* Bill only for **beneficiaries under age 21**.
- # This procedure code is payable for **beneficiaries** ages 2 through 20. Prior authorization is required through Utilization Review.
- \*\*\*\* Items listed require prior authorization (PA) when used in combination with other items listed and the total combined value exceeds the \$1,000.00 Medicaid maximum allowable reimbursement limit.
- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

Note: W/C or w/c indicates wheelchair.

⚠(...)  
⚠(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E0700	NU EP	U2 U2	⚠(Travel restraint auto safe harness, E-Z on vest, no known comparable product) Safety equipment, e.g., belt, harness or vest	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0705	NU EP		Transfer board or device, each	Y	Purchase
E0911	NU EP		Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	N	Purchase
E0950	NU EP	U7 U7	Wheelchair accessory, tray, each	N	Purchase
E0950	NU EP	U2 U2	** (ABS tray, 4-SM 5-LG) W/C accessory, tray, each	N****	Purchase
E0950	NU EP	U5 U5	** (Clear upper Ex support system) W/C accessory, tray, each	N****	Purchase
E0950	NU EP	U4 U4	** (Tray, customized) W/C accessory, tray, each	N	Purchase
E0950	NU EP		** (Tray for W/C) W/C accessory, tray, each	N	Purchase
E0950	NU EP UE	U7 U7	** (Removable Hinged Overlay for Tray) W/C accessory, tray, each	N****	Purchase
E0950	NU EP	U8 U8	** (Lap Tray for Switch Array) Wheelchair accessory, tray, each	Y	Purchase
E0950	NU EP	U6 U6	** (Lap Tray Switch Array) Wheelchair accessory, tray, each	N****	Purchase
E0950	NU EP	U3 U3	** (W/C Tray, Custom) W/C accessory, tray, each	N****	Purchase
E0951	NU EP		Heel loop/holder, with or without ankle strap, each	N****	Purchase
E0952	NU EP		Toe loop/holder, each	N****	Purchase
E0953	NU EP		** (8" x 2" for manual W/C, each, replacement) Pneumatic tire, each	N	Purchase
E0954	NU EP		Semi-pneumatic caster, each	N****	Purchase
E0955	NU EP		W/C accessory, headrest, cushioned, prefabricated, w/fixed mounting hardware, each	N	Purchase
E0956	NU EP		** (Trunk supports for any W/C, other than travel, with hardware) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0956	NU EP	U1 U1	** (Lateral trunk supports, swing away, ea.) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0956	NU EP	U2 U2	** (Med. Chest Panel Support) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0956	NU EP	U3 U3	** (Chest/Thoracic Supports) W/C accessory, lateral trunk or hip support, prefabricated w/fixed mounting hardware, each	N****	Purchase
E0957	NU EP		W/C accessory, medial thigh support, prefabricated, w/fixed mounting hardware, each	N	Purchase
E0958	NU EP		Manual W/C accessory, one-arm drive attachment, each	N****	Purchase
E0959	NU EP	U1 U1	Manual W/C accessory, adapter for amputee, each	N	Purchase
E0959	NU EP		** (Amputee adapters for conventional chair, ea.) Manual W/C accessory, adapter for amputee, each	N****	Purchase
E0959	NU EP		** (Amputee axle plate for high performance manual W/C, ea.) Manual W/C accessory, adapter for amputee, each	N****	Purchase
E0960	NU EP		W/C accessory, shoulder harness/straps or chest strap including any type mounting hardware	N	Purchase
E0961	NU EP		Manual W/C accessory, wheel lock brake extension (handle), each	N****	Purchase
E0966	NU EP		** (Headrest/Fixture, O.B., 46-LG 45-SM) Manual W/C accessory, headrest extension, each	N****	Purchase
E0967	NU EP		** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each	N****	Purchase
E0967	NU EP	U1 U1	** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each	N****	Purchase
E0967	NU EP	U2 U2	** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each	N****	Purchase
E0967	NU EP	U3 U3	** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each	N****	Purchase
E0967	NU EP	U4 U4	** (Hand rim, any type) Manual W/C accessory, hand rim w/projections, any type, replacement only, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0970	NU EP		No. 2 footplates, except for elevating legrest	N****	Purchase
E0971	NU EP		Anti-tipping device W/C	N****	Purchase
E0973	NU EP		W/C accessory, adjustable height, detachable armrest, complete assembly, each	N****	Purchase
E0973	NU EP	U1 U1	** (Height Adj. Arms, replacement) W/C accessory, adjustable height, detachable armrest, complete assembly, each	N****	Purchase
E0974	NU EP		Manual W/C accessory, anti-rollback device, each	N****	Purchase
E0978	NU EP	U2	W/C accessory, safety belt/pelvic strap, each	N****	Purchase
E0978	NU EP	U1	** (Belt, safety or chest, w/pad) W/C accessory, safety belt/ pelvic strap, each	N**** N	Purchase
E0980	NU EP		** (Chest panel, 21-SM 22-LG) Safety vest, W/C	N****	Purchase
E0980	NU EP	U1 U1	** (Shoulder retractors) Safety vest, W/C	N****	Purchase
E0981	NU EP		W/C accessory, seat upholstery, replacement only, each	N	Purchase
E0982	NU EP	U1 U1	** (Standard back upholstery replacement) W/C accessory, back upholstery, replacement only, each	N****	Purchase
E0990	EP		** (Elevating foot, leg rest) W/C accessory, elevating leg rest, complete assembly, each	N****	Purchase
E0990	NU EP	U1 U1	** (Elevating Leg Rest 90 Degree, 12" - 16" Width) W/C accessory, elevating leg rest, complete assembly, each	N****	Purchase
E0992	NU EP		Manual w/c accessory, solid seat insert	N****	Purchase
E0992	NU EP	U3 U3	** (Foam & Plywood Seat, MPI Like) Manual w/c access, solid seat insert	N****	Purchase
E0992	NU EP	U2 U2	** (Foam and Plywood Flat Side) Manual w/c access, solid seat insert	N****	Purchase
E0992	NU EP	U4 U4	** (Adjustable solid standard seat w/hardware) Manual w/c accessory, solid seat insert	N****	Purchase
E0992	NU EP	U1 U1	** Manual w/c accessory, solid seat insert (Large adjustable solid seat w/hardware)	N****	Purchase



