

**VERSION July 19 2018****PROCEDURE CODE****DESCRIPTION****PA STATUS INFORMATION**

11920	CORRECT SKIN COLR DEFCT <6SQ CM	Possible Cosmetic - PA required
11921	CORRECT SKIN COLR DEFCT 6.1-20SQ CM	Possible Cosmetic - PA required
11922	CORRECT SKIN COLR DEFCT ADDN 20SQ CM	Possible Cosmetic - PA required
11950	FILL CONTOUR DEFCT <1CC	Cosmetic- Not covered
11951	FILL CONTOUR DEFCT 1.1-5CC	Cosmetic- Not covered
11952	FILL CONTOUR DEFCT 5.1-10CC	Cosmetic- Not covered
11954	FILL CONTOUR DEFCT >10CC	Cosmetic- Not covered
15777	IMPLNT BIO IMPLNT FOR SOFT TISSUE REINFORCEMENT	Possible Cosmetic - PA required
15780	DERMABRAS RX SKIN TOTAL FACE	Cosmetic- Not covered
15781	DERMABRAS RX SKIN SGMENT FACE	Cosmetic- Not covered
15782	DERMABRAS RX SKIN REGIONAL	Cosmetic- Not covered
15783	DERMABRAS RX SKIN SUPERFICIAL	Cosmetic- Not covered
15788	CHEM PEEL, FACE, EPIDERM	Cosmetic- Not covered
15789	CHEM PEEL, FACE, DERMAL	Cosmetic- Not covered
15790	CHEMICAL PEEL; TOTAL FACE	Cosmetic- Not covered
15791	CHEM.PEEL;REGIONL,FACE,HND,ELSEWHER	Cosmetic- Not covered
15792	CHEM PEEL, NONFACIAL EPIDERM	Cosmetic- Not covered
15793	CHEM PEEL, NONFACIAL DERMAL	Cosmetic- Not covered
15820	REVISION OF LOWER EYELID	Possible Cosmetic - PA required
15821	REV LOWER EYELID EXTEN FAT PAD	Possible Cosmetic - PA required
15822	REVISION OF UPPER EYELID	Possible Cosmetic - PA required
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHING DOWN LID	Possible Cosmetic - PA required
15824	REMOVAL OF FOREHEAD WRINKLES	Possible Cosmetic - PA required
15825	REMOV NECK WRINKLES W PLTSY TIGHT	Possible Cosmetic - PA required
15826	REMOVAL OF BROW WRINKLES	Possible Cosmetic - PA required
15828	REML OF CHEEK,CHIN,NECK WRINKLES	Possible Cosmetic - PA required
15829	REMOVAL OF SKIN WRINKLES	Possible Cosmetic - PA required
15830	EXCISE EXCESS SKIN TISSUE,ABDOMEN	Cosmetic- Not covered
15831	EXCISE EXCESS SKIN TISSUE,ABDOMEN	Cosmetic- Not covered
15832	EXCISE EXCESS SKIN TISSUE,THIGH	Cosmetic- Not covered
15833	EXCISE EXCESS SKIN TISSUE,LEG	Cosmetic- Not covered
15834	EXCISE EXCESS SKIN TISSUE,HIP	Cosmetic- Not covered
15835	EXCISE EXCESS SKIN TISSUE,BUTTOCK	Cosmetic- Not covered
15836	EXCISE EXCESS SKIN TISSUE,ARM	Cosmetic- Not covered
15837	EXCISE EXCESS SKIN TISSUE,FOREARM	Cosmetic- Not covered
15838	EXCISE EXCESS SKIN TISSUE,SUBMENTAL	Cosmetic- Not covered
15839	EXCISE EXCESS SKIN TISSUE,OTHER	Cosmetic- Not covered
15847	EXCISE EXCESS SKIN TISSUE,ABDOMEN, ADD-ON	Possible Cosmetic - PA required

15876	SUCT ASSIS LIPECTOMY,HEAD/NECK	Cosmetic- Not covered
15877	SUCT ASSIS LIPECTOMY,TRUNK	Cosmetic- Not covered
15878	SUCT ASSIS LIPECTOMY,UP EXTREM	Cosmetic- Not covered
15879	SUCT ASSIS LIPECTOMY,LOW EXTREM	Cosmetic- Not covered
17380	HAIR REMOV ELECTROLYSIS EA 1/2 HR	Cosmetic- Not covered
17999	SKIN TISSUE PROCEDURE UNLISTED	Possible Cosmetic - PA required
19300	MASTECTOMY FOR GYNECOMASTIA	Possible Cosmetic - PA required
19316	SUSPENSION OF BREAST	Possible Cosmetic - PA required
19318	REDUCTION OF LARGE BREAST	Possible Cosmetic - PA required
19324	ENLARGE BREAST	Possible Cosmetic - PA required
19325	ENLARGE BREAST WITH IMPLANT	Possible Cosmetic - PA required
19328	REMOVAL OF BREAST IMPLANT	Possible Cosmetic - PA required
19330	REMOVAL OF IMPLANT MATERIAL	Possible Cosmetic - PA required
19340	INSERT BREAST PROS IMMED AFTER EXCIS	Possible Cosmetic - PA required
19342	DELAY BREAST PROS AFTER BREAST SURG	Possible Cosmetic - PA required
19350	NIPPLE/AREOLA RECONSTRUCTION	Possible Cosmetic - PA required
19355	CORRECT INVERTED NIPPLE(S)	Possible Cosmetic - PA required
19357	BREAST RECONSTRUC W TISS EXPANDR	Possible Cosmetic - PA required
19361	BREAST RECONSTRUC W LAT DORSI FLAP	Possible Cosmetic - PA required
19362	BREAST RECON TRAM W CLOSE DONOR/PEDICLE/	Possible Cosmetic - PA required
19364	BREAST RECONSTRUC W FREE FLAP	Possible Cosmetic - PA required
19366	BREAST RECONSTRUC W OTHR TECHNIQ	Possible Cosmetic - PA required
19367	BREAST RECONSTRUCT W TRAM 1 PEDICL	Possible Cosmetic - PA required
19368	BREAST RECONSTRUCT W TRAM UVASC ANAS	Possible Cosmetic - PA required
19369	BREAST RECONSTRUCT W TRAM 2 PEDICL	Possible Cosmetic - PA required
19370	SURGERY OF BREAST CAPSULE	Possible Cosmetic - PA required
19371	REMOVAL OF BREAST CAPSULE	Possible Cosmetic - PA required
19380	REVISE BREAST RECONSTRUCTION	Possible Cosmetic - PA required
19396	DESIGN CUSTOM BREAST IMPLANT	Possible Cosmetic - PA required
19499	BREAST SURGERY PROCEDURE UNLISTED	Possible Cosmetic - PA required
21076	Impression and custom preparation; surgical obturator prosthesis	Possible Dental- Only covered for injury/accident
21079	Impression and custom preparation; interim obturator prosthesis	Possible Dental- Only covered for injury/accident
21080	Impression and custom preparation; definitive obturator prosthesis	Possible Dental- Only covered for injury/accident
21081	Impression and custom preparation; mandibular resection prosthesis	Possible Dental- Only covered for injury/accident
21082	Impression and custom preparation; palatal augmentation prosthesis	Possible Dental- Only covered for injury/accident

21083	Impression and custom preparation; palatal lift prosthesis	Possible Dental- Only covered for injury/accident
21120	RECONST CHIN AUGMENT	Possible Cosmetic - PA required
21121	Genioplasty; sliding osteotomy, single piece	Possible Dental- Only covered for injury/accident
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Possible Dental- Only covered for injury/accident
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Possible Dental- Only covered for injury/accident
21125	Augmentation, mandibular body or angle; prosthetic material	Possible Dental- Only covered for injury/accident
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Possible Dental- Only covered for injury/accident
21141	Reconstruction midface	Possible Dental- Only covered for injury/accident
21142	Reconstruction midface	Possible Dental- Only covered for injury/accident
21143	Reconstruction midface	Possible Dental- Only covered for injury/accident
21145	Reconstruction midface	Possible Dental- Only covered for injury/accident
21146	Reconstruction midface	Possible Dental- Only covered for injury/accident
21147	Reconstruction midface	Possible Dental- Only covered for injury/accident
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Possible Dental- Only covered for injury/accident
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Possible Dental- Only covered for injury/accident
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Possible Dental- Only covered for injury/accident
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Possible Dental- Only covered for injury/accident
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Possible Dental- Only covered for injury/accident
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Possible Dental- Only covered for injury/accident

21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Possible Dental- Only covered for injury/accident
21193	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21194	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21195	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21196	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21198	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21199	Reconstruction mandibular rami	Possible Dental- Only covered for injury/accident
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Possible Dental- Only covered for injury/accident
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	PA Recommended
21215	Graft, bone; mandible (includes obtaining graft)	Possible Dental- Only covered for injury/accident
21235	EAR CARTILAGE GRAFT TO FACE	Possible Cosmetic - PA required
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Possible Dental- Only covered for injury/accident
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Possible Dental- Only covered for injury/accident
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Possible Dental- Only covered for injury/accident
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Possible Dental- Only covered for injury/accident
21248	RECONSTR JAW,PART-ENDO IMPLNT	Procedures- PA Recommended- Orthognathic Excluded
21249	RECONSTR JAW,FULL,ENDO IMPLNT	Procedures- PA Recommended- Orthognathic Excluded
21499	HEAD SURGERY PROC UNLISTED	PA Recommended
22510	PERQ VERTEBROPLASTY UNI/BI INJX CERVICOTHORACIC	Spine procedures PA required
22511	PERQ VERTEBROPLASTY UNI/BI INJECTION LUMBOSACRAL	Spine procedures PA required
22512	VERTEBROPLASTY EACH ADDL CERVICOTHOR/LUMBOSACRAL	Spine procedures PA required
22513	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION	Spine procedures PA required
22514	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR	Spine procedures PA required
22515	PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ EACH	Spine procedures PA required
22520	INJECT VERTEBRAL BODY, THORACIC	Spine procedures PA required
22521	INJECT VERTEBRAL BODY, LUMBAR	Spine procedures PA required

22522	INJ VERTEBRAL BODY, EACH ADDITIONAL	Spine procedures PA required
22523	PERC VERTEB AUGMENT/ KYPHOPLAST, THOR	Spine procedures PA required
22524	PERC VERTEB AUGMENT/ KYPHOPLAST, LUMBAR	Spine procedures PA required
22525	PERC VERTEB AUGMENT/ KYPHOPLAST, EA ADD	Spine procedures PA required
22526	PERC INTRADISC ELECTRO ANNULOPLASTY, SINGLE LEVEL	Spine procedures PA required
22527	PERC INTRADISC ELECTRO ANNULOPLASTY, 1 OR MORE ADD	Spine procedures PA required
22532	LAT THORAX SPINE FUSION	Spine procedures PA required
22533	LAT LUMBAR SPINE FUSION	Spine procedures PA required
22534	LAT THOR/LUMB, ADDÆL SEG	Spine procedures PA required
22548	CERV SPINE FUSN,ANTER,CLIVUS-C1-C2	Spine procedures PA required
22551	ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2	Spine procedures PA required
22552	ARTHRODESIS ANT INTERBODY INC DISCECTOMY, CERVICAL BELOW C2 EACH ADDL	Spine procedures PA required
22554	CERV SPINE FUSN,ANTER,BELOW C2	Spine procedures PA required
22556	THORAX SPINE FUSION,ANTER APPRCH	Spine procedures PA required
22558	LUMBAR SPINE FUSION,ANTER APPRCH	Spine procedures PA required
22585	SPINAL FUSION,ANT,EA ADNL LEVEL	Spine procedures PA required
22586	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L5/S1	Spine procedures PA required
22590	CRANIOCERV FUSN,POST TECHNIQUE	Spine procedures PA required
22595	CERV C1-2 FUSN,POSTER TECH	Spine procedures PA required
22600	CERV FUSN,BELOW C2,POST TECH	Spine procedures PA required
22610	THORAX SPINE FUSN,POST TECH	Spine procedures PA required
22612	LUMBAR SPINE FUSN,POST TECH	Spine procedures PA required
22614	SPINE FUSN,POST TECH,EA ADDNL SGMT	Spine procedures PA required
22625	ARTHROD,LAT TRANSVERSE TECH,LUMBAR	Spine procedures PA required
22630	LUMBAR SPINE FUSN,POST INTERBODY	Spine procedures PA required
22632	LUMB SP FUSN,POST INTERBDY,EA ADDNL	Spine procedures PA required
22633	ARTHDSIS POST/POSTEROLATRL/POSTINTERBODY LUMBAR	Spine procedures PA required
22634	ARTHDSIS POST/POSTERLATRL/POSTINTRBDYADL SPC/SEG	Spine procedures PA required
22650	ARTHROD,POST,P-LAT,LAT.TXVRS;EA.ADD	Spine procedures PA required
22800	SPINE FUSN,POSTER,UP TO 6 SGMTS	Spine procedures PA required
22802	SPINE FUSION,POSTER,7-12 SGMTS	Spine procedures PA required
22804	SPINE FUSION,POSTER,13+ SGMTS	Spine procedures PA required
22808	SPINE FUSION,ANTER,3 SGMTS	Spine procedures PA required
22810	SPINE FUSION,ANTER,4-7 SGMTS	Spine procedures PA required
22812	SPINE FUSION,ANTER,8+ SGMTS	Spine procedures PA required
22818	KYPHECTOMY, 1-2 SEGMENTS	Spine procedures PA required
22819	KYPHECTOMY, 3 & MORE SEGMENT	Spine procedures PA required
22820	HARVEST BONE AUTOGRAFT-ARTHRODESIS	Spine procedures PA required
22830	EXPLORATION OF SPINAL FUSION	Spine procedures PA required
22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION	Spine procedures PA required

22841	INTERNAL SPINAL FIXATION WIRING SPINOUS PROCESS	Spine procedures PA required
22842	POSTERIOR SEGMENTAL INSTRUMENTATION 3-6 VRT SEG	Spine procedures PA required
22843	POSTERIOR SEGMENTAL INSTRUMENTATION 7-12 VRT SEG	Spine procedures PA required
22844	POSTERIOR SEGMENTAL INSTRUMENTATION 13/> VRT SEG	Spine procedures PA required
22845	ANTERIOR INSTRUMENTATION 2-3 VERTEBRAL SEGMENTS	Spine procedures PA required
22846	ANTERIOR INSTRUMENTATION 4-7 VERTEBRAL SEGMENTS	Spine procedures PA required
22847	ANTERIOR INSTRUMENTATION 8/> VERTEBRAL SEGMENTS	Spine procedures PA required
22848	PELVIC FIXATION OTHER THAN SACRUM	Spine procedures PA required
22849	REINSERT SPINAL FIXATION	Spine procedures PA required
22850	REMOVE SPINE FIX DEV,HARRINGTON	Spine procedures PA required
22851	APPLICATION INTERVERTEBRAL BIOMECHANICAL DEVICE	Spine procedures PA required
22852	REMOVE SPINE FIX DEV,POST SGM TAL	Spine procedures PA required
22853	INSERT BIOMCHN DEV INTERVERTEBRAL DSC SPC W/ARTHRD	Spine procedures PA required
22854	INSERT BIOMCHN DEV VRT CORPECTOMY DEFECT W/ARTHRD	Spine procedures PA required
22855	REMOVE SPINE FIX DEV,ANTERIOR	Spine procedures PA required
22856	TOTAL DISC ARTHROPLASTY, CERVICAL, SINGLE	Spine procedures PA required
22857	TOTAL DISC ARTHROPLASTY, LUMBAR, SINGLE	Spine procedures PA required
22858	TOT DISC ARTHRP ANT APPR DISC 2ND LEVEL CERVICAL	Spine procedures PA required
22859	INSRTN BIOMCHN DEV NTRVRT DISC SPACE W/O ARTHRD	Spine procedures PA required
22861	REVISION TOTAL DISC ARTHROPLASTY, CERVICAL, SINGLE	Spine procedures PA required
22862	REVISION TOTAL DISC ARTHROPLASTY, LUMBAR, SINGLE	Spine procedures PA required
22864	REMOVE TOTAL DISC ARTHROPLASTY, CERVICAL, SINGLE	Spine procedures PA required
22865	REMOVE TOTAL DISC ARTHROPLASTY, LUMBAR, SINGLE	Spine procedures PA required
22867	INSRTN STABLZTN DEV W/DCMPRN LUMBAR SINGLE LEVEL	Spine procedures PA required
22868	INSRTN STABLZTN DEV W/DCMPRN LUMBAR SECOND LEVEL	Spine procedures PA required
22869	INSRTN STABLZTN DEV W/O DCM PRN LUMBAR SINGLE LEVEL	Spine procedures PA required
22870	INSRTN STABLZTN DEV W/O DCM PRN LUMBAR SECOND LEVEL	Spine procedures PA required
22899	SPINE SURGERY PROCEDURE UNLISTED	Spine procedures PA required
25999	FOREARM/WRIST SURGERY UNLISTED	PA Recommended
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	PA Recommended
27416	OSTEOCHOND AUTOGRAFT KNEE OPEN	PA Recommended
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	Excluded when performed for treatment of flat foot
28715	Arthrodesis; triple	Excluded when performed for treatment of flat
28725	Arthrodesis; subtalar	Excluded when performed for treatment of flat
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-	Excluded when performed for treatment of flat
29806	SHLDR ARTHROSCOP,SURG,CAPSULORRHAPHY	PA Recommended
29823	SHLDR ARTHROSCOP,EXTEN DEBRIDE	PA Recommended
29827	SHLDR ARTHROSCOP,SURG,W/ROTAT CUFF REPR	PA Recommended

29848	WRIST ARTHROSCOP,RELEASE XVERS LIG	PA Recommended
29866	KNEE SCOPE, AUTOGRAFT IMPANT	PA Recommended
29867	KNEE SCOPE, ALLOGRAFT IMPANT	PA Recommended
29877	KNEE SCOPE,SHAVE ARTICULAR CART	PA Recommended
29881	KNEE SCOPE,MED/LAT MENISECTOMY	PA Recommended
29882	KNEE SCOPE,MED OR LAT MENIS REPAIR	PA Recommended
29893	ANKLE SCOPE,PLANTAR FASCIOTOMY	PA Recommended
29898	ANKLE SCOPE,EXTENS DEBRIDEMNT	PA Recommended
29914	ARTHROSCOPY HIP W/FEMOROPLASTY	PA Recommended
29916	ARTHROSCOPY HIP W/LABRAL REPAIR	PA Recommended
29999	UNLISTED PROC, ARTHROSCOPY	PA Recommended
30400	RECONSTR NOSE	Possible Cosmetic - PA required
30410	RECONSTR NOSE,COMPLETE+EXTERNAL	Possible Cosmetic - PA required
30420	RECONSTR NOSE+MAJ SEPTAL REPAIR	Possible Cosmetic - PA required
30430	REVIS NOSE,SECONDARY,MINOR	Possible Cosmetic - PA required
30435	REVIS NOSE,SECONDARY,INTERMEDIATE	Possible Cosmetic - PA required
30450	REVIS NOSE,SECONDARY,MAJOR	Possible Cosmetic - PA required
30465	REPAIR NASAL CAVITY STENOSIS	Possible Cosmetic - PA required
30520	REPAIR OF NASAL SEPTUM	PA Recommended
32850	DONOR PNEUMONECTOMY	Transplant- PA required
32851	LUNG TRANSPLANT,SINGLE	Transplant- PA required
32852	LUNG TRANSPLANT,SINGL W CP BYPASS	Transplant- PA required
32853	LUNG TRANSPLANT,DOUBLE	Transplant- PA required
32854	LUNG TRANSPLANT,DBL W CP BYPASS	Transplant- PA required
32855	TRANSPLANT,PREP DONOR LUNG, SINGLE	Transplant- PA required
32856	TRANSPLANT,PREP DONOR LUNG, DOUBLE	Transplant- PA required
33254	ABLATE/ RECONSTRUCT ATRIA, LIMITED	Procedures- PA Recommended
33256	ABLATE/ RECONSTRUCT ATRIA, EXTENS, W/ BYPASS	Procedures- PA Recommended
33257	ABLATE/ RECONSTRUCT ATRIA, W OTHER PROCED LIMITED	Procedures- PA Recommended
33259	ABLATE/ RECONSTRUCT ATRIA, W OTHER PROCED EXTENS W/ BYPASS	Procedures- PA Recommended
33930	REMOVAL OF DONOR HEART/LUNG	Transplant- PA required
33933	TRANSPLANT,PREP DONOR HEART/LUNG	Transplant- PA required
33935	TRANSPLANTATION, HEART/LUNG	Transplant- PA required
33940	REMOVAL OF DONOR HEART	Transplant- PA required
33944	TRANSPLANT,PREP DONOR HEART	Transplant- PA required
33945	TRANSPLANTATION OF HEART	Transplant- PA required
36456	PRTL EXCHANGE TRANSFUSE BLOOD/PLSM/CRYST NEWBORN	Transplant- PA required
36468	INJECTION; SPIDER VEINS,LIMB/TRUNK	Cosmetic- Not covered
36470	INJECTION THERAPY VEIN,ONE VEIN	Possible Cosmetic - PA required
36471	INJECTION THERAPY VEIN,MULT VEINS	Possible Cosmetic - PA required

36475	ENDOVENOUS RF, 1ST VEIN	PA Recommended
36476	ENDOVENOUS RF, VEIN ADD-ON	PA Recommended
36478	ENDOVENOUS LASER, 1ST VEIN	PA Recommended
37212	Catheter directed Thrombolysis	PA Recommended- Considered Investigational for Ileo femoral DVT
37213	Catheter directed Thrombolysis	PA Recommended- Considered Investigational for Ileo femoral DVT
37214	Catheter directed Thrombolysis	PA Recommended- Considered Investigational for Possible Cosmetic - PA required
37761	LIGATN PERFORATORS,SUBFASC,OPEN, INCL U/S, 1 LEG	Possible Cosmetic - PA required
37765	PHLEB VEINS - EXTREM - TO 20	Possible Cosmetic - PA required
37766	PHLEB VEINS - EXTREM 20+	Possible Cosmetic - PA required
37799	VASCULAR SURGERY PROCEDURE UNLIST	PA Recommended
38206	PROG CELL HARVEST,TRANSPLANT,AUTOLOGOUS	Transplant- PA required
38207	TRANS PREP CELLS,CRYOPRESERV & STORAGE	Transplant- PA required
38208	TRANS PREP CELLS,THAW PREV FROZEN HARV	Transplant- PA required
38209	TRANS PREP CELLS,WASHING HARVEST	Transplant- PA required
38210	TRANS PREP CELLS,SPEC CELL DEPLETION	Transplant- PA required
38212	TRANS PREP CELLS,RED BLOOD CELL REMOVAL	Transplant- PA required
38213	TRANS PREP CELLS,PLATELET DEPLETION	Transplant- PA required
38214	TRANS PREP CELLS,PLASMA (VOL) DEPLETION	Transplant- PA required
38215	TRANS PREP CELLS,CONC PLASMA/MONO/BUFFY	Transplant- PA required
38220	BONE MARROW; ASPIRATION ONLY	Transplant- PA required
38221	BONE MARROW BX, NEEDLE/TROCAR	Transplant- PA required
38230	BONE MARROW COLLECTION	Transplant- PA required
38232	BONE MARROW HARVEST TRANSPLANTATION AUTOLOGOUS	Transplant- PA required
38240	BONE MARROW/STEM XPLANT,ALLOGENIC	Transplant- PA required
38241	BONE MARROW/STEM XPLANT,AUTOLOGOUS	Transplant- PA required
38242	BONE MAR/STEM XPLANT,ALLOG DON LYMPH INF	Transplant- PA required
38243	TRNSPLJ HEMATOPOIETIC CELL BOOST	Transplant- PA required
38505	NEEDLE BIOPSY, LYMPH NODE(S)	Transplant- PA required
41820	EXCISION, GUM, EACH QUADRANT	Possible Dental- Only covered for injury/accident
41821	EXCISION OF GUM FLAP	Possible Dental- Only covered for injury/accident
41822	EXCIS FIBROUS TUBER,DENTOALV	Possible Dental- Only covered for injury/accident
41823	EXCIS OSSEOUS TUBER,DENTOALV	Possible Dental- Only covered for injury/accident
41825	EXCIS DENTOALVEOLAR LESION	Possible Dental- Only covered for injury/accident



41826	EXCIS DENTOALV LESN,SIMPL REPR	Possible Dental- Only covered for injury/accident
41827	EXCIS DENTOALV LESN,COMPLX REP	Possible Dental- Only covered for injury/accident
41828	EXCISION OF GUM LESION	Possible Dental- Only covered for injury/accident
41830	REMOVAL OF GUM TISSUE	Possible Dental- Only covered for injury/accident
41850	TREATMENT OF GUM LESION	Possible Dental- Only covered for injury/accident
41870	GUM GRAFT	Possible Dental- Only covered for injury/accident
41872	REPAIR GUM	Possible Dental- Only covered for injury/accident
41874	REPAIR TOOTH SOCKET	Possible Dental- Only covered for injury/accident
41899	DENTAL SURGERY PROCEDURE	Possible Dental- Only covered for injury/accident
42145	PALATOPHAYNGOPLASTY	PA Recommended
42200	RECONST CLEFT PALATE,SOFT/HARD	Procedures- PA Recommended
42205	RECONST CLEFT PALATE,CLOS ALVE RDG	Procedures- PA Recommended
42210	RECONST CLEFT PALATE,BONE GRFT	Procedures- PA Recommended
42215	RECONST CLEFT PALATE,MAJOR REVIS	Procedures- PA Recommended
42220	RECONST CLEFT PALATE,LENGTHENING	Procedures- PA Recommended
42225	RECONST CLEFT PALATE,ATTACH PHAR	Procedures- PA Recommended
42226	LENGTHENING PALATE+PHARY FLAP	Procedures- PA Recommended
42227	LENGTHENING PALATE+ISLAND FLAP	Procedures- PA Recommended
42235	REPAIR ANTER PALATE W VOMER FLAP	Procedures- PA Recommended
42260	REPAIR NOSE TO LIP FISTULA	Procedures- PA Recommended
42280	MAXILL IMPRESSN-PALATE PROSTHESIS	Procedures- PA Recommended
42281	INSERTION, PALATE PROSTHESIS	Procedures- PA Recommended
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Gastric Bypass- PA Required ID, Excluded Montana
43645	LAP GASTR BYPASS INCL SMLL INT RECON	Gastric Bypass- PA Required ID, Excluded Montana
43755	GASTRIC INTUBATION/ASPIRATION, DIAGNOSTIC, MULTIPLE SPECIMEN	Gastric Bypass- PA Required ID, Excluded Montana
43770	LAP, PLACE ADJUST GAST RESTRICT DEVICE	Gastric Bypass- PA Required ID, Excluded Montana

43771	LAP, REVISE ADJUST GAST RESTRICT DEVICE	Gastric Bypass- PA Required ID, Excluded Montana
43772	LAP, REMOVE ADJUST GAST RESTRICT DEVICE	Gastric Bypass- PA Required ID, Excluded Montana
43773	LAP, CHANGE ADJUST GAST RESTRICT DEVICE	Gastric Bypass- PA Required ID, Excluded Montana
43774	LAP, REMOVE ADJUST GAST RESTRICT DEVICE/PORT	Gastric Bypass- PA Required ID, Excluded Montana
43775	LAP, GAST RESTRICT PROC, LONGITUDINAL GASTRECTOMY	Gastric Bypass- PA Required ID, Excluded Montana
43842	GASTROPLASTY,OBESITY,VERT BAND	Gastric Bypass- PA Required ID, Excluded Montana
43843	GASTROPLASTY,OBESITY,OTHER	Gastric Bypass- PA Required ID, Excluded Montana
43844	GASTRIC BYPASS FOR MORBID OBESITY	Gastric Bypass- PA Required ID, Excluded Montana
43845	GASTROPLASTY DUODENAL SWITCH	Gastric Bypass- PA Required ID, Excluded Montana
43846	GASTRIC BYPASS,OBESE<100CM ROUX-EN-Y	Gastric Bypass- PA Required ID, Excluded Montana
43847	GASTRIC BYPASS,OBESITY,W/SM BOWEL RECONS	Gastric Bypass- PA Required ID, Excluded Montana
43848	REVISION GASTROPLASTY,OBESITY, NON-GAST RESTRICT DEVICE	Gastric Bypass- PA Required ID, Excluded Montana
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Excluded Complications of Gastric Bypass
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Excluded Complications of Gastric Bypass
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Excluded Complications of Gastric Bypass
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Excluded Complications of Gastric Bypass
44132	ENTERECTOMY,OPEN,CADAVER DONOR	Transplant- PA required
44133	ENTERECTOMY,PARTIAL,LIVING DONOR	Transplant- PA required
44135	ALLOTRANSPLANT,INTESTINE,CADAVER DNR	Transplant- PA required
44136	ALLOTRANSPLANT,INTESTINE,LIVING DONOR	Transplant- PA required
44137	REMOVE INTESTINAL ALLOGRAFT, CMLPT	Transplant- PA required
44715	TRANSPLANT, PREP DONOR INTESTINE	Transplant- PA required

