

PROC CODE	DESCRIPTION	LIMITS
A4206	SYRINGE WITH NEEDLE, STERILE 1 CC EACH	200 per 30 days
A4207	SYRINGE WITH NEEDLE, STERILE 2 CC EACH	200 per 30 days
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	200 per 30 days
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	200 per 30 days
A4210	NEEDLE-FREE INJECTION DEVICE, EACH	200 per 30 days
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER	30 per 30 days
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH	200 per 30 days
A4215	NEEDLE, STERILE, ANY SIZE, EACH	200 per 30 days
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10	30 per 30 days
A4217	STERILE WATER/SALINE, 500 ML	2 per 30 days
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR	1 per year
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH	1 per year
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY	1 per year
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH	1 per year
A4244	ALCOHOL OR PEROXIDE, PER PINT	1 per 30 days
A4245	ALCOHOL WIPES, PER BOX	2 per 30 days
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	1 per 30 days
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	2 per 30 days
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR	100 per 30 days
A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD	200 per 30 days
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX	2 per 30 days
A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	1 per 30 days
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER	1 per 24 months
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1 per 12 months
A4259	LANCETS, PER BOX OF 100	100 per 30 days
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	1 per year
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	1 per year
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	30 per 1 month
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	1 per month
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	1 per month
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	1 per year
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	2 per year
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST	1 per year
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP,	2 per year
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	1 per year
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR	1 per year
A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT	4 per 30 days
A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING	1 per 30 days
A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING	2 per 30 days
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING	2 per 30 days
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING	2 per 30 days
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING	1 per month
A4320	IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	10 per 30 days
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	10 per 30 days
A4326	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION	30 per 30 days
A4327	FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP,	1 per year
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN	12 per 30 days
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	1 per 30 days
A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH	2 per 30 days
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE,	1 per 30 days

PROC CODE	DESCRIPTION	LIMITS
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE,	2 per 30 days
A4349	MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE,	36 per 1 month
A4351	INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WIT	20 per 30 days
A4352	INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH	10 per 30 days
A4353	INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES	4 per 30 days
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	4 per 30 days
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO	1 per 3 months
A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI	2 per 30 days
A4358	URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WIT	2 per 30 days
A4361	OSTOMY FACEPLATE, EACH	3 per 6 months
A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH	20 per month
A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	1 per year
A4364	ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	4 per month
A4365	ADHESIVE REMOVER WIPES, ANY TYPE, PER 50	1 per month
A4366	OSTOMY VENT, ANY TYPE, EACH	1 per month
A4367	OSTOMY BELT, EACH	2 per month
A4368	OSTOMY FILTER, ANY TYPE, EACH	20 per month
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	2 per month
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	10 per 6 months
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD	20 per month
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,	20 per month
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED,	20 per month
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC,	10 per month
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, E	20 per month
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC,	20 per month
A4380	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER,	20 per month
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EA	10 per month
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY	20 per month
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER,	20 per month
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	20 per month
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED W	20 per month
A4387	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-	60 per month
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER	20 per month
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUI	20 per month
A4390	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER	20 per month
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER	20 per month
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER	20 per month
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER	20 per month
A4394	OSTOMY DEODORANT, WITH OR WITHOUT LUBRICANT, FOR USE	2 per month
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER	90 per month
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	2 per 3 months
A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4 per month
A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	2 per 6 months
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING	2 per 6 months
A4400	OSTOMY IRRIGATION SET	1 per lifetime
A4402	LUBRICANT, PER OUNCE	4 per month
A4404	OSTOMY RING, EACH	10 per month
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	4 per month
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	4 per month

PROC CODE	DESCRIPTION	LIMITS
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR AC	20 per month
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED W	20 per month
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRI	20 per month
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRI	20 per month
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACC	20 per month
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH	60 per month
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-	60 per month
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH	60 per month
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-	60 per month
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING	60 per month
A4421	OSTOMY SUPPLY; MISCELLANEOUS	2 per month
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING	60 per month
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FIL	20 per month
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-	20 per month
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH	20 per month
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH	20 per month
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER	20 per month
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT	20 per month
A4430	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER	20 per month
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH	20 per month
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-	20 per month
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING F	20 per month
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING F	20 per month
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	50 per 30 days
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	50 per 30 days
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER	16 per 6 months
A4458	ENEMA BAG WITH TUBING, REUSABLE	1 per 2 years
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	4 per 30 days
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	1 per 6 months
A4465	NON-ELASTIC BINDER FOR EXTREMITY	1 per year
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	2 per year
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	2 per year
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	2 per year
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	2 per year
A4561	PESSARY, RUBBER, ANY TYPE	1 per year
A4562	PESSARY, NON RUBBER, ANY TYPE	1 per year
A4565	SLINGS	1 per year
A4570	SPLINT	1 per year
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH	2 per 30 days
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	30 per 30 days
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	4 per 30 days
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	5 per 30 days
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED	1 per 2 years
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILAT	1 per 2 years
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED	1 per 2 years
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	1 per 2 years

PROC CODE	DESCRIPTION	LIMITS
A4615	CANNULA, NASAL	1 per 30 days
A4616	TUBING (OXYGEN), PER FOOT	1 per 30 days
A4617	MOUTH PIECE	1 per 30 days
A4620	VARIABLE CONCENTRATION MASK	1 per 30 days
A4623	TRACHEOSTOMY, INNER CANNULA	30 per 30 days
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED	90 per 30 days
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	14 per 14 days
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	10 per 30 days
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE	1 per 30 days
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	12 per 30 days
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	30 per 30 days
A4630	REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTA	1 per 2 years
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY	4 per year
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP	4 per year
A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	2 per 2 years
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	1 per year
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	4 per 2 years
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE	1 per 2 years
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	1 per 12 months
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTE	1 per 2 years
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EAC	80 per month
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	1 per 3 years
A4927	GLOVES, NON-STERILE, PER 100	100 per 30 days
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1 per 3 years
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1 per 3 years
A5051	OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), E	60 per month
A5052	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1	60 per month
A5053	OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE, EACH	60 per month
A5054	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2	60 per month
A5055	STOMA CAP	31 per month
A5061	OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE	20 per month
A5062	OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIE	20 per month
A5063	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE	20 per month
A5071	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE),	20 per month
A5072	OSTOMY POUCH, URINARY; WITHOUT BARRIER ATTACHED (1	20 per month
A5073	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2	20 per month
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA	31 per month
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	4 per month
A5093	OSTOMY ACCESSORY; CONVEX INSERT	10 per month
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR	2 per 6 months
A5105	URINARY SUSPENSORY; WITH OR WITHOUT LEG BAG, WITH OR	1 per year
A5112	URINARY LEG BAG; LATEX	1 per month
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	1 per month
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	1 per year
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	150 per 6 months
A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH	20 per month
A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH	20 per month
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	20 per month
A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES,	1 per month
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE	2 per month

PROC CODE	DESCRIPTION	LIMITS
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM	2 per year
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM	2 per year
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF	2 per year
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF	2 per year
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) O	2 per year
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) O	2 per year
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATI	2 per year
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DE	2 per year
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORM	4 per year
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MO	4 per year
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH	4 per year
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COL	100 per 30 days
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF	100 per 30 days
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	30 per 30 days
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT L	30 per 30 days
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	30 per 30 days
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	30 per 30 days
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G.,	30 per 30 days
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER,	30 per 30 days
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER,	30 per 30 days
A6198	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER,	30 per 30 days
A6199	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER	30 per 30 days
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHO	30 per 30 days
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT	30 per 30 days
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WIT	30 per 30 days
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH	30 per 30 days
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT	30 per 30 days
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WIT	30 per 30 days
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	30 per 30 days
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR E	30 per 30 days
A6208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	30 per 30 days
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LES	15 per 30 days
A6210	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ.	15 per 30 days
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ.	15 per 30 days
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LES	15 per 30 days
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ.	15 per 30 days
A6214	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ.	15 per 30 days
A6215	FOAM DRESSING, WOUND FILLER, PER GRAM	30 per 30 days
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. I	500 per month
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THA	100 per 30 days
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THA	100 per 30 days
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, W	100 per 30 days
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN.	50 per month
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN.,	10 per 30 days
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALIN	20 per 30 days
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALIN	20 per 30 days
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALIN	12 per 30 days
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 1	12 per 30 days
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE M	12 per 30 days
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE M	12 per 30 days

PROC CODE	DESCRIPTION	LIMITS
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND	30 per 30 days
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND	30 per 30 days
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND	30 per 30 days
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN	10 per 30 days
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN	10 per 30 days
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN	10 per 30 days
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN	10 per 30 days
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN	5 per 30 days
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN	5 per 30 days
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID	5 per 30 days
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRA	18 per 30 days
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	10 per 30 days
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16	10 per 30 days
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48	10 per 30 days
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR	30 per 30 days
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16	30 per 30 days
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48	30 per 30 days
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	3 per month
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 1	30 per 30 days
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE M	15 per 30 days
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE M	15 per 30 days
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 1	30 per 30 days
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE M	15 per 30 days
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE M	15 per 30 days
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	10 per 30 days
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN O	10 per 30 days
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	10 per 30 days
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHE	3 per month
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASS	30 per 30 days
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, O	30 per 30 days
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. O	100 per 30 days
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16	100 per 30 days
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48	100 per 30 days
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WID	30 per 30 days
A6410	EYE PAD, STERILE, EACH	30 per month
A6411	EYE PAD, NON-STERILE, EACH	30 per month
A6412	EYE PATCH, OCCLUSIVE, EACH	30 per month
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, W	100 per 30 days
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-ST	100 per 30 days
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-ST	100 per 30 days
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-ST	100 per 30 days
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERIL	100 per 30 days
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERIL	100 per 30 days
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERIL	80 per 30 days
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WID	25 per 30 days
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WID	25 per 30 days
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WID	25 per 30 days
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN,	2 per year
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD	2 per year
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN,	2 per year

PROC CODE	DESCRIPTION	LIMITS
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN,	2 per year
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN,	2 per year
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/W	2 per year
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER	6 per 30 days
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG,	2 per 12 months
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG,	2 per 12 months
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG,	2 per 12 months
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMH	2 per 12 months
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMH	2 per 12 months
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMH	2 per 12 months
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,	2 per 12 months
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,	2 per 12 months
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE,	2 per 12 months
A6542	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	2 per 12 months
A6543	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	2 per 12 months
A6549	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	2 per 12 months
A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY	15 per 30 days
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	1 per 30 days
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	1 per 12 months
A7002	TUBING, USED WITH SUCTION PUMP, EACH	6 per month
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEU	5 per month
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSAB	5 per month
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEU	5 per month
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMAT	1 per month
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WIT	5 per month
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WI	5 per month
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLU	5 per month
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME	1 per 30 days
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOL	10 per month
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULI	1 per 30 days
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	6 per year
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR	1 per year
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	1 per year
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC	1 per year
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOT	1 per 3 years
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST,	1 per year
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE,	1 per year
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVI	1 per 180 days
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, E	1 per 180 days
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT O	1 per 180 days
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLAC	1 per 90 days
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSIT	1 per 180 days
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 per 12 months
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 per 12 months
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1 per 180 days
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE	1 per 90 days
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRES	1 per 12 months
A7040	ONE WAY CHEST DRAIN VALVE	1 per 30 days
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH	1 per 30 days
A7042	IMPLANTED PLEURAL CATHETER, EACH	1 per 30 days

PROC CODE	DESCRIPTION	LIMITS
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH	1 per 30 days
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE	1 per 365 days
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH	1 per 6 months
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY	1 per 6 months
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED,	1 per 30 days
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED,	1 per 30 days
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR	1 per 30 days
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	1 per 6 months
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	1 per 6 months
A7525	TRACHEOSTOMY MASK, EACH	1 per 7 days
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	1 per 3 days
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	4 per month
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL	1 per year
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL	1 per year
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES	1 per year
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES	1 per year
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	2 per year
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	1 per day
T4521	DIAPERS, ADULT SMALL/ALL CHILDRENS	200 per month
T4522	DIAPERS, ADULT, MEDIUM/LARGE	200 per month
T4524	DIAPERS, ADULT, EXTRA LARGE	200 per month
T4541	UNERPADS, LARGE	50 per month
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	31 per 30 days
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	31 per 30 days
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	31 per 30 days
B4081	NASOGASTRIC TUBING WITH STYLET	4 per 30 days
B4082	NASOGASTRIC TUBING WITHOUT STYLET	3 per 30 days
B4083	STOMACH TUBE - LEVINE TYPE	3 per 30 days
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	30 per 30 days
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	30 per 30 days
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, I	775 per 30 days
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES	775 per 30 days
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER	775 per 30 days
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND	775 per 30 days
B4154	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES	775 per 30 days
B4155	ENTERAL FORMULA, NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC	775 per 30 days
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR	775 per 30 days
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	775 per 30 days
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	775 per 30 days
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	775 per 30 days
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	775 per 30 days

PROC CODE	DESCRIPTION	LIMITS
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	775 per 30 days
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	1 per month
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	1 per month
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR F	1 per 24 months
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATER	1 per 24 months
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERI	1 per 12 months
E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS	1 per 12 months
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WI	1 per 12 months
E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH	1 per 12 months
E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXE	1 per 5 years
E0116	CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED	1 per 5 years
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	1 per 5 years
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1 per 5 years
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1 per 5 years
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	1 per 5 years
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT	1 per 5 years
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT	1 per 5 years
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDING, WHEELED WITH POSTERIOR	1 per 5 years
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE	1 per 5 years
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING,	1 per 5 years
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYP	1 per 5 years
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	2 per 5 years
E0154	PLATFORM ATTACHMENT, WALKER, EACH	2 per 5 years
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	1 per 5 years
E0156	SEAT ATTACHMENT, WALKER	1 per 5 years
E0157	CRUTCH ATTACHMENT, WALKER, EACH	2 per 5 years
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	1 per 5 years
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	2 per 5 years
E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	1 per 5 years
E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH	1 per 5 years
E0162	SITZ BATH CHAIR	1 per 5 years
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	1 per 3 years
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	1 per 3 years
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR	1 per 5 years
E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	2 per 5 years

PROC CODE	DESCRIPTION	LIMITS
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES	1 per 3 years
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY	1 per 2 years
E0184	DRY PRESSURE MATTRESS	1 per 3 years
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 per 3 years
E0186	AIR PRESSURE MATTRESS	1 per 3 years
E0187	WATER PRESSURE MATTRESS	1 per 3 years
E0188	SYNTHETIC SHEEPSKIN PAD	1 per 3 years
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	1 per 3 years
E0191	HEEL OR ELBOW PROTECTOR, EACH	4 per 3 years
E0196	GEL PRESSURE MATTRESS	1 per 3 years
E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 per 3 years
E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 per 3 years
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1 per 3 years
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	1 per 3 years
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	1 per 10 days
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	1 per 5 years
E0210	ELECTRIC HEAT PAD, STANDARD	1 per 5 years
E0215	ELECTRIC HEAT PAD, MOIST	1 per 5 years
E0220	HOT WATER BOTTLE	1 per 2 years
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	1 per 3 years
E0230	ICE CAP OR COLLAR	1 per 3 years
E0238	NON-ELECTRIC HEAT PAD, MOIST	1 per 3 years
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	1 per 3 years
E0241	BATH TUB WALL RAIL, EACH	2 per 3 years
E0242	BATH TUB RAIL, FLOOR BASE	1 per 3 years
E0243	TOILET RAIL, EACH	2 per 3 years
E0244	RAISED TOILET SEAT	1 per 3 years
E0245	TUB STOOL OR BENCH	1 per 5 years
E0246	TRANSFER TUB RAIL ATTACHMENT	1 per 3 years
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	1 per 3 years
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	1 per 3 years
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	1 per 5 years
E0271	MATTRESS, INNERSPRING	1 per 3 years
E0272	MATTRESS, FOAM RUBBER	1 per 3 years
E0275	BED PAN, STANDARD, METAL OR PLASTIC	1 per 12 months
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	1 per 12 months
E0280	BED CRADLE, ANY TYPE	1 per 3 years
E0305	BED SIDE RAILS, HALF LENGTH	1 per 5 years
E0310	BED SIDE RAILS, FULL LENGTH	1 per 5 years
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	1 per 12 months
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	1 per 12 months
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER,	1 per month

PROC CODE	DESCRIPTION	LIMITS
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR,	1 per month
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY	1 per month
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS,	1 per month
E0570	NEBULIZER, WITH COMPRESSOR	1 per 3 years
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	1 per 3 years
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	1 per 3 years
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER	1 per 3 years
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	1 per 3 years
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH	1 per 3 years
E0600	RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	1 per 3 years
E0605	VAPORIZER, ROOM TYPE	1 per 3 years
E0606	POSTURAL DRAINAGE BOARD	1 per 3 years
E0607	HOME BLOOD GLUCOSE MONITOR	1 per 3 years
E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE	1 per 3 years
E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER	1 per 3 years
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	1 per 2 years
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	1 per 5 years
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	1 per 5 years
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	1 per 5 years
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	1 per 3 years
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	2 per 3 years
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	2 per 3 years
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)	1 per 3 years
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	1 per 3 years
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	4 per 3 years
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF	1 per 2 years
E0776	IV POLE	6 per 6 months
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	1 per 30 days
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	1 per 30 days
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	1 per 2 years
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	1 per 2 years
E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	1 per 2 years

PROC CODE	DESCRIPTION	LIMITS
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	1 per 3 years
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)	1 per 2 years
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)	1 per 2 years
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION	1 per 2 years
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)	1 per 2 years
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	1 per 5 years
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT	1 per 5 years
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	1 per 5 years
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	1 per 5 years
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	1 per 5 years
E0942	CERVICAL HEAD HARNESS/HALTER	1 per 2 years
E0944	PELVIC BELT/HARNESS/BOOT	1 per 2 years
E0945	EXTREMITY BELT/HARNESS	1 per 2 years
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	1 per month
E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR	1 per month
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	1 per month
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	1 per month
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING	2 per 2 months
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	1 per year
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE,	1 per year
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5	1 per year
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6	1 per year
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5	1 per year
L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	1 per 12 months
L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATI	1 per 3 years
L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	1 per 3 years
L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH	1 per 3 years
L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	1 per 3 years
L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	1 per 3 years
L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC	1 per 3 years
L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	1 per 3 years
L0210	THORACIC, RIB BELT	1 per 3 years

PROC CODE	DESCRIPTION	LIMITS
L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	1 per 3 years
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	1 per 3 years
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES	1 per 3 years
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	1 per 3 years
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	1 per 3 years
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT	1 per 3 years
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME	1 per 3 years
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING	1 per 3 years
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	1 per 3 years
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	1 per 3 years
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	1 per 3 years
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	1 per 3 years
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, PO	1 per 3 years
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	1 per 3 years
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	1 per 3 years
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	1 per 3 years
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	1 per 3 years
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	1 per 3 years
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	1 per 3 years
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	1 per 3 years
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT	1 per 3 years
L0978	AXILLARY CRUTCH EXTENSION	1 per 3 years
L0980	PERONEAL STRAPS, PAIR	1 per 3 years
L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	1 per 3 years
L0984	PROTECTIVE BODY SOCK, EACH	1 per 3 years
L1600	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER,	1 per 12 months
L1610	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA COVER ONLY),	1 per 12 months
L1620	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK HARNESS),	1 per 12 months
L1630	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE),	1 per 12 months

PROC CODE	DESCRIPTION	LIMITS
L1640	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER	1 per 12 months
L1650	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED	1 per 12 months
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,	1 per 12 months
L1660	HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED,	1 per 12 months
L1800	KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMEN	1 per 12 months
L1810	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING AND	1 per 24 months
L1815	KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR PAD(S),	1 per 12 months
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS,	1 per 24 months
L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1 per 12 months
L1830	KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES	1 per 24 months
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED,	1 per 24 months
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL,	1 per 3 years
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR	1 per 3 years
L1850	KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1 per 3 years
L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICAT	1 per 3 years
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G.	1 per 12 months
L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND	1 per 3 years
L1906	ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES	1 per 3 years
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM	1 per 3 years
L1910	ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER,	1 per 3 years
L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR	1 per 3 years
L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING	1 per 3 years
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED,	1 per 3 years
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE	1 per 3 years
L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC	1 per 3 years
L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS,	1 per 3 years
L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP	1 per 3 years

PROC CODE	DESCRIPTION	LIMITS
L2112	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT,	1 per 3 years
L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EA	2 per 3 years
L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	2 per 3 years
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	2 per 3 years
L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	2 per 3 years
L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT,	2 per 3 years
L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL	2 per 3 years
L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	2 per 3 years
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH	2 per 3 years
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	2 per 3 years
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EA	2 per 3 years
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	2 per 3 years
L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	2 per 3 years
L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	2 per 3 years
L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL,	2 per 3 years
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	2 per 3 years
L3140	FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	1 per 3 years
L3150	FOOT, ABDUCTION ROTATION BAR, WITHOUT SHOES	1 per 3 years
L3160	FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	2 per 12 months
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH	2 per 12 months
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	2 per 12 months
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	2 per 12 months
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	2 per 12 months
L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	2 per 12 months
L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	2 per 12 months
L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	2 per 12 months
L3208	SURGICAL BOOT, EACH, INFANT	2 per 12 months
L3209	SURGICAL BOOT, EACH, CHILD	2 per 12 months
L3211	SURGICAL BOOT, EACH, JUNIOR	2 per 12 months
L3212	BENESCH BOOT, PAIR, INFANT	1 per 12 months
L3213	BENESCH BOOT, PAIR, CHILD	1 per 12 months
L3214	BENESCH BOOT, PAIR, JUNIOR	1 per 12 months
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	2 per 2 years

PROC CODE	DESCRIPTION	LIMITS
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	2 per 2 years
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	2 per 2 years
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	2 per 2 years
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	2 per 2 years
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	2 per 2 years
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN	2 per 2 years
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE	2 per 2 years
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH	2 per 2 years
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE,	2 per 2 years
L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	2 per 2 years
L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED,	2 per 2 years
L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	2 per 2 years
L3254	NON-STANDARD SIZE OR WIDTH	2 per 2 years
L3255	NON-STANDARD SIZE OR LENGTH	2 per 2 years
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	2 per 2 years
L3260	SURGICAL BOOT/SHOE, EACH	2 per 2 years
L3265	PLASTAZOTE SANDAL, EACH	2 per 2 years
L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	12 per 2 years
L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	12 per 2 years
L3320	LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH	12 per 2 years
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	1 per 2 years
L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	1 per 2 years
L3334	LIFT, ELEVATION, HEEL, PER INCH	1 per 2 years
L3340	HEEL WEDGE, SACH	2 per 2 years
L3350	HEEL WEDGE	2 per 2 years
L3360	SOLE WEDGE, OUTSIDE SOLE	2 per 2 years
L3370	SOLE WEDGE, BETWEEN SOLE	2 per 2 years
L3380	CLUBFOOT WEDGE	2 per 2 years
L3390	OUTFLARE WEDGE	2 per 2 years
L3400	METATARSAL BAR WEDGE, ROCKER	2 per 2 years
L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	2 per 2 years
L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	2 per 2 years
L3430	HEEL, COUNTER, PLASTIC REINFORCED	2 per 2 years
L3440	HEEL, COUNTER, LEATHER REINFORCED	2 per 2 years
L3450	HEEL, SACH CUSHION TYPE	2 per 2 years
L3455	HEEL, NEW LEATHER, STANDARD	2 per 2 years
L3460	HEEL, NEW RUBBER, STANDARD	2 per 2 years
L3465	HEEL, THOMAS WITH WEDGE	2 per 2 years
L3470	HEEL, THOMAS EXTENDED TO BALL	2 per 2 years
L3480	HEEL, PAD AND DEPRESSION FOR SPUR	2 per 2 years
L3485	HEEL, PAD, REMOVABLE FOR SPUR	2 per 2 years
L3500	ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER	2 per 2 years
L3510	ORTHOPEDIC SHOE ADDITION, INSOLE, RUBBER	2 per 2 years

PROC CODE	DESCRIPTION	LIMITS
L3520	ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	2 per 2 years
L3530	ORTHOPEDIC SHOE ADDITION, SOLE, HALF	2 per 2 years
L3540	ORTHOPEDIC SHOE ADDITION, SOLE, FULL	2 per 2 years
L3550	ORTHOPEDIC SHOE ADDITION, TOE TAP STANDARD	2 per 2 years
L3560	ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE	2 per 2 years
L3570	ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	2 per 2 years
L3580	ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	2 per 2 years
L3590	ORTHOPEDIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	2 per 2 years
L3595	ORTHOPEDIC SHOE ADDITION, MARCH BAR	2 per 2 years
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	1 per 2 years
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	1 per 2 years
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	1 per 2 years
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	1 per 2 years
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT	1 per 2 years
L3650	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, I	1 per 2 years
L3651	SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING	1 per 2 years
L3652	SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING	1 per 2 years
L3660	SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, CANVAS AND	1 per 2 years
L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE), PREFABRICATED,	1 per 2 years
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE OR	1 per 2 years
L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES	1 per 2 years
L3700	ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTME	1 per 2 years
L3701	ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G.	1 per 2 years
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRI	1 per 2 years
L3710	ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND	1 per 2 years
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED,	1 per 2 years
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL,	1 per 2 years
L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED	2 per 2 years
L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED	2 per 2 years

PROC CODE	DESCRIPTION	LIMITS
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BA	2 per 2 years
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING	2 per 2 years
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT	2 per 2 years
L3810	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ("C") BAR	2 per 2 years
L3815	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST	2 per 2 years
L3820	WHFO, ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P.	2 per 2 years
L3825	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP	2 per 2 years
L3830	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST	2 per 2 years
L3835	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST	2 per 2 years
L3840	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB	2 per 2 years
L3845	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH	2 per 2 years
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST	2 per 2 years
L3855	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL	2 per 2 years
L3860	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND	2 per 2 years
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	2 per 2 years
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	2 per 2 years
L3908	WRST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED,	2 per 2 years
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G.	2 per 2 years
L3910	WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3912	HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL, PREFABRICATED,	2 per 2 years
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	2 per 2 years
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	2 per 2 years
L3916	WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER,	2 per 2 years
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING	2 per 2 years
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years

PROC CODE	DESCRIPTION	LIMITS
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC	2 per 2 years
L3920	HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED, INCLUDES	2 per 2 years
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR	2 per 2 years
L3922	HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS,	2 per 2 years
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFAB	2 per 2 years
L3924	WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3926	WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING	2 per 2 years
L3928	HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED,	2 per 2 years
L3930	WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT,	2 per 2 years
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	2 per 2 years
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED	2 per 2 years
L3936	WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3938	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3940	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER ATTACHMENT,	2 per 2 years
L3942	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING	2 per 2 years
L3944	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED,	2 per 2 years
L3946	HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3950	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND	2 per 2 years
L3952	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND	2 per 2 years
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND	2 per 2 years
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL, EACH	2 per 12 months

PROC CODE	DESCRIPTION	LIMITS
L4350	ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE	1 per 2 years
L4360	WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	1 per 2 years
L4370	PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1 per 2 years
L4380	PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	1 per 2 years
L4386	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE	1 per 2 years
L4392	REPLACEMENT, SOFT INTERFACE MATERIAL, STATIC AFO	1 per 2 years
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	1 per 2 years
L4396	STATIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR	1 per 2 years
L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING	1 per 2 years
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID	1 per 5 years
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	1 per 5 years
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON-WEIGHT BEARING	1 per 5 years
L8000	BREAST PROSTHESIS, MASTECTOMY BRA	2 per 24 months
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,	1 per 2 years
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM,	1 per 2 years
L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	1 per 2 years
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	1 per 2 years
L8020	BREAST PROSTHESIS, MASTECTOMY FORM	2 per 12 months
L8030	BREAST PROSTHESIS, SILICONE OR EQUAL	2 per 24 months
L8300	TRUSS, SINGLE WITH STANDARD PAD	1 per 12 months
L8310	TRUSS, DOUBLE WITH STANDARD PADS	1 per 12 months
L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	1 per 12 months
L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	1 per 12 months
L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	1 per 2 years
L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	1 per 2 years
L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	1 per 2 years
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE	1 per 2 years
L8420	PROSTHETIC SOCK, MULTIPLE PLY, BELOW KNEE, EACH	6 per 12 months
L8430	PROSTHETIC SOCK, MULTIPLE PLY, ABOVE KNEE, EACH	6 per 12 months
L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	6 per 12 months
L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	1 per 2 years
L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	1 per 2 years
L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	1 per 2 years
L8470	PROSTHETIC SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	6 per 12 months
L8480	PROSTHETIC SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	6 per 12 months
L8485	PROSTHETIC SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	6 per 12 months
L8501	TRACHEOSTOMY SPEAKING VALVE	1 per 12 months
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	1 per 2 years

PROC CODE	DESCRIPTION	LIMITS
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	1 per 2 years
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE	1 per 2 years
L8510	VOICE AMPLIFIER	1 per 2 years
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE,	1 per 2 years
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE	3 per month
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR	10 per month
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	1 per month
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	3 per month
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1 per 5 years
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1 per 5 years
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1 per 5 years
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	1 per 5 years
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	2 per 12 months
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	2 per 12 months
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER	2 per 12 months
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR L	2 per 12 months
50590	LITHOTRIPSY	1 per 6 months
95811	POLYSOMNOGRAPHY, WITH INITIATION OF CPAP OR BIPAP	1 per lifetime