**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E0994	NU EP		Armrest, each	N****	Purchase
E1001	NU		Wheel, single	N	Manually Priced
E1002	NU EP		W/C accessory, power seating system, tilt only	Y	Purchase
E1002	NU EP		W/C accessory power seating system, tilt only	Y♦	Purchase
E1004	NU EP		W/C accessory, power seat system, recline only, w/mechanical shear reduction	Y	Purchase
E1004	NU EP		W/C accessory, power seating system, recline only, with mechanical shear reduction	Y♦	Purchase
E1006	NU EP		W/C accessory, power seating system, combination tilt and recline, w/o shear reduction	Y	Purchase
E1006	NU EP	U1 U1	** (Power tilt and recline system with zero sheer) W/C accessory, power seating system, combination tilt and recline, without mechanical shear reduction	Y♦	Purchase
E1010	NU EP		W/C accessory, addition to power seating system, power leg elevation system, including leg rest, each	Y	Purchase
E1019	NU EP		W/C accessory, power seating, heavy duty feature, patient weight capacity greater than 250 lbs, and less than or equal to 400 lbs	Y	Purchase
E1020	NU EP		** (Adjustable Contour Lateral Thigh Support) Residual limb support system for W/C	N****	Purchase
E1026	EP		** (Adjustable Contour Back, 10" - 12" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware)	N****	Purchase
E1026	EP	U1	** (Adjustable Contour Back, 14" - 16" Frame) Lateral thoracic support, contoured, for pediatric W/C, each (includes hardware)	N****	Purchase
E1029	NU EP		** (Ventilator Tray With Battery Tray) Wheelchair accessory, ventilator tray, fixed	Y	Purchase
E1030	NU EP		Wheelchair accessory, ventilator tray, gimbaled	Y	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E1050*	NU EP		Full reclining W/C, fixed full-length arms, swing-away, detachable elevating legrests	N****	Purchase
E1060*	NU EP		Full reclining W/C, detachable arms, desk or full-length, swing-away detachable, elevating legrests	Y♦	Purchase
E1065*	NU EP		Power attachment (to convert any W/C to motorized W/C, e.g., Solo)	Y♦	Purchase
E1070#			** (A maximum use of three months only) Fully reclining W/C, detachable arms, desk or full-length, swing-away, detachable footrests	Y	Rental only
E1084*	NU EP		Hemi-W/C; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests	N****	Purchase
E1086*	NU EP	U1 U1	Hemi W/C, detachable arms, desk or full-length, swing-away detachable footrests	Y♦	Purchase
E1086*	NU EP		Hemi W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1088*	NU EP		High strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1090	NU EP		High-strength lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1091**	EP	UB	Youth stroller	N****	Purchase
E1091	NU EP		Youth positioning stroller	N	Purchase
E1091	NU EP	U1 U1	Youth positioning stroller	N	Manually Priced
E1092*	NU EP		Wide, heavy-duty W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1093*	NU EP		Wide, heavy-duty W/C; detachable arms, desk or full-length arms, swing-away, detachable footrests	Y♦	Purchase
E1110*	NU EP		Semi-reclining W/C; detachable arms, desk or full-length, elevating legrest	Y♦	Purchase
E1161	NU EP		Manual adult size W/C, includes tilt in space	Y♦	Purchase
E1170*	NU EP		Amputee W/C; fixed full-length arms, swing-away, detachable, elevating legrests	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E1172*	NU EP		Amputee W/C; detachable arms, desk or full-length, without footrests or legrests	Y♦	Purchase
E1180*	NU EP		Amputee W/C; detachable arms, desk or full-length, swing-away, detachable footrests	Y♦	Purchase
E1200*	NU EP		Amputee W/C; fixed full-length arms, swing-away, detachable footrests	N**** ♦	Purchase
E1211*	NU EP		Motorized W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Y♦	Purchase
E1213*	NU EP		Motorized W/C; detachable arms, desk or full-length, swing-away, detachable footrests	Y♦	Purchase
E1220*	NU EP		W/C, specially sized or constructed (indicate brand name, model number, if any, and justification)	Y	Manually Priced
E1225	NU EP		** (Folding Backrest, 8 Degree Bend, Low, 15" - 16") Manual W/C accessory, semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	N****	Purchase
E1226*	NU EP		Manual w/c accessory, fully reclining back, each	Y	Purchase
E1228	NU EP	U2 U2	** (Positioning tall back) Special back height for W/C	N****	Purchase
E1228	NU EP		** (Folding Backrest, Tall, 19" - 20") Special back height for W/C	N****	Purchase
E1228	NU EP		** (Folding Straight Backrest, Low, (15" - 16") Special back height for W/C	N****	Purchase
E1228	NU EP		** (Folding Straight Backrest, Tall, 19" - 20") Special back height for W/C	N****	Purchase
E1228	NU EP	U1 U1	** (High back contour seat) Special back height for W/C	N****	Purchase
E1230*	NU EP		Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Y♦	Purchase
E1232*	EP		W/C, pediatric size, tilt-in-space, folding, adjustable, with seating system	Y♦	Purchase
E1233*	EP		W/C, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Y♦	Purchase
E1234*	EP		W/C, pediatric size, tilt-in-space, folding, adjustable, without seating system	Y♦	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E1235*	NU EP		W/C, pediatric size, rigid, adjustable, with seating system	Y♦	Purchase
E1235	NU EP		** (Snug Seat I Mobility System) W/C, pediatric size, rigid, adjustable, with seating system	Y♦	Purchase
E1235 <sup>1,2</sup>	EP	U1 U1	** (Rigid W/C Frame) W/C, pediatric size, rigid, adjustable with seating system	Y	Purchase
E1236	EP		Wheelchair, pediatric size, folding, adjustable, with seating system	Y	Purchase
E1237*	NU EP		W/C, pediatric size, rigid, adjustable, without seating system	Y♦	Purchase
E1238*	NU EP		W/C, pediatric size, folding, adjustable, without seating system	Y♦	Purchase
E1240*	NU EP		Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable, elevating legrest	Y♦	Purchase
E1260*	NU EP		Lightweight W/C; detachable arms, desk or full-length, swing-away, detachable footrests	N****	Purchase
E1280*	NU EP		Heavy-duty W/C; detachable arms, desk or full-length, elevating legrests	Y♦	Purchase
E1290*	NU EP		Heavy-duty W/C; detachable arms, swing-away, detachable footrests	Y♦	Purchase
E1340	NU EP	U1 U1	** (Labor Only; a maximum of twenty [20] units [20 units = 5 hours of labor] per date of service is allowable.) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	Y	Manually Priced
E1340	NU EP	U3 U3	** (Unlisted Repairs/Parts Only Wheelchairs; <b>applicable pages from the manufacturer's catalog must be attached to the claim form.</b> ) Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	N****	Manually Priced
E2201	NU EP	U3 U3	Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches	N****	Manually Priced
E2201	NU EP	U1 U1	** (Frame Width 14"-15") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and <24 inches	N****	Manually Priced (21+)  Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E2201	NU	U2	**(Frame Width 19"-20") Manual w/c accessory, nonstandard seat frame width>than or equal to 20 inches and <24 inches	N****	Manually Priced (21+)
	EP	U2			Purchase
E2201	NU		**(Seat Width 20") Manual w/c accessory, nonstandard seat frame width > than or equal to 20 inches and < 24 inches	N****	Manually Priced
	EP				Purchase
E2203	NU	U4	Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N	Manually Priced
	EP	U4			Purchase
E2203	NU	U2	**(Frame, Long; 16", 17"3, 18", 19"3, 20" Depth) Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced (21+)
	EP	U2			Purchase
E2203	NU	U3	**(Seat Depth 19" - 20") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP	U3			Purchase
E2203	NU		**(Seat Depth 15") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP				Purchase
E2203	NU	U1	**(Seat Depth 17" - 18") Manual w/c accessory, nonstandard seat frame depth, 20 to less than 22 inches	N****	Manually Priced
	EP	U1			Purchase
E2206	NU		Manual wheelchair accessory, wheel lock assembly, complete, each	N	Purchase
	EP				
E2207	NU		Wheelchair accessory, crutch and cane holder, each	N****	Purchase
	EP				
E2208	NU		Wheelchair accessory, cylinder tank carrier, each	N	Purchase
	EP				
E2209	NU		Wheelchair accessory, arm trough, each	N	Purchase
	EP				
E2210	NU		Wheelchair accessory, bearings, any type, replacement only, each	N	Purchase
	EP				
E2211	NU		Manual wheelchair accessory, pneumatic propulsion tire, any size, each	N	Purchase
	EP				
E2212	NU		Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	N	Purchase
	EP				
E2213	NU		Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	N	Purchase
	EP				

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E2214	NU EP		Manual wheelchair accessory, pneumatic caster tire, any size, each	N	Purchase
E2215	NU EP		Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	N	Purchase
E2220	NU EP		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	N	Purchase
E2221	NU EP		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	N	Purchase
E2226	NU EP		Manual wheelchair accessory, caster fork, any size, replacement only, each	N	Purchase
E2291	EP		Back, planar, for pediatric-size wheelchair, including fixed attaching hardware	N	Manually Priced
E2292	EP		Seat, planar, for pediatric-size wheelchair, including fixed attaching hardware	N	Manually Priced
E2293	EP		Back, contoured, for pediatric-size wheelchair, including fixed attaching hardware	N	Manually Priced
E2294	EP		Seat, contoured, for pediatric-size wheelchair, including fixed attaching hardware	N	Manually Priced
E2310	NU EP		Power w/c accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Y	Purchase
E2311	NU EP		Power w/c accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Y	Purchase
E2320	NU EP		Power w/c accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware	Y	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E2322	NU EP		Power w/c accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Y	Purchase
E2323	NU EP		Power w/c accessory, specialty joystick handle for hand control interface, prefabricated	N	Purchase
E2324	NU EP		Power w/c accessory, chin cup for chin control interface	N	Purchase
E2325	NU EP		Power w/c accessory, sip & puff interface nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Y	Purchase
E2326	NU EP		Power w/c accessory, breath tube kit for sip & puff interface	Y	Purchase
E2327	NU EP		Power w/c accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Y	Purchase
E2360	NU EP		Power w/c accessory, 22 NF non-sealed lead acid battery, each	N	Purchase
E2361	NU EP		Power w/c accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	N	Purchase
E2362	NU EP		Power wheelchair accessory, group 24 non-sealed lead acid battery, each	N	Purchase
E2363	EP		** (Group 24 Gel Batteries) Power W/C accessory, group 24 sealed lead acid battery, each, e.g., gel cell, absorbed glassmat	N****	Purchase
E2363	NU EP		Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	Purchase
E2363	NU EP	U1 U1	Power w/c accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	N	Purchase
E2364	NU EP		Power wheelchair accessory, U-1 non-sealed lead acid battery, each	N	Purchase
E2365	NU EP		** (U-1 gel cell battery, each) Power wheelchair accessory, U-1 sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	N	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E2365	NU EP		Power w/c accessory, U-1 sealed lead acid battery, each, gel cell	N	Purchase
E2365	NU EP	U1 U1	Power w/c accessory, U-1 sealed lead acid battery, each, gel cell	N	Purchase
E2366	NU EP		** (24-Volt Battery Charger - Standard, Replacement) Power w/c accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	N	Purchase
E2367	NU EP		** (24-Volt Battery Charger - Dual Mode, Replacement) Power w/c accessory, battery charger, dual mode, sealed or non-sealed, each	N	Purchase
E2368	NU EP		Power wheelchair component, motor, replacement only	N	Purchase
E2369	NU EP		Power wheelchair component, gear box, replacement only	N	Purchase
E2372	NU EP		Power wheelchair accessory, group 27 non-sealed lead acid battery, each	N	Purchase
E2601	NU EP UE		General use wheelchair seat cushion, width less than 22 in., any depth	N	Purchase
E2602	NU EP UE		General use wheelchair seat cushion, width 22 in. or greater, any depth	N	Purchase
E2611	NU EP UE		General use wheelchair back cushion, width less than 22 in., any height, including any type mounting hardware	N	Purchase
E2612	NU EP UE		General use wheelchair back cushion, width 22 in. or greater, any height, including any type mounting hardware	N	Purchase
E2618	NU EP		Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, including any type mounting hardware	N	Manually Priced
E2619	NU EP		Replacement cover for wheelchair seat cushion or back cushion, each	N	Purchase
E2620	NU		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in., any height, including any type mounting hardware	N****	Purchase



**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
E2621	NU		Positioning wheelchair back cushion, planar back with lateral supports, width 22 in. or greater, any height, including any type mounting hardware	N****	Purchase
K0004	NU EP		High-strength lightweight wheelchair	Y****	Purchase
K0005*	NU EP		** (High-performance manual W/C-adult) Ultralightweight W/C	Y♦	Purchase
K0005*	NU EP	U1 U1	** (High-performance manual W/C with growth adjustability-child) Ultralightweight W/C	Y♦	Purchase
K0010	NU EP		** (Motorized, standard frame, DA, swing away footrests) Standard weight frame motorized/power W/C	Y♦	Purchase
K0010	NU EP	U1 U1	** (Motorized, standard frame, DA, swing away ELR) Standard weight frame motorized/power W/C	Y♦	Purchase
K0011	NU EP		** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Y♦	Purchase
K0011	NU EP	U1 U1	** (Motorized, power base or conventional frame w/c DA/swing away footrests, programmable electronics and custom options) Standard-weight frame motorized/power, W/C with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Y♦	Purchase
K0012	NU EP		** (Motorized folding frame, DA, swing away footrests) Lightweight portable motorized/power W/C	Y♦	Purchase
K0012	NU EP	U1 U1	** (Motorized folding frame, DA, swing away ELR) Lightweight portable motorized/power W/C	Y♦	Purchase
K0014 <sup>1,2</sup>	NU EP	U1 U1	** (Center Drive power base) Other motorized/ power W/C base	Y	Purchase
K0017	NU EP	U1 U1	** (Dual post and adjustable height DA) Detachable, adjustable height armrest, base, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
K0017	NU EP		** (Receiver for height adj. arms, replacement) Detachable, adjustable height armrest, base, each	N****	Purchase
K0019	NU EP		Arm pad, each	N	Purchase
K0020	NU EP		Fixed, adjustable height armrest, pair	N****	Purchase
K0038	NU EP		** (Single leg strap, each) Leg strap, each	N****	Purchase
K0038	NU EP	U2 U2	** (Foot straps, pair) Leg strap, each	N****	Purchase
K0038**	EP	U1	** (Knee strap) Leg strap, each	N	Purchase
K0039	NU EP		Leg strap, H style, each	N****	Purchase
K0040	NU EP		Adjustable angle footplate, each	N****	Purchase
K0043	NU EP		** (SWFR, replacement) Footrest, lower extension tube, each	N	Purchase
K0044	NU EP		** (SWFR Hanger bracket, replacement) Footrest, upper hanger bracket, each	N****	Purchase
K0045	NU EP		** (Padded custom foot box) Footrest, complete assembly	N****	Purchase
K0047	NU EP		Elevating legrest, upper hanger bracket, each	N****	Purchase
K0056	NU EP		Seat height less than 17 inches or equal to or greater than 21 inches for a high-strength, lightweight, or ultralightweight W/C	N****	Manually Priced
K0056	NU EP	U1 U1	** (Seat height 19.5"5) Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight or ultralightweight W/C	N****	Purchase
K0065	NU EP		Spoke protectors, each	N****	Purchase
K0070	NU EP		** (Wheel assembly, complete with pneumatic tires, 20"/22"/24"/26"/ea. replacement) Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	N****	Purchase
K0071	NU EP	U1 U1	** (Wheel assembly with pneumatic tires, 22", pair, rear wheels) Front caster assembly, complete, with pneumatic tire, each	N****	Purchase

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
K0071	NU EP		** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with pneumatic tire, each	N****	Purchase
K0072	NU EP		** (Polyurethane casters, 5", pair, front casters) Front caster assembly, complete, with semipneumatic tire, each	N****	Purchase
K0073	NU EP		Caster pin lock, each	N****	Purchase
K0077	NU EP		Front caster assembly, complete, with solid tire, each	N	Purchase
K0091	NU EP	U1 U1	** (20" x 2 1/8" tubes for power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each	N	Purchase
K0091	NU EP		** (10" x 3" Rear Wheel Caster Tube for Power W/C, ea., replacement) Rear wheel tire tube other than zero pressure for power W/C, any size, each	N	Purchase
K0092	NU EP		Rear wheel assembly for power wheelchair, complete, each	N	Purchase
K0093	NU EP		** (Zero pressure insert for rear wheel for power w/c, ea.) Rear wheel zero pressure tire tube (flat free insert) for power W/C any size, each	N****	Purchase
K0093	NU EP	U1 U1	** (Mag. Airless Insert, Drive Wheel) Rear wheel zero pressure tire tube (flat free insert) for power W/C, any size, each	N****	Purchase
K0094	NU EP		** (20" x 2 1/8" replacement) Wheel tire for power base, any size, each	N	Purchase
K0097	NU EP		Wheel, zero pressure tire tube (flat free insert) for power base, any size, each	N****	Purchase
K0099	NU EP		** (9 x 2 3/4" foam filled caster for power base W/C) Front caster for power W/C	N****	Purchase
K0108	NU EP		** (W/C miscellaneous equipment; <b>applicable pages from the manufacturer's catalog must be attached to the claim form.</b> ) Other accessories	N****	Manually Priced
K0195	NU EP		Elevating legrest, pair (for use with capped rental wheelchair base)	N	Rental Only
S1002	NU EP		** (Wheelchair, custom molded seating system only) Customized item, list in addition to code for basic item	N****	Manually Priced

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals  
Age Two Through Adult (section 242.191)**

Procedure Code	M1	M2	Description	PA	Payment Method
S1002	NU EP	U1 U1	** (Foam-in-place seat, Pindot quick foam contour system) Customized item, list in addition to code for basic item	N****	Manually Priced

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult (section 242.191)**

No National Code	M1	M2	Local Code	Description	PA	Payment Method
Bill on paper	NU EP		Z1613	One-piece footboard (each)	N****	Purchase
Bill on paper	NU EP		Z1785	W/C Mounting Kit, O.B.	N****	Purchase
Bill on paper	NU EP		Z1789	Custom Headrest	N****	Purchase
Bill on paper	NU EP		Z1793	Custom foot platform	N****	Purchase
Bill on paper	EP		Z1824**	PC Car Seat/Snug Seat	Y	Purchase
Bill on paper	NU EP		Z2137	Adjustable Rem. Abductor w/hardware (ea)	N****	Purchase
Bill on paper	NU EP		Z2138	Adjustable Flip Down Abductor w/hardware (ea)	N****	Purchase
Bill on paper	NU EP		Z2139	Lateral Hip/Thigh support w/hardware (ea)	N****	Purchase
Bill on paper	NU EP		Z2140	Adductor - no hardware	N****	Purchase
Bill on paper	NU EP		Z2141	Abductor - no hardware	N****	Purchase
Bill on paper	NU EP		Z2142	Hip guides - no hardware	N	Purchase
Bill on paper	NU EP		Z2143	Fluid supplement	N	Purchase
Bill on paper	NU EP		Z2145	Laterals - no hardware	N****	Purchase
Bill on paper	NU		Z2158	Air Exchange Seat Cover for Cushions (Replacement)	N	Purchase
Bill on paper	NU EP		Z2159	Fluid Flo-lite pad (Replacement)	N	Purchase

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult (section 242.191)**

No	National Code	M1	M2	Local Code	Description	PA	Payment Method
	Bill on paper	NU EP		Z2175	Power W/C Sleeve Top or Bottom Stem Bearing (Replacement)	N****	Purchase
	Bill on paper	NU EP		Z2178	SWFR Pivot Saddle (Replacement)	N	Purchase
	Bill on paper	NU EP		Z2180	SWFR Latch Block (Replacement)	N	Purchase
	Bill on paper	NU EP		Z2181	SWFR Composite Foot Plate (Replacement)	N****	Purchase
	Bill on paper	NU EP		Z2183	Shoe Holders S/M/L/XL	N****	Purchase
	Bill on paper	NU EP		Z2184	X-Tube Assembly Folding W/C (Replacement)	N****	Purchase
	Bill on paper	NU EP		Z2185	Rigid Wheelchair Growth Kit	N	Purchase
	Bill on paper	NU EP		Z2186	Rigid Side Guard	N****	Purchase
	Bill on paper	NU EP		Z2187	Fabric Side Guard	N****	Purchase
	Bill on paper	NU EP		Z2188	Sub Occipital Three Piece Head Set W/REM Hardware	N****	Purchase
	Bill on paper	NU EP		Z2189	Forehead Strap System	N****	Purchase
	Bill on paper	NU EP		Z2190	Regular Links	N****	Purchase
	Bill on paper	NU EP		Z2192	Pneumatic or Semi Casters (Replacement) 8 x 1 1/4 (ea) or 8 x 1 3/4 (ea)	N****	Purchase
	Bill on paper	NU EP		Z2196	Swing Away Adj. Stroller Handles	N****	Purchase
	Bill on paper	NU EP		Z2200	Support Fixture for Head Rest	N****	Purchase
	Bill on paper	NU EP		Z2202	Lg. Chest Panel Support	N****	Purchase
	Bill on paper	NU EP		Z2203	Elbow Block w/Bracket	N****	Purchase
	Bill on paper	NU EP		Z2554	Swing Away Retractable Joystick Mount	N****	Purchase
	Bill on paper	NU EP		Z2582	Quick Release Axle	N****	Purchase

The following procedure codes may only be billed on paper.

**Specialized Wheelchairs and Wheelchair Seating Systems for Individuals Age Two Through Adult (section 242.191)**

No	National Code	M1	M2	Local Code	Description	PA	Payment Method
	Bill on paper	NU EP		Z2585	Growing Seat Pan	N****	Purchase
	Bill on paper	NU EP		Z2586	Growing Back Upholstery	N****	Purchase
	Bill on paper	NU EP		Z2588	Deep Contour Back 20" Width	N****	Purchase
	Bill on paper	NU EP		Z2589	Adjustable Contour Lateral Pelvic Support	N****	Purchase
	Bill on paper	NU EP		Z2591 <sup>1</sup>	Heavy Duty Motor Pack 350 Pounds	N	Purchase
	Bill on paper	NU EP		Z2592	Remote Joystick Module	N****	Purchase
	Bill on paper	NU EP		Z2596	Adjustable Contour Seat Attaching Hardware	N****	Purchase
	Bill on paper	NU EP		Z2599	Transit Option	N****	Purchase
	Bill on paper	NU EP		Z2604	Adjustable Back Upholstery	N****	Purchase
	Bill on paper	NU EP		Z2607	Lateral/Posterior Pelvic Support	N****	Purchase
	Bill on paper	NU EP		Z2608	Shoulder Harness Guide Kit	N****	Purchase
	Bill on paper	NU EP		Z2609	Universal Head Rest Kit	N****	Purchase
	Bill on paper	NU EP		Z2615	Remote Joystick With 1/8" Jacks	N****	Purchase
	Bill on paper	NU EP		Z2616	Swing Away Mount (Joystick)	N****	Purchase

**242.192 Specialized Rehabilitative Equipment, All Ages**

7-1-07

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

\*\* Indicates that providers may bill only for individuals under age 21.

- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

✱(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

### Specialized Rehabilitative Equipment, All Ages (section 242.192)

Procedure Code	M1	M2	Description	PA	Payment Method
E0149	NU EP		✱(4 Wheel Reverse Walker) Walker, heavy duty, wheeled, rigid or folding, any type	N	Purchase
E0163	EP		✱(Potty Chair - Sm) Commode chair, stationary, with fixed arms	Y	Purchase
E0166	EP	U1	✱(Potty Chair - Lg) Commode chair, mobile, with detachable arms	Y	Purchase
E0168	NU	U1	✱(Rehab Shower/Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Y◆	Purchase
E0168	EP		✱(Rehab Shower/Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Y◆	Purchase
E0168	NU		✱(Adaptive Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	N	Purchase
E0168	EP	UB	✱(Adaptive Commode Chair) Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	N	Purchase
E0241	NU EP		✱(Bolt-on Sm. Grab Bar) Bathroom wall rail, each	N	Purchase
E0241	NU EP	U1 U1	✱(Bolt-on Lg. Grab Bar) Bathroom wall rail, each	N	Purchase
E0241	NU EP	U2 U2	✱(Bolt-on Med. Grab Bar) Bathroom wall rail, each	N	Purchase
E0245	NU EP	U3 U3	✱(30" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U4 U4	✱(38" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U5 U5	✱(47" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U6 U6	✱(56" Bath Chair) Tub stool or bench	N	Purchase
E0245	NU EP	U2 U2	✱(Padded Tub Transfer Bench) Tub stool or bench	N	Purchase

**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E0245	NU EP	UB UB	** (Non-padded tub transfer bench) Tub stool or bench	N	Purchase
E0245	NU EP		** (Adj. Bath Chair w/Back) Tub stool or bench	N	Purchase
E0246	NU EP		** (Clamp-on Tub Grab Bar) Transfer tub rail attachment	N	Purchase
E0638	NU EP		Standing frame system, any size, with or without wheels	Y	Purchase
E0638	EP EP	U1 U2	Standing frame system, any size, with or without wheels	Y	Purchase
E0700	NU EP		** (Chin Guard for Safety Helmet, sm) Safety equipment, e.g., belt, harness or vest	N	Purchase
E0701	NU EP		** (Soft Shell Helmets) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0701	NU EP	U1	** (Hard Shell Helmets) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0701	NU EP	U2 U2	** (Face guard for safety helmet) Helmet with face guard and soft interface material, prefabricated	N	Purchase
E0950	NU EP	U1 U1	** (Tray for gait trainer) Wheelchair accessory, tray, each	N	Purchase
E1031**	EP	U5	** (Low Back Activity Chair) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP		** (Transition Toddler Chair - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP		** (Transition Toddler Chair - Lg.) Rollabout chair, any and all types with casters five inches or greater	Y	Purchase
E1031**	EP	U1	** (Corner Chair w/Tray & Casters - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP	U3	** (Corner Chair w/Tray & Casters - Lg.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1031**	EP	U4	** (Bolster Chair w/Tray, Chest Support & Casters - Sm.) Rollabout chair, any and all types with casters five inches or greater	N	Purchase
E1035**	EP		** (Carrie Seat - Pre School) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase



**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

<b>Procedure Code</b>	<b>M1</b>	<b>M2</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
E1035**	EP	U1	** (Carrie Seat - Elementary) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase
E1035**	EP	U2	** (Carrie Seat - Jr.) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y	Purchase
E1035	NU EP	U3 U3	** (Carrie Seat - Sm. Adult) Multi-positional patient transfer system, with integrated seat, operated by care giver	Y♦	Purchase
E8000	EP		** (14") Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8000	EP	U1	** (19") Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8000	EP	U2	** (Intermediate) Gait trainer, pediatric size, posterior support, includes all accessories and components	Y	Purchase
E8001	EP		** (14") Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8001	EP	U1	** (19") Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8001	EP	U2	** (Intermediate) Gait trainer, pediatric size, upright support, includes all accessories and components	Y	Purchase
E8002	EP		** (14") Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase
E8002	EP	U1	** (19") Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase
E8002	EP	U2	** (Intermediate) Gait trainer, pediatric size, anterior support, includes all accessories and components	Y	Purchase

The following list of codes may only be billed on paper.

**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

<b>No National Code</b>	<b>M1</b>	<b>M2</b>	<b>Local Code</b>	<b>Description</b>	<b>PA</b>	<b>Payment Method</b>
Bill on paper	NU EP		Z1996	Sm. 51" Supine Stander	Y♦	Purchase

The following list of codes may only be billed on paper.

**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

No National Code	M1	M 2	Local Code	Description	PA	Payment Method
Bill on paper	NU EP		Z1997	Lg. 71" Supine Stander	Y♦	Purchase
Bill on paper	EP		Z1998**	27" Prone Stander	Y	Purchase
Bill on paper	EP		Z1999**	35" Prone Stander	Y	Purchase
Bill on paper	EP		Z2000**	42" Prone Stander	Y♦	Purchase
Bill on paper	NU EP		Z2001	50" Prone Stander	Y♦	Purchase
Bill on paper	NU EP		Z2002	Adj. Abduction Wedge w/hip stabilizer	N	Purchase
Bill on paper	NU EP		Z2003	Tray for Stander-Prone	N	Purchase
Bill on paper	NU EP		Z2004	Tray for Stander-Supine	N	Purchase
Bill on paper	NU EP		Z2005	Foot Sandals for Standers	N	Purchase
Bill on paper	EP		Z2006**	Up Rite Stander - Sm.	Y	Purchase
Bill on paper	EP		Z2007**	Up Rite Stander - Med.	Y	Purchase
Bill on paper	NU EP		Z2008	Up Rite Stander - Lg.	Y	Purchase
Bill on paper	NU EP		Z2009	Caster Base for Up Rite Stander - Sm.	N	Purchase
Bill on paper	NU EP		Z2010	Caster Base for Up Rite Stander - Med.	N	Purchase
Bill on paper	NU EP		Z2011	Caster Base for Up Rite Stander - Lg.	N	Purchase
Bill on paper	EP		Z2012**	Tumble Form Tri Stander w/Tray - Sm.	Y♦	Purchase
Bill on paper	EP		Z2013**	Tumble Form Tri Stander w/Tray - Lg.	Y♦	Purchase
Bill on paper	EP		Z2015**	48" Side Lyer	N	Purchase

The following list of codes may only be billed on paper.

**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

No National Code	M1	M 2	Local Code	Description	PA	Payment Method
Bill on paper	EP		Z2016**	72" Side Lyer	N	Purchase
Bill on paper	EP		Z2017**	Tumble Form Feeder Seat - Sm.	N	Purchase
Bill on paper	NU EP		Z2018**	Tumble Form Feeder Seat - Med.	N	Purchase
Bill on paper	EP		Z2019**	Tumble Form Feeder Seat - Lg.	N	Purchase
Bill on paper	EP		Z2021**	Mobile Floor Sitter Med/Lg.	N	Purchase
Bill on paper	EP		Z2038**	Therapy Ball - Sm.	N	Purchase
Bill on paper	EP		Z2039**	Therapy Ball - Med.	N	Purchase
Bill on paper	EP		Z2040**	Therapy Ball - Lg.	N	Purchase
Bill on paper	EP		Z2043**	Seat & Back Pad for Toddler Chairs	Y	Purchase
Bill on paper	EP		Z2044**	Tray for Toddler Chair	Y	Purchase
Bill on paper	EP		Z2045**	14" T&S High Back w/Support Activity Chair	Y	Purchase
Bill on paper	EP		Z2046**	16" T&S High Back w/Support Activity Chair	Y	Purchase
Bill on paper	NU EP		Z2047	Orthopedic Car Seat	Y	Purchase
Bill on paper	NU EP		Z2072	Lg. Wrap Around Bath Support	N	Purchase
Bill on paper	NU EP		Z2073	Sm. Wrap Around Back Support	N	Purchase
Bill on paper	NU EP		Z2074	Lg. Toilet Support w/Hi Back	N	Purchase
Bill on paper	NU EP		Z2075	Sm. Toilet Support w/Hi Back	N	Purchase
Bill on paper	NU EP		Z2077	Flexible Shower Hose	N	Purchase
Bill on paper	NU EP		Z2089	Toilet Seat Reducer Ring (Padded)	N	Purchase

The following list of codes may only be billed on paper.

**Specialized Rehabilitative Equipment, All Ages (section 242.192)**

No National Code	M1	M 2	Local Code	Description	PA	Payment Method
Bill on paper	NU EP		Z2093	Adult Gait Trainer	Y♦	Purchase
Bill on paper	EP		Z2094**	Tyke Strider Walker w/2 Wheels	N	Purchase
Bill on paper	EP		Z2095**	Tweener Strider Walker w/2 Wheels	N	Purchase
Bill on paper	EP		Z2096**	Middle Strider Walker w/2 Wheels	N	Purchase
Bill on paper	NU EP		Z2097	Adult Strider Walker w/2 Wheels	N	Purchase
Bill on paper	NU EP		Z2099	4 Wheel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2100	4 Wheel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2101	4 Wheel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2102	4 Wheel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2104	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2105	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2106	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2107	4 Wheel Front Swivel Reverse Walker	N	Purchase
Bill on paper	NU EP		Z2239	Bath Chair Headrest	N	Purchase
Bill on paper	NU EP		Z2605	Diverter Valve for Handheld Shower	N	Purchase

**242.193**

**Augmentative Communication Device, All Ages**

7-1-07

The augmentative communication device must be billed using the procedure code assigned to each component. The specific components will be reimbursed, as needed, for the procedure codes listed below and will count toward the lifetime limit of \$7,500 per beneficiary.

Procedure codes found in this section must be billed either electronically or on paper with modifier **EP** for beneficiaries under 21 years of age or modifier **NU** for beneficiaries age 21 and over. When a second modifier is listed, that modifier must be used in conjunction with either **EP** or **NU**.

Modifiers in this section are indicated by the headings M1 and M2. Prior authorization requirements are shown under the heading PA. If prior authorization is needed, that information is indicated with a "Y" in the column; if not, an "N" is shown.

**NOTE: Attach a manufacturer's invoice to the claim and indicate the item or parts billed on the invoice. A description and the amount billed for each item must be attached to the claim. If more than one item is billed under a procedure code, the description and billed amount of each item must be listed separately under each procedure code and attached to the claim. The total billed for each procedure code should be reflected in field 24F.**

- ◆ Prior authorization is not required when other insurance pays at least 50% of the Medicaid maximum allowable reimbursement amount.

⚡(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product.

#### Augmentative Communication Device, All Ages (section 242.193)

Procedure Code	M1	M2	PA	Description	Payment Method
E2500	NU EP		Y◆	⚡(Light Technology Communication Aids - communication aids that do not have the memory component to store the information. They are often used in conjunction with higher tech devices as part of a multi-modal communication system.) Speech-generating device, digitized speech, using pre-recorded messages less than or equal to 8 minutes recording time	Purchase
E2502	NU EP		Y◆	⚡(Simple Voice Output Device - simple devices with limited storage capacity and voice output only.) Speech-generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Purchase
E2504	NU EP		Y◆	⚡(Simple Voice Output Device - simple devices with limited storage capacity and voice output only) Speech-generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Purchase
E2506	NU EP		Y◆	⚡(Simple Voice Output Device - simple devices with limited storage capacity and voice output only) Speech-generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time.	Purchase

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**Augmentative Communication Device, All Ages (section 242.193)**


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Procedure Code	M1	M2	PA	Description	Payment Method
E2508	NU EP		Y♦	** (More Advanced Voice Output Communication Aids - offer more storage capacity and often have other output methods in addition to voice output; e.g., LED display) Speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Purchase
E2510	NU EP		Y♦	** (Higher Technology Voice Output Communication Aids - offer greater memory capabilities, various types of output, computer interface options, etc.) Speech-generating device synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Purchase
E2510	NU EP		Y♦	** (State-of-the-Art Voice Output Communication Aids - represents state-of-the-art communication aid technology. Have extensive memory capabilities, various output methods, computer interface options; offer a variety of input methods in a single device and advanced functions such as auditory scanning, icon and word prediction, etc.) Speech-generating device synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Purchase
E2511	NU EP		Y♦	** (Software - often recommended for augmentative communication device. Software may change as the child matures.) Speech-generating software program, for personal computer or personal digital assistant	Purchase
E2512	NU EP		Y	Accessory for speech generating device, mounting system	Manually Priced
E2599	NU EP		Y♦	** (Switches - used with training aids and augmentative communication devices as a means of access) Accessory for speech generating device, not otherwise classified	Manually Priced
V5336	NU EP		Y	** (Augmentative Communication Device Repair - <b>parts only</b> ) Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	N/A
V5336	NU EP		Y	** (Augmentative Communication Device Repair - <b>labor only</b> ) Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	N/A

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**Note:** When repair charges for both parts and labor of the ACD is provided and/or billed on the same date of service, only one detail (parts only or labor only) of procedure code V5336 may be billed per beneficiary per date of service. Information must be specified on the paper claim to clarify the charges billed by the provider. Parts and labor charges must be itemized by narrative and documentation.

- A. The charge for parts must be clearly documented. A manufacturer's invoice for the parts must be attached.
- B. The labor charge and the time represented by the labor charge must be clearly documented.

**242.200 National Place of Service and Modifier Codes**

7-1-07

Electronic and paper claims require the same national place of service (POS) code.

Place of Service	POS Codes
Inpatient Hospital	21
Outpatient Hospital	22
Doctor's Office	11
Patient's Home	12
Day Care Facility	52
Night Care Facility	52
Nursing Facility	32
Skilled Nursing Facility	31
Ambulance	41
Other Locations	99
Independent Laboratory	81
Ambulatory Surgical Center	24
Residential Treatment Center	56
Specialized Treatment Facility	56
Comprehensive Outpatient Rehabilitative Facility	62
Independent Kidney Disease Treatment Center	65
Inpatient Psychiatric Facility	51

**Modifiers**

EP-Service provided as part of EPSDT Program

KH-Durable Medical Equipment (DME) item, initial claim, first month's rental

NU-New Equipment

RR-Durable Medical Equipment (DME) Rental

U1-Medicaid Level of Care 1 (defined by state)

**Modifiers**

U2-Medicaid level of Care 2 (defined by state)

U3-Medicaid level of care 3 (defined by state)

U4-Medicaid level of care 4 (defined by state)

U5-Medicaid level of care 5 (defined by state)

UE-Used durable medical equipment (DME)

52-Reduced Services

**242.300 Billing Instructions - Paper Only**

7-1-07

EDS offers providers several options for electronic billing. Therefore, claims submitted on paper are lower priority and are paid once a month. The only claims exempt from this rule are those that require attachments or manual pricing.

Bill Medicaid for professional services with form CMS-1500. The numbered items in the following instructions correspond to the numbered fields on the claim form. [View a sample form CMS-1500.](#)

Carefully follow these instructions to help EDS efficiently process claims. Accuracy, completeness, and clarity are essential. Claims cannot be processed if necessary information is omitted.

Forward completed claim forms to the EDS Claims Department. [View or print the EDS Claims Department contact information.](#)

**NOTE: A provider delivering services without verifying beneficiary eligibility for each date of service does so at the risk of not being reimbursed for the services.**

**242.310 Completion of CMS-1500 Claim Form**

7-1-07

Field Name and Number	Instructions for Completion
1. (type of coverage)	Not required.
1a. INSURED'S I.D. NUMBER (For Program in Item 1)	Beneficiary's or participant's 10-digit Medicaid or ARKids First-A or ARKids First-B identification number.
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Beneficiary's or participant's last name and first name.
3. PATIENT'S BIRTH DATE	Beneficiary's or participant's date of birth as given on the individual's Medicaid or ARKids First-A or ARKids First-B identification card. Format: MM/DD/YY.
SEX	Check M for male or F for female.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Required if insurance affects this claim. Insured's last name, first name, and middle initial.
5. PATIENT'S ADDRESS (No., Street)	Optional. Beneficiary's or participant's complete mailing address (street address or post office box).
CITY	Name of the city in which the beneficiary or participant resides.



Field Name and Number	Instructions for Completion
STATE	Two-letter postal code for the state in which the beneficiary or participant resides.
ZIP CODE	Five-digit zip code; nine digits for post office box.
TELEPHONE (Include Area Code)	The beneficiary's or participant's telephone number or the number of a reliable message/contact/ emergency telephone.
6. PATIENT RELATIONSHIP TO INSURED	If insurance affects this claim, check the box indicating the patient's relationship to the insured.
7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	Required if insured's address is different from the patient's address.
8. PATIENT STATUS	Not required.
9. OTHER INSURED'S NAME (Last name, First Name, Middle Initial)	If patient has other insurance coverage as indicated in Field 11d, the other insured's last name, first name, and middle initial.
a. OTHER INSURED'S POLICY OR GROUP NUMBER	Policy and/or group number of the insured individual.
b. OTHER INSURED'S DATE OF BIRTH SEX	Not required. Not required.
c. EMPLOYER'S NAME OR SCHOOL NAME	Required when items 9 a-d are required. Name of the insured individual's employer and/or school.
d. INSURANCE PLAN NAME OR PROGRAM NAME	Name of the insurance company.
10. IS PATIENT'S CONDITION RELATED TO:	
a. EMPLOYMENT? (Current or Previous)	Check YES or NO.
b. AUTO ACCIDENT? PLACE (State)	Required when an auto accident is related to the services. Check YES or NO. If 10b is YES, the two-letter postal abbreviation for the state in which the automobile accident took place.
c. OTHER ACCIDENT?	Required when an accident other than automobile is related to the services. Check YES or NO.
10d. RESERVED FOR LOCAL USE	Not used.

Field Name and Number	Instructions for Completion
11. INSURED'S POLICY GROUP OR FECA NUMBER	Not required when Medicaid is the only payer.
a. INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
b. EMPLOYER'S NAME OR SCHOOL NAME	Not required.
c. INSURANCE PLAN NAME OR PROGRAM NAME	Not required.
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	When private or other insurance may or will cover any of the services, check YES and complete items 9a through 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	Required when services furnished are related to an accident, whether the accident is recent or in the past. Date of the accident.
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE	Not required.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Not required.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Primary Care Physician (PCP) referral is not required for prosthetics. If services are the result of a Child Health Services (EPSDT) screening/ referral, enter the referral source, including name and title.
17a. (blank)	The 9-digit Arkansas Medicaid provider ID number of the referring physician.
17b. NPI	Not required.
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	When the serving/billing provider's services charged on this claim are related to a beneficiary's or participant's inpatient hospitalization, enter the individual's admission and discharge dates. Format: MM/DD/YY.
19. RESERVED FOR LOCAL USE	Not used.
20. OUTSIDE LAB?	Not required.

Field Name and Number	Instructions for Completion
<b>\$ CHARGES</b>	<b>Not required.</b>
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Diagnosis code for the primary medical condition for which services are being billed. Up to three additional diagnosis codes can be listed in this field for information or documentation purposes. Use the U.S. Department of Health and Human Services diagnosis coding, current as of the claim date (not the service date), from ICD-9-CM.
22. MEDICAID RESUBMISSION CODE	Reserved for future use.
ORIGINAL REF. NO.	Reserved for future use.
23. PRIOR AUTHORIZATION NUMBER	The prior authorization or benefit extension control number if applicable.
24A. DATE(S) OF SERVICE	The "from" and "to" dates of service for each billed service. Format: MM/DD/YY.  1. On a single claim detail (one charge on one line), bill only for services provided within a single calendar month.  2. Providers may bill on the same claim detail for two or more sequential dates of service within the same calendar month when the provider furnished equal amounts of the service on each day of the date sequence.
B. PLACE OF SERVICE	Two-digit national standard place of service code. See Section 242.200 for codes.
<b>C. EMG</b>	<b>Not required.</b>
D. PROCEDURES, SERVICES, OR SUPPLIES	
CPT/HCPCS	Enter the correct CPT or HCPCS procedure code from Sections 242.100 through 242.195.
MODIFIER	Modifier(s) if applicable.
E. DIAGNOSIS POINTER	Enter in each detail the single number—1, 2, 3, or 4—that corresponds to a diagnosis code in Item 21 (numbered 1, 2, 3, or 4) and that supports most definitively the medical necessity of the service(s) identified and charged in that detail. Enter only one number in E of each detail. Each DIAGNOSIS POINTER number must be only a 1, 2, 3, or 4, and it must be the only character in that field.
F. \$ CHARGES	The full charge for the service(s) totaled in the detail. This charge must be the usual charge to any client, patient, or other recipient of the provider's services.
G. DAYS OR UNITS	The units (in whole numbers) of service(s) provided during the period indicated in Field 24A of the detail.
H. EPSDT/Family Plan	Enter E if the services resulted from a Child Health Services (EPSDT) screening/referral.

Field Name and Number	Instructions for Completion
I. ID QUAL	Not required.
J. RENDERING PROVIDER ID #	The 9-digit Arkansas Medicaid provider ID number of the individual who furnished the services billed for in the detail.
NPI	Not required.
25. FEDERAL TAX I.D. NUMBER	Not required. This information is carried in the provider's Medicaid file. If it changes, please contact Provider Enrollment.
26. PATIENT'S ACCOUNT N O.	Optional entry that may be used for accounting purposes; use up to 16 numeric or alphabetic characters. This number appears on the Remittance Advice as "MRN."
27. ACCEPT ASSIGNMENT?	Not required. Assignment is automatically accepted by the provider when billing Medicaid.
28. TOTAL CHARGE	Total of Column 24F—the sum all charges on the claim.
29. AMOUNT PAID	Enter the total of payments previously received on this claim. Do not include amounts previously paid by Medicaid. *Do <b>not</b> include in this total the automatically deducted Medicaid or ARKids First-B co-payments.
30. BALANCE DUE	From the total charge, subtract amounts received from other sources and enter the result.
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider's direction. "Provider's signature" is defined as the provider's actual signature, a rubber stamp of the provider's signature, an automated signature, a typewritten signature, or the signature of an individual authorized by the provider rendering the service. The name of a clinic or group is not acceptable.
32. SERVICE FACILITY LOCATION INFORMATION	If other than home or office, enter the name and street, city, state, and zip code of the facility where services were performed.
a. (blank)	Not required.
b. (blank)	Not required.
33. BILLING PROVIDER INFO & PH #	Billing provider's name and complete address. Telephone number is requested but not required.
a. (blank)	Not required.
b. (blank)	Enter the 9-digit Arkansas Medicaid provider ID number of the billing provider.