44720	TRANSPLANT, RECONS DONOR INTEST VENOUS	Transplant- PA required
44721	TRANSPLANT, RECONS DONOR INTEST ARTER	Transplant- PA required
45399	UNLISTED PROCEDURE COLON	Procedures- PA Recommended
47133	REMOVAL OF DONOR LIVER	Transplant- PA required
47135	TRANSPLANT LIVER,ALLOTRANSPLANT	Transplant- PA required
47140	PARTIAL REMOVAL, DONOR LIVER	Transplant- PA required
47141	PARTIAL REMOVAL, DONOR LIVER, LEFT LOBE	Transplant- PA required
47142	PARTIAL REMOVAL, DONOR LIVER, RIGHT LOBE	Transplant- PA required
47143	TRANSPLANT,PREP DONOR LIVER, WHOLE	Transplant- PA required
47144	TRANSPLANT,PREP DONOR LIVER, 3-SEGMENT	Transplant- PA required
47145	TRANSPLANT,PREP DONOR LIVER, LOBE SPLIT	Transplant- PA required
47146	TRANSPLANT,PREP DONOR LIVER/VENOUS	Transplant- PA required
47147	TRANSPLANT,PREP DONOR LIVER/ARTERIAL	Transplant- PA required
48550	DONOR PANCREATECTOMY	Transplant- PA required
48551	TRANSPLANT,PREP DONOR PANCREAS	Transplant- PA required
48552	TRANSPLANT,PREP DONOR PANCREAS/VENOUS	Transplant- PA required
48556	REMOVAL ALLOGRAFT PANCREAS	Transplant- PA required
50300	RMV,DONOR KIDNEY,CADAVER	Transplant- PA required
50320	RMV,KIDNEY,DONOR,LIVING	Transplant- PA required
50323	TRANSPLANT,PREP CADAVER RENAL GRAFT	Transplant- PA required
50325	TRANSPLANT,PREP LIVING RENAL GRAFT	Transplant- PA required
50327	TRANSPLANT,PREP RENAL GRAFT/VENOUS	Transplant- PA required
50328	TRANSPLANT,PREP RENAL GRAFT/ARTERIAL	Transplant- PA required
50329	TRANSPLANT,PREP RENAL GRAFT/URETERAL	Transplant- PA required
50340	REMOVAL OF RECIPIENT KIDNEY	Transplant- PA required
50360	TRANSPLANTATION OF KIDNEY	Transplant- PA required
50365	TRANSPLANT KIDNEY+RECIP NEPHREC	Transplant- PA required
50370	REMOVE TRANSPLANTED KIDNEY	Transplant- PA required
50380	REIMPLANTATION OF KIDNEY	Transplant- PA required
53430	RECONSTRUC FEMALE URETHRA	PA Required
54125	REMOVAL PENIS,TOTAL	PA Required
54400	INSERT SEMI-RIGID PENILE PROSTHESIS	PA Required
54401	INSERT SELF-CONTD PENILE PROSTHESIS	PA Required
54405	INSERT,INFLATABLE PENILE PROSTHESIS	PA Required
54520	REMOVAL TESTIS,SIMPLE	PA Recommended
54660	INSERT TESTICULAR PROSTHESIS	PA Recommended
54690	LAP,ORCHIECTOMY	PA Recommended
55180	REVISION OF SCROTUM,COMPLICATED	PA Recommended
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	Infertility tx not covered - PA Recommended

55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	Infertility tx not covered - PA Recommended
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	Infertility tx not covered - PA Recommended
55899	GENITAL SURG PROC,MALE UNLISTED	PA Recommended
55970	SEX TRANSFORMATION, M TO F	PA Required
55980	SEX TRANSFORMATION, F TO M	PA Required
56625	COMPLETE SIMPLE REMV VULVA	PA Recommended
56800	PLASTIC REPAIR INTROITUS	PA Recommended
56805	REPAIR CLITORIS	PA Recommended
56810	REPAIR OF PERINEUM,NON OBSTETRICAL	PA Recommended
57106	REMOVE VAGINA WALL, PARTIAL	PA Recommended
57107	REMOVE VAGINA TISSUE/PARTIAL	PA Recommended
57110	COMPLETE REMOVAL OF VAGINA WALL	PA Recommended
57111	REMOVE VAGINA TISSUE/COMPLETE	PA Recommended
57280	SUSPENSION OF VAGINA,ABD APPRCH	PA Recommended
57291	CONSTRUCTION ARTIFIC VAGINA	PA Required
57292	CONSTRUCT ARTIFIC VAGINA W GRAFT	PA Required
57295	REVISION VAGINAL GRAFT	PA Recommended
57296	REVISION VAGINAL GRAFT, ABD APPROACH	PA Recommended
57335	REVISE VAGINA FOR INTERSEC STATE	PA Recommended
57426	REVISION PROSTHETIC VAGINAL GRAFT LAPAROSCOPIC	PA Recommended
58150	TOTAL ABD HYSTERECTOMY	PA Recommended
58260	VAGINAL HYSTERECTOMY,UTERUS 250 GMS/<	PA Recommended
58262	VAG HYST,RMV TUBE/OVARY	PA Recommended
58275	VAG HYST, W/VAGINECTOMY	PA Recommended
58280	VAG HYST,RMV VAG,FIX ENTEROCELE	PA Recommended
58285	VAG HYST RADICAL	PA Recommended
58290	VAG HYST,UTERUS >250 GMS	PA Recommended
58291	VAG HYST,UTERUS >250 GMS,REM TUBE/OVARY	PA Recommended
58350	REOPEN FALLOPIAN TUBE,CHROMOTUBATION	Infertility tx not covered - PA Recommended
58541	LAP, SUPRACERVIAL HYSTERECTOMY, <250G	PA Recommended
58542	LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, <250G	PA Recommended
58543	LAP, SUPRACERVIAL HYSTERECTOMY, >250G	PA Recommended
58544	LAP, SUPRACERVIAL HYSTERECTOMY W/ TUBE&OV, >250G	PA Recommended
58552	LAP,VAG HYST,UTERUS 250GMS/<,SALP-OOPH	PA Recommended
58554	LAP,VAG HYST,UTERUS >250GMS,SALP-OOPH	PA Recommended
58563	HYSTEROSCOPY,W/ENDOMETRIAL ABLATION	Infertility tx not covered - PA Recommended
58570	LAPAROSCOPY W TOT HYSTERECT UTERUS 250 GRAM OR LESS	PA Recommended
58571	LAPAROSCOPY W TOT HYSTERECTUTERUS <=250 GRAM W TUBE/OVARY	PA Recommended
58572	LAPAROSCOPY TOTAL HYSTERECTOMY UTERUS > 250 GRAM	PA Recommended
58573	LAPAROSCOPY TOT HYSTERECTOMY UTERUS >250 GRAM W TUBE/OVARY	PA Recommended

58578	LAP,UTERUS,UNLISTED PROCEDURE	Infertility tx not covered - PA Recommended
58661	LAP,RMV ADNEXAL STRUCTURE	PA Recommended
58720	REMOVAL OF OVARY/TUBE(S)	PA Recommended
58752	Tubouterine implantation	Excluded- Fertility
58970	Follicle puncture for oocyte retrieval, any method	Excluded- Fertility
58974	Embryo transfer, intrauterine	Excluded- Fertility
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	Excluded- Fertility
61782	STEREOTACTIC COMP ASSIST PROC,CRANIAL,EXTRADURAL	PA Recommended
62350	IMP SPINAL CANAL CATH	Spine procedures PA required
62351	IMPLANT SPINAL CATH W LAMINECT	Spine procedures PA required
62355	REMOVE SPINAL CANAL CATHETER	Spine procedures PA required
62360	INSERT SPINE INFUSN DEVICE,SUBCUT	Spine procedures PA required
62361	INSERT/ PREPLACE INFUSN PUMP,NONPROGRAM	Spine procedures PA required
62362	INSERT/ REPLACE INFUSN PUMP,PROGRAMMABLE	Spine procedures PA required
62365	REMOVE INFUSN DEVICE/PUMP	Spine procedures PA required
62367	ANALYZE INFUSN PUMP	Spine procedures PA required
62368	ANALYZE INFUSN PUMP+REPROGRAM	Spine procedures PA required
62369	ELECT ANLYS IMPLT ITHCL/EDRL PMP W/REPRG&REFILL	Spine procedures PA required
62370	ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR&REF PHYS	Spine procedures PA required
63001	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, CERVICAL	Spine procedures PA required
63003	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, THORACIC	Spine procedures PA required
63005	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, LUMBAR	Spine procedures PA required
63011	LAM W/O FACETEC FORAMOT/DSKC 1/2 VRT SEG, SACRAL	Spine procedures PA required
63012	LAMINECTOMY,FACETECTOMY,LUMBAR	Spine procedures PA required
63015	LAMINECTOMY,>2 SGMT,CERVICAL	Spine procedures PA required
63016	LAMINECTOMY,>2 SGMT,THORACIC	Spine procedures PA required
63017	LAMINECTOMY,>2 SGMT,LUMBAR	Spine procedures PA required
63020	EXCIS CERV DISK,ONE LEVEL	Spine procedures PA required
63030	LAMINOTOMY,LUMBAR DISK,1 INTRSP	Spine procedures PA required
63035	EXCIS EACH ADDNL SPINAL DISK	Spine procedures PA required
63040	LAMINOTOMY	Spine procedures PA required
63042	REDO EXCIS LUMBAR DISK	Spine procedures PA required
63043	REDO EXCIS CERV DISK, ADDN CERV INTERSPC	Spine procedures PA required
63044	REDO EXCIS CERV DISK, ADDN LUMB INTERSPC	Spine procedures PA required
63045	LAMINEC/FACETECT/FORAMIN,CERVICAL 1 SEG	Spine procedures PA required
63046	LAMINEC/FACETECT/FORAMIN,THORACIC 1 SEG	Spine procedures PA required
63047	LAMINEC/FACETECT/FORAMIN,LUMBAR 1 SEG	Spine procedures PA required
63048	LAMINEC/FACETECT/FORAMIN,EACH ADDNL	Spine procedures PA required
63050	C- LAMINOPLASTY, 2 OR MORE	Spine procedures PA required
63051	C-LAMINOPLASTY W/GRAFT/PLATE, 2 OR MORE	Spine procedures PA required
63055	XPEDICUL DECOMPRESS THROACIC CORD	Spine procedures PA required

63056	DECOMPRESS SPINAL CORD,1 SEG	Spine procedures PA required
63057	XPEDICUL DECOMPRESS CORD,ADDNL SGMT	Spine procedures PA required
63064	COSTOVERT DECOMPRESS THORACIC CORD	Spine procedures PA required
63066	COSTOVERT DECOMP THOR CORD,EACH ADDN	Spine procedures PA required
63075	DISK SURG,ANTER,CERVICAL,SINGLE LVL	Spine procedures PA required
63076	DISK SURG,ANTER,CERV,EA ADDNL LVL	Spine procedures PA required
63077	DISK SURG,THORAX,SINGLE LEVEL	Spine procedures PA required
63078	DISK SURG,THORAX,EA ADDNL LEVEL	Spine procedures PA required
63081	REMV VERT BODY,CERV,ONE SGMT	Spine procedures PA required
63082	REMV VERT BODY,CERV,EACH ADDNL SGMT	Spine procedures PA required
63085	REMV VERT BODY,THOR,ONE SGMT	Spine procedures PA required
63086	REMV VERT BODY,THOR,EACH ADDNL SGMT	Spine procedures PA required
63087	REMV VERT BODY,LO THOR/LUMB,ONE	Spine procedures PA required
63088	REMV VERT BODY,LO THOR/LUMB,EA ADDNL	Spine procedures PA required
63090	REMV VERT BODY,LOWER,RETROPER,ONE	Spine procedures PA required
63091	REMV VERT BODY,LOWR,RETROPER,EA ADDN	Spine procedures PA required
63101	REMV VERT BODY, LATERAL, THORACIC	Spine procedures PA required
63102	REMV VERT BODY, LATERAL, LUMBAR	Spine procedures PA required
63103	REMOVE VERTEBRAL BODY ADD-ON	Spine procedures PA required
63295	REPAIR OF LAMINECTOMY DEFECT, ADD-ON	Spine procedures PA required
64550	Application of surface (transcutaneous) neurostimulator	Excluded per Member Contract
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	Excluded per Member Contract
64611	CHEMODENERVATION PAROTID/SUBMANDIBULAR SALIVARY GLANDS,BILATERAL	Procedures - PA requested
64999	Unlisted procedure, nervous system	Excluded per Member Contract
65710	CORNEAL TRANSPLANT,LAMELLAR	Transplant- PA required
65730	CORNEAL TRANSPLANT,PENETRATING	Transplant- PA required
65750	CORNEAL TRANSPLANT,PENETRAT,APHAKIA	Transplant- PA required
65755	CORNEAL TRANSPLANT,PEN,PSEUDOAPHAK	Transplant- PA required
65756	CORNEAL TRANSPLANT,ENDOTHELIAL	Transplant- PA required
65757	BACKBENCH PREP CORNEAL ALLOGRAFT	Transplant- PA required
65760	Keratomileusis	Excluded Lasix, PRK- per member contract
65770	REVISE CORNEA WITH IMPLANT	PA Recommended
65771	Radial keratotomy	Excluded Lasix, PRK- per member contract
65785	Implantation of intrastromal corneal ring segments	Excluded Lasix, PRK- per member contract
66999	Unlisted procedure, anterior segment of eye	Excluded Lasix, PRK- per member contract
67900	REPAIR BROW PTOSIS	Possible Cosmetic - PA required
67901	FIX LID PTOSIS,FRONTALIS MUSC,SUT	Possible Cosmetic - PA required
67904	FIX LID PTOSIS,LEVATR RESEC,EXTERN	Possible Cosmetic - PA required
67906	FIX LID PTOSIS,SUPER RECTUS TECH	Possible Cosmetic - PA required
67908	FIX LID PTOSIS,FASANELLA-SERVAT	Possible Cosmetic - PA required

67909	REDN OVERCORRECTN OF LID PTOSIS	Possible Cosmetic - PA required
69300	REVISE EXTERNAL EAR	Possible Cosmetic - PA required
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporale bone	PA required
69714	IMPLNT,TEMPORAL BONE,W/EXTRN STIM	PA required
69930	IMPLANT COCHLEAR DEVICE	PA required
70336	MRI Temporomandibular Joint (s) {TMJ}	MRI- PA recommended except cancer diagnosis
70540	MRI Orbit, Face and Neck without contrast	MRI- PA recommended except cancer diagnosis
70542	MRI Orbit, Face and Neck with contrast	MRI- PA recommended except cancer diagnosis
70543	MRI Orbit, Face and Neck without and with contrast	MRI- PA recommended except cancer diagnosis
70544	MR Angiography (MRA) Head without contrast	MRI- PA recommended except cancer diagnosis
70545	MR Angiography (MRA) Head with contrast	MRI- PA recommended except cancer diagnosis
70546	MR Angiography (MRA) Head without & with contrast	MRI- PA recommended except cancer diagnosis
70547	MR Angiography (MRA) Neck without contrast	MRI- PA recommended except cancer diagnosis
70548	MR Angiography (MRA) Neck with contrast	MRI- PA recommended except cancer diagnosis
70549	MR Angiography (MRA) Neck without & with contrast	MRI- PA recommended except cancer diagnosis
70553	MRI BRAIN COMBO	MRI- PA recommended except cancer diagnosis
71550	MRI Chest without contrast	MRI- PA recommended except cancer diagnosis
71551	MRI Chest with contrast	MRI- PA recommended except cancer diagnosis
71552	MRI Chest without & with contrast	MRI- PA recommended except cancer diagnosis
71555	MR Angiography (MRA) Chest (excluding myocardium)-without or with contrast	MRI- PA recommended except cancer diagnosis
72141	MRI, CERV SPINE	MRI- PA recommended except cancer diagnosis
72142	MRI, CERV SPINE CONTRAST	MRI- PA recommended except cancer diagnosis
72146	MRI, DORSAL SPINE	MRI- PA recommended except cancer diagnosis
72147	MRI Thoracic Spine with contrast	MRI- PA recommended except cancer diagnosis
72148	MRI, LUMBAR SPINE	MRI- PA recommended except cancer diagnosis
72149	MRI, LUMBAR SPINE CONTRAST	MRI- PA recommended except cancer diagnosis
72156	MRI, CERV SPINE COMBO	MRI- PA recommended except cancer diagnosis
72157	MRI, DORSAL SPINE COMBO	MRI- PA recommended except cancer diagnosis
72158	MRI, LUMBAR SPINE COMBO	MRI- PA recommended except cancer diagnosis
72159	MR Angiography (MRA) Spinal Canal and contents - without or with contrast	MRI- PA recommended except cancer diagnosis
72195	MRI Pelvis without contrast	MRI- PA recommended except cancer diagnosis

72196	MRI Pelvis with contrast	MRI- PA recommended except cancer diagnosis
72197	MRI Pelvis without & with contrast	MRI- PA recommended except cancer diagnosis
72198	MR Angiography (MRA) Pelvis - without or with contrast	MRI- PA recommended except cancer diagnosis
73218	MRI, UPPER EXTREM	MRI- PA recommended except cancer diagnosis
73219	MRI Upper Extremity-other than joint-with contrast	MRI- PA recommended except cancer diagnosis
73220	MRI Upper Extremity-other than joint - without & with contrast	MRI- PA recommended except cancer diagnosis
73221	MRI, JOINT UPPER EXTREM	MRI- PA recommended except cancer diagnosis
73222	MRI, JOINT UPPER EXTREM W/CONTRAST	MRI- PA recommended except cancer diagnosis
73223	MRI Any Joint of Upper Extremity - without & with contrast	MRI- PA recommended except cancer diagnosis
73225	MR Angiography (MRA) Upper Extremity - without or with contrast	MRI- PA recommended except cancer diagnosis
73718	MRI, LOWER EXTREM	MRI- PA recommended except cancer diagnosis
73721	MRI LOWER EXTREM JT, W/O CONTRAST	MRI- PA recommended except cancer diagnosis
74181	MRI, ABDOMEN (MRI)	MRI- PA recommended except cancer diagnosis
74182	MRI, ABDOMEN W/CONTRAST	MRI- PA recommended except cancer diagnosis
74183	MRI Abdomen without & with contrast	MRI- PA recommended except cancer diagnosis
74185	MR Angiography (MRA) Abdomen - with or without contrast	MRI- PA recommended except cancer diagnosis
76390	MR Spectroscopy	MRI- PA recommended except cancer diagnosis
77013	CT GUIDANCE TISSUE ABLATION	PA Recommended
77301	INTEN MOD RADIOTHER PLAN W/DOSE VOL HIST	PA Recommended
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT	Procedures- PA Recommended
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR	Procedures- PA Recommended
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX	PA Recommended
77520	PROTON BEAM DEL,SIMPLE	PA required - Medical Director review
77522	PROTON BEAM DEL,SINGLE, W/COMPENSAT	PA required - Medical Director review
77523	PROTON,BEAM DEL,INTERMED	PA required - Medical Director review
77525	PROTON BEAM DEL,MULTIPLE,COMPLEX	PA required - Medical Director review
81161	DMD DUPLICATION/DELETION ANALYSIS	Genetic Testing- PA Recommended
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIANTS	Genetic Testing- PA Recommended
81200	ASPA GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Genetic Testing- PA Recommended
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81205	BCKDHB GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Genetic Testing- PA Recommended



81210	BRAF GENE ANALYSIS V600E VARIANT	Genetic Testing- PA Recommended
81211	BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA1	BRCA- PA required
81212	BRCA1&BRCA2 ANAL 185DELAG5385INSC/6174DELT	BRCA- PA required
81213	BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS	BRCA- PA required
81214	BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS	BRCA- PA required
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANT	BRCA- PA required
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	BRCA- PA required
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	BRCA- PA required
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Genetic Testing- PA Recommended
81219	CALR GENE ANALYSIS COMMON VARIANTS IN EXON 9	Genetic Testing- PA Recommended
81220	CFTR GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81221	CFTR GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81222	CFTR GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81223	CFTR GENE ANALYSIS FULL GENE SEQUENCE	Genetic Testing- PA Recommended
81224	CFTR GENE ANALYSIS INTRON 8 POLY-T ANALYSIS	Genetic Testing- PA Recommended
81225	CYP2C19 GENE ANALYSIS COMMON VARIANTS	Not Covered- Considered Investigational
81226	CYP2D6 GENE ANALYSIS COMMON VARIANTS	Not Covered- Considered Investigational
81227	CYP2C9 GENE ANALYSIS COMMON VARIANTS	Not Covered- Considered Investigational
81228	CYTOGENOM CONST MICROARRAY COPY NUMBER VARIANTS	Genetic Testing- PA Recommended
81229	CYTOGENOM CONST MICROARRAY COPY NUMBER&SNP VAR	Genetic Testing- PA Recommended
81235	EGFR GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81242	FANCC GENE ANALYSIS COMMON VARIANT	Genetic Testing- PA Recommended
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL ALLELES	Genetic Testing- PA Recommended
81244	FMR1 GENE ANALYSIS CHARACTERIZATION OF ALLELES	Genetic Testing- PA Recommended
81245	FLT3 GENE ANALYSIS INTERNAL TANDEM DUP VARIANTS	Genetic Testing- PA Recommended
81246	FLT3 GENE ANLYS TYROSINE KINASE DOMAIN VARIANTS	Genetic Testing- PA Recommended
81250	G6PC GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Genetic Testing- PA Recommended
81252	GJB2 GENE ANALYSIS FULL GENE SEQUENCE	Genetic Testing- PA Recommended
81253	GJB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81254	GJB6 GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81255	HEXA GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81256	HFE HEMOCHROMATOSIS GENE ANAL COMMON VARIANTS	Genetic Testing- PA Recommended
81257	HBA1/HBA2 ANALYSIS FOR COMMON DELETIONS/VARIANT	Genetic Testing- PA Recommended
81260	IKBKAP GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81261	IGH@ REARRANGE ABNORMAL CLONAL POP AMPLIFIED	Genetic Testing- PA Recommended
81262	IGH@ REARRANGE ABNORMAL CLONAL POP DIRECT PROBE	Genetic Testing- PA Recommended
81264	IGK@ GENE REARRANGE DETECT ABNORMAL CLONAL POP	Genetic Testing- PA Recommended
81265	COMPARATIVE ANAL STR MARKERS PATIENT&COMP SPEC	Genetic Testing- PA Recommended
81266	COMPARATIVE ANAL STR MARKERS EA ADDL SPECIMEN	Genetic Testing- PA Recommended
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Testing- PA Recommended

81273	KIT GENE ANALYSIS D816 VARIANT(S)	Genetic Testing- PA Recommended
81275	KRAS GENE ANALYSIS VARIANTS IN CODONS 12 AND 13	Genetic Testing- PA Recommended
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Genetic Testing- PA Recommended
81280	LONG QT SYNDROME FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81281	LONG QT SYNDROME ANAL KNOWN FAMILIAL SEQUENCE	Genetic Testing- PA Recommended
81282	LONG QT SYNDROME GENE ANAL DUP/DEL VARIANTS	Genetic Testing- PA Recommended
81287	MGMT METHYLATION ANALYSIS	Genetic Testing- PA Recommended
81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS	Genetic Testing- PA Recommended
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81291	MTHFR GENE ANALYSIS COMMON VARIANTS	Not Covered- Considered Investigational
81292	MLH1 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81293	MLH1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81294	MLH1 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81295	MSH2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81296	MSH2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81297	MSH2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81298	MSH6 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81299	MSH6 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81300	MSH6 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81301	MICROSATELLITE INSTAB ANAL MISMATCH REPAIR DEF	Genetic Testing- PA Recommended
81302	MECP2 GENE ANALYSIS FULL SEQUENCE	Genetic Testing- PA Recommended
81303	MECP2 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Testing- PA Recommended
81304	MECP2 GENE ANALYSIS DUPLICATION/DELETION VARIANT	Genetic Testing- PA Recommended
81310	NPM1 NUCLEOPHOSMIN GENE ANAL EXON 12 VARIANTS	Genetic Testing- PA Recommended
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Genetic Testing- PA Recommended
81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO	Genetic Testing- PA Recommended
81314	PDGFRA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81316	PML/RARALPHA SINGLE BREAKPOINT QUAL/QUAN	Genetic Testing- PA Recommended
81317	PMS2 GENE ANALYSIS FULL SEQUENCE	Genetic Testing- PA Recommended
81318	PMS2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Genetic Testing- PA Recommended
81319	PMS2 GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Genetic Testing- PA Recommended
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81322	PTEN GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Testing- PA Recommended
81323	PTEN GENE ANALYSIS DUPLICATION/DELETION VARIANT	Genetic Testing- PA Recommended
81324	PMP22 GENE ANAL DUPLICATION/DELETION ANALYSIS	Genetic Testing- PA Recommended
81325	PMP22 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81326	PMP22 GENE ANALYSIS KNOWN FAMILIAL VARIANT	Genetic Testing- PA Recommended
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81331	SNRPN/UBE3A METHYLATION ANALYSIS	Genetic Testing- PA Recommended
81332	SERPINA1 GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81340	TRB@ REARRANGEMENT ANAL AMPLIFICATION METHOD	Genetic Testing- PA Recommended

81341	TRB@ REARRANGEMENT ANAL DIRECT PROBE METHODOLOGY	Genetic Testing- PA Recommended
81342	TRG@ GENE REARRANGEMENT ANALYSIS	Genetic Testing- PA Recommended
81350	UGT1A1 GENE ANALYSIS COMMON VARIANTS	Genetic Testing- PA Recommended
81355	VKORC1 GENE ANALYSIS COMMON VARIANTS	Not Covered- Considered Investigational
81370	HLA CLASS I&II LOW RESOLUTION HLA-A -B -C -DRB1/3/4/5&-DQB1	Genetic Testing- PA Recommended
81371	HLA I&II LOW RESOLUTION HLA-A -B&-DRB1/3/4/5	Genetic Testing- PA Recommended
81372	HLA CLASS I TYPING LOW RESOLUTION COMPLETE	Genetic Testing- PA Recommended
81373	HLA CLASS I TYPING LOW RESOLUTION ONE LOCUS EACH	Genetic Testing- PA Recommended
81374	HLA I LOW RESOLUTION ONE ANTIGEN EQUIVALENT EACH	Genetic Testing- PA Recommended
81375	HLA II LOW RESOLUTION HLA-DRB1/3/4/5 AND -DQB1	Genetic Testing- PA Recommended
81376	HLA CLASS II TYPING LOW RESOLUTION ONE LOCUS EA	Genetic Testing- PA Recommended
81377	HLA II LOW RESOLUTION ONE ANTIGEN EQUIVALENT EA	Genetic Testing- PA Recommended
81378	HLA I&II HIGH RESOLUTION HLA-A -B -C AND -DRB1	Genetic Testing- PA Recommended
81379	HLA CLASS I TYPING HIGH RESOLUTION COMPLETE	Genetic Testing- PA Recommended
81380	HLA CLASS I TYPING HIGH RESOLUTION ONE LOCUS EA	Genetic Testing- PA Recommended
81381	HLA I TYPING HIGH RESOLUTION 1 ALLELE/ALLELE GRP	Genetic Testing- PA Recommended
81382	HLA CLASS II TYPING HIGH RESOLUTION ONE LOCUS EA	Genetic Testing- PA Recommended
81383	HLA II HIGH RESOLUTION 1 ALLELE/ALLELE GROUP	Genetic Testing- PA Recommended
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Genetic Testing- PA Recommended
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Genetic Testing- PA Recommended
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Genetic Testing- PA Recommended
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Genetic Testing- PA Recommended
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Genetic Testing- PA Recommended
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Genetic Testing- PA Recommended
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Genetic Testing- PA Recommended
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Genetic Testing- PA Recommended
81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9	Genetic Testing- PA Recommended
81410	AORTIC DYSFUNCTION/DILATION GENOMIC SEQ ANALYSIS	Genetic Testing- PA Recommended
81411	AORTIC DYSFUNCTION/DILATION DUP/DEL ANALYSIS	Genetic Testing- PA Recommended
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN	Genetic Testing- PA Recommended
81415	EXOME SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81416	EXOME SEQUENCE ANALYSIS EACH COMPARATOR EXOME	Genetic Testing- PA Recommended
81417	EXOME RE-EVAL OF PREVIOUSLY OBTAINED EXOME SEQ	Genetic Testing- PA Recommended
81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS	Genetic Testing- PA Recommended
81425	GENOME SEQUENCE ANALYSIS	Genetic Testing- PA Recommended
81426	GENOME SEQUENCE ANALYSIS EACH COMPARATOR GENOME	Genetic Testing- PA Recommended
81427	GENOME RE-EVALUATION OF PREC OBTAINED GENOME SEQ	Genetic Testing- PA Recommended
81430	HEARING LOSS GENOMIC SEQUENCE ANALYSIS 60 GENES	Genetic Testing- PA Recommended
81431	HEARING LOSS DUP/DEL ANALYSIS	Genetic Testing- PA Recommended
81432	HEREDITARY BRST CA-RELATED GEN SEQ ANALYS 14 GEN	Genetic Testing- PA Recommended
81433	HEREDITARY BRST CA-RELATED DUP/DEL ANALYSIS	Genetic Testing- PA Recommended

81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYS 15 GEN	Genetic Testing- PA Recommended
81435	HEREDITARY COLON CA GENOMIC SEQ ANALYS 7 GENES	Genetic Testing- PA Recommended
81436	HEREDITARY COLON CA SYND DUP/DEL ANALYS 8 GENES	Genetic Testing- PA Recommended
81437	HEREDTRY NURONDCRN TUM DSRDRS GEN SEQ ANAL 6 GEN	Genetic Testing- PA Recommended
81438	HEREDTRY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Genetic Testing- PA Recommended
81440	NUCLEAR MITOCHONDRIAL 100 GENE GENOMIC SEQ	Genetic Testing- PA Recommended
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYS 12 GEN	Genetic Testing- PA Recommended
81445	TARGETED GENOMIC SEQ ANALYS DNA ANALYS 5-50 GENE	Genetic Testing- PA Recommended
81450	GENOMIC SEQ ANALYS DNA&RNA ANALYS 5-50 GENE	Genetic Testing- PA Recommended
81455	GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES	Genetic Testing- PA Recommended
81460	WHOLE MITOCHONDRIAL GENOME	Genetic Testing- PA Recommended
81465	WHOLE MITOCHONDRIAL GENOME ANALYSIS PANEL	Genetic Testing- PA Recommended
81470	X-LINKED INTELLECTUAL DBLT GENOMIC SEQ ANALYS	Genetic Testing- PA Recommended
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS	Genetic Testing- PA Recommended
81479	UNLISTED MOLELCULAR PATHOLOGY PROCEDURE	Genetic Testing- PA Recommended
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10 DNA MARKRS	Not Covered- Considered Investigational
88245	CHROMOSOME ANAL:BREAKGE,20-25 CELLS	Genetic Testing- PA Recommended
88248	CHROMOSOME ANAL:BREAKGE,50-100 CELLS	Genetic Testing- PA Recommended
88249	CHROMOSOME ANAL:BREAKGE,100 CELLS	Genetic Testing- PA Recommended
88261	CHROMOSOME ANAL:5 CELLS,1 KARYOTYPE	Genetic Testing- PA Recommended
88262	CHROMOSOME ANAL:15-20,2 KARYOTYPES	Genetic Testing- PA Recommended
88263	CHROMOSOME ANAL:45 CELLS,MOSAICISM	Genetic Testing- PA Recommended
88264	CHROMOSOME ANALYSIS:20-25	Genetic Testing- PA Recommended
88267	CHROMOSOME ANALY:PLACENTA	Genetic Testing- PA Recommended
88269	CHROMOSOME ANALY:AMNIOTIC	Genetic Testing- PA Recommended
88271	CYTOGENETICS, DNA PROBE	Genetic Testing- PA Recommended
88272	CYTOGENETICS, 3-5	Genetic Testing- PA Recommended
88273	CYTOGENETICS, 10-30	Genetic Testing- PA Recommended
88274	CYTOGENETICS, 25-99	Genetic Testing- PA Recommended
88275	CYTOGENETICS, 100-300	Genetic Testing- PA Recommended
88280	CHROMOSOME KARYOTYPE STUDY	Genetic Testing- PA Recommended
88283	CHROMOSOME BANDING STUDY	Genetic Testing- PA Recommended
88285	CHROMOSOME COUNT:ADDN CELLS	Genetic Testing- PA Recommended
88289	CHROMOSOME STUDY:ADDN HI RES	Genetic Testing- PA Recommended
88291	CYTO/MOLECULAR REPORT	Genetic Testing- PA Recommended
88299	CYTOGENETIC STUDY	Genetic Testing- PA Recommended
89250	Culture of oocyte(s)/embryo(s), less than 4 days	Excluded- Fertility
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of	Excluded- Fertility
89253	Assisted embryo hatching, microtechniques (any method)	Excluded- Fertility
89254	Oocyte identification from follicular fluid	Excluded- Fertility
89255	Preparation of embryo for transfer (any method)	Excluded- Fertility

89257	Sperm identification from aspiration (other than seminal fluid)	Excluded- Fertility
89258	Cryopreservation; embryo(s)	Excluded- Fertility
89259	Cryopreservation; sperm	Excluded- Fertility
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	Excluded- Fertility
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	Excluded- Fertility
89264	Sperm identification from testis tissue, fresh or cryopreserved	Excluded- Fertility
89268	Insemination of oocytes	Excluded- Fertility
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	Excluded- Fertility
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	Excluded- Fertility
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Excluded- Fertility
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	Excluded- Fertility
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	Excluded- Fertility
89335	Cryopreservation, reproductive tissue, testicular	Excluded- Fertility
89337	Cryopreservation, mature oocyte(s)	Excluded- Fertility
89342	Storage (per year); embryo(s)	Excluded- Fertility
89343	Storage (per year); sperm/semen	Excluded- Fertility
89344	Storage (per year); reproductive tissue, testicular/ovarian	Excluded- Fertility
89346	Storage (per year); oocyte(s)	Excluded- Fertility
89352	Thawing of cryopreserved; embryo(s)	Excluded- Fertility
89353	Thawing of cryopreserved; sperm/semen, each aliquot	Excluded- Fertility
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Excluded- Fertility
89356	Thawing of cryopreserved; oocytes, each aliquot	Excluded- Fertility
90378	RESPIRATORY SYNCYTIAL VIRUS IG IM 50 MG EA	Medical Pharmacy- PA Recommended
90379	RSV IG, IV	Synagis- PA required
90870	ELECTROCONVULSIVE THERAPY,1 SEIZ	PA Not Required
90901	Biofeedback training by any modality	Excluded per Member Contract
91110	GI TRACT CAPSULE ENDOSCOPY	PA required
92358	EYE PROSTHESIS SERVICE	Procedures- PA Recommended
92590	Hearing aid examination and selection; monaural	Hearing Aid Excluded Per Member Contract
92591	Hearing aid examination and selection; binaural	Hearing Aid Excluded Per Member Contract
92592	Hearing aid check; monaural	Hearing Aid Excluded Per Member Contract
92593	Hearing aid check; binaural	Hearing Aid Excluded Per Member Contract
92594	Electroacoustic evaluation for hearing aid; monaural	Hearing Aid Excluded Per Member Contract
92595	Electroacoustic evaluation for hearing aid; binaural	Hearing Aid Excluded Per Member Contract
92612	ENDOSCOPIC EVAL,SWALLOW,CINE/VIDEO	PA Recommended
92626	Evaluation of auditory rehabilitation status; first hour	Hearing Aid Excluded Per Member Contract
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List	Hearing Aid Excluded Per Member Contract

93613	INTRACARD ELECTROPHYS 3-DIMENS MAPPING	PA Recommended
93644	EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATOR	Procedures- PA Recommended
93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement [not covered for intra-hyphenmyocardial infusion-hyphenneedle catheter ablation for ventricular tachycardia]	PA Recommended
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-hyphentricuspid isthmus or other single atrial focus or source of atrial re- -hyphenentry	PA Recommended
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	PA Recommended
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)[not covered for intra-hyphenmyocardial infusion-hyphenneedle catheter ablation for ventricular tachycardia]	PA Recommended
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	PA Recommended
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	PA Recommended

96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics	Excluded per Member Contract
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	Excluded per Member Contract
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Excluded per Member Contract
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Excluded per Member Contract
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	Excluded per Member Contract
97001	Physical therapy evaluation	Limits may apply - PA after 12 visits
97002	Physical therapy Re-evaluation	Limits may apply - PA after 12 visits
97010	Application of a modality to 1 or more areas; hot or cold packs	Excluded per Member Contract
97012	Traction, mechanical	Limits may apply - PA after 12 visits
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Excluded per Member Contract
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Excluded per Member Contract
97026	Application of a modality to 1 or more areas; infrared	Excluded per Member Contract
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Excluded per Member Contract
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Excluded per Member Contract
97034	Contrast bath	Limits may apply - PA after 12 visits
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Excluded per Member Contract
97036	Hubbard tank	Limits may apply - PA after 12 visits
97039	Unlisted modality	Limits may apply - PA after 12 visits
97110	Therapeutic exercises	Limits may apply - PA after 12 visits
97112	Neuromuscular Re-education	Limits may apply - PA after 12 visits
97113	Aquatic therapy	Limits may apply - PA after 12 visits
97116	Gait training	Limits may apply - PA after 12 visits
97124	Massage	Limits may apply - PA after 12 visits
97127	Therapeutic interventions tht focus on cognitive function	Limits may apply - PA after 12 visits
97139	Unlisted procedure	Limits may apply - PA after 12 visits
97140	Manual Therapy (ie. STM, JM)	Limits may apply - PA after 12 visits
97165	Occupational therapy evaluation; low complexity	Limits may apply - PA after 12 visits
97166	Occupational therapy evaluation; moderate complexity	Limits may apply - PA after 12 visits

97167	Occupational therapy evaluation; high complexity	Limits may apply - PA after 12 visits
97168	Re-evaluation Occupational therapy established plan of care	Limits may apply - PA after 12 visits
97530	Therapeutic Activities: Use of dynamic activities to improve functional performance	Limits may apply - PA after 12 visits
97532	Development of cognitive skills to improve attention, memory, problem solving, each 15 mins	Limits may apply - PA after 12 visits
97535	Self-care/home management training (ie. ADL's, safety procedures, instructions)	Limits may apply - PA after 12 visits
99486	SUPERVISION INTERFACILITY TRANSPORT ADDL 30 MIN	Procedures- PA Recommended
	PHOTOTHERAPY LIGHT W/ PHOTOM	Exclusion DME Member Contract
00170	ANESTH,PROCEDURE ON MOUTH	Possible Dental- Only covered for injury/accident
0019T	EXTRACORP SHOCKWAVE, MUSC/SKEL, LOW ENERGY, NOS	Not Covered- Considered Investigational
0051T	IMPLANT TOTAL REPLACE HEART, INCL RECIP CARDIECTOMY	Not Covered- Considered Investigational
0052T	REPLACE/REPAIR TOTAL REPLACEMENT HEART, THORACIC UNIT	Not Covered- Considered Investigational
0053T	REPLACE/REPAIR TOTAL REPLACEMENT HEART, NON-THORACIC COMPNT	Not Covered- Considered Investigational
0054T	COMPUTER-ASSIST MUSCSKEL NAVIG, ORTHO PROC, FLUORO	Not Covered- Considered Investigational
0055T	COMPUTER-ASSIST MUSCSKEL NAVIG, ORTHO PROC, CT/MRI	Not Covered- Considered Investigational
0058T	CRYOPRESERVATION REPRODUCTIVE TISSUE, OVARIAN	Not Covered- Considered Investigational
0071T	FOCUS US UTERINE LEIOMYOMA ABLATION W MR GUIDE, < 200 CC	Not Covered- Considered Investigational
0072T	FOCUS US UTERINE LEIOMYOMA ABLATION W MR GUIDE, >= 200 CC	Not Covered- Considered Investigational
0075T	ARTERIAL STENT, XCRANIAL VERTEBRAL/ THORACIC CAROTID, 1ST VESSEL	Not Covered- Considered Investigational
0076T	ARTERIAL STENT, XCRANIAL VERTEBRAL/ THORACIC CAROTID, EA ADD	Not Covered- Considered Investigational
0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION	Not Covered- Considered Investigational
0095T	REMOVE TOTAL DISC ARTHROPLASTY, CERVICAL, EA ADD	Not Covered- Considered Investigational
0098T	REVISION TOTAL DISC ARTHROPLASTY, CERVICAL, EA ADD	Not Covered- Considered Investigational
0100T	PLACE SUBCONJ RETINA PROSTHESIS, IMPLANT RETINA ELECTRODE	Not Covered- Considered Investigational
0101T	EXTRACORP SHOCKWAVE, MUSC/SKEL, HIGH ENERGY, NOS	Not Covered- Considered Investigational
0102T	EXTRACORP SHOCKWAVE, MUSC/SKEL, HIGH ENERGY, W ANESTH	Not Covered- Considered Investigational
0106T	QUANT SENSORY TEST, PER EXTREMITY, TOUCH STIMULI	Not Covered- Considered Investigational
0107T	QUANT SENSORY TEST, PER EXTREMITY, VIBRATION STIMULI	Not Covered- Considered Investigational
0108T	QUANT SENSORY TEST, PER EXTREMITY, COOLING STIMULI	Not Covered- Considered Investigational
0109T	QUANT SENSORY TEST, PER EXTREMITY, HEAT-PAIN STIMULI	Not Covered- Considered Investigational
0110T	QUANT SENSORY TEST, PER EXTREMITY, OTHER STIMULI	Not Covered- Considered Investigational
0111T	LONG-CHAIN OMEGA-3 FATTY ACIDS RBC MEMBRANE	Not Covered- Considered Investigational
0126T	COMMON CAROTID INTIMA-MEDIA THICK FOR AHD/CHD RISK ASSESS	Not Covered- Considered Investigational
0146T	CT HRT CTA W/O QUAN EVAL CALCIUM	Not Covered- Considered Investigational
0147T	CT HRT CTA W QUAN EVAL CALCIUM	Not Covered- Considered Investigational
0148T	CT ANGIO CORONARY ARTERIES	Not Covered- Considered Investigational
0149T	CT HRT STRUX MORPHOLOGY CTA W QUAN EVAL CALCIUM	Not Covered- Considered Investigational
0159T	BREAST MRI, COMPUTER AIDED DETECTION	Not Covered- Considered Investigational



0163T	TOTAL DISC ARTHROPLASTY, LUMBAR, EA ADD	Not Covered- Considered Investigational
0164T	REMOVE TOTAL DISC ARTHROPLASTY, LUMBAR, EA ADD	Not Covered- Considered Investigational
0165T	REVISION TOTAL DISC ARTHROPLASTY, LUMBAR, EA ADD	Not Covered- Considered Investigational
0169T	STEROTACTIC BRAIN INFUSION CATHETER PLACEMENT	Not Covered- Considered Investigational
0171T	INSERT POST SPINOUS PROCESS DISTRACTION DEVICE, LUMBAR, SINGLE	Not Covered- Considered Investigational
0172T	INSERT POST SPINOUS PROCESS DISTRACTION DEVICE, LUMBAR, EA ADD	Not Covered- Considered Investigational
0174T	CAD CHEST RADIOGRAPH W PRIMARY INTERPRET	Not Covered- Considered Investigational
0175T	CAD CHEST RADIOGRAPH REMOTE FROM PRIMARY INTERPRET	Not Covered- Considered Investigational
0178T	64+ LEAD ECG W INTERPRETATION & REPORT	Not Covered- Considered Investigational
0179T	64+ LEAD ECG W TRACING & GRAPHICS	Not Covered- Considered Investigational
0180T	64+ LEAD ECG W INTERPRETATION & REPORT ONLY	Not Covered- Considered Investigational
0184T	RECTAL TUMOR EXCISION, TRANSANAL ENDOSCOPIC MICROSURGICAL	Not Covered- Considered Investigational
0188T	VIDEOCONFERENCED CRITICAL CARE, FIRST 30- 74 MIN	Not Covered- Considered Investigational
0189T	VIDEOCONFERENCED CRITICAL CARE, EA ADDL 30 MIN	Not Covered- Considered Investigational
0190T	INTRAOCULAR RADIATION SRC APPLICATOR PLACEMENT	Not Covered- Considered Investigational
0191T	INSERT ANT SEGMENT DRAIN WO RESERVOIR, INTERNAL APPROACH	Not Covered- Considered Investigational
0195T	ARTHRODESIS PRE-SACRAL INTERBODY, LUMBAR, SINGLE	Not Covered- Considered Investigational
0196T	ARTHRODESIS PRE-SACRAL INTERBODY, LUMBAR, EA ADD	Not Covered- Considered Investigational
0198T	MEAS OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLE	Not Covered- Considered Investigational
0200T	PERC SACROPLASTY, UNILATERAL INJECT, INCL BALLOON/DEVICE, 1+ NEEDLE	Not Covered- Considered Investigational
0201T	PERC SACROPLASTY, BILATERAL INJECT, INCL BALLOON/DEVICE, 2+ NEEDLE	Not Covered- Considered Investigational
0202T	POST VERT ARTHROPLASTY W/WO BONE CEMENT, 1 LUMBAR LEVEL	Not Covered- Considered Investigational
0205T	INTRAVASC CATH CORONARY/GRAFT SPECTROSCOPY DURING OTHER PX, EA VES	Not Covered- Considered Investigational
0206T	REMOTE ALGORITHMIC ANALYSIS ECG W/ COMPUTER PROB ASSESS	Not Covered- Considered Investigational
0207T	EVAC MEIBOMIAN GLANDS, AUTO, HEAT/INTERMIT PRESSURE, UNILATERAL	Not Covered- Considered Investigational
0208T	PURE TONE AUDIOMETRY, AIR ONLY, AUTOMATED	Not Covered- Considered Investigational
0209T	PURE TONE AUDIOMETRY, AIR AND BONE, AUTOMATED	Not Covered- Considered Investigational
0210T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED	Not Covered- Considered Investigational
0211T	SPEECH AUDIOMETRY THRESHOLD AUTOMATED WITH SPEECH RECOGNITION	Not Covered- Considered Investigational
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD AND SPEECH RECOGNITION,	Not Covered- Considered Investigational
0213T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,CERV/THORAC, 1ST LEVEL	Not Covered- Considered Investigational
0214T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,CERV/THORAC, 2ND LEVEL	Not Covered- Considered Investigational
0215T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,CERV/THORAC, ADD LEVEL	Not Covered- Considered Investigational
0216T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,LUMBAR/SAC, 1ST LEVEL	Not Covered- Considered Investigational
0217T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,LUMBAR/SAC, 2ND LEVEL	Not Covered- Considered Investigational
0218T	INJ DX/THER AGNT PARAVERT FACET JOINT,U/S GUIDE,LUMBAR/SAC, ADD LEVEL	Not Covered- Considered Investigational
0219T	PLACE POST INTRAFACET IMPLANT, UNI OR BILAT, INC IMG, 1 LEVEL,CERVICAL	Not Covered- Considered Investigational
0220T	PLACE POST INTRAFACET IMPLANT, UNI OR BILAT, INC IMG, 1 LEVEL,THORACIC	Not Covered- Considered Investigational
0221T	PLACE POST INTRAFACET IMPLANT, UNI OR BILAT, INC IMG, 1 LEVEL,LUMBAR	Not Covered- Considered Investigational
0222T	PLACE POST INTRAFACET IMPLANT, UNI OR BILAT, INC IMG, EA ADD LEVEL	Not Covered- Considered Investigational

0228T	INJECT ANES/STEROID FORAMEN CERV/THORACIC W U/S GUIDE ,1 LEVEL	Not Covered- Considered Investigational
0229T	INJECT ANES/STEROID FORAMEN CERV/THORACIC W U/S GUIDE ,EA ADD LEVEL	Not Covered- Considered Investigational
0230T	INJECT ANES/STEROID FORAMEN LUMBAR/SACRAL W U/S GUIDE ,1 LEVEL	Not Covered- Considered Investigational
0231T	INJECT ANES/STEROID FORAMEN LUMBAR/SACRAL W U/S GUIDE ,EA ADD LEVEL	Not Covered- Considered Investigational
0232T	INJECT PLATELET RICH PLASMA W/IMG HARVEST/PREPARATOIN	Not Covered- Considered Investigational
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, RENAL ARTERY	Not Covered- Considered Investigational
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, VISCERAL ARTERY, EACH	Not Covered- Considered Investigational
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, ABDOMINAL AORTA	Not Covered- Considered Investigational
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, BRACHIOCEPHAL AND BRANCHES, EACH	Not Covered- Considered Investigational
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, ILIAC ARTERY, EACH	Not Covered- Considered Investigational
0249T	LIGATION HEMORRHOID BUNDLE W/US	Not Covered- Considered Investigational
0253T	INSERT ANT SEGMENT DRAIN WO RESERVOIR, INTERNAL APPR, INTO SUBCHOROID	Not Covered- Considered Investigational
0263T	IM AUTOL B1 MRW CEL THER 1 LEG COMPL INCL HRVST	Not Covered- Considered Investigational
0264T	IM AUTOL B1 MRW CEL THER 1 LEG COMPL XCL HRVST	Not Covered- Considered Investigational
0265T	IM AUTOL B1 MRW CEL THER UNI/BI HRVST ONLY	Not Covered- Considered Investigational
0266T	IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV TOT SYS	Not Covered- Considered Investigational
0267T	IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV LEAD UNI	Not Covered- Considered Investigational
0268T	IMPLTJ/RPLCMT CRTD SNS BRORFLX ACTV DEV PLS GEN	Not Covered- Considered Investigational
0269T	REV/REMLV CRTD SNS BRORFLX ACTV DEV TOT SYS	Not Covered- Considered Investigational
0270T	REV/REMLV CRTD SNS BRORFLX ACTV DEV LEAD UNI	Not Covered- Considered Investigational
0271T	REV/REMLV CRTD SNS BRORFLX ACTV DEV PLS GEN	Not Covered- Considered Investigational
0272T	INTRGORTION DEV EVAL CARTD SINS BARREFLX W/I&R	Not Covered- Considered Investigational
0273T	INTROGATION DEV EVAL CARTD SINS BARREFLX W/PRGRM	Not Covered- Considered Investigational
0274T	PERQ LAMOT/LAM ANY METH SINGLE/MLT LVL CRV/THRC	Not Covered- Considered Investigational
0275T	PERQ LAMOT/LAM ANY METH SINGLE/MLT LVL LUMBAR	Not Covered- Considered Investigational
0278T	TRNSCUT ELECT MODLATION PAIN REPROCES EA TX SESS	Not Covered- Considered Investigational
0281T	PERC TRANSCTH CLOSR LT ATRIAL APPNDGE IMPLNT S&I	Not Covered- Considered Investigational
0282T	PERC/OPEN IMPLNT NEUROSTIM ELECTRODE SUBQ TRIAL	Not Covered- Considered Investigational
0283T	PERC/OPEN IMPLNT NEUROSTIM ELECTRODE SUBQ PERM	Not Covered- Considered Investigational
0284T	REV/REMLV PG/ELCTRODES IMAGNG ADDN NEW ELCTRODES	Not Covered- Considered Investigational
0285T	ELEC ANLYS IMPLANT SUBQ FIELD STIM PG REPROGRAMM	Not Covered- Considered Investigational
0286T	NEAR INFRARED SPECTROSCPY STUDIES LOW EXT WOUNDS	Not Covered- Considered Investigational
0287T	NEARINFRED GUIDANCE VASC ACES RL TIME DIG VISU	Not Covered- Considered Investigational
0288T	ANSCPY W/DELVRY THERMAL ENERGY MUSCLE ANAL CANAL	Not Covered- Considered Investigational
0289T	CORNEA INCISNS DONOR CORNEA W/LASR KERTPLSTY	Not Covered- Considered Investigational
0290T	CORNEA INCISNS RECIPIENT CORNEA W/LASR KERTPLSTY	Not Covered- Considered Investigational
0291T	INTRAV OPTCL CHERNCE TMGRPHY W/S&I INJ INTL VESL	Not Covered- Considered Investigational
0292T	INTRAV OPTCAL COHRNCE TMGRPHY W/S&I ADL VESL	Not Covered- Considered Investigational

0293T	INS LT ATRL HEMODYN MOTR COMPLETE SYST W/S&I	Not Covered- Considered Investigational
0294T	INS LT ATRL HEMDYN MTR PRSR SENSR LEAD W/S&I	Not Covered- Considered Investigational
0295T	EXT ECG > 48HR TO 21 DAY RCRD SCAN ANLYS REP R&I	Not Covered- Considered Investigational
0296T	EXT ECG > 48HR TO 21 DAY RCRD W/CONECT INTL RCRD	Not Covered- Considered Investigational
0297T	EXT ECG > 48HR TO 21 DAY SCAN ANALYSIS W/REPORT	Not Covered- Considered Investigational
0298T	EXT ECG > 48HR TO 21 DAY REVIEW AND INTERPRETATN	Not Covered- Considered Investigational
0299T	ESW H ENERGY W/TOPCAL APP &DRESNG CARE 1ST WOUND	Not Covered- Considered Investigational
0300T	ESW H ENERGY W/TOPCAL APP &DRESNG CARE ADL WOUND	Not Covered- Considered Investigational
0301T	DEST/REDUC MALIG BRST TUMR W/US THRMORX GUIDANCE	Not Covered- Considered Investigational
0302T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS COMPL	Not Covered- Considered Investigational
0303T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS ELTRD	Not Covered- Considered Investigational
0304T	INSJ/RMVL RPLCMT ICAR ISCHM MNTRNG SYS DEVICE	Not Covered- Considered Investigational
0305T	PROGRAM EVAL ICAR ISCHM MNTRNG SYS	Not Covered- Considered Investigational
0306T	INTERROGATION EVAL ICAR ISCHM MNTRNG SYS	Not Covered- Considered Investigational
0307T	RMVL INTRACARDIAC ISCHEMIA MONITORING DEVICE	Not Covered- Considered Investigational
0308T	INSJ OCULAR TELESCOPE PROSTH	Not Covered- Considered Investigational
0309T	ARTHRODESIS PRESACRAL INTRBDY W/INSTRUMENT L4/L5	Not Covered- Considered Investigational
0310T	MOTOR FUNCTION MAPPING NAVIGATED TMS TX PLAN	Not Covered- Considered Investigational
0312T	LAPS IMPLTJ NSTIM ELTRD ARRAY&PLS GEN VAGUS NRV	Not Covered- Considered Investigational
0313T	LAPS REVJ/REPLCMT NSTIM ELTRD ARRAY VAGUS NRV	Not Covered- Considered Investigational
0314T	LAPS RMVL NSTIM ELTRD ARRAY & PLS GEN VAGUS NRV	Not Covered- Considered Investigational
0315T	REMOVAL PULSE GENERATOR VAGUS NERVE	Not Covered- Considered Investigational
0316T	REPLACEMENT PULSE GENERATOR VAGUS NERVE	Not Covered- Considered Investigational
0317T	ELEC ALYS NSTIM PLS GEN VAGUS NRV W/REPRGRMG	Not Covered- Considered Investigational
0329T	MNTR INTRAOCULAR PRESS 24HRS/> UNI/BI W/INTERP	Not Covered- Considered Investigational
0330T	TEAR FILM IMAGING UNILATERAL OR BILATERAL W/I&R	Not Covered- Considered Investigational
0331T	MYOCRD SYMPATHETIC INNERVAJ IMG PLNR QUAL&QUANT	Not Covered- Considered Investigational
0332T	MYOCRD SYMP INNERVAJ IMG PLNR QUAL&QUANT W/SPECT	Not Covered- Considered Investigational
0333T	VISUAL EVOKED POTENTIAL ACUITY SCREENING AUTO	Not Covered- Considered Investigational
0335T	EXTRA-OSSEOUS JOINT IMPLANT TALOTARSAL STABILIZE	Not Covered- Considered Investigational
0336T	LAPS ABLATJ UTERINE FIBROIDS W/INTRAOP US GDNC	Not Covered- Considered Investigational
0337T	ENDOTHELIAL FUNCTION ASSESSMENT NON-INVASIVE	Not Covered- Considered Investigational
0338T	TRANSCATHETER RENAL SYMPATH DENERVATION UNILAT	Not Covered- Considered Investigational
0339T	TRANSCATHETER RENAL SYMPATH DENERVATION BILAT	Not Covered- Considered Investigational
0340T	ABLATE PULM TUMORS W/ PLEURA/CHEST WALL EXTSN	Not Covered- Considered Investigational
0341T	QUANT PUPILLOMETRY W/ INTERP&REPORT UNILAT/BILAT	Not Covered- Considered Investigational
0342T	THERAPEUTIC APHERESIS W/ SELECTIVE HDL DELIP	Not Covered- Considered Investigational
0345T	TRANSCATH MITRAL VALVE REPAIR VIA CORONARY SINUS	Not Covered- Considered Investigational
0346T	ULTRASOUND ELASTOGRAPHY	Not Covered- Considered Investigational
0347T	PLACE INTERSTITIAL DEVICE(S) IN BONE FOR RSA	Not Covered- Considered Investigational
0348T	RADIOSTEREOMETRIC ANALYSIS SPINE EXAM	Not Covered- Considered Investigational

0349T	RADIOSTEREOMETRIC ANALYSIS UPPER EXTREMITY EXAM	Not Covered- Considered Investigational
0350T	RADIOSTEREOMETRIC ANALYSIS LOWER EXTREMITY EXAM	Not Covered- Considered Investigational
0351T	INTRAOP OCT BREAST OR AXILL NODE EACH SPECIMEN	Not Covered- Considered Investigational
0352T	OCT BREAST OR AXILL NODE SPECIMEN I&R	Not Covered- Considered Investigational
0353T	OCT OF BREAST SURG CAVITY REAL TIME INTRAOP	Not Covered- Considered Investigational
0354T	OCT BREAST SURG CAVITY REAL TIME/REFERRED I&R	Not Covered- Considered Investigational
0355T	GI TRACT IMAGING INTRALUMINAL COLON WITH I&R	Not Covered- Considered Investigational
0356T	INSERT DRUG IMPLANT INTO LACRIMAL CANAL FOR IOP	Not Covered- Considered Investigational
0357T	CRYOPRESERVATION IMMATURE OOCYTE(S)	Not Covered- Considered Investigational
0358T	BIA WHOLE BODY SUPINE POSTION WITH I&R	Not Covered- Considered Investigational
0359T	BEHAVIORAL IDENTIFICATION ASSESSMENT	ABA- Recommend PA
0360T	OBSERVATIONAL BEHAV ASSESSMENT FIRST 30 MIN	ABA- Recommend PA
0361T	OBSERVATIONAL BEHAV ASSESSMENT ADDL 30 MIN	ABA- Recommend PA
0362T	EXPOSURE BEHAV ASSESSMENT FIRST 30 MIN	ABA- Recommend PA
0363T	EXPOSURE BEHAV ASSESSMENT ADDL 30 MIN	ABA- Recommend PA
0364T	BEHAVIOR TREATMENT BY PROTOCOL FIRST 30 MIN	ABA- Recommend PA
0365T	BEHAVIOR TREATMENT BY PROTOCOL ADDL 30 MIN	ABA- Recommend PA
0366T	GROUP BEHAVIOR TREATMENT FIRST 30 MIN	ABA- Recommend PA
0367T	GROUP BEHAVIOR TREATMENT ADDL 30 MIN	ABA- Recommend PA
0368T	BEHAVIOR TREATMENT WITH MODIFICATION 30 MIN	ABA- Recommend PA
0369T	BEHAVIOR TREATMENT WITH MODIFICATION ADDL 30 MIN	ABA- Recommend PA
0370T	FAMILY BEHAVIOR TREATMENT GUIDANCE	ABA- Recommend PA
0371T	MULTIPLE FAMILY GROUP BEHAV TREATMENT GUIDANCE	ABA- Recommend PA
0372T	BEHAVIOR TREATMENT SOCIAL SKILLS TRAINING GROUP	ABA- Recommend PA
0373T	EXPOSURE BEHAVIOR TREATMENT FIRST 60 MIN	ABA- Recommend PA
0374T	EXPOSURE BEHAVIOR TREATMENT ADDL 30 MIN	ABA- Recommend PA
0375T	TOTAL DISC ARTHRP ANT APPR W/DISCECTOMY CRV 3+	Not Covered- Considered Investigational
0376T	ANT SEGMENT INSERT DRAIN W/O RESERVOIR EA ADDL	Not Covered- Considered Investigational
0377T	ANOSCOPY W/BULKING AGENT INJ FOR FECAL INCONT	Not Covered- Considered Investigational
0381T	EXT HEART RATE FOR EPI SZ UP TO 14 DAYS COMPLETE	Not Covered- Considered Investigational
0382T	EXT HEART RATE FOR EPI SZ UP TO 14 DAYS R&I ONLY	Not Covered- Considered Investigational
0383T	EXT HEART RATE FOR EPI SZ UP TO 30 DAYS COMPLETE	Not Covered- Considered Investigational
0384T	EXT HEART RATE FOR EPI SZ UP TO 30 DAYS R&I ONLY	Not Covered- Considered Investigational
0385T	EXT HEART RATE FOR EPI SZ OVER 30 DAYS COMPLETE	Not Covered- Considered Investigational
0386T	EXT HEART RATE FOR EPI SZ OVER 30 DAYS R&I ONLY	Not Covered- Considered Investigational
0387T	TRANSCATH INSERT OR REPLACE LEADLESS CA PM VENTR	Not Covered- Considered Investigational
0388T	TRANSCATH REMOVAL LEADLESS CA PM VENTR	Not Covered- Considered Investigational
0389T	PROG DEVICE EVAL IN PERSON LEADLESS PM SYSTEM	Not Covered- Considered Investigational
0390T	PERI-PROC DEVICE EVAL IN PERS LEADLESS PM SYSTEM	Not Covered- Considered Investigational
0391T	INTERROG DEVICE EVAL IN PERSON LEADLESS PM SYST	Not Covered- Considered Investigational
0392T	LAP ESOPHAG SPHINCTER AUGMENT PROC PLACE DEVICE	Not Covered- Considered Investigational

0393T	ESOPHAGO SPHINCTER AUGMENT DEVICE REMOVAL	Not Covered- Considered Investigational
0394T	HDR ELECTRONIC BRACHYTHERAPY SKIN SURFACE	Not Covered- Considered Investigational
0395T	HDR ELECTRONIC BRACHYTHERAPY NTRSTL/INTRCAV	Not Covered- Considered Investigational
0396T	INTRAOP KINETIC BALANCE SENSR KNEE RPLCMT ARTHRP	Not Covered- Considered Investigational
0397T	ERCP WITH OPTICAL ENDOMICROSCOPY ADD ON	Not Covered- Considered Investigational
0398T	MIRGFUS STEREOTACTIC ABLATION LESION INTRACRANIAL	Not Covered- Considered Investigational
0399T	MYOCARDIAL STRAIN IMAGING QUAN ASSMT	Not Covered- Considered Investigational
0400T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 1-5 LES	Not Covered- Considered Investigational
0401T	MULTI-SPECTRAL DIGITAL SKIN LES ANALYSIS 6+ LES	Not Covered- Considered Investigational
0402T	COLLAGEN CROSS-LINKING OF CORNEA	Not Covered- Considered Investigational
0403T	DIABETES PREVENTION PROG STANDARDIZED CURRICULUM	Not Covered- Considered Investigational
0404T	TRANSCERVICAL UTERINE FIBROID ABLTJ W/US GDN RF	Not Covered- Considered Investigational
0405T	OVERSIGHT CARE OF XTRCORP LIVER ASSIST SYS PAT	Not Covered- Considered Investigational
0406T	NSL NDSC SURG ETHMD SIN PLCMT DRUG ELUTNG IMPLNT	Not Covered- Considered Investigational
0407T	NSL NDSC SURG ETHMD PLCMT DRUG ELUTNG IMPLNT W/BX	Not Covered- Considered Investigational
0408T	INSRT/RPLC CAR MODULTN SYS PLS GEN TRANSVNS ELTRD	Not Covered- Considered Investigational
0409T	INSRT/RPLC CARDIAC MODULTN SYS PLS GENERATOR ONLY	Not Covered- Considered Investigational
0410T	INSRT/RPLC CARDIAC MODULTN SYS ATR ELECTRODE ONLY	Not Covered- Considered Investigational
0411T	INSRT/RPLC CAR MODULTN SYS VENTR ELECTRODE ONLY	Not Covered- Considered Investigational
0412T	REMOVAL CARDIAC MODULTN SYS PLS GENERATOR ONLY	Not Covered- Considered Investigational
0413T	REMOVAL CARDIAC MODULTN SYS TRANSVENOUS ELECTRODE	Not Covered- Considered Investigational
0414T	RMVL & RPL CARDIAC MODULTN SYS PLS GENERATOR ONLY	Not Covered- Considered Investigational
0415T	REPOS CARDIAC MODULTN SYS TRANSVENOUS ELECTRODE	Not Covered- Considered Investigational
0416T	RELOC SKIN POCKET CARDIAC MODULTN PULSE GENERATOR	Not Covered- Considered Investigational
0417T	PRGRMG DEVICE EVALUATION CARDIAC MODULTN SYSTEM	Not Covered- Considered Investigational
0418T	INTERRO DEVICE EVALUATION CARDIAC MODULTN SYSTEM	Not Covered- Considered Investigational
0419T	DSTRTN NEUROFIBROMATA XTNSV FACE HEAD NECK -Â50	Not Covered- Considered Investigational
0420T	DSTRTN NEUROFIBROMATA XTNSV TRNK EXTREMITIES>100	Not Covered- Considered Investigational
0421T	TRANSURETHRAL WATERJET ABLATION PROSTATE COMPL	Not Covered- Considered Investigational
0422T	TACTILE BREAST IMG COMPUTER AIDED SENSORS UNI/BI	Not Covered- Considered Investigational
0423T	SECRETORY TYPE II PHOSPHOLIPASE A2 (SPLA2-IIA)	Not Covered- Considered Investigational
0424T	INSRT/RPLC NSTIM SYSTEM SLEEP APNEA COMPLETE	Not Covered- Considered Investigational
0425T	INSRT/RPLC NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Covered- Considered Investigational
0426T	INSRT/RPLC NSTIM SYSTEM SLEEP APNEA STIMJ LEAD	Not Covered- Considered Investigational
0427T	INSRT/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Covered- Considered Investigational
0428T	REMOVAL NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Covered- Considered Investigational
0429T	REMOVAL NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Covered- Considered Investigational
0430T	REMOVAL NSTIM SYSTEM SLEEP APNEA STIMTN LEAD	Not Covered- Considered Investigational
0431T	RMVL/RPLC NSTIM SYSTEM SLEEP APNEA PLS GENERATOR	Not Covered- Considered Investigational
0432T	REPOS NSTIM SYSTEM SLEEP APNEA STIMTN LEAD	Not Covered- Considered Investigational

0433T	REPOS NSTIM SYSTEM SLEEP APNEA SENSING LEAD	Not Covered- Considered Investigational
0434T	INTERRO DEV EVAL NSTIM PLS GEN SYS SLEEP APNEA	Not Covered- Considered Investigational
0435T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA 1 SESS	Not Covered- Considered Investigational
0436T	PRGRMG EVAL NSTIM PLS GEN SYS SLEEP APNEA STUDY	Not Covered- Considered Investigational
0437T	IMPLANT NONBIOL/SYNTH IMPLNT FOR FASCL RNFCMT ABDOMINALL WALL	Not Covered- Considered Investigational
0438T	TRANSPRNL PLCMNT BIODEGRADABLE MATRL PERIPROSTATIC	Not Covered- Considered Investigational
0439T	MYOCARDIAL PERFUSION ECHO ISCHM/VIABILITY ASSESSMENT	Not Covered- Considered Investigational
0440T	ABLTN PERC CRYOABLTN IMG GDN UXTR/PERPH NERVE	Not Covered- Considered Investigational
0441T	ABLTN PERC CRYOABLTN IMG GDN LXTR/PERPH NERVE	Not Covered- Considered Investigational
0442T	ABLTN PERC CRYOABLTN IMG GDN NRV PLEX/TRNCL NRV	Not Covered- Considered Investigational
0443T	REAL TIME SPCTRL ANLYS PROST TISS FLUORESCENC SPCTRSCPY	Not Covered- Considered Investigational
0444T	INITIAL PLMT DRUG ELUTING OCULAR INSERT UNI/BIL	Not Covered- Considered Investigational
0445T	SBSQT PLMT DRUG ELUTING OCULAR INSERT UNI/BIL	Not Covered- Considered Investigational
0446T	CREATION SUBQ INSRN IMPLTBL GLUCOSE SENSOR SYS TRAIN	Not Covered- Considered Investigational
0447T	RMVL IMPLTBL GLUCOSE SENSOR SUBQ POCKET VIA INC	Not Covered- Considered Investigational
0448T	RMVL INSRN IMPLTBL GLUC SENSOR DIF ANATOMIC SITE	Not Covered- Considered Investigational
0449T	INSRTN AQUEOUS DRAIN DEV W/O EO RSVR INITIAL DEV	Not Covered- Considered Investigational
0450T	INSRTN AQUEOUS DRAIN DEV W/O EO RSVR EA ADDL DEV	Not Covered- Considered Investigational
0451T	INSRTN/RPLCMT IMPLTBL AORTIC VENTR COMPLETE SYSTEM	Not Covered- Considered Investigational
0452T	INSERTN/RPLCMT IMPLTBL AORTIC VENTR VASC HEMO SEAL	Not Covered- Considered Investigational
0453T	INSRTN/RPLCMT IMPLTBL AORTIC VENTR MECHANO-ELEC	Not Covered- Considered Investigational
0454T	INSRTN/RPLCMT IMPLTBL AORTIC VENTR SUBQ ELECTRODE	Not Covered- Considered Investigational
0455T	REMLV PERM IMPLT AORTIC VENTR COMPLETE SYSTEM	Not Covered- Considered Investigational
0456T	REMLV PERM IMPLT AORTIC VENTR VASC HEMO SEAL	Not Covered- Considered Investigational
0457T	REMLV PERM IMPLT AORTIC VENTR MECHANO-ELEC	Not Covered- Considered Investigational
0458T	REMLV PERM IMPLT AORTIC VENTR SUBQ ELECTRODE	Not Covered- Considered Investigational
0459T	RELOCAT RPLCMT AORTIC VENTR MECHANO-ELECTRODE	Not Covered- Considered Investigational
0460T	REPOS AORTIC VENTR DEV SUBCUTANEOUS ELECTRODE	Not Covered- Considered Investigational
0461T	REPOS AORTIC VENTR DEV SUBQ ELECT CONTRPULSN DEV	Not Covered- Considered Investigational
0462T	PRGRMG EVAL MECH-ELEC AORTIC VENTR SYS PER DAY	Not Covered- Considered Investigational
0463T	INTERROG EVAL IMPLT AORTIC VENTR SYS PER DAY	Not Covered- Considered Investigational
0464T	VISUAL EP TESTING FOR GLAUCOMA W/INTERPTN & REPRT	Not Covered- Considered Investigational
0465T	SUPCHRDL INJ OF RX AGT W/O SUPPLY OF MEDICATION	Not Covered- Considered Investigational
0466T	INSRT CH WALL RESPIR ELTRD/RA & CONJ PULSE GEN	Not Covered- Considered Investigational
0467T	REVJ/RPLMNT CH WAL RESPIR ELTRD & CONJ PULSE GEN	Not Covered- Considered Investigational
0468T	REMOVAL CHEST WALL RESPIRATORY ELTRODE/ARRAY	Not Covered- Considered Investigational
81263	IGH@ VARIABLE REGION SOMATIC MUTATION ANALYSIS	Genetic Testing- PA Recommended
88184	FLOWCYTOMETRY/ TECH COMPONENT, 1 MARKER	Genetic Testing- PA Recommended
90867	Transcranial Magnetic Stimulation	TMS Policy- PA required
90868	Transcranial Magnetic Stimulation- Subsequent delivery	TMS Policy- PA required

90869	Transcranial Magnetic Stimulation- Subsequent motor threshold re-determination	TMS Policy- PA required
A4211	Supplies for self-administered injections	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4230	INFUS INSULIN PUMP NON NEEDL; Allow Type I	Medical Pharmacy- PA Recommended
A4232	Syringe with needle, external insulin pump; Allow Type I	Medical Pharmacy- PA Recommended
A4467	Belt, strap, sleeve, garment, or covering, any type	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4490	Surgical stockings above knee length, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4495	Surgical stockings thigh length, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4500	Surgical stockings below knee length, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4510	Surgical stockings full length, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Excluded per Member Contract
A4606	OXYGEN PROBE USED W OXIMETER	Oxygen- PA after 90 days
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase

A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6544	Gradient compression stocking, garter belt	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mmHg, each	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A6549	Gradient compression stocking/sleeve, not otherwise specified	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A7025	REPLACE CHEST COMPRESS VEST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
A7026	REPLACE CHST CMPRSS SYS HOSE	DME- PA Recommend if billed >\$1,500 purchase
A7030	CPAP FULL FACE MASK	DME- PA Recommend if billed >\$1,500 purchase
A7046	REPL WATER CHAMBER, PAP DEV	DME- PA Recommend if billed >\$1,500 purchase
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	Excluded Vitamins per member contract
A9274	External amb insulin delivery system, Allow Type I	Medical Pharmacy- PA Recommended if not type 1
A9275	Home glucose disposable monitor, includes strips, Allow Type I	Medical Pharmacy- PA Recommended
A9276	Sensor, invasive, disposable one unit = 1 day, Allow Type I	Medical Pharmacy- PA Recommended
A9277	Transmitter, external, for use with interstitial cgm; Allow Type I	Medical Pharmacy- PA Recommended
A9278	Receiver (monitor); external, for use with interstitial cgm allow type I	Medical Pharmacy- PA Recommended
A9279	Monitoring feature/device, stand alone or integrated; Allow Type I	Medical Pharmacy- PA Recommended
A9280	Alert or alarm device, not otherwise classified	Exclusion DME Member Contract
A9300	Exercise equipment	Excluded per Member Contract
B4100	FOOD THICKENER ORAL	Excluded per Member Contract
B4149	EF BLENDERIZED FOODS	Recommend PA after 90 days
B4150	EF COMPLET W/INTACT NUTRIENT	Recommend PA after 90 days
B4152	EF CALORIE DENSE>/=1.5KCAL	Recommend PA after 90 days
B4161	EF PED HYDROLYZED/AMINO ACID	Medical Pharmacy- PA Required if >\$1,000
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Medical Pharmacy- PA Recommended
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended



B4178	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Medical Pharmacy- PA Recommended
B4185	Parenteral nutrition solution, per 10 grams lipids	Medical Pharmacy- PA Recommended
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Medical Pharmacy- PA Recommended
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Medical Pharmacy- PA Recommended
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Medical Pharmacy- PA Recommended
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Medical Pharmacy- PA Recommended
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes),	Medical Pharmacy- PA Recommended
B4220	Parenteral nutrition supply kit; premix, per day	Medical Pharmacy- PA Recommended
B4222	Parenteral nutrition supply kit; home mix, per day	Medical Pharmacy- PA Recommended
B4224	Parenteral nutrition administration kit, per day	Medical Pharmacy- PA Recommended
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	Medical Pharmacy- PA Recommended
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	Medical Pharmacy- PA Recommended
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-freamine-hbc-premix	Medical Pharmacy- PA Recommended
B9000	ENTER INFUSION PUMP W/O ALRM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
B9002	ENTERAL INFUSION PUMP W/ ALA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
B9004	PARENTERAL INFUS PUMP PORTAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
B9006	PARENTERAL INFUS PUMP STATIO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
B9998	ENTERAL SUPP NOT OTHERWISE C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

B9999	PARENTERAL SUPP NOT OTHRWS C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
C2624	IMPLANTABLE WIRELESS PRESSURE SENSOR WITH DELIVERY CATHETER	Not Covered- Considered Investigational
C8900	Magnetic resonance angiography with contrast, abdomen	MRI- PA recommended except cancer diagnosis
C8901	Magnetic resonance angiography without contrast, abdomen	MRI- PA recommended except cancer diagnosis
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	MRI- PA recommended except cancer diagnosis
C8903	Magnetic resonance imaging with contrast, breast; unilateral	MRI- PA recommended except cancer diagnosis
C8904	Magnetic resonance imaging without contrast, breast; unilateral	MRI- PA recommended except cancer diagnosis
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	MRI- PA recommended except cancer diagnosis
C8906	Magnetic resonance imaging with contrast, breast; bilateral	MRI- PA recommended except cancer diagnosis
C8907	Magnetic resonance imaging without contrast, breast; bilateral	MRI- PA recommended except cancer diagnosis
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	MRI- PA recommended except cancer diagnosis
C8909	MRA W/CONT, CHEST	MRI- PA recommended except cancer diagnosis
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	MRI- PA recommended except cancer diagnosis
C8911	MRA W/O FOL W/CONT, CHEST	MRI- PA recommended except cancer diagnosis
C8912	Magnetic resonance angiography with contrast, lower extremity	MRI- PA recommended except cancer diagnosis
C8913	Magnetic resonance angiography without contrast, lower extremity	MRI- PA recommended except cancer diagnosis
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	MRI- PA recommended except cancer diagnosis
C8918	Magnetic resonance angiography with contrast, pelvis	MRI- PA recommended except cancer diagnosis
C8919	Magnetic resonance angiography without contrast, pelvis	MRI- PA recommended except cancer diagnosis
C8920	MRA W/O FOL W/CONT, PELVIS	MRI- PA recommended except cancer diagnosis

C8931	MRA, W/DYE, SPINAL CANAL	MRI- PA recommended except cancer diagnosis
C8932	MRA, W/O DYE, SPINAL CANAL	MRI- PA recommended except cancer diagnosis
C8933	MRA, W/O&W/DYE, SPINAL CANAL	MRI- PA recommended except cancer diagnosis
C8934	MRA, W/DYE, UPPER EXTREMITY	MRI- PA recommended except cancer diagnosis
C8935	MRA, W/O DYE, UPPER EXTR	MRI- PA recommended except cancer diagnosis
C8936	MRA, W/O&W/DYE, UPPER EXTR	MRI- PA recommended except cancer diagnosis
C9488	Injection, conivaptan hydrochloride, 1 mg	Medical Pharmacy- PA Recommended
C9747	ABLATION, HIFU, PROSTATE, TRANSRECTAL, INCL IMG GUID	Not Covered- Considered Investigational
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Exclusion DME Member Contract
E0111	CRUTCH FOREARM EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0112	CRUTCH UNDERARM PAIR WOOD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0113	CRUTCH UNDERARM EACH WOOD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0114	CRUTCH UNDERARM PAIR NO WOOD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0116	CRUTCH UNDERARM EACH NO WOOD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0117	UNDERARM SPRINGASSIST CRUTCH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0118	CRUTCH SUBSTITUTE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0130	WALKER RIGID ADJUST/FIXED HT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0135	WALKER FOLDING ADJUST/FIXED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0140	WALKER W TRUNK SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0141	RIGID WHEELED WALKER ADJ/FIX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0142	RIGID WALKER, WHEELED, SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0143	WALKER FOLDING WHEELED W/O S	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0144	ENCLOSED WALKER W REAR SEAT	Exclusion DME Member Contract
E0145	WALKER, WHEELED, SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0146	FOLDING WALKER WHEELED WITH SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0147	WALKER VARIABLE WHEEL RESIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0148	HEAVYDUTY WALKER NO WHEELS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0149	HEAVY DUTY WHEELED WALKER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0150	UNDERARM PAD, CRUTCH, REPLACEMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0151	HANDGRIP, CANE, CRUTCH, OR WALKER REPLCM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0152	TIP,CANE OR CRUTCH WALKER REPLACMNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0153	FOREARM CRUTCH PLATFORM ATTA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0154	WALKER PLATFORM ATTACHMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0155	WALKER WHEEL ATTACHMENT,PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0156	WALKER SEAT ATTACHMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0157	WALKER CRUTCH ATTACHMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0158	WALKER LEG EXTENDERS SET OF4	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0159	BRAKE FOR WHEELED WALKER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0160	Sitz type bath or equipment, portable, used with or without commode	Excluded per Member Contract
E0161	SITZ BATH/EQUIPMENT W/FAUCET	Excluded per Member Contract
E0162	Sitz bath chair	Excluded per Member Contract
E0163	Commode chair, mobile or stationary, with fixed arms	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0164	COMMODOE CHAIR, MOBILE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0165	Commode chair, mobile or stationary, with detachable arms	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0166	COMMODOE CHAIR, MOBILE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0167	Pail or pan for use with commode chair, replacement only	Exclusion DME Member Contract
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or	Exclusion DME Member Contract
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Exclusion DME Member Contract
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Exclusion DME Member Contract
E0172	SEAT LIFT MECHANISM TOILET	DME- PA Recommend if billed >\$1,500 purchase
E0175	COMMODOE CHAIR FOOT REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0176	AIR PRESSURE PAD/CUSHION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0177	WATER PRESSURE PAD/CUSHION	Exclusion DME Member Contract
E0178	GEL PRESSURE PAD/CUSHION, NONPOSITION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0179	DRY PRESSURE PAD/CUSHION	Exclusion DME Member Contract
E0180	PRESSURE PAD	Exclusion DME Member Contract
E0181	PRESS PAD ALTERNATING W/ PUM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0182	REPLACE PUMP, ALT PRESS PAD	Exclusion DME Member Contract
E0183	FLOTATION PAD FOR WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0184	DRY PRESSURE MATTRESS	Exclusion DME Member Contract
E0185	GEL PRESSURE MATTRESS PAD	Exclusion DME Member Contract
E0186	AIR PRESSURE MATTRESS	Exclusion DME Member Contract
E0187	WATER PRESSURE MATTRESS	Exclusion DME Member Contract
E0188	SYNTHETIC SHEEPSKIN PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0189	LAMBSWOOL SHEEPSKIN PAD	DME- PA Recommend if billed >\$1,500 purchase
E0190	POSITIONING CUSHION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0191	PROTECTOR HEEL OR ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0192	LO PRESS/POSITIONING PAD, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0193	POWERED AIR FLOTATION BED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0194	AIR FLUIDIZED BED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0195	REPLACEMENT PAD FOR ALTERN PRES.PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0196	GEL PRESSURE MATTRESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0197	AIR PRESSURE PAD, MATTRESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0198	WATER PRESSURE PAD FOR MATTR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0199	DRY PRESSURE PAD FOR MATTRES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Exclusion DME Member Contract
E0203	THERAPEUTIC LIGHTBOX TABLETP	Excluded per Member Contract
E0205	Heat lamp, with stand, includes bulb, or infrared element	Excluded per Member Contract
E0210	Electric heat pad, standard	Exclusion DME Member Contract
E0215	Electric heat pad, moist	Excluded per Member Contract
E0217	Water circulating heat pad with pump	Excluded per Member Contract
E0218	WATER CIRC COLD PAD W PUMP	Excluded per Member Contract
E0220	HOT WATER BOTTLE	Excluded per Member Contract
E0221	Infrared heating pad system	Excluded per Member Contract
E0225	Hydrocollator unit, includes pads	Exclusion DME Member Contract
E0230	ICE CAP OR COLLAR	Excluded per Member Contract
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Excluded per Member Contract
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Excluded per Member Contract
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Exclusion DME Member Contract
E0236	PUMP FOR WATER CIRCULATING PAD	Excluded per Member Contract
E0237	WATER CIRCULATING HEAT PAD W/PUMP	Excluded per Member Contract
E0238	HEAT PAD NON-ELECTRIC MOIST	Exclusion DME Member Contract
E0239	Hydrocollator unit, portable	Exclusion DME Member Contract
E0240	Bath/shower chair, with or without wheels, any size	Exclusion DME Member Contract
E0241	BATH TUB WALL RAIL	Exclusion DME Member Contract
E0242	BATH TUB RAIL FLOOR	Exclusion DME Member Contract
E0243	TOILET RAIL	Exclusion DME Member Contract
E0244	Raised toilet seat	Excluded per Member Contract
E0245	Tub stool or bench	Exclusion DME Member Contract
E0246	TRANSFER TUB RAIL ATTACHMENT	Exclusion DME Member Contract
E0247	Transfer bench for tub or toilet with or without commode opening	Exclusion DME Member Contract

E0248	HDTRANS BENCH W/WO COMM OPEN	Exclusion DME Member Contract
E0249	Pad for water circulating heat unit, for replacement only	Exclusion DME Member Contract
E0250	HOSP BED FIXED HT W/ MATTRES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0251	HOSP BED FIXD HT W/O MATTRES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0252	HOSPITAL BED FIXED HEIGHT, W MATRESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0255	HOSPITAL BED VAR HT W/ MATTR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0256	HOSPITAL BED VAR HT W/O MATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0260	HOSP BED SEMI-ELECTR W/ MATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0261	HOSP BED SEMI-ELECTR W/O MAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0265	HOSP BED TOTAL ELECTR W/ MAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0266	HOSP BED TOTAL ELEC W/O MATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	Exclusion DME Member Contract
E0271	MATTRESS INNERSPRING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0272	MATTRESS FOAM RUBBER	Exclusion DME Member Contract
E0273	BED BOARD	Excluded per Member Contract
E0274	OVER-BED TABLE	Exclusion DME Member Contract
E0275	BED PAN, STANDARD	Excluded per Member Contract
E0290	HOSP BED FX HT W/O RAILS W/M	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0291	HOSP BED FX HT W/O RAIL W/O	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0292	HOSP BED VAR HT W/O RAIL W/O	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0293	HOSP BED VAR HT W/O RAIL W/	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0294	HOSP BED SEMI-ELECT W/ MATTR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0295	HOSP BED SEMI-ELECT W/O MATT	Exclusion DME Member Contract

E0296	HOSP BED TOTAL ELECT W/ MATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0297	HOSP BED TOTAL ELECT W/O MAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0298	HOSPITAL BED HD WIDE W/MATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0300	ENCLOSED PED CRIB HOSP GRADE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0301	HD HOSP BED, 350-600 LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0302	EX HD HOSP BED > 600 LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0303	HOSP BED HVY DTY XTRA WIDE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0304	HOSP BED XTRA HVY DTY X WIDE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0328	PED HOSPITAL BED, MANUAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0329	PED HOSPITAL BED SEMI/ELECT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0350	CONTROL UNIT BOWEL SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0352	DISPOSABLE PACK W/BOWEL SYST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0370	Air pressure elevator for heel	Exclusion DME Member Contract
E0371	NONPOWER MATTRESS OVERLAY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0372	POWERED AIR MATTRESS OVERLAY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0373	NONPOWERED PRESSURE MATTRESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0424	STATIONARY COMPRESSED GAS O2	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0425	GAS SYSTEM STATIONARY COMPRE	Oxygen- PA after 90 days
E0430	OXYGEN SYSTEM GAS PORTABLE	Oxygen- PA after 90 days
E0431	PORTABLE GASEOUS O2	Oxygen- PA after 90 days
E0433	PORTABLE LIQUID OXYGEN SYS	Excluded per Member Contract
E0434	PORTABLE LIQUID O2	Excluded per Member Contract
E0435	OXYGEN SYSTEM LIQUID PORTABLE	Exclusion DME Member Contract
E0439	STATIONARY LIQUID O2	Exclusion DME Member Contract



E0440	OXYGEN SYSTEM LIQUID STATION	Excluded per Member Contract
E0441	STATIONARY O2 CONTENTS, GAS	Oxygen- PA after 90 days
E0442	STATIONARY O2 CONTENTS, LIQ	Exclusion DME Member Contract
E0443	PORTABLE O2 CONTENTS, GAS	Oxygen- PA after 90 days
E0444	PORTABLE O2 CONTENTS, LIQUID	Exclusion DME Member Contract
E0445	OXIMETER NON-INVASIVE	Oxygen- PA after 90 days
E0450	VOL CONTROL VENT INVASIV INT	Oxygen- PA after 90 days
E0451	VOLUME VENTILATOR;PORTABLE(INCLUDES BATT	Oxygen- PA after 90 days
E0452	INTERMITTENT ASSIST DEVICE	Oxygen- PA after 90 days
E0453	THERAPEUTIC VENTILATOR	Oxygen- PA after 90 days
E0455	OXYGEN TENT EXCL CROUP/PED T	Exclusion DME Member Contract
E0457	CHEST SHELL	Exclusion DME Member Contract
E0458	NEGATIVE PRESSURE PUMP	Exclusion DME Member Contract
E0459	CHEST WRAP	Exclusion DME Member Contract
E0460	NEG PRESS VENT PORTABL/STATN	Exclusion DME Member Contract
E0461	VOL CONTROL VENT NONINV INT	Oxygen- PA after 90 days
E0462	ROCKING BED W/ OR W/O SIDE R	Oxygen- PA after 90 days
E0463	PRESS SUPP VENT INVASIVE INT	Oxygen- PA after 90 days
E0464	PRESS SUPP VENT NONINV INT	Oxygen- PA after 90 days
E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE	Oxygen- PA after 90 days
E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0470	RAD W/O BACKUP NON-INV INTFC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0471	RAD W/BACKUP NON INV INTRFC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0472	RAD W BACKUP INVASIVE INTRFC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0480	PERCUSSOR ELECT/PNEUM HOME M	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0481	INTRPULMNRY PERCUSS VENT SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0482	COUGH STIMULATING DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0483	CHEST COMPRESSION GEN SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0484	NON-ELEC OSCILLATORY PEP DVC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0485	ORAL DEVICE/APPLIANCE PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0486	ORAL DEVICE/APPLIANCE CUSFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0487	ELECTRONIC SPIROMETER	Excluded per Member Contract
E0500	IPPB ALL TYPES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0505	IPPB MACHINES W/MANUAL VALVES ELECTRICAL	Exclusion DME Member Contract
E0510	IPPB MACHINES W/AUTOMATIC VALVES,EXTERNA	Exclusion DME Member Contract
E0515	IPPB MACHINES W/AUTOMATIC VALVES,ELECTRI	Exclusion DME Member Contract
E0550	HUMIDIF EXTENS SUPPLE W IPPB	Exclusion DME Member Contract
E0555	HUMIDIFIER FOR USE W/ REGULA	Excluded per Member Contract
E0560	HUMIDIFIER SUPPLEMENTAL W/ I	Excluded per Member Contract
E0561	HUMIDIFIER NONHEATED W PAP	Excluded per Member Contract
E0562	HUMIDIFIER HEATED USED W PAP	Excluded per Member Contract
E0565	COMPRESSOR AIR POWER SOURCE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0570	NEBULIZER WITH COMPRESSION	Excluded per Member Contract
E0571	AEROSOL COMPRESSOR FOR SVNEB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0572	AEROSOL COMPRESSOR ADJUST PR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0574	ULTRASONIC GENERATOR W SVNEB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0575	NEBULIZER ULTRASONIC	Excluded per Member Contract
E0580	NEBULIZER FOR USE W/ REGULAT	Excluded per Member Contract
E0585	NEBULIZER W/ COMPRESSOR & HE	Excluded per Member Contract
E0590	DISPENSING FEE CVRD DRUG ADM	Excluded per Member Contract
E0600	SUCTION PUMP PORTAB HOM MODL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0601	CONT AIRWAY PRESSURE DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0602	MANUAL BREAST PUMP	DME- PA Recommend if billed >\$1,500 purchase ONLY
E0603	ELECTRIC BREAST PUMP	DME- PA Recommend if billed >\$1,500 purchase ONLY
E0604	HOSP GRADE ELEC BREAST PUMP	Excluded per Member Contract
E0605	Vaporizer, room type	Exclusion DME Member Contract
E0606	Postural drainage board	Excluded per Member Contract
E0607	BLOOD GLUCOSE MONITOR HOME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0608	APNEA MONITOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0609	BLOOD GLUCOSE MONITOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0610	PACEMAKER MONITR AUDIBLE/VIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0615	PACEMAKER MONITR DIGITAL/VIS	Exclusion DME Member Contract
E0616	CARDIAC EVENT RECORDER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0617	AUTOMATIC EXT DEFIBRILLATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0618	APNEA MONITOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0619	APNEA MONITOR W RECORDER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0620	CAP BLD SKIN PIERCING LASER	Excluded per Member Contract
E0621	PATIENT LIFT SLING OR SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0625	Patient lift, bathroom or toilet, not otherwise classified	Exclusion DME Member Contract
E0627	SEAT LIFT INCORP LIFT-CHAIR	Exclusion DME Member Contract
E0628	SEAT LIFT FOR PT FURN-ELECTR	Exclusion DME Member Contract
E0629	SEAT LIFT FOR PT FURN-NON-EL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0630	PATIENT LIFT HYDRAULIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0635	PATIENT LIFT ELECTRIC	Excluded per Member Contract
E0636	PT SUPPORT & POSITIONING SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Exclusion DME Member Contract
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Exclusion DME Member Contract
E0639	MOVEABLE PATIENT LIFT SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0640	FIXED PATIENT LIFT SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Exclusion DME Member Contract
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Exclusion DME Member Contract

E0650	PNEUMA COMPRESOR NON-SEGMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0651	PNEUM COMPRESSOR SEGMENTAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0652	PNEUM COMPRES W/CAL PRESSURE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0655	PNEUMATIC APPLIANCE HALF ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0656	SEGMENTAL PNEUMATIC TRUNK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0657	SEGMENTAL PNEUMATIC CHEST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0660	PNEUMATIC APPLIANCE FULL LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0665	PNEUMATIC APPLIANCE FULL ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0666	PNEUMATIC APPLIANCE HALF LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0667	SEG PNEUMATIC APPL FULL LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0668	SEG PNEUMATIC APPL FULL ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0669	SEG PNEUMATIC APPLI HALF LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0671	PRESSURE PNEUM APPL FULL LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0672	PRESSURE PNEUM APPL FULL ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0673	PRESSURE PNEUM APPL HALF LEG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0675	PNEUMATIC COMPRESSION DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0676	INTER LIMB COMPRESS DEV NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0690	ULTRAVIOLET CABINET	Excluded per Member Contract
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Excluded per Member Contract

E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Excluded per Member Contract
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Excluded per Member Contract
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Excluded per Member Contract
E0700	SAFETY EQUIPMENT	Excluded per Member Contract
E0705	TRANSFER DEVICE	Excluded per Member Contract
E0710	RESTRAINTS ANY TYPE	Excluded per Member Contract
E0720	TENS, TWO LEAD	Not Covered- Considered Investigational
E0730	TENS, FOUR LEAD	Not Covered- Considered Investigational
E0731	CONDUCTIVE GARMENT FOR TENS/	Not Covered- Considered Investigational
E0740	INCONTINENCE TREATMENT SYSTM	Not Covered- Considered Investigational
E0744	Neuromuscular stimulator for scoliosis	Excluded per Member Contract
E0745	Neuromuscular stimulator, electronic shock unit	Exclusion DME Member Contract
E0746	ELECTROMYOGRAPH BIOFEEDBACK	Excluded per Member Contract
E0747	ELEC OSTEOGEN STIM NOT SPINE	Exclusion DME Member Contract
E0748	ELEC OSTEOGEN STIM SPINAL	Exclusion DME Member Contract
E0749	ELEC OSTEOGEN STIM IMPLANTED	Exclusion DME Member Contract
E0751	IMPL NEUROSTIM PULSE GENER/RECEI	Exclusion DME Member Contract
E0753	IMPL NEUROSTIM ELECTRODES/LEADS	Excluded per Member Contract
E0755	ELECTRONIC SALIVARY REFLEX S	Excluded per Member Contract
E0756	IMPLANT NEUROSTIL PULS GEN	Excluded per Member Contract
E0757	IMPLANT NEUROSTIM PULSE GEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0758	RADIOFREG TRANS EXT IMPLANT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0760	OSTEOGEN ULTRASOUND STIMLTOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0761	NONTHERM ELECTROMGNTC DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0762	TRANS ELEC JT STIM DEV SYS	Exclusion DME Member Contract
E0764	FUNCTIONAL NEUROMUSCULARSTIM	Exclusion DME Member Contract
E0765	NERVE STIMULATOR FOR TX N&V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE	Excluded per Member Contract
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Excluded per Member Contract
E0770	FUNCTIONAL ELECTRIC STIM NOS	Excluded per Member Contract
E0776	IV POLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0779	AMB INFUSION PUMP MECHANICAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0780	MECH AMB INFUSION PUMP <8HRS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0781	EXTERNAL AMBULATORY INFUS PU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0782	NON-PROGRAMBLE INFUSION PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0783	PROGRAMMABLE INFUSION PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0784	EXT AMB INFUSN PUMP INSULIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0785	REPLACEMENT IMPL PUMP CATHET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0786	IMPLANTABLE PUMP REPLACEMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0791	PARENTERAL INFUSION PUMP STA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0830	AMBULATORY TRACTION DEVICE	Excluded per Member Contract
E0840	Traction frame, attached to headboard, cervical traction	Not Covered- Considered Investigational
E0849	CERVICAL PNEUM TRAC EQUIP	Not Covered- Considered Investigational
E0850	TRACTION STAND FREE STANDING	Not Covered- Considered Investigational
E0855	CERVICAL TRACTION EQUIPMENT	Not Covered- Considered Investigational
E0856	CERVIC COLLAR W AIR BLADDER	Not Covered- Considered Investigational
E0860	TRACT EQUIP CERVICAL TRACT	Not Covered- Considered Investigational
E0870	TRACT FRAME ATTACH FOOTBOARD	Not Covered- Considered Investigational
E0880	TRAC STAND FREE STAND EXTREM	Not Covered- Considered Investigational
E0885	TRACTN EQUIP,CERV,NO ADDN COMPONENT	Not Covered- Considered Investigational
E0890	TRACTION FRAME ATTACH PELVIC	Not Covered- Considered Investigational
E0900	TRAC STAND FREE STAND PELVIC	Not Covered- Considered Investigational
E0910	TRAPEZE BAR ATTACHED TO BED	Excluded per Member Contract
E0911	HD TRAPEZE BAR ATTACH TO BED	Excluded per Member Contract
E0912	HD TRAPEZE BAR FREE STANDING	Excluded per Member Contract
E0920	Fracture frame, attached to bed, includes weights	Not Covered- Considered Investigational
E0930	Fracture frame, free standing, includes weights	Not Covered- Considered Investigational
E0935	CONT PAS MOTION EXERCISE DEV	Not Covered- Considered Investigational
E0936	CPM DEVICE, OTHER THAN KNEE	Not Covered- Considered Investigational
E0940	TRAPEZE BAR FREE STANDING	Exclusion DME Member Contract
E0941	Gravity assisted traction device, any type	Not Covered- Considered Investigational
E0942	Cervical head harness/halter	Exclusion DME Member Contract
E0943	CERVICAL PILLOW	Exclusion DME Member Contract

E0944	Pelvic belt/harness/boot	Exclusion DME Member Contract
E0945	Extremity belt/harness	Exclusion DME Member Contract
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)	Not Covered- Considered Investigational
E0947	Fracture frame, attachments for complex pelvic traction	Not Covered- Considered Investigational
E0948	Fracture frame, attachments for complex cervical traction	Not Covered- Considered Investigational
E0950	TRAY	Excluded per Member Contract
E0951	LOOP HEEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0952	TOE LOOP/HOLDER, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0953	PNEUMATIC TIRE, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0954	SEMI-PNEUMATIC CASTER, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0955	CUSHIONED HEADREST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0956	W/C LATERAL TRUNK/HIP SUPPOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0957	W/C MEDIAL THIGH SUPPORT	Exclusion DME Member Contract
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	Exclusion DME Member Contract
E0959	AMPUTEE ADAPTER	Exclusion DME Member Contract
E0960	W/C SHOULDER HARNESS/STRAPS	Exclusion DME Member Contract
E0961	WHEELCHAIR BRAKE EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0962	1 IN. CUSHION, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0963	2 IN. CUSHION, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0964	3 IN. CUSHION, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0965	4 IN. CUSHION, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0966	WHEELCHAIR HEAD REST EXTENSI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0967	MANUAL WC HAND RIM W PROJECT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0968	WHEELCHAIR COMMUNE SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E0969	WHEELCHAIR NARROWING DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0970	WHEELCHAIR NO. 2 FOOTPLATES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0971	WHEELCHAIR ANTI-TIPPING DEVI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0972	TRANSFER BOARD, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0973	W/CH ACCESS DET ADJ ARMREST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0974	W/CH ACCESS ANTI-ROLLBACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0975	REINFORCED SEAT UPHOLSTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0976	REINFORCED WHEELCHAIR BACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0977	WEDGE CUSHION, WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0978	W/C ACC,SAF BELT PELV STRAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0979	SAFETY BELT WITH CLOSURE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0980	WHEELCHAIR SAFETY VEST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0981	SEAT UPHOLSTERY, REPLACEMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0982	BACK UPHOLSTERY, REPLACEMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0983	ADD PWR JOYSTICK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0984	ADD PWR TILLER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0985	W/C SEAT LIFT MECHANISM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0986	MAN W/C PUSH-RIM POW ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0990	WHEELCHAIR ELEVATING LEG RES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



E0991	UPHOLSTERY SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0992	WHEELCHAIR SOLID SEAT INSERT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0993	BACK, UPHOLSTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0994	WHEELCHAIR ARM REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0995	WHEELCHAIR CALF REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0996	TIRE, SOLID, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0997	CASTER WITH A FORK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0998	CASTER WITHOUT FORK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E0999	PNEUMATIC TIRE WITH WHEEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1000	TIRE, PNEUMATIC CASTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1001	WHEEL, SINGLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1002	PWR SEAT TILT	Power Wheelchair PA required
E1003	PWR SEAT RECLINE	Power Wheelchair PA required
E1004	PWR SEAT RECLINE MECH	Power Wheelchair PA required
E1005	PWR SEAT RECLINE PWR	Power Wheelchair PA required
E1006	PWR SEAT COMBO W/O SHEAR	Power Wheelchair PA required
E1007	PWR SEAT COMBO W/SHEAR	Power Wheelchair PA required
E1008	PWR SEAT COMBO PWR SHEAR	Power Wheelchair PA required
E1009	ADD MECH LEG ELEVATION	Power Wheelchair PA required
E1010	ADD PWR LEG ELEVATION	Power Wheelchair PA required
E1011	PED WC MODIFY WIDTH ADJUSTM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT ELEVATING LEG REST/PLATFORM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1014	RECLINING BACK ADD PED W/C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1015	SHOCK ABSORBER FOR MAN W/C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E1016	SHOCK ABSORBER FOR POWER W/C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1017	HD SHCK ABSRBR FOR HD MAN WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1018	HD SHCK ABSRBER FOR HD POWWC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1020	RESIDUAL LIMB SUPPORT SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1028	W/C MANUAL SWINGAWAY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1029	W/C VENT TRAY FIXED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1030	W/C VENT TRAY GIMBALED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1031	Rollabout chair, any and all types with castors 5 inch or greater	Exclusion DME Member Contract
E1035	PATIENT TRANSFER SYSTEM <300	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1036	PATIENT TRANSFER SYSTEM >300	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1037	TRANSPORT CHAIR, PED SIZE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1038	TRANSPORT CHAIR PT WT<=300LB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1039	TRANSPORT CHAIR PT WT >300LB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1050	WHELCHR FXD FULL LENGTH ARMS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1060	WHEELCHAIR DETACHABLE ARMS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1065	POWER ATTACHMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1066	BATTERY CHARGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1069	DEEP CYCLE BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1070	WHEELCHAIR DETACHABLE FOOT R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1083	HEMI-WHEELCHAIR FIXED ARMS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E1084	HEMI-WHEELCHAIR DETACHABLE A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1085	HEMI-WHEELCHAIR FIXED ARMS	Exclusion DME Member Contract
E1086	HEMI-WHEELCHAIR DETACHABLE A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1087	WHEELCHAIR LIGHTWT FIXED ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1088	WHEELCHAIR LIGHTWEIGHT DET A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1089	WHEELCHAIR LIGHTWT FIXED ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1090	WHEELCHAIR LIGHTWEIGHT DET A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1091	YOUTH WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1092	WHEELCHAIR WIDE W/ LEG RESTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1093	WHEELCHAIR WIDE W/ FOOT REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1100	WHCHR S-RECL FXD ARM LEG RES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1110	WHEELCHAIR SEMI-RECL DETACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1130	WHLCHR STAND FXD ARM FT REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1140	WHEELCHAIR STANDARD DETACH A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1150	WHEELCHAIR STANDARD W/ LEG R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1160	WHEELCHAIR FIXED ARMS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1161	MANUAL ADULT WC W TILTINSPAC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1170	WHLCHR AMPU FXD ARM LEG REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1171	WHEELCHAIR AMPUTEE W/O LEG R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1172	WHEELCHAIR AMPUTEE DETACH AR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E1180	WHEELCHAIR AMPUTEE W/ FOOT R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1195	WHEELCHAIR AMPUTEE HEAVY DUT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1200	WHEELCHAIR AMPUTEE FIXED ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1210	MOTOR WHLCHR FIX ARM ELEV FOOT	Power Wheelchair PA required
E1211	MOTOR WHLCHR DETACH ARM/ELEV LEG	Power Wheelchair PA required
E1212	MOTOR WHLCHR FIX ARM DETCH FOOT	Power Wheelchair PA required
E1213	MOTOR WHLCHR DETACH ARM/LEG	Power Wheelchair PA required
E1220	WHLCHR SPECIAL SIZE/CONSTRC	Power Wheelchair PA required
E1221	WHEELCHAIR SPEC SIZE W FOOT	Power Wheelchair PA required
E1222	WHEELCHAIR SPEC SIZE W/ LEG	Power Wheelchair PA required
E1223	WHEELCHAIR SPEC SIZE W FOOT	Power Wheelchair PA required
E1224	WHEELCHAIR SPEC SIZE W/ LEG	Power Wheelchair PA required
E1225	MANUAL SEMI-RECLINING BACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1226	MANUAL FULLY RECLINING BACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1227	WHEELCHAIR SPEC SZ SPEC HT A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1228	WHEELCHAIR SPEC SZ SPEC HT B	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1229	PEDIATRIC WHEELCHAIR NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1230	POWER OPERATED VEHICLE	Power Wheelchair PA required
E1231	RIGID PED W/C TILT-IN-SPACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1232	FOLDING PED WC TILT-IN-SPACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1233	RIG PED WC TLTNPC W/O SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1234	FLD PED WC TLTNPC W/O SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1235	RIGID PED WC ADJUSTABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1236	FOLDING PED WC ADJUSTABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E1237	RGD PED WC ADJSTABL W/O SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1238	FLD PED WC ADJSTABL W/O SEAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1239	PED POWER WHEELCHAIR NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1240	WHCHR LITWT DET ARM LEG REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1250	WHEELCHAIR LIGHTWT FIXED ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1260	WHEELCHAIR LIGHTWT FOOT REST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1270	WHEELCHAIR LIGHTWEIGHT LEG R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1280	WHCHR H-DUTY DET ARM LEG RES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1285	WHEELCHAIR HEAVY DUTY FIXED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1290	WHEELCHAIR HVY DUTY DETACH A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1295	WHEELCHAIR HEAVY DUTY FIXED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1296	WHEELCHAIR SPECIAL SEAT HEIG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1297	WHEELCHAIR SPECIAL SEAT DEPT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1298	WHEELCHAIR SPEC SEAT DEPTH/W	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1300	Whirlpool, portable (overtub type)	Excluded per Member Contract
E1310	WHIRLPOOL, NON-PORTABLE	Excluded per Member Contract
E1340	REPAIR OR UNUSUAL SERVICE,15 MIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1350	REPAIR OR NON-ROU SERVICE,SKI TECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1351	CANNULAS	Oxygen- PA after 90 days
E1352	OXYGEN ACC FLOW REG CPBL POS INSPIRATORY PRESS	Oxygen- PA after 90 days
E1353	OXYGEN SUPPLIES REGULATOR	Oxygen- PA after 90 days
E1354	WHEELED CART, PORT CYL/CONC	Oxygen- PA after 90 days
E1355	OXYGEN SUPPLIES STAND/RACK	Oxygen- PA after 90 days
E1356	BATT PACK/CART, PORT CONC	Oxygen- PA after 90 days

E1357	BATTERY CHARGER, PORT CONC	Oxygen- PA after 90 days
E1358	DC POWER ADAPTER, PORT CONC	Oxygen- PA after 90 days
E1372	OXY SUPPL HEATER FOR NEBULIZ	Oxygen- PA after 90 days
E1374	MASK	Oxygen- PA after 90 days
E1375	NEBULIZER, PORTABLE	Exclusion DME Member Contract
E1377	OXYGEN CONCENTRATOR TO 244 CU FT	Oxygen- PA after 90 days
E1378	OXYGEN CONCENTRATOR TO 488 CU FT	Oxygen- PA after 90 days
E1379	OXYGEN CONCENTRATOR TO 732 CU FT	Oxygen- PA after 90 days
E1380	OXYGEN CONCENTRATOR TO 976 CU FT	Oxygen- PA after 90 days
E1381	OXYGEN CONCENTRATOR TO 1220 CU FT	Oxygen- PA after 90 days
E1382	OXYGEN CONCENTRATOR TO 1464 CU FT	Oxygen- PA after 90 days
E1383	OXYGEN CONCENTRATOR TO 1708 CU FT	Oxygen- PA after 90 days
E1384	OXYGEN CONCENTRATOR TO 1952 CU FT	Oxygen- PA after 90 days
E1385	OXYGEN CONCENTRATOR OVER 1952 CU FT	Oxygen- PA after 90 days
E1388	OXYG. CONC. EQUIV TO 244 CU. FT	Oxygen- PA after 90 days
E1389	OXYG. CONC. EQU. 488 CU FT.	Oxygen- PA after 90 days
E1390	OXYGEN CONCENTRATOR	Oxygen- PA after 90 days
E1391	OXYGEN CONCENTRATOR, DUAL	Oxygen- PA after 90 days
E1392	PORTABLE OXYGEN CONCENTRATOR	Oxygen- PA after 90 days
E1393	OXYG EQUIV. 1464 CU FT.	Oxygen- PA after 90 days
E1394	OXYG EQUIV. TO 1708 CU FT.	Oxygen- PA after 90 days
E1395	OXYG. EQUIV 1952 CU FT.	Oxygen- PA after 90 days
E1396	OXYG. EQU. TO 1952 CU FT	Oxygen- PA after 90 days
E1399	DURABLE MEDICAL EQUIPMENT MI	<b>DME- PA Recommend if billed is &gt;\$500 billed</b>
E1400	OXYGEN CONCENTRATOR < 2 LITER/MIN	Oxygen- PA after 90 days
E1401	OXYGEN CONCENTRATOR 2-3 LITER/MIN	Oxygen- PA after 90 days
E1402	OXYGEN CONCENTRATOR 3-4 LITER/MIN	Oxygen- PA after 90 days
E1403	OXYGEN CONCENTRATOR 4-5 LITER/MIN	Oxygen- PA after 90 days
E1404	OXYGEN CONCENTRATOR > 5 LITER/MIN	Oxygen- PA after 90 days
E1405	O2/WATER VAPOR ENRICH W/HEAT	Oxygen- PA after 90 days
E1406	O2/WATER VAPOR ENRICH W/O HE	Oxygen- PA after 90 days
E1500	CENTRIFUGE	Exclusion DME Member Contract
E1510	KIDNEY DIALYSATE DELIVRY SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1520	HEPARIN INFUSION PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1530	REPLACEMENT AIR BUBBLE DETEC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1540	REPLACEMENT PRESSURE ALARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1550	BATH CONDUCTIVITY METER	Excluded per Member Contract

E1560	REPLACE BLOOD LEAK DETECTOR	Excluded per Member Contract
E1570	ADJUSTABLE CHAIR FOR ESRD PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1575	TRANSDUCER PROTECT/FLD BAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1580	UNIPUNCTURE CONTROL SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1590	HEMODIALYSIS MACHINE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1592	AUTO INTERM PERITONEAL DIALY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1594	CYCLER DIALYSIS MACHINE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1600	DELI/INSTALL CHRG HEMO EQUIP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1610	REVERSE OSMOSIS H2O PURI SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1615	DEIONIZER H2O PURI SYSTEM	Excluded per Member Contract
E1620	REPLACEMENT BLOOD PUMP	Excluded per Member Contract
E1625	WATER SOFTENING SYSTEM	Excluded per Member Contract
E1630	RECIPROCATING PERITONEAL DIA	Excluded per Member Contract
E1632	WEARABLE ARTIFICIAL KIDNEY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1634	PERITONEAL DIALYSIS CLAMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1635	COMPACT TRAVEL HEMODIALYZER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1636	SORBENT CARTRIDGES PER 10	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1637	HEMOSTATS FOR DIALYSIS, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1639	DIALYSIS SCALE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1640	REPLACEMENT COMPONENTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1699	DIALYSIS EQUIPMENT NOC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1700	Jaw motion rehabilitation system	Excluded per Member Contract
E1701	Replacement cushions for jaw motion rehabilitation system, pkg of 6	Excluded per Member Contract
E1702	Replacement cushions for jaw motion rehabilitation system, pkg of 200	Excluded per Member Contract

E1800	ADJUST ELBOW EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1801	SPS ELBOW DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1802	ADJST FOREARM PRO/SUP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1805	ADJUST WRIST EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1806	SPS WRIST DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1810	ADJUST KNEE EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1811	SPS KNEE DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1812	KNEE EXT/FLEX W ACT RES CTRL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1815	ADJUST ANKLE EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1816	SPS ANKLE DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1818	SPS FOREARM DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1820	SOFT INTERFACE MATERIAL	Excluded per Member Contract
E1821	REPLACEMENT INTERFACE SPSD	Excluded per Member Contract
E1825	ADJUST FINGER EXT/FLEX DEVC	Excluded per Member Contract
E1830	ADJUST TOE EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1831	STATIC STR TOE DEV EXT/FLEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1840	ADJ SHOULDER EXT/FLEX DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1841	STATIC STR SHLDR DEV ROM ADJ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1900	SYNTHESIZED SPEECH AUGMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E1902	Communication board, non-electronic augmentative or alternative communication device	Exclusion DME Member Contract
E2000	GASTRIC SUCTION PUMP HME MDL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2100	Blood glucose monitor with integrated voice synthesizer	Exclusion DME Member Contract



E2101	Blood glucose monitor with integrated lancing/blood sample	Exclusion DME Member Contract
E2120	PULSE GEN SYS TX ENDOLYMP FL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2201	MAN W/CH ACC SEAT W>=20<24	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2202	SEAT WIDTH 24-27 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2203	FRAME DEPTH LESS THAN 22 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2204	FRAME DEPTH 22 TO 25 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2205	MANUAL WC ACCESSORY, HANDRIM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2206	COMPLETE WHEEL LOCK ASSEMBLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2207	CRUTCH AND CANE HOLDER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2208	CYLINDER TANK CARRIER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2209	ARM TROUGH EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2210	WHEELCHAIR BEARINGS	Power Wheelchair PA required
E2211	PNEUMATIC PROPULSION TIRE	Power Wheelchair PA required
E2212	PNEUMATIC PROP TIRE TUBE	Power Wheelchair PA required
E2213	PNEUMATIC PROP TIRE INSERT	Power Wheelchair PA required
E2214	PNEUMATIC CASTER TIRE EACH	Power Wheelchair PA required
E2215	PNEUMATIC CASTER TIRE TUBE	Power Wheelchair PA required
E2216	FOAM FILLED PROPULSION TIRE	Power Wheelchair PA required
E2217	FOAM FILLED CASTER TIRE EACH	Power Wheelchair PA required
E2218	FOAM PROPULSION TIRE EACH	Power Wheelchair PA required
E2219	FOAM CASTER TIRE ANY SIZE EA	Power Wheelchair PA required
E2220	SOLID PROPULSION TIRE EACH	Power Wheelchair PA required
E2221	SOLID CASTER TIRE EACH	Power Wheelchair PA required
E2222	SOLID CASTER INTEGRATED WHL	Power Wheelchair PA required
E2223	VALVE REPLACEMENT ONLY EACH	Power Wheelchair PA required
E2224	PROPULSION WHL EXCLUDES TIRE	Power Wheelchair PA required
E2225	CASTER WHEEL EXCLUDES TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2226	CASTER FORK REPLACEMENT ONLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E2227	GEAR REDUCTION DRIVE WHEEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2228	MWC ACC, WHEELCHAIR BRAKE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2230	MANUAL STANDING SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2231	SOLID SEAT SUPPORT BASE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2291	PLANAR BACK FOR PED SIZE WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2292	PLANAR SEAT FOR PED SIZE WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2293	CONTOUR BACK FOR PED SIZE WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2294	CONTOUR SEAT FOR PED SIZE WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2295	PED DYNAMIC SEATING FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2300	PWR SEAT ELEVATION SYS	Power Wheelchair PA required
E2301	PWR STANDING	Power Wheelchair PA required
E2310	ELECTRO CONNECT BTW CONTROL	Power Wheelchair PA required
E2311	ELECTRO CONNECT BTW 2 SYS	Power Wheelchair PA required
E2312	MINI-PROP REMOTE JOYSTICK	Power Wheelchair PA required
E2313	PWC HARNESS, EXPAND CONTROL	Power Wheelchair PA required
E2321	HAND INTERFACE JOYSTICK	Power Wheelchair PA required
E2322	MULT MECH SWITCHES	Power Wheelchair PA required
E2323	SPECIAL JOYSTICK HANDLE	Power Wheelchair PA required
E2324	CHIN CUP INTERFACE	Power Wheelchair PA required
E2325	SIP AND PUFF INTERFACE	Power Wheelchair PA required
E2326	BREATH TUBE KIT	Power Wheelchair PA required
E2327	HEAD CONTROL INTERFACE MECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2328	HEAD/EXTREMITY CONTROL INTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2329	HEAD CONTROL NONPROPORTIONAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2330	HEAD CONTROL PROXIMITY SWITC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2331	ATTENDANT CONTROL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E2340	W/C WIDTH 20-23 IN SEAT FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2341	W/C WIDTH 24-27 IN SEAT FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2342	W/C DPTH 20-21 IN SEAT FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2343	W/C DPTH 22-25 IN SEAT FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2351	ELECTRONIC SGD INTERFACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	Power Wheelchair PA required
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL	Power Wheelchair PA required
E2360	22NF NONSEALED LEADACID	Power Wheelchair PA required
E2361	22NF SEALED LEADACID BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2362	GR24 NONSEALED LEADACID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2363	GR24 SEALED LEADACID BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2364	U1NONSEALED LEADACID BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2365	U1 SEALED LEADACID BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2366	BATTERY CHARGER, SINGLE MODE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2367	BATTERY CHARGER, DUAL MODE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2368	POWER WC MOTOR REPLACEMENT	Power Wheelchair PA required
E2369	PWR WC GEAR BOX REPLACEMENT	Power Wheelchair PA required
E2370	PWR WC MOTOR/GEAR BOX COMBO	Power Wheelchair PA required
E2371	GR27 SEALED LEADACID BATTERY	Power Wheelchair PA required
E2372	GR27 NON-SEALED LEADACID	Power Wheelchair PA required
E2373	HAND/CHIN CTRL SPEC JOYSTICK	Power Wheelchair PA required
E2374	HAND/CHIN CTRL STD JOYSTICK	Power Wheelchair PA required
E2375	NON-EXPANDABLE CONTROLLER	Power Wheelchair PA required
E2376	EXPANDABLE CONTROLLER, REPL	Power Wheelchair PA required
E2377	EXPANDABLE CONTROLLER, INITL	Power Wheelchair PA required
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Power Wheelchair PA required

E2381	PNEUM DRIVE WHEEL TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2382	TUBE, PNEUM WHEEL DRIVE TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2383	INSERT, PNEUM WHEEL DRIVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2384	PNEUMATIC CASTER TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2385	TUBE, PNEUMATIC CASTER TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2386	FOAM FILLED DRIVE WHEEL TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2387	FOAM FILLED CASTER TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2388	FOAM DRIVE WHEEL TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2389	FOAM CASTER TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2390	SOLID DRIVE WHEEL TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2391	SOLID CASTER TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2392	SOLID CASTER TIRE, INTEGRATE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2393	POW WHLCHR ACC VALVE TIRE TUBE	Power Wheelchair PA required
E2394	DRIVE WHEEL EXCLUDES TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2395	CASTER WHEEL EXCLUDES TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2396	CASTER FORK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2397	PWC ACC, LITH-BASED BATTERY	Power Wheelchair PA required
E2402	NEG PRESS WOUND THERAPY PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Exclusion DME Member Contract
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Exclusion DME Member Contract

E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Exclusion DME Member Contract
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Exclusion DME Member Contract
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Exclusion DME Member Contract
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Exclusion DME Member Contract
E2511	Speech generating software program, for personal computer or personal digital assistant	Exclusion DME Member Contract
E2512	SGD ACCESSORY, MOUNTING SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2599	SGD ACCESSORY NOC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2601	GEN W/C CUSHION WDTN < 22 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2602	GEN W/C CUSHION WDTN >=22 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2603	SKIN PROTECT WC CUS WD <22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2604	SKIN PROTECT WC CUS WD>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2605	POSITION WC CUSH WDTN <22 IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2606	POSITION WC CUSH WDTN>=22 IN	Exclusion DME Member Contract
E2607	SKIN PRO/POS WC CUS WD <22IN	Exclusion DME Member Contract
E2608	SKIN PRO/POS WC CUS WD>=22IN	Exclusion DME Member Contract
E2609	CUSTOM FABRICATE W/C CUSHION	Exclusion DME Member Contract
E2610	POWERED W/C CUSHION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2611	GEN USE BACK CUSH WDTN <22IN	Exclusion DME Member Contract
E2612	GEN USE BACK CUSH WDTN>=22IN	Exclusion DME Member Contract
E2613	POSITION BACK CUSH WD <22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2614	POSITION BACK CUSH WD>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2615	POS BACK POST/LAT WDTN <22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

E2616	POS BACK POST/LAT WIDTH>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2617	CUSTOM FAB W/C BACK CUSHION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2619	REPLACE COVER W/C SEAT CUSH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2620	WC PLANAR BACK CUSH WD <22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2621	WC PLANAR BACK CUSH WD>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2622	ADJ SKIN PRO W/C CUS WD<22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2623	ADJ SKIN PRO WC CUS WD>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2624	ADJ SKIN PRO/POS CUS<22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2625	ADJ SKIN PRO/POS WC CUS>=22	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E8000	POSTERIOR GAIT TRAINER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E8001	UPRIGHT GAIT TRAINER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
E8002	ANTERIOR GAIT TRAINER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

G0162	Skilled services by a licensed nurse (RN only) for management and evaluation of the plan of care	HH PA after 10 visits; hospice PA required
G0163	Skilled services by a licensed nurse (LPN or RN) for management and evaluation of the plan of care	HH PA after 10 visits; hospice PA required
G0164	Skilled services of a licensed nurse (LPN or RN) in the training and/or education of a patient or family member	HH PA after 10 visits; hospice PA required
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual. face to face with the patient. each 15 minutes	Excluded per Member Contract
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals). each 30 minutes	Excluded per Member Contract
G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTES	PA required
G0299	Direct skilled services of a licensed nurse (RN) in the home health or hospice setting	HH PA after 10 visits; hospice PA required
G0300	Direct skilled services of a licensed nurse (LPN) in the home health or hospice setting	HH PA after 10 visits; hospice PA required
G0341	PERCUTANEOUS ISLET CELLTRANS	Transplant- PA required
G0342	LAPAROSCOPY ISLET CELL TRANS	Transplant- PA required
G0343	LAPAROTOMY ISLET CELL TRANSP	Transplant- PA required
H0005	ALCOHOL AND/OR DRUG SERVICES	PA required inpt/ limits may apply
H0018	ALCOHOL AND/OR DRUG SERVICES	PA required inpt/ limits may apply
H0035	MH PARTIAL HOSP TX UNDER 24H	Limits May apply PA Required
H0045	RESPITE NOT-IN-HOME PER DIEM	Excluded per Member Contract
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Medical Pharmacy- PA Required if >\$1,000
J0135	Injection, adalimumab, 20 mg	Medical Pharmacy- PA Required if >\$1,000
J0178	Injection, aflibercept, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0180	Injection, agalsidase beta, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0202	Injection, alemtuzumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0205	Injection, alglucerase, per 10 units	Medical Pharmacy- PA Required if >\$1,000
J0207	Injection, amifostine, 500 mg	Medical Pharmacy- PA Required if >\$1,000
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	Medical Pharmacy- PA Required if >\$1,000
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	Medical Pharmacy- PA Required if >\$1,000
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	Medical Pharmacy- PA Required if >\$1,000

J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	Medical Pharmacy- PA Required if >\$1,000
J0287	Injection, amphotericin b lipid complex, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J0289	Injection, amphotericin b liposome, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J0364	Injection, apomorphine hydrochloride, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	Medical Pharmacy- PA Required if >\$1,000
J0401	Injection, aripiprazole, extended release, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0480	Injection, basiliximab, 20 mg	Medical Pharmacy- PA Required if >\$1,000
J0485	Injection, belatacept, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0490	Injection, belimumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J0570	Buprenorphine implant, 74.2 mg	Medical Pharmacy- PA Required if >\$1,000
J0571	Buprenorphine, oral, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	Medical Pharmacy- PA Required if >\$1,000
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	Medical Pharmacy- PA Required if >\$1,000
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	Medical Pharmacy- PA Required if >\$1,000
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	Medical Pharmacy- PA Required if >\$1,000
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Medical Pharmacy- PA Required if >\$1,000
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	Medical Pharmacy- PA Required if >\$1,000
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	Medical Pharmacy- PA Required if >\$1,000
J0637	Injection, caspofungin acetate, 5 mg	Medical Pharmacy- PA Required if >\$1,000
J0638	Injection, canakinumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0641	Injection, levoleucovorin calcium, 0.5 mg	Medical Pharmacy- PA Required if >\$1,000
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	Medical Pharmacy- PA Required if >\$1,000
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	Medical Pharmacy- PA Required if >\$1,000
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Medical Pharmacy- PA Required if >\$1,000
J0718	Injection, certolizumab pegol, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0725	Injection, chorionic gonadotropin, per 1, 000 USP units	Excluded- Fertility
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Medical Pharmacy- PA Required if >\$1,000
J0800	Injection, corticotropin, up to 40 units	Medical Pharmacy- PA Required if >\$1,000
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	Medical Pharmacy- PA Required if >\$1,000
J0875	Injection, dalbavancin, 5 mg	Medical Pharmacy- PA Required if >\$1,000
J0878	Injection, daptomycin, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	Medical Pharmacy- PA Required if >\$1,000
J0883	Injection, argatroban, 1 mg (for non-esrd use)	Medical Pharmacy- PA Required if >\$1,000
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	Medical Pharmacy- PA Required if >\$1,000
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	Medical Pharmacy- PA Required if >\$1,000



J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	Medical Pharmacy- PA Required if >\$1,000
J0894	Injection, decitabine, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J0895	Injection, deferoxamine mesylate, 500 mg	Medical Pharmacy- PA Required if >\$1,000
J0897	Injection, denosumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1130	Injection, diclofenac sodium, 0.5 mg	Medical Pharmacy- PA Required if >\$1,000
J1290	Injection, ecallantide, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1300	Injection, eculizumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J1322	Injection, elosulfase alfa, 1mg	Medical Pharmacy- PA Required if >\$1,000
J1324	Injection, enfuvirtide, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1325	Injection, epoprostenol, 0.5 mg	Medical Pharmacy- PA Required if >\$1,000
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Medical Pharmacy- PA Required if >\$1,000
J1439	Injection, ferric carboxymaltose, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Medical Pharmacy- PA Required if >\$1,000
J1446	Injection, tbo-filgrastim, 5 micrograms	Medical Pharmacy- PA Required if >\$1,000
J1447	Injection, tbo-filgrastim, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J1455	Injection, foscarnet sodium, per 1000 mg	Medical Pharmacy- PA Required if >\$1,000
J1458	Injection, galsulfase, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1460	Injection, gamma globulin, intramuscular, 1 cc	Medical Pharmacy- PA Required if >\$1,000
J1556	Injection, immune globulin (bivigam), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1559	Injection, immune globulin (hizentra), 100 mg	Medical Pharmacy- PA Required if >\$1,000
J1560	Injection, gamma globulin, intramuscular, over 10 cc	Medical Pharmacy- PA Required if >\$1,000
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1562	Injection, immune globulin (vivaglobin), 100 mg	Medical Pharmacy- PA Required if >\$1,000
J1565	RESP SYNC VIR IMM GLOB 50MG IV	Medical Pharmacy- PA Required if >\$1,000
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Medical Pharmacy- PA Required if >\$1,000

J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Medical Pharmacy- PA Required if >\$1,000
J1595	Injection, glatiramer acetate, 20 mg	Medical Pharmacy- PA Required if >\$1,000
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	Medical Pharmacy- PA Required if >\$1,000
J1602	Injection, golimumab, 1 mg, for intravenous use	Medical Pharmacy- PA Required if >\$1,000
J1640	Injection, hemin, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1675	Injection, histrelin acetate, 10 micrograms	Medical Pharmacy- PA Required if >\$1,000
J1740	Injection, ibandronate sodium, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1743	Injection, idursulfase, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1744	Injection, icatibant, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1745	Injection, infliximab, excludes biosimilar, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J1750	Injection, iron dextran, 50 mg	Medical Pharmacy- PA Required if >\$1,000
J1756	Injection, iron sucrose, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1786	Injection, imiglucerase, 10 units	Medical Pharmacy- PA Required if >\$1,000
J1826	Injection, interferon beta-1a, 30 mcg	Medical Pharmacy- PA Required if >\$1,000
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Medical Pharmacy- PA Required if >\$1,000
J1833	Injection, isavuconazonium, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1930	Injection, lanreotide, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1931	Injection, laronidase, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J1942	Injection, aripiprazole lauroxil, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	Medical Pharmacy- PA Required if >\$1,000
J1955	Injection, levocarnitine, per 1 gm	Medical Pharmacy- PA Required if >\$1,000
J2020	Injection, linezolid, 200 mg	Medical Pharmacy- PA Required if >\$1,000
J2170	Injection, mecasermin, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2182	Injection, mepolizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2248	Injection, micafungin sodium, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2278	Injection, ziconotide, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J2315	Injection, naltrexone, depot form, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2323	Injection, natalizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2357	Injection, omalizumab, 5 mg	Medical Pharmacy- PA Required if >\$1,000
J2425	Injection, palifermin, 50 micrograms	Medical Pharmacy- PA Required if >\$1,000
J2426	Injection, paliperidone palmitate extended release, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2502	Injection, pasireotide long acting, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2503	Injection, pegaptanib sodium, 0.3 mg	Medical Pharmacy- PA Required if >\$1,000
J2504	Injection, pegademase bovine, 25 iu	Medical Pharmacy- PA Required if >\$1,000
J2505	Injection, pegfilgrastim, 6 mg	Medical Pharmacy- PA Required if >\$1,000
J2507	Injection, pegloticase, 1 mg	Medical Pharmacy- PA Required if >\$1,000

J2562	Injection, plerixafor, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2597	Injection, desmopressin acetate, per 1 mcg	Medical Pharmacy- PA Required if >\$1,000
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	Medical Pharmacy- PA Required if >\$1,000
J2778	Injection, ranibizumab, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J2783	Injection, rasburicase, 0.5 mg	Medical Pharmacy- PA Required if >\$1,000
J2786	Injection, reslizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2793	Injection, rilonacept, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2796	Injection, romiplostim, 10 micrograms	Medical Pharmacy- PA Required if >\$1,000
J2820	Injection, sargramostim (gm-csf), 50 mcg	Medical Pharmacy- PA Required if >\$1,000
J2840	Injection, sebelipase alfa, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J2860	Injection, siltuximab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J2941	Injection, somatropin, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3060	Injection, taliglucerase alfa, 10 units	Medical Pharmacy- PA Required if >\$1,000
J3090	Injection, tedizolid phosphate, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3110	Injection, teriparatide, 10 mcg	Medical Pharmacy- PA Required if >\$1,000
J3243	Injection, tigecycline, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3262	Injection, tocilizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3285	Injection, treprostinil, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3315	Injection, triptorelin pamoate, 3.75 mg	Medical Pharmacy- PA Required if >\$1,000
J3350	Injection, urea, up to 40 gm	Medical Pharmacy- PA Required if >\$1,000
J3355	Injection, urofollitropin, 75 IU	Excluded- Fertility
J3357	Ustekinumab, for subcutaneous injection, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3380	Injection, vedolizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3385	Injection, velaglucerase alfa, 100 units	Medical Pharmacy- PA Required if >\$1,000
J3396	Injection, verteporfin, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J3485	Injection, zidovudine, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J3489	Injection, zoledronic acid, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J3490	Unclassified drugs	Medical Pharmacy- PA Required if >\$1,000
J3590	Unclassified biologics	Medical Pharmacy- PA Required if >\$1,000
J7175	Injection, factor x, (human), 1 i.u.	Medical Pharmacy- PA Required if >\$1,000
J7178	Injection, human fibrinogen concentrate, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rho	Medical Pharmacy- PA Required if >\$1,000
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	Medical Pharmacy- PA Required if >\$1,000
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	Medical Pharmacy- PA Required if >\$1,000
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	Medical Pharmacy- PA Required if >\$1,000
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rho	Medical Pharmacy- PA Required if >\$1,000
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	Medical Pharmacy- PA Required if >\$1,000

J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc	Medical Pharmacy- PA Required if >\$1,000
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J7190	Factor viii (antihemophilic factor, human) per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	Medical Pharmacy- PA Required if >\$1,000
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7194	Factor ix, complex, per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	Medical Pharmacy- PA Required if >\$1,000
J7196	Injection, antithrombin recombinant, 50 i.u.	Medical Pharmacy- PA Required if >\$1,000
J7197	Antithrombin iii (human), per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7198	Anti-inhibitor, per i.u.	Medical Pharmacy- PA Required if >\$1,000
J7199	Hemophilia clotting factor, not otherwise classified	Medical Pharmacy- PA Required if >\$1,000
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	Medical Pharmacy- PA Required if >\$1,000
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	Medical Pharmacy- PA Required if >\$1,000
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	Medical Pharmacy- PA Required if >\$1,000
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	Medical Pharmacy- PA Required if >\$1,000
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	Medical Pharmacy Not covered
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	Medical Pharmacy Not covered
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	Medical Pharmacy- PA Required if >\$1,000
J7310	Ganciclovir, 4.5 mg, long-acting implant	Medical Pharmacy- PA Required if >\$1,000
J7311	Fluocinolone acetonide, intravitreal implant	Medical Pharmacy- PA Required if >\$1,000
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	Medical Pharmacy- PA Required if >\$1,000
J7316	njection, ocriplasmin, 0.125 mg	Medical Pharmacy- PA Required if >\$1,000
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Medical Pharmacy Not covered- Considered Investigational
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose	Medical Pharmacy Not covered- Considered Investigational
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	Medical Pharmacy Not covered- Considered Investigational
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	Medical Pharmacy Not covered- Considered Investigational
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Medical Pharmacy Not covered- Considered Investigational
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	Medical Pharmacy Not covered- Considered Investigational

J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	Medical Pharmacy Not covered- Considered Investigational
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	Medical Pharmacy Not covered- Considered Investigational
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Medical Pharmacy Not covered- Considered Investigational
J7330	Autologous cultured chondrocytes, implant	Medical Pharmacy- PA Required if >\$1,000
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	Medical Pharmacy- PA Required if >\$1,000
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	Medical Pharmacy- PA Required if >\$1,000
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	Medical Pharmacy- PA Required if >\$1,000
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	Medical Pharmacy- PA Required if >\$1,000
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	Medical Pharmacy- PA Required
J7999	Compounded drug, not otherwise classified	Medical Pharmacy- PA Required
J8499	Prescription drug, oral, non chemotherapeutic, nos	Medical Pharmacy- PA Required
J8655	Netupitant 300 mg and palonosetron 0.5 mg	Medical Pharmacy- PA Required
J8670	Rolapitant, oral, 1 mg	Medical Pharmacy Not covered
J8700	Temozolomide, oral, 5 mg	Medical Pharmacy- PA Required
J8999	Prescription drug, oral, chemotherapeutic, nos	Medical Pharmacy- PA Required
J9015	Injection, aldesleukin, per single use vial	Medical Pharmacy- PA Required
J9017	Injection, arsenic trioxide, 1 mg	Medical Pharmacy- PA Required
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Medical Pharmacy- PA Required if >\$1,000
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	Medical Pharmacy- PA Required if >\$1,000
J9025	Injection, azacitidine, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9032	Injection, belinostat, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9033	Injection, bendamustine hcl (treanda), 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9035	Injection, bevacizumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9039	Injection, blinatumomab, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J9041	Injection, bortezomib, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J9042	Injection, brentuximab vedotin, 1 mg	Medical Pharmacy- PA Required
J9043	Injection, cabazitaxel, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9047	Injection, carfilzomib, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9050	Injection, carmustine, 100 mg	Medical Pharmacy- PA Required if >\$1,000
J9055	Injection, cetuximab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9098	Injection, cytarabine liposome, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9120	Injection, dactinomycin, 0.5 mg	Medical Pharmacy- PA Required if >\$1,000

J9145	Injection, daratumumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9155	Injection, degarelix, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9160	Injection, denileukin diftotox, 300 micrograms	Medical Pharmacy- PA Required if >\$1,000
J9171	Injection, docetaxel, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9176	Injection, elotuzumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9179	Injection, eribulin mesylate, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J9200	Injection, floxuridine, 500 mg	Medical Pharmacy- PA Required if >\$1,000
J9201	Injection, gemcitabine hydrochloride, 200 mg	Medical Pharmacy- PA Required if >\$1,000
J9202	Goserelin acetate implant, per 3.6 mg	Medical Pharmacy- PA Required if >\$1,000
J9205	Injection, irinotecan liposome, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9207	Injection, ixabepilone, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9208	Injection, ifosfamide, 1 gram	Medical Pharmacy- PA Required if >\$1,000
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	Medical Pharmacy- PA Required if >\$1,000
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Medical Pharmacy- PA Required if >\$1,000
J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu	Medical Pharmacy- PA Required if >\$1,000
J9216	Injection, interferon, gamma 1-b, 3 million units	Medical Pharmacy- PA Required if >\$1,000
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	Medical Pharmacy- PA Required if >\$1,000
J9218	Leuprolide acetate, per 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9219	Leuprolide acetate implant, 65 mg	Medical Pharmacy- PA Required if >\$1,000
J9225	Histrelin implant (vantas), 50 mg	Medical Pharmacy- PA Required if >\$1,000
J9226	Histrelin implant (supprelin la), 50 mg	Medical Pharmacy- PA Required if >\$1,000
J9228	Injection, ipilimumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9245	Injection, melphalan hydrochloride, 50 mg	Medical Pharmacy- PA Required if >\$1,000
J9261	Injection, nelarabine, 50 mg	Medical Pharmacy- PA Required if >\$1,000
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Medical Pharmacy- PA Required if >\$1,000
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9265	Injection, paclitaxel, 30 mg	Medical Pharmacy- PA Required if >\$1,000
J9266	Injection, pegaspargase, per single dose vial	Medical Pharmacy- PA Required if >\$1,000
J9267	Injection, paclitaxel, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9268	Injection, pentostatin, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9271	Injection, pembrolizumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9280	Injection, mitomycin, 5 mg	Medical Pharmacy- PA Required if >\$1,000
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	Medical Pharmacy- PA Required if >\$1,000
J9295	Injection, necitumumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9299	Injection, nivolumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9301	Injection, obinutuzumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9303	Injection, panitumumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9305	Injection, pemetrexed, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9306	Injection, pertuzumab, 1 mg	Medical Pharmacy- PA Required if >\$1,000

J9307	Injection, pralatrexate, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9308	Injection, ramucirumab, 5 mg	Medical Pharmacy- PA Required if >\$1,000
J9310	Injection, rituximab, 100 mg	Medical Pharmacy- PA Required if >\$1,000
J9315	Injection, romidepsin, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9320	Injection, streptozocin, 1 gram	Medical Pharmacy- PA Required if >\$1,000
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Medical Pharmacy- PA Required if >\$1,000
J9328	Injection, temozolomide, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9330	Injection, temsirolimus, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9340	Injection, thiotepa, 15 mg	Medical Pharmacy- PA Required if >\$1,000
J9351	Injection, topotecan, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J9352	Injection, trabectedin, 0.1 mg	Medical Pharmacy- PA Required if >\$1,000
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9355	Injection, trastuzumab, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9357	Injection, valrubicin, intravesical, 200 mg	Medical Pharmacy- PA Required if >\$1,000
J9360	Injection, vinblastine sulfate, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9371	Injection, vincristine sulfate liposome, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9390	Injection, vinorelbine tartrate, 10 mg	Medical Pharmacy- PA Required if >\$1,000
J9395	Injection, fulvestrant, 25 mg	Medical Pharmacy- PA Required if >\$1,000
J9400	Injection, ziv-aflibercept, 1 mg	Medical Pharmacy- PA Required if >\$1,000
J9600	Injection, porfimer sodium, 75 mg	Medical Pharmacy- PA Required if >\$1,000
J9999	Not otherwise classified, antineoplastic drugs	Medical Pharmacy- PA Required if >\$1,000
K0001	STANDARD WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0002	STND HEMI (LOW SEAT) WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0003	LIGHTWEIGHT WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0004	HIGH STRENGTH LTWT WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0006	HEAVY-DUTY WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0007	EXTRA HEAVY-DUTY WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0009	OTHER MANUAL WHEELCHAIR/BASE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0010	STND WT FRAME POWER WHLCHR	Power Wheelchair PA required
K0011	STND WT PWR WHLCHR W CONTROL	Power Wheelchair PA required

K0012	LTWT PORTBL POWER WHLCHR	Power Wheelchair PA required
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	Power Wheelchair PA required
K0014	OTHER POWER WHLCHR BASE	Power Wheelchair PA required
K0015	DETACH NON-ADJUS HGHT ARMRST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0016	DETACH ADJ HEIGHT ARMREST,COMPL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0017	DETACH ADJUST ARMREST BASE	Power Wheelchair PA required
K0018	DETACH ADJUST ARMRST UPPER	Power Wheelchair PA required
K0019	ARM PAD EACH	Power Wheelchair PA required
K0020	FIXED ADJUST ARMREST PAIR	Power Wheelchair PA required
K0021	ANTITIPPING DEVICE, EA	Power Wheelchair PA required
K0022	REINFORCED BACK UPHOLSTERY	Power Wheelchair PA required
K0023	SOLID BACK INSERT,FOAM,W STRAPS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0024	SOLID INSERT,FOAM,HOOKON HARDWARE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0025	HOOK-ON HEADREST EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0026	BACK UPH ULTRALIGHTWEIGHT	Power Wheelchair PA required
K0027	BACK UPH WHEELCHAIR OTHER	Power Wheelchair PA required
K0028	FULLY RECLINING BACK	Power Wheelchair PA required
K0029	REINFORCED SEAT UPHOLSTERY	Power Wheelchair PA required
K0030	SOLID SEAT INSERT,SINGLE DENS FOAM	Power Wheelchair PA required
K0031	SAFETY BELT PELVIC STRAP	Power Wheelchair PA required
K0032	SEAT UPH ULTRALIGHTWEIGHT	Power Wheelchair PA required
K0033	SEAT UPH WHEELCHAIR TYPE OTHER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0034	HEEL LOOP, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0035	HEEL LOOP WITH ANKLE STRAP, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0036	TOE LOOP, EA	Power Wheelchair PA required
K0037	HIGH MOUNT FLIP-UP FOOTREST	Power Wheelchair PA required
K0038	LEG STRAP EACH	Power Wheelchair PA required
K0039	LEG STRAP H STYLE EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0040	ADJUSTABLE ANGLE FOOTPLATE	Power Wheelchair PA required
K0041	LARGE SIZE FOOTPLATE EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0042	STANDARD SIZE FOOTPLATE EACH	Power Wheelchair PA required



K0043	FTRST LOWER EXTENSION TUBE	Power Wheelchair PA required
K0044	FTRST UPPER HANGER BRACKET	Power Wheelchair PA required
K0045	FOOTREST,COMPLETE ASSEMBLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0046	ELEVAT LEGRST LOW EXTENSION	Power Wheelchair PA required
K0047	ELEVAT LEGRST UP HANGR BRACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0049	CALF PAD, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0050	RATCHET ASSEMBLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0051	CAM RELEASE ASSEM FTRST/LGRST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0052	SWINGAWAY DETACH FOOTREST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0053	ELEVATE FOOTREST ARTICULATE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0054	SEAT WIDTH 10-20 HI-STR WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0055	SEAT DEPTH 15-18 HI STR WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0056	SEAT HT <17 OR >=21 LTWT WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0057	SEAT WIDTH 19-20 HEAVY DUTY CHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0058	SEAT DEPTH 17-18 MOTORIZED CHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0059	PLASTIC COATED HANDRIM, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0060	STEEL HANDRIM, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0061	ALUMINUM HANDRIM, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0062	HANDRIM 8-10 VERT/OBLIQ PROJEC,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0063	HANDRIM 12-16 VERT/OBLIQ PROJ, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0064	ZERO PRESS TUBE, ANY SIZE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0065	SPOKE PROTECTORS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0066	SOLID TIRE, ANY SIZE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0067	PNEUMATIC TIRE, ANY SIZE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0068	PNEUMATIC TIRE TUBE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0069	REAR WHL COMPLETE SOLID TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0070	REAR WHL COMPL PNEUM TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0071	FRONT CASTR COMPL PNEUM TIRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0072	FRNT CSTR CMPL SEM-PNEUM TIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0073	CASTER PIN LOCK EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0074	PNEUMATIC CASTER TIRE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0075	SEMIPNEUMATIC CASTER TIRE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0076	SOLID CASTER TIRE, ANY SIZE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0077	FRONT CASTER ASSEM COMPLETE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0078	PNEUMATIC CASTER TIRE TUBE, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0079	WHEEL LOCK EXTENSION, PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0080	ANTIROLLBACK DEVICE, PAIR	Power Wheelchair PA required
K0081	WHEEL LOCK ASSEMBLY, COMPLETE,EA	Power Wheelchair PA required
K0082	22 NF DEEP CYCLE LEAD ACID BATT	Power Wheelchair PA required
K0083	22 NF GEL CELL BATTERY, EA	Power Wheelchair PA required
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATT	Power Wheelchair PA required
K0085	GROUP 24 GEL CELL BATTERY, EA	Power Wheelchair PA required
K0086	U-1 LEAD ACID BATTERY, EA	Power Wheelchair PA required

K0087	U-1 GEL CELL BATTERY, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0088	BATTERY CHARGR,LEAD ACID/GEL CELL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0089	BATTERY CHARGR,DUAL MODE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0090	REAR WHL TIRE FOR PWR WHEELCHR	Power Wheelchair PA required
K0091	REAR WHL TIRE TUBE PWR WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0092	REAR WHL ASSEM PWR WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0093	REAR WHL ZERO PRES TUBE PWR WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0094	WHEEL TIRE FOR POWER BASE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0095	WHEEL TIRE TUBE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0096	WHEEL ASSEMBLY POWER BASE,	Power Wheelchair PA required
K0097	WHEEL 0 PRES TIRE TUBE/POWER BASE	Power Wheelchair PA required
K0098	DRIVE BELT POWER WHEELCHAIR	Power Wheelchair PA required
K0099	FRONT CASTER FOR POWER WHEELCHAIR	Power Wheelchair PA required
K0100	WHEELCHAIR ADAPTER AMPUTEE PR	Power Wheelchair PA required
K0101	ONE ARM DRIVE ATTACHMENT	Power Wheelchair PA required
K0102	CRUTCH AND CANE HOLDER EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0103	TRANSFER BOARD, LESS THAN 25	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0104	CYLINDER TANK CARRIER	Oxygen- PA after 90 days
K0105	IV HANGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0106	ARM TROUGH, EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0107	WHEELCHAIR TRAY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0108	W/C COMPONENT-ACCESSORY NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0109	CUSTOM WHEELCHAIR BASE FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0111	DRUG INFUSION PUMP SUPPLIES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0112	TRUNK SUPPORT DEVICE,W INNER FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0113	TRUNK SUPPORT DEVICE,W/O IN FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0114	BACK SUPP SYS USE W WHLCHR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0115	ORTHOTIC SEAT SYS, BACK MODULE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0116	ORTHOTIC SEAT SYS,COMPLETE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0137	SKIN BARRIER; LIQUID PER OZ.	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0138	SKIN BARRIER; PASTE, PER OZ.	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0139	SKIN BARRIER; POWDER, PER OZ.	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0168	ADM SET,SM VOL NONFL PNEU NEB,DISP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0169	SMALL VOLUME NONFL PNEU NEB,DISP	Excluded per Member Contract
K0170	ADM SET,SM VOL NONFL PNEU NEB NONDI	Excluded per Member Contract
K0171	ADM SET,SM VOL NONFL PNEU NEBUL	Excluded per Member Contract
K0172	LG VOL NEB,DIS,UNFIL FOR AERO COMPR	Excluded per Member Contract
K0173	LG VOL NEB,DIS,PREFIL,FOR AER COMPR	Excluded per Member Contract
K0174	RESERV BOT,NONDISP LG VOL ULTRA NEB	Excluded per Member Contract
K0175	CORRUG TUB DISP FOR LG VOL NEB,100'	Excluded per Member Contract
K0176	CORRUG TUB NONDIS LG VOL NEB 100'	Excluded per Member Contract
K0177	WATR COLL DEV,FOR LG VOL NEB	Excluded per Member Contract
K0178	FILT,DISP,USED W AEROSOL COMPRESS	Excluded per Member Contract
K0179	FILT,NONDISP W AERO COMPRES/ULTRA	Excluded per Member Contract
K0180	AEROSOL MASK, USED WITH DME NEBULIZE	Excluded per Member Contract
K0181	HOME/MOUTHPIECE,FOR SM VOL ULTR NEB	Excluded per Member Contract
K0182	WATER,FOR LG VOL NEBULIZER,1000 ML	Excluded per Member Contract
K0183	NAS APPL DEV, USED WITH PAP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0184	NAS PILLOWS/SEALS, REPL FOR NAS APP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0185	HEADGEAR, USED WITH PAP DEV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0186	CHIN STRAP, USED WITH PAP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0187	TUBING, USED WITH PAP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0188	FILTER, DISPOSE,USED W PAP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0189	FILTER, NONDISP,USED W PAP DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0190	CANISTER,DISP USED W SUCTION PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0191	CANISTER,NONDISP,USED W SUCT PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0192	TUBING, USED WITH SUCTION PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0193	CPAP DEVICE, WITH HUMIDIFIER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0194	INTERMITTT ASSIST DEV W CPAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0195	ELEVATING WHLCHAIR LEG RESTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0268	HUMIDIFIER, USED WITH PAP DEVICE	Excluded per Member Contract
K0269	AEROSOL COMPRESS,ADJ PRES,LITE DUTY	Excluded per Member Contract
K0270	ULTRASON GEN W SM VOL ULTRASONIC NEB	Excluded per Member Contract
K0277	SKIN BARRIER;SOLID 4X4 BLTIN CONVEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0278	SKIN BARRIER;FLANGE CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0279	SKIN BARR;FLANGE CONVEX,EXTEND WEAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0280	EXTN DRAIN TUBING URINARY BAG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0281	LUBRICANT,STER PACK,INSERT URIN CATH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0283	SALINE 10ML,DOSE DISP FOR INHAL DRUG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0284	EXT INFUS PUMP,REUSB EXTEND DRUG INF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0400	ADHSV SKIN SUPPORT,W BREAST PROSTHE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0401	DIAB DEPTH INLAY/CUSTOM MOLDED SHOE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0407	URIN CATH ANCHOR DEV, ADHSV TO SKIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0408	URIN CATH ANCHOR DEV, LEG STRAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0409	STERILE WATER IRRIGATN SOLN,1000 ML	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0410	MALE EXT CATH,ADHESIVE COATING,EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0411	MALE EXT CATH,ADHESIVE STRIP, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0417	EXT SHORT INFUSN PUMP, REUSABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0418	CYCLOSPORIN, ORAL, PER 100 MG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0419	POUCH,DRAINABLE,FACEPLATE,PLASTIC,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0420	POUCH,DRAINABLE,FACEPLATE,RUBBER,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0421	POUCH,DRAINABLE,ON FACEPLAT,PLAST,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0422	POUCH,DRAINABLE,ON FACEPLAT,RUBBR,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0423	POUCH,URINARY,FACEPLATE,PLASTIC,EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0424	POUCH,URINARY,FACEPLATE,RUBBER,EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0425	POUCH,URINARY,ON FACEPLATE,PLASTC,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0426	POUCH,URINARY,ON FACEPLAT,HVY PLAST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0427	POUCH,URINARY,ON FACEPLAT,RUBBR,EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0428	OSTOMY FACEPLATE,SILICON RING,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0429	SKIN BARRIER,SOLID,EXTEND,NO CONVEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0430	SKIN BARRIER,W FLANG,EXTEN,NO CONVEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0431	POUCH,CLOSED;STAND,NO CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0432	POUCH,DRAINABLE;EXTEND,NO CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0433	POUCH,DRAINABLE;STAND,NO CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0434	POUCH,DRAINABLE;EXTEND,W CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0435	POUCH,URINARY;EXTEND,NO CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0436	POUCH,URINARY;STAND,W CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0437	POUCH,URINARY;EXTEND,W CONVEXITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0438	OSTOMY DEODORANT,LIQUID,PER FL OZ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0439	OSTOMY DEODORANT,SOLID,PER TABLET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0440	NASAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0441	MIDFACIAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0442	ORBITAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0443	UPPER FACIAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0444	HEMI-FACIAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0445	AURICULAR PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0446	PARTIAL FACIAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0447	NASAL SEPTAL PROSTHESIS-BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0448	UNSPEC MAXILLOFAC PROSTH,BY NON-MD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0449	REPAIR/MOD MAXILLOFAC PROST,15 MIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0450	ADHESV,LIQUID,FOR FAC PROSTH, PER OZ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0451	ADHESV REMVR,WIPES,FAC PROSTH,BOX 50	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0452	WHEELCHAIR BEARINGS, ANY TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0455	PUMP UNINTERRUPTED INFUSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0456	HOSP BED,HEAVY DUTY,XWIDE,W MATTRESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0457	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR,	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0458	HEAVY DUTY WALKER, WITHOUT WHEELS,EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0459	HEAVY DUTY WHEELED WALKER, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0460	ADDON,CONVRT MAN WHLCHR->MOTOR,JOYST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0461	ADDON,CONVRT MAN WHLCHR->POWER,TILLR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0462	TEMPORARY REPLACEMENT EQPMNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0501	BATTRY AREOSOL COMPRESS,SM VOL NEBUL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0503	ACETYLCYSTEINE,INHAL SLN/GM THRU DME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0504	ALBUTEROL,INHAL THRU DME,1 MG,CONCEN	Medical Pharmacy- PA Required if >\$1,000
K0505	ALBUTEROL,INHAL THRU DME,1 MG	Medical Pharmacy- PA Required if >\$1,000
K0506	ATROPINE,INHAL THRU DME,1 MG,CONCEN	Medical Pharmacy- PA Required if >\$1,000
K0507	ATROPINE,INHAL THRU DME,1 MG	Medical Pharmacy- PA Required if >\$1,000
K0508	BITOLTEROL MESYLATE,INHAL,1 MG,CONC	Medical Pharmacy- PA Required if >\$1,000
K0509	BITOLTEROL MESYLATE,INHAL,1 MG	Medical Pharmacy- PA Required if >\$1,000
K0511	CROMOLYN SOLN,INHAL DME,10 MG,CONCEN	Medical Pharmacy- PA Required if >\$1,000
K0512	DEXAMETHASONE,INHAL SOLN,DMA,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0513	DEXAMETHASONE,INHAL SOLN,DMA,MG	Medical Pharmacy- PA Required if >\$1,000
K0514	DORNASE ALPHA,INHAL SOLN,DMA,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0515	GLYCOPYRROLATE,INHAL SOL,DMA,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0516	GLYCOPYRROLATE,INHAL SOL,DMA,UNIT MG	Medical Pharmacy- PA Required if >\$1,000
K0518	IPRATROPIUM BROMIDE,INHAL,DMA,UNT,MG	Medical Pharmacy- PA Required if >\$1,000
K0519	ISOETHARINE HCL,INHAL,DMA,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0520	ISOETHARINE HCL,INHAL SOL,DME,UNT,MG	Medical Pharmacy- PA Required if >\$1,000
K0521	ISOPROTERENOL HCL,INHAL,DME,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0522	ISOPROTERENOL HCL,INHAL,DME,UNIT,MG	Medical Pharmacy- PA Required if >\$1,000
K0523	METAPROTERENOL,INHAL,DME,CONC,10MG	Medical Pharmacy- PA Required if >\$1,000



K0524	METAPROTERENOL,INHAL,SME,UNIT,10MG	Medical Pharmacy- PA Required if >\$1,000
K0525	TERBUTALINE SULFATE,INHAL,DME,CON,MG	Medical Pharmacy- PA Required if >\$1,000
K0526	TERBUTALINE SULFATE,INHAL,DME,UNT,MG	Medical Pharmacy- PA Required if >\$1,000
K0527	TRIAMCINOLONE,INHAL,DME,CONC,MG	Medical Pharmacy- PA Required if >\$1,000
K0528	TRIAMCINOLONE,INHAL,DME,UNIT,MG	Medical Pharmacy- PA Required if >\$1,000
K0529	STERILE WATER/SALINE,1000ML,NEBULIZR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0530	NEBULIZER,DURABL GLASS/PLAS,NOT W O2	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0532	RESP ASSIST DEVICE , BI-LEVEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0538	NEG PRSSR WND THER ELECT PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0539	DRSNG SET NEG PRESS WND THER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0540	CANISTER SET NEG PRSSR WND THR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0541	SPCH GEN DEV DIGITIZED SPEECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0542	SPCH GEN DEV DIGITIZED SPEECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0543	SPEECH GEN DEV SYNTH SPEECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0544	SPEECH GEN DEV SYNTH SPEECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0545	SPCH GEN SOFTWARE COMPUTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0546	ACSSRY SPEECH GEN DEV MNTNG DV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0547	ACSSRY SPCH GEN DEV NEC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0552	SUPPLY/EXT INF PUMP SYR TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), 1 MONTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0554	THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM (CGM) RECEIVER/MONITOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0601	REPL BATT SILVER OXIDE 1.5 V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0602	REPL BATT SILVER OXIDE 3 V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0603	REPL BATT ALKALINE 1.5 V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0604	REPL BATT LITHIUM 3.6 V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0605	REPL BATT LITHIUM 4.5 V	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0606	AED GARMENT W ELEC ANALYSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0607	REPL BATT FOR AED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0608	REPL GARMENT FOR AED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0609	REPL ELECTRODE FOR AED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0669	SEAT/BACK CUS NO SADMERC VER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0672	REMOVABLE SOFT INTERFACE LE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0730	CTRL DOSE INH DRUG DELIV SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0733	12-24HR SEALED LEAD ACID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0734	ADJ SKIN PRO W/C CUS WD<22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0735	ADJ SKIN PRO WC CUS WD>=22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0736	ADJ SKIN PRO/POS WC CUS<22IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0737	ADJ SKIN PRO/POS WC CUS>=22Ö	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Oxygen- PA after 90 days
K0739	REPAIR/SVC DME NON-OXYGEN EQ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0740	REPAIR/SVC OXYGEN EQUIPMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0741	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, FOR CLUSTER HEADACHES	Oxygen- PA after 90 days

K0742	PORTABLE OXYGEN CONTENTS, GASEOUS, FOR CLUSTER HEADACHES,30 DAY SUPPLY	Oxygen- PA after 90 days
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0744	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE <= 16 SQ IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0745	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE 16-48 SQ IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0746	ABSORP WND DRSG FOR USE WITH SUCTION PUMP, PORT, PAD SIZE >48 SQ IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0800	POV GROUP 1 STD UP TO 300LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0801	POV GROUP 1 HD 301-450 LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0802	POV GROUP 1 VHD 451-600 LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0806	POV GROUP 2 STD UP TO 300LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0807	POV GROUP 2 HD 301-450 LBS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0808	POV GROUP 2 VHD 451-600 LBS	Exclusion DME Member Contract
K0812	POWER OPERATED VEHICLE NOC	Power Wheelchair PA required
K0813	PWC GP 1 STD PORT SEAT/BACK	Power Wheelchair PA required
K0814	PWC GP 1 STD PORT CAP CHAIR	Power Wheelchair PA required
K0815	PWC GP 1 STD SEAT/BACK	Power Wheelchair PA required
K0816	PWC GP 1 STD CAP CHAIR	Power Wheelchair PA required
K0820	PWC GP 2 STD PORT SEAT/BACK	Power Wheelchair PA required
K0821	PWC GP 2 STD PORT CAP CHAIR	Power Wheelchair PA required
K0822	PWC GP 2 STD SEAT/BACK	Power Wheelchair PA required
K0823	PWC GP 2 STD CAP CHAIR	Power Wheelchair PA required
K0824	PWC GP 2 HD SEAT/BACK	Power Wheelchair PA required
K0825	PWC GP 2 HD CAP CHAIR	Power Wheelchair PA required
K0826	PWC GP 2 VHD SEAT/BACK	Power Wheelchair PA required
K0827	PWC GP VHD CAP CHAIR	Power Wheelchair PA required
K0828	PWC GP 2 XTRA HD SEAT/BACK	Power Wheelchair PA required
K0829	PWC GP 2 XTRA HD CAP CHAIR	Power Wheelchair PA required
K0830	PWC GP2 STD SEAT ELEVATE S/B	Power Wheelchair PA required
K0835	PWC GP2 STD SING POW OPT S/B	Power Wheelchair PA required
K0837	PWC GP 2 HD SING POW OPT S/B	Power Wheelchair PA required
K0838	PWC GP 2 HD SING POW OPT CAP	Power Wheelchair PA required
K0839	PWC GP2 VHD SING POW OPT S/B	Power Wheelchair PA required

K0840	PWC GP2 XHD SING POW OPT S/B	Power Wheelchair PA required
K0841	PWC GP2 STD MULT POW OPT S/B	Power Wheelchair PA required
K0842	PWC GP2 STD MULT POW OPT CAP	Power Wheelchair PA required
K0843	PWC GP2 HD MULT POW OPT S/B	Power Wheelchair PA required
K0848	PWC GP 3 STD SEAT/BACK	Power Wheelchair PA required
K0849	PWC GP 3 STD CAP CHAIR	Power Wheelchair PA required
K0850	PWC GP 3 HD SEAT/BACK	Power Wheelchair PA required
K0851	PWC GP 3 HD CAP CHAIR	Power Wheelchair PA required
K0852	PWC GP 3 VHD SEAT/BACK	Power Wheelchair PA required
K0853	PWC GP 3 VHD CAP CHAIR	Power Wheelchair PA required
K0854	PWC GP 3 XHD SEAT/BACK	Power Wheelchair PA required
K0855	PWC GP 3 XHD CAP CHAIR	Power Wheelchair PA required
K0856	PWC GP3 STD SING POW OPT S/B	Power Wheelchair PA required
K0857	PWC GP3 STD SING POW OPT CAP	Power Wheelchair PA required
K0858	PWC GP3 HD SING POW OPT S/B	Power Wheelchair PA required
K0859	PWC GP3 HD SING POW OPT CAP	Power Wheelchair PA required
K0860	PWC GP3 VHD SING POW OPT S/B	Power Wheelchair PA required
K0861	PWC GP3 STD MULT POW OPT S/B	Power Wheelchair PA required
K0862	PWC GP3 HD MULT POW OPT S/B	Power Wheelchair PA required
K0863	PWC GP3 VHD MULT POW OPT S/B	Power Wheelchair PA required
K0864	PWC GP3 XHD MULT POW OPT S/B	Power Wheelchair PA required
K0868	PWC GP 4 STD SEAT/BACK	Power Wheelchair PA required
K0869	PWC GP 4 STD CAP CHAIR	Power Wheelchair PA required
K0870	PWC GP 4 HD SEAT/BACK	Power Wheelchair PA required
K0871	PWC GP 4 VHD SEAT/BACK	Power Wheelchair PA required
K0877	PWC GP4 STD SING POW OPT S/B	Power Wheelchair PA required
K0878	PWC GP4 STD SING POW OPT CAP	Power Wheelchair PA required
K0879	PWC GP4 HD SING POW OPT S/B	Power Wheelchair PA required
K0880	PWC GP4 VHD SING POW OPT S/B	Power Wheelchair PA required
K0884	PWC GP4 STD MULT POW OPT S/B	Power Wheelchair PA required
K0885	PWC GP4 STD MULT POW OPT CAP	Power Wheelchair PA required
K0886	PWC GP4 HD MULT POW S/B	Power Wheelchair PA required
K0890	PWC GP5 PED SING POW OPT S/B	Power Wheelchair PA required
K0891	PWC GP5 PED MULT POW OPT S/B	Power Wheelchair PA required
K0898	POWER WHEELCHAIR NOC	Power Wheelchair PA required
K0899	POW MOBIL DEV NO SADMERC	Power Wheelchair PA required
K0900	CUSTOMIZED DME OTHER THAN WHEELCHAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
K0901	KNEE ORTHOSIS SINGLE UPRIGHT THIGH & CALF PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

K0902	KNEE ORTHOSIS DOUBLE UPRIGHT THIGH & CALF PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0100	MOLDED CERV CRANIOSTEN HELMET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0110	NON-MOLDED CERV CRANIOSTEN HELMET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0112	CRANIAL CERVICAL ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0113	CRANIAL CERVICAL TORTICOLLIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0120	CERV FLEXIBLE NON-ADJUSTABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0130	FLEX THERMOPLASTIC COLLAR MO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0140	CERVICAL SEMI-RIGID ADJUSTAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0150	CERV SEMI-RIG ADJ MOLDED CHN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0160	CERV SEMI-RIG WIRE OCC/MAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0170	CERVICAL COLLAR MOLDED TO PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0172	CERV COL THERMPLAS FOAM 2 PI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0174	CERV COL FOAM 2 PIECE W THOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0180	CER POST COL OCC/MAN SUP ADJ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0190	CERV COLLAR SUPP ADJ CERV BA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0200	CERV COL SUPP ADJ BAR & THOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0210	THORACIC, RIB BELT, CUSTOM FITTED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0220	THOR RIB BELT CUSTOM FABRICA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0300	TLSO FLEXIBLE SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0310	TLSO FLEXIBLE, CUSTOM FABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L0315	TLSO FLEXIBLE, ELASTIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0317	TLSO FLEXIBLE, ELASTIC HYPEREXTEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0320	TLSO (TAYLOR TYPE) APRON FRONT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0330	TLSO (KNIGHT-TAYLOR TYPE)	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0340	TLSO ROTARY CTRL ARNOLD MAGNUSON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0350	TLSO ROTARY CTRL CUSTOM FIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0360	TLSO ROTARY CTRL MOLDED TO MODEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0370	TLSO ROTARY CTRL HYPEREXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0380	TLSO ROTARY CTRL W EXTENSIONS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0390	TLSO NO ROTARY MOLD TO PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0400	TLSO NO ROTARY MOLD TO PT W INTERFAC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0410	TLSO NO ROTARY 2 PC MOLD TO PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0420	TLSO NO ROTARY 2 PC MOLD TO PT INTRF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0430	DEWALL POSTURE PROTECTOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0440	TLSO NO ROTARY OVRLAP/SPRG STEEL FRT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0450	TLSO FLEX PREFAB THORACIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0452	TLSO FLEX CUSTOM FAB THORACI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0454	TLSO FLEX PREFAB SACROCOC-T9	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0455	TLSO FLEXIBLE SC JUNCT TO T-9 PREFAB OFF SHELF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0456	TLSO FLEX PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L0457	TLSO FLX SC JUNC TERM INF TO SCAP SPINE PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0460	TLSO2MOD SYMPHYSIS-STERN PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0462	TLSO 3MOD SACRO-SCAP PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0464	TLSO 4MOD SACRO-SCAP PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0466	TLSO RIGID FRAME PRE SOFT AP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0467	TLSO SAGITTAL CONTRL RIGD FRAME PREFAB OFF SHELF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0468	TLSO RIGID FRAME PREFAB PELV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0469	TLSO SAGITTAL-CORONAL CONTROL RIGID FRAME PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0470	TLSO RIGID FRAME PRE SUBCLAV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0472	TLSO RIGID FRAME HYPEREX PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0480	TLSO RIGID PLASTIC CUSTOM FA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0482	TLSO RIGID LINED CUSTOM FAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0484	TLSO RIGID PLASTIC CUST FAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0486	TLSO RIGIDLINED CUST FAB TWO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0488	TLSO RIGID LINED PRE ONE PIE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0490	TLSO RIGID PLASTIC PRE ONE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0491	TLSO 2 PIECE RIGID SHELL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0492	TLSO 3 PIECE RIGID SHELL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0500	LSO FLEXIBLE SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L0510	LSO FLEXIBLE, CUSTOM FABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0515	LSO FLEXIBLE, ELASTIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0520	LSO KNIGHT, WILCOX TYPES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0530	LSO MACAUSLAND TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0540	LSO LUMBAR FLEXION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0550	LSO MOLD TO PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0560	LSO MOLD TO PT W INTERFAC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0565	LSO CUSTOM FIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0600	SACROILIAC FLEXIBLE SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0610	SACROILIAC FLEXIBLE CUSTOM FABR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0620	SACROILIAC SEMI-RIGID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0621	SIO FLEX PELVISACRAL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0622	SIO FLEX PELVISACRAL CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0623	SIO PANEL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0624	SIO PANEL CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0625	LO FLEXIBL L1-BELOW L5 PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0626	LO SAG STAYS/PANELS PRE-FAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0627	LO SAGITT RIGID PANEL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0628	LO FLEX W/O RIGID STAYS PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0629	LSO FLEX W/RIGID STAYS CUST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L0630	LSO POST RIGID PANEL PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0631	LSO SAG-CORO RIGID FRAME PRE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0632	LSO SAG RIGID FRAME CUST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0633	LSO FLEXION CONTROL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0634	LSO FLEXION CONTROL CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0635	LSO SAGIT RIGID PANEL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0636	LSO SAGITTAL RIGID PANEL CUS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0637	LSO SAG-CORONAL PANEL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0638	LSO SAG-CORONAL PANEL CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0639	LSO S/C SHELL/PANEL PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0640	LSO S/C SHELL/PANEL CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0641	LUMB ORTHOS SAGITTAL CTRL RIGD POST PANLS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0642	LUMB ORTHOS SAGITTAL CTRL RIGD ANT POST PANELS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0643	LSO SAGITTAL CONTROL RIGID POST PANELS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0648	LSO SAGITTAL CONTROL RIGD ANT POST PANELS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0649	LSO SAGITTAL-CORONAL CONTROL RIGD POST PANELS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0650	LSO SAGITTAL-CORONAL CONTRL RIGD ANT POST PANELS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0651	LSO SAGITTAL-CORONAL CONTROL RIGD SHELLS/PANELS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0700	CTLSO A-P-L CONTROL MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0710	CTLSO A-P-L CONTROL W/ INTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L0810	HALO CERVICAL INTO JCKT VEST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0820	HALO CERVICAL INTO BODY JACK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0830	HALO CERV INTO MILWAUKEE TYP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0860	ADDITION TO HALO PROCEDURES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0861	HALO REPL LINER/INTERFACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0900	PTOSIS SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0910	PTOSIS SUPPORT, CUSTOM FABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0920	PENDULOUS ABDOMEN SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0930	PENDULOUS ABDOMEN SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0940	POST SURGICAL SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0950	POST SURGICAL SUPPORT, FABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0960	POST SURGICAL SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0970	TLSO CORSET FRONT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0972	LSO CORSET FRONT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0974	TLSO FULL CORSET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0976	LSO FULL CORSET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0978	AXILLARY CRUTCH EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0980	PERONEAL STRAPS PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0982	STOCKING SUPP GRIPS SET OF F	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L0984	PROTECTIVE BODY SOCK EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L0999	ADD TO SPINAL ORTHOSIS NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1000	CTL SO MILWAUKE INITIAL MODEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1001	CTL SO INFANT IMMOBILIZER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1005	TENSION BASED SCOLIOSIS ORTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1010	CTL SO AXILLA SLING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1020	KYPHOSIS PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1025	KYPHOSIS PAD FLOATING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1030	LUMBAR BOLSTER PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1040	LUMBAR OR LUMBAR RIB PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1050	STERNAL PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1060	THORACIC PAD	Excluded per Member Contract
L1070	TRAPEZIUS SLING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1080	OUTRIGGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1085	OUTRIGGER BIL W/ VERT EXTENS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1090	LUMBAR SLING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1100	RING FLANGE PLASTIC/LEATHER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1110	RING FLANGE PLAS/LEATHER MOL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1120	COVERS FOR UPRIGHT EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1200	FURNISH INITIAL ORTHOSIS ONLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1210	LATERAL THORACIC EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L1220	ANTERIOR THORACIC EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1230	MILWAUKEE TYPE SUPERSTRUCTUR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1240	LUMBAR DEROTATION PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1250	ANTERIOR ASIS PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1260	ANTERIOR THORACIC DEROTATION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1270	ABDOMINAL PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1280	RIB GUSSET (ELASTIC) EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1290	LATERAL TROCHANTERIC PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1300	BODY JACKET MOLD TO PATIENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1310	POST-OPERATIVE BODY JACKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1499	SPINAL ORTHOSIS,NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1500	THKAO, MOBILITY FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1510	THKAO, STANDING FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1520	THKAO, SWIVEL WALKER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1600	ABDUCT HIP FLEX FREJKA W CVR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1610	ABDUCT HIP FLEX FREJKA COVR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1620	ABDUCT HIP FLEX PAVLIK HARNE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1630	ABDUCT CONTROL HIP SEMI-FLEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1640	PELV BAND/SPREAD BAR THIGH C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1650	HO ABDUCTION HIP ADJUSTABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L1652	HO BI THIGHCUFFS W SPRDR BAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1660	HO ABDUCTION STATIC PLASTIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1680	PELVIC & HIP CONTROL THIGH C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1685	POST-OP HIP ABDUCT CUSTOM FA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1686	HO POST-OP HIP ABDUCTION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1690	COMBINATION BILATERAL HO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1700	LEG PERTHES ORTH TORONTO TYP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1710	LEGG PERTHES ORTH NEWINGTON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1720	LEGG PERTHES ORTHOSIS TRILAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1730	LEGG PERTHES ORTH SCOTTISH R	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1750	LEGG PERTHES ORTHOS SAM BROWN SLG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1755	LEGG PERTHES PATTEN BOTTOM T	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1800	KO ELASTIC W/STAYS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1810	KO ELASTIC WITH JOINTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1812	KNEE ORTHOSIS ELASTIC WITH JOINTS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1815	PLAIN SLEVE W/WO CUTOUT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1820	KO ELAS W/ CONDYLE PADS & JO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1825	KO ELASTIC KNEE CAP PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1830	KO IMMOBILIZER CANVAS LONGIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1831	KNEE ORTH POS LOCKING JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L1832	KO ADJ JNT POS RIGID SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1833	KNEE ORTHOSIS ADJUSTABLE JOINT RIGD SUPP PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1834	KO W/O JOINT RIGID MOLDED TO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1836	RIGID KO WO JOINTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1840	KO DEROT ANT CRUCIATE CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1843	KO SINGLE UPRIGHT CUSTOM FIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1844	KO W/ADJ JT ROT CNTRL MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1845	KO W/ ADJ FLEX/EXT ROTAT CUS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1846	KO W ADJ FLEX/EXT ROTAT MOLD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1847	KO ADJUSTABLE W AIR CHAMBERS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1848	KNEE ORTHOSIS ADJUSTABLE JOINT AIR SUPP PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1850	KO SWEDISH TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1851	KNEE ORTHOSIS, SINGLE UPRIGHT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, OFF-THE-SHELF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1852	KNEE ORTHOSIS, DOUBLE UPRIGHT, MEDIAL-LATERAL AND ROTATION CONTROL, PREFABRICATED, OFF-THE-SHELF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1855	KO DOUBLE UPRIGHT MOLD CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1858	KO POLYCENTRIC KNEE JTS CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1860	KO SUPRACONDYLAR SOCKET MOLD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1870	KO DOUBLE UPRIGHT MOLD CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1880	KO DOUBL UPRGHT NONMOLD CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1885	KO SING/DBL UPRIGHT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L1900	Ankle foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L1901	PREFAB ANKLE ORTHOSIS	Excluded- Foot Orthotic devices- per member contract
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Excluded- Foot Orthotic devices- per member contract
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L1910	Ankle foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Excluded- Foot Orthotic devices- per member contract
L1920	Ankle foot orthosis (AFO), single upright with static or adjustable stop (phelps or perlstein type), custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L1930	Ankle foot orthosis (AFO), plastic or other material, prefabricated, includes fitting and adjustment	Excluded- Foot Orthotic devices- per member contract
L1932	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Excluded- Foot Orthotic devices- per member contract
L1940	Ankle foot orthosis (AFO), plastic or other material, custom-fabricated	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1945	Ankle foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom-fabricated	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1950	Ankle foot orthosis (AFO), spiral, (institute of rehabilitative medicine type), plastic, custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L1951	Ankle foot orthosis (AFO), spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Excluded- Foot Orthotic devices- per member contract
L1960	Ankle foot orthosis (AFO), posterior solid ankle, plastic, custom-fabricated	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1970	Ankle foot orthosis (AFO), plastic with ankle joint, custom-fabricated	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1971	Ankle foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L1980	Ankle foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L1990	Ankle foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom-fabricated	Excluded- Foot Orthotic devices- per member contract

L2000	Knee ankle foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L2005	Knee ankle foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2010	Knee ankle foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L2020	Knee ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom-fabricated	Excluded- Foot Orthotic devices- per member contract
L2030	Knee ankle foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2034	Knee ankle foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2035	Knee ankle foot orthosis (KAFO), full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Excluded- Foot Orthotic devices- per member contract
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2037	Knee ankle foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2038	Knee ankle foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Excluded- Foot Orthotic devices- per member contract
L2039	KAFO POLY AX HINGE MOLD CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2040	HKAFO TORSION BIL ROT STRAPS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2050	HKAFO TORSION CABLE HIP PELV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2060	HKAFO TORSION BALL BEARING J	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2070	HKAFO TORSION UNILAT ROT STR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2080	HKAFO UNILAT TORSION CABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2090	HKAFO UNILAT TORSION BALL BR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L2102	AFO FRACT ORTHO PLAST CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2104	AFO FRACT ORTHO SYNTH CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2106	AFO TIB FX CAST PLASTER MOLD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2108	AFO TIB FX CAST MOLDED TO PT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2112	AFO TIBIAL FRACTURE SOFT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2114	AFO TIB FX SEMI-RIGID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2116	AFO TIBIAL FRACTURE RIGID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2122	KAFO FRACT ORTHO PLASTR CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2124	KAFO FRACT ORTHO SYNTH CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2126	KAFO FEM FX CAST THERMOPLAS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2128	KAFO FEM FX CAST MOLDED TO P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2132	KAFO FEMORAL FX CAST SOFT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2134	KAFO FEM FX CAST SEMI-RIGID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2136	KAFO FEMORAL FX CAST RIGID	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2180	PLAS SHOE INSERT W ANK JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2182	DROP LOCK KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2184	LIMITED MOTION KNEE JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2186	ADJ MOTION KNEE JNT LERMAN T	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2188	QUADRILATERAL BRIM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2190	WAIST BELT	Excluded per Member Contract

L2192	PELVIC BAND & BELT THIGH FLA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2200	LIMITED ANKLE MOTION EA JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2210	DORSIFLEXION ASSIST EACH JOI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2220	DORSI & PLANTAR FLEX ASS/RES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2230	SPLIT FLAT CALIPER STIRR & P	Excluded- Foot Orthotic devices- per member contract
L2232	ROCKER BOTTOM, CONTACT AFO	Excluded- Foot Orthotic devices- per member contract
L2240	ROUND CALIPER AND PLATE ATTA	Excluded- Foot Orthotic devices- per member contract
L2250	FOOT PLATE MOLDED STIRRUP AT	Excluded- Foot Orthotic devices- per member contract
L2260	REINFORCED SOLID STIRRUP	Excluded- Foot Orthotic devices- per member contract
L2265	LONG TONGUE STIRRUP	Excluded- Foot Orthotic devices- per member contract
L2270	VARUS/VALGUS STRAP PADDED/LI	Excluded- Foot Orthotic devices- per member contract
L2275	PLASTIC MOD LOW EXT PAD/LINE	Excluded- Foot Orthotic devices- per member contract
L2280	MOLDED INNER BOOT	Excluded- Foot Orthotic devices- per member contract
L2300	ABDUCTION BAR JOINTED ADJUST	Excluded per Member Contract
L2310	ABDUCTION BAR-STRAIGHT	Excluded per Member Contract
L2320	NON-MOLDED LACER	Excluded per Member Contract
L2330	LACER MOLDED TO PATIENT MODE	Excluded per Member Contract
L2335	ANTERIOR SWING BAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2340	PRE-TIBIAL SHELL MOLDED TO P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2350	PROSTHETIC TYPE SOCKET MOLDE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2360	EXTENDED STEEL SHANK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2370	PATTEN BOTTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L2375	TORSION ANK & HALF SOLID STI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2380	TORSION STRAIGHT KNEE JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2385	STRAIGHT KNEE JOINT HEAVY DU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2387	ADD LE POLY KNEE CUSTOM KAFO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2390	OFFSET KNEE JOINT EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2395	OFFSET KNEE JOINT HEAVY DUTY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2397	SUSPENSION SLEEVE LOWER EXT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2405	KNEE JOINT DROP LOCK EA JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2415	KNEE JOINT CAM LOCK EACH JOI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2423	ADDITION TO KNEE JOING, POLYCENTRIC JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2425	KNEE DISC/DIAL LOCK/ADJ FLEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2430	KNEE JNT RATCHET LOCK EA JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2435	ADDN TO KNEE JT POLYCNTRC JT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2492	KNEE LIFT LOOP DROP LOCK RIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2500	THI/GLUT/ISCHIA WGT BEARING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2510	TH/WGHT BEAR QUAD-LAT BRIM M	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2520	TH/WGHT BEAR QUAD-LAT BRIM C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2525	TH/WGHT BEAR NAR M-L BRIM MO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2526	TH/WGHT BEAR NAR M-L BRIM CU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2530	THIGH/WGHT BEAR LACER NON-MO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L2540	THIGH/WGHT BEAR LACER MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2550	THIGH/WGHT BEAR HIGH ROLL CU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2570	HIP CLEVIS TYPE 2 POSIT JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2580	PELVIC CONTROL PELVIC SLING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2600	HIP CLEVIS/THRUST BEARING FR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2610	HIP CLEVIS/THRUST BEARING LO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2620	PELVIC CONTROL HIP HEAVY DUT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2622	HIP JOINT ADJUSTABLE FLEXION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2624	HIP ADJ FLEX EXT ABDUCT CONT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2627	PLASTIC MOLD RECIPRO HIP & C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2628	METAL FRAME RECIPRO HIP & CA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2630	PELVIC CONTROL BAND & BELT U	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2640	PELVIC CONTROL BAND & BELT B	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2650	PELV & THOR CONTROL GLUTEAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2660	THORACIC CONTROL THORACIC BA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2670	THORAC CONT PARASPINAL UPRIG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2680	THORAC CONT LAT SUPPORT UPRI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2750	PLATING CHROME/NICKEL PR BAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2755	CARBON GRAPHITE LAMINATION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2760	EXTENSION PER EXTENSION PER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L2768	ORTHO SIDEBAR DISCONNECT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2770	ADDN TO LO EXTR ORTHO ANY MATL/BAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2780	NON-CORROSIVE FINISH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2785	DROP LOCK RETAINER EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2795	KNEE CONTROL FULL KNEECAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2800	KNEE CAP MEDIAL OR LATERAL P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2810	KNEE CONTROL CONDYLAR PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2820	SOFT INTERFACE BELOW KNEE SE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2830	SOFT INTERFACE ABOVE KNEE SE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2840	TIBIAL LENGTH SOCK FX OR EQU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2850	FEMORAL LGTH SOCK FX OR EQUA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2860	ADDN TO LO EXTR ORTHO KNEE/ANK ADJ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2861	TORSION MECHANISM KNEE/ANKLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L2999	LOWER EXTREMITY ORTHOSIS NOS	Excluded- Foot Orthotic devices- per member contract
L3000	FT INSERT UCB BERKELEY SHELL	Excluded- Foot Orthotic devices- per member contract
L3001	FOOT INSERT REMOV MOLDED SPE	Excluded- Foot Orthotic devices- per member contract
L3002	FOOT INSERT PLASTAZOTE OR EQ	Excluded- Foot Orthotic devices- per member contract
L3003	FOOT INSERT SILICONE GEL EAC	Excluded- Foot Orthotic devices- per member contract
L3010	FOOT LONGITUDINAL ARCH SUPPO	Excluded- Foot Orthotic devices- per member contract
L3020	FOOT LONGITUD/METATARSAL SUP	Excluded- Foot Orthotic devices- per member contract

L3020A	FT INSERT,REMOV,MOLD LONGIT/MT;EAC	Excluded- Foot Orthotic devices- per member contract
L3030	FOOT ARCH SUPPORT REMOV PREM	Excluded- Foot Orthotic devices- per member contract
L3031	FOOT LAMIN/PREPREG COMPOSITE	Excluded- Foot Orthotic devices- per member contract
L3040	FT ARCH SUPRT PREMOLD LONGIT	Excluded- Foot Orthotic devices- per member contract
L3050	FOOT ARCH SUPP PREMOLD METAT	Excluded- Foot Orthotic devices- per member contract
L3060	FOOT ARCH SUPP LONGITUD/META	Excluded- Foot Orthotic devices- per member contract
L3060A	FT ARCH SUPPORT,REMOV,PREMOLD LONGIT/MT	Excluded- Foot Orthotic devices- per member contract
L3070	ARCH SUPRT ATT TO SHO LONGIT	Excluded- Foot Orthotic devices- per member contract
L3080	ARCH SUPP ATT TO SHOE METATA	Excluded- Foot Orthotic devices- per member contract
L3090	ARCH SUPP ATT TO SHOE LONG/M	Excluded- Foot Orthotic devices- per member contract
L3100	HALLUS-VALGUS NGHT DYNAMIC S	Excluded- Foot Orthotic devices- per member contract
L3140	ABDUCTION ROTATION BAR SHOE	Excluded- Foot Orthotic devices- per member contract
L3150	ABDUCT ROTATION BAR W/O SHOE	Excluded- Foot Orthotic devices- per member contract
L3160	SHOE STYLED POSITIONING DEV	Excluded- Foot Orthotic devices- per member contract
L3170	FOOT PLASTIC HEEL STABILIZER	Excluded- Foot Orthotic devices- per member contract
L3201	OXFORD W SUPINAT/PRONAT INF	Excluded- Foot Orthotic devices- per member contract
L3202	OXFORD W/ SUPINAT/PRONATOR C	Excluded- Foot Orthotic devices- per member contract
L3203	OXFORD W/ SUPINATOR/PRONATOR	Excluded- Foot Orthotic devices- per member contract
L3204	HIGHTOP W/ SUPP/PRONATOR INF	Excluded- Foot Orthotic devices- per member contract
L3206	HIGHTOP W/ SUPP/PRONATOR CHI	Excluded- Foot Orthotic devices- per member contract

L3207	HIGHTOP W/ SUPP/PRONATOR JUN	Excluded- Foot Orthotic devices- per member contract
L3208	SURGICAL BOOT EACH INFANT	Excluded- Foot Orthotic devices- per member contract
L3209	SURGICAL BOOT EACH CHILD	Excluded- Foot Orthotic devices- per member contract
L3211	SURGICAL BOOT EACH JUNIOR	Excluded- Foot Orthotic devices- per member contract
L3212	BENESCH BOOT PAIR INFANT	Excluded- Foot Orthotic devices- per member contract
L3213	BENESCH BOOT PAIR CHILD	Excluded- Foot Orthotic devices- per member contract
L3214	BENESCH BOOT PAIR JUNIOR	Excluded- Foot Orthotic devices- per member contract
L3215	ORTHOPEDIC FTWEAR LADIES OXF	Excluded- Foot Orthotic devices- per member contract
L3216	ORTHOPED LADIES SHOES DPTH I	Excluded- Foot Orthotic devices- per member contract
L3217	LADIES SHOES HIGHTOP DEPTH I	Excluded- Foot Orthotic devices- per member contract
L3218	ORTHO SHOE SURG BOOT FEMALE	Excluded- Foot Orthotic devices- per member contract
L3219	ORTHOPEDIC MENS SHOES OXFORD	Excluded- Foot Orthotic devices- per member contract
L3221	ORTHOPEDIC MENS SHOES DPTH I	Excluded- Foot Orthotic devices- per member contract
L3222	MENS SHOES HIGHTOP DEPTH INL	Excluded- Foot Orthotic devices- per member contract
L3223	ORTHO SHOE SURG BOOT MALE	Excluded- Foot Orthotic devices- per member contract
L3224	WOMAN'S SHOE OXFORD BRACE	Excluded- Foot Orthotic devices- per member contract
L3225	MAN'S SHOE OXFORD BRACE	Excluded- Foot Orthotic devices- per member contract
L3230	CUSTOM SHOES DEPTH INLAY	Excluded- Foot Orthotic devices- per member contract
L3250	CUSTOM MOLD SHOE REMOV PROST	Excluded- Foot Orthotic devices- per member contract
L3251	SHOE MOLDED TO PT SILICONE S	Excluded- Foot Orthotic devices- per member contract

L3252	SHOE MOLDED PLASTAZOTE CUST	Excluded- Foot Orthotic devices- per member contract
L3253	SHOE MOLDED PLASTAZOTE CUST	Excluded- Foot Orthotic devices- per member contract
L3254	ORTH FOOT NON-STANDARD SIZE/W	Excluded- Foot Orthotic devices- per member contract
L3255	ORTH FOOT NON-STANDARD SIZE/	Excluded- Foot Orthotic devices- per member contract
L3257	ORTH FOOT ADD CHARGE SPLIT S	Excluded- Foot Orthotic devices- per member contract
L3260	AMBULATORY SURGICAL BOOT EAC	Excluded- Foot Orthotic devices- per member contract
L3265	PLASTAZOTE SANDAL EACH	Excluded- Foot Orthotic devices- per member contract
L3300	SHO LIFT TAPER TO METATARSAL	Excluded- Foot Orthotic devices- per member contract
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	Excluded- Foot Orthotic devices- per member contract
L3320	SHOE LIFT ELEV HEEL/SOLE COR	Excluded- Foot Orthotic devices- per member contract
L3330	LIFTS ELEVATION METAL EXTENS	Excluded- Foot Orthotic devices- per member contract
L3332	SHOE LIFTS TAPERED TO ONE-HA	Excluded- Foot Orthotic devices- per member contract
L3334	SHOE LIFTS ELEVATION HEEL /I	Excluded- Foot Orthotic devices- per member contract
L3340	SHOE WEDGE SACH	Excluded- Foot Orthotic devices- per member contract
L3350	SHOE HEEL WEDGE	Excluded- Foot Orthotic devices- per member contract
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	Excluded- Foot Orthotic devices- per member contract
L3370	SHOE SOLE WEDGE BETWEEN SOLE	Excluded- Foot Orthotic devices- per member contract
L3380	SHOE CLUBFOOT WEDGE	Excluded- Foot Orthotic devices- per member contract
L3390	SHOE OUTFLARE WEDGE	Excluded- Foot Orthotic devices- per member contract
L3400	SHOE METATARSAL BAR WEDGE RO	Excluded- Foot Orthotic devices- per member contract



L3410	SHOE METATARSAL BAR BETWEEN	Excluded- Foot Orthotic devices- per member contract
L3420	FULL SOLE/HEEL WEDGE BTWEEN	Excluded- Foot Orthotic devices- per member contract
L3430	SHO HEEL COUNT PLAST REINFOR	Excluded- Foot Orthotic devices- per member contract
L3440	HEEL LEATHER REINFORCED	Excluded- Foot Orthotic devices- per member contract
L3450	SHOE HEEL SACH CUSHION TYPE	Excluded- Foot Orthotic devices- per member contract
L3455	SHOE HEEL NEW LEATHER STANDA	Excluded- Foot Orthotic devices- per member contract
L3460	SHOE HEEL NEW RUBBER STANDAR	Excluded- Foot Orthotic devices- per member contract
L3465	SHOE HEEL THOMAS WITH WEDGE	Excluded- Foot Orthotic devices- per member contract
L3470	SHOE HEEL THOMAS EXTEND TO B	Excluded- Foot Orthotic devices- per member contract
L3480	SHOE HEEL PAD & DEPRESS FOR	Excluded- Foot Orthotic devices- per member contract
L3485	SHOE HEEL PAD REMOVABLE FOR	Excluded- Foot Orthotic devices- per member contract
L3500	ORTHO SHOE ADD LEATHER INSOL	Excluded- Foot Orthotic devices- per member contract
L3510	ORTHOPEDIC SHOE ADD RUB INSL	Excluded- Foot Orthotic devices- per member contract
L3520	O SHOE ADD FELT W LEATH INSL	Excluded- Foot Orthotic devices- per member contract
L3530	ORTHO SHOE ADD HALF SOLE	Excluded- Foot Orthotic devices- per member contract
L3540	ORTHO SHOE ADD FULL SOLE	Excluded- Foot Orthotic devices- per member contract
L3550	O SHOE ADD STANDARD TOE TAP	Excluded- Foot Orthotic devices- per member contract
L3560	O SHOE ADD HORSESHOE TOE TAP	Excluded- Foot Orthotic devices- per member contract
L3570	O SHOE ADD INSTEP EXTENSION	Excluded- Foot Orthotic devices- per member contract
L3580	O SHOE ADD INSTEP VELCRO CLO	Excluded- Foot Orthotic devices- per member contract

L3590	O SHOE CONVERT TO SOF COUNT	Excluded- Foot Orthotic devices- per member contract
L3595	ORTHO SHOE ADD MARCH BAR	Excluded- Foot Orthotic devices- per member contract
L3600	TRANS SHOE CALIP PLATE EXIST	Excluded- Foot Orthotic devices- per member contract
L3610	TRANS SHOE CALIPER PLATE NEW	Excluded- Foot Orthotic devices- per member contract
L3620	TRANS SHOE SOLID STIRRUP EXI	Excluded- Foot Orthotic devices- per member contract
L3630	TRANS SHOE SOLID STIRRUP NEW	Excluded- Foot Orthotic devices- per member contract
L3640	SHOE DENNIS BROWNE SPLINT BO	Excluded- Foot Orthotic devices- per member contract
L3649	ORTHOPEDIC SHOE MODIFICA NOS	Excluded- Foot Orthotic devices- per member contract
L3650	SHLDER FIG 8 ABDUCT RESTRAIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3651	PREFAB SHOULDER ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3652	PREFAB DBL SHOULDER ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3660	ABDUCT RESTRAINER CANVAS&WEB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3670	ACROMIO/CLAVICULAR CANVAS&WE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3671	SO CAP DESIGN W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3672	SO AIRPLANE W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3673	SO AIRPLANE W/JOINT CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3674	SO AIRPLANE W/WO JOINT CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3675	CANVAS VEST SO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3677	SO HARD PLASTIC STABILIZER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3678	SHOULDER ORTHOSIS JOINT DESIGN NO JOINT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3700	TENNIS ELBOW BRACE PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3701	PREFAB ELBOW ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3702	EO W/O JOINTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3710	ELBOW ELASTIC WITH METAL JOI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3720	FOREARM/ARM CUFFS FREE MOTIO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3730	FOREARM/ARM CUFFS EXT/FLEX A	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3760	EO WITHJOINT, PREFABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3762	RIGID EO WO JOINTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3763	EWHO RIGID W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3764	EWHO W/JOINT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3765	EWHFO RIGID W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3766	EWHFO W/JOINT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3800	WHFO SHORT OPPONENS CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3805	WHFO LONG OPPONENS CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3806	WHFO W/JOINT(S) CUSTOM FAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3807	WHFO,NO JOINT, PREFABRICATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3808	WHFO, RIGID W/O JOINTS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3809	WRIST HAND FINGER W/O JOINT PREFAB ANY TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3810	WHFO THUMB ABDUCTION 'C' BAR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3815	WHFO SECOND MP ABDUCTION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3820	WHFO IP EXTENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3825	WHFO MP EXTENSION STOP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3830	WHFO MP EXTENSION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3835	WHFO MP SPRING EXTENSION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3840	WHFO SPRING SWIVEL THUMB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3845	WHFO THUMB IP EXTENSION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3850	WHFO ACTION WRIST W/FLEXION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3855	WHFO ADJUSTABLE MP FLEXION CONTROL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3860	WHFO ADJUSTABLE MP FLEXION CONTROL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3890	ADDN TO UP EXTRE JT CONCEN ADJ MECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3891	TORSION MECHANISM WRIST/ELBO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3900	HINGE EXTENSION/FLEX WRIST/F	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3901	HINGE EXT/FLEