

MSBCBS Prior Authorization List: Codes to be Deleted 12/01/10

CODE	DESCRIPTION
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC
A4265	PARAFFIN, PER POUND
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH
A4281	TUBING FOR BREAST PUMP, REPLACEMENT
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A4465	NON-ELASTIC BINDER FOR EXTREMITY
A4470	GRAVLEE JET WASHER
A4480	VABRA ASPIRATOR
A4554	DISPOSABLE UNDER PADS, ALL SIZES
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE
A4595	ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH (E.G., TENS, NMES)
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT

CODE	DESCRIPTION
A4649	SURGICAL SUPPLY, MISCELLANEOUS
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE
A4663	BLOOD PRESSURE CUFF ONLY
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST) CUSTOM FABRICATED
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD), CUSTOM FABRICATED
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH
A7002	TUBING FOR BREAST PUMP, REPLACEMENT
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH
A9150	NON-PRESCRIPTION DRUGS
A9270	NON-COVERED ITEM OR SERVICE
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACCESSORIES, COMPONENTS AND ELECTRONICS, NOT OTHERWISE CLASSIFIED

CODE	DESCRIPTION
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED
A9282	WIG, ANY TYPE, EACH
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED
B4081	NASOGASTRIC TUBING WITH STYLET
B4082	NASOGASTRIC TUBING WITHOUT STYLET
B4083	STOMACH TUBE-LEVINE TYPE
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (EG, CLEAR LIQUIDS), 500 ML = 1 UNIT
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (EG, CLEAR LIQUIDS), 500 ML = 1 UNIT
B4104	ADDITIVE FOR ENTERAL FORMULA (EG, FIBER)
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS
B9998	NOC FOR ENTERAL SUPPLIES
B9999	NOC FOR PARENTERAL SUPPLIES
C9233	INJECTION, RANIBIZUMAB, 0.5 MG
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY - MANDIBULAR RAMI
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT: INCLUDING OBTAINING THE GRAFT
D7944	OSTEOTOMY - SEGMENTED OR SUBAPICAL
D7945	OSTEOTOMY - BODY OF MANDIBLE
E0175	FOOT REST, FOR USE WITH COMMUNE CHAIR, EACH
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND ACCESSORIES
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT
E0210	ELECTRIC HEAT PAD, ELECTRIC
E0218	WATER CIRCULATING COLD PAD WITH PUMP
E0220	HOT WATER BOTTLE
E0221	INFRARED HEATING PAD SYSTEM
E0230	ICE CAP OR COLLAR
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, A/C ADAPTER AND POWER CORD) FOR USE WITH WARMING CARD AND WOUND COVER

CODE	DESCRIPTION
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT WOUND WARMING WOUND COVER
E0236	PUMP FOR WATER CIRCULATING PAD
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING
E0248	TRANSFER BENCH, HEAVY DUTY FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING
E0271	MATTRESS, INNERSPRING
E0272	MATTRESS, FOAM RUBBER
E0280	BED, CRADLE, ANY TYPE
E0305	BED SIDE RAILS, HALF LENGTH
E0310	BED SIDE RAILS, FULL LENGTH
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
E0370	AIR PRESSURE ELEVATOR FOR HEEL
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (EG, TRACHEOSTOMY TUBE)
E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS
E0457	CHEST SHELL (CUIRASS)
E0459	CHEST WRAP
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE OR STATIONARY
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (EG, MASK)
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (EG, TRACHEOSTOMY TUBE)
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH NON-INVASIVE INTERFACE (EG, MASK)
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL
E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-CONTAINED OR CYLINDER DRIVEN
E0605	VAPORIZER, ROOM TYPE

CODE	DESCRIPTION
E0606	POSTURAL DRAINAGE BOARD
E0610	PACEMAKER MONITOR SELF-CONTAINED CHECKS BATTERY DEPLETION: INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS
E0615	PACEMAKER MONITOR SELF-CONTAINED CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS: INCLUDES DIGITAL/VISIBLE CHECK SYSTEMS
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON
E0625	PATIENT LIFT, BATHROOM OR TOILET, NOT OTHERWISE CLASSIFIED
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS
E0638	STANDING FRAME SYSTEM, ONE POSITION (EG, UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (EG THREE-WAY STANDER), ANY SIZE
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS
E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSORIES
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE CLASSIFIED
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS, ANY TYPE, COMPLETE SYSTEM, NOT OTHERWISE SPECIFIED
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION, (E.G. BUCK'S)
E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, (E.G., BUCK'S)
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION
E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION, (E.G., BUCK'S)
E0910	TRAPEZE BARS, ALSO KNOWN AS, PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR

CODE	DESCRIPTION
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1355	STAND/RACK
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED
E1700	JAW MOTION REHABILITATION SYSTEM
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (EG, GEL CELL, ABSORBED GLASSMAT), EACH
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

CODE	DESCRIPTION
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
E2399	POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
K0009	OTHER MANUAL WHEELCHAIR/BASE
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS, ANY MATERIAL-PERBAR OR JOINT

CODE	DESCRIPTION
L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE CONCENTRIC
L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES
L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH
L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH
L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH
L3070	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH
L3080	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH
L3090	FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH
L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR-INFANT
L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR-CHILD
L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR-JUNIOR
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH
L3251	FOOT-SHOE MOLDED TO PATIENT MODEL-SILICONE SHOE, EACH
L3252	FOOT-SHOE MOLDED TO PATIENT MODEL-PLASTAZOTE %OR SIMILAR<, CUSTOM FABRICATED, EACH
L3253	FOOT-MOLDED SHOE PLASTAZOTE %OR SIMILAR< CUSTOM FITTED, EACH
L3254	NON-STANDARD SIZE OR WIDTH
L3255	NON-STANDARD SIZE OR LENGTH
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE
L3320	LIFT, ELEVATION, HEEL, AND SOLE, CORK, PER INCH
L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED
L3807	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE
L3890	ADDITION TO UPPER EXTREMITY, JOINT, WRIST OR ELBOS, CONCENTRIC ADJUSTABLE
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT

CODE	DESCRIPTION
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NONTORSION JOINT/SPRING, 'PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT EXTENSION/FLEXION, MAY INCLUDE SOFT INTERFACE MATERIAL,
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP),WITHOUT JOINT/SPRING, EXTENSION/FLEXION (E.G., STATIC OR RING TYPE), MAY INCLUDE SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS(S), TURNBUCKLES, ELASTIC BAND/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELASTING BANDS/SPRINGS, MAY INCLUDE SOFT INTERFACE MATERIAL, STRAPS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3960	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3962	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERB'S PALSY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3964	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3965	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3966	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN) THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT

CODE	DESCRIPTION
L3968	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3969	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT, SUSPENSION, AND ONE CAST CHANGE, BELOW KNEE
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION, BELOW KNEE, EACH ADDITIONAL CAST CHANGE AND TO REALIGNMENT
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT AND SUSPENSION AND ONE CAST CHANGE "AK" OR KNEE DISARTICULATION
L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDE FITTING, ALIGNMENT AND SUSPENSION, AK OR KNEE DISARTICULATION, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT
L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, BELOW KNEE
L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NONWEIGHT BEARING RIGID DRESSING, ABOVE KNEE
L5993	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, FOOT ONLY, (FOR PATIENT WEIGHT GREATER THAN 300 LBS)
L5994	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, KNEE ONLY (FOR PATIENT WEIGHT GREATER THAN 300 LBS)
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE OTHER THAN FOOT OR KNEE, (FOR PATIENT WEIGHT GREATER TAN 300 LBS)
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, WRIST DISARTICULATION OR BELOW ELBOW
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, ELBOW DISARTICULATION OR ABOVE ELBOW

CODE	DESCRIPTION
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT AND SUSPENSION OF COMPONENTS, AND ONE CAST CHANGE, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW.
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L7900	MALE VACUUM ERECTION SYSTEM
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE INCREMENTS, PROVIDED BY A NON-PHYSICIAN
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES
L8500	ARTIFICIAL LARYNX, ANY TYPE
L8501	TRACHEOSTOMY SPEAKING VALVE
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY/ACCESSORY, ANY TYPE
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE
L8510	VOICE AMPLIFIER
L8609	ARTIFICIAL CORNEA
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON), FOR SURGICAL IMPLANTATION (ALL SIZES, INCLUDES ENTIRE SYSTEM)
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLESS STEEL OR COBALT CHROME), CERAMIC-LIKE MATERIAL (E.G., PYROCARBON) FOR SURGICAL IMPLANTATION, ANY SIZE
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS "L" CODE

CODE	DESCRIPTION
S1030	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)
S1031	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, INCLUDING SENSOR, SENSOR REPLACEMENT, AND DOWNLOAD TO MONITOR (FOR PHYSICIAN INTERPRETATION OF DATA, USE CPT CODE)
S8097	ASTHMA KIT (INCLUDING BUT NOT LIMITED TO PORTABLE PEAK EXPIRATORY FLOW METER, INSTRUCTIONAL VIDEO, BROCHURE, AND/OR SPACER)
S8185	FLUTTER DEVICE
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED
S8190	ELECTRONIC SPIROMETER (OR MICROSPIROMETER)
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE
S8429	GRADIENT PRESSURE EXTERIOR WRAP
S8490	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES
S9007	ULTRAFILTRATION MONITOR
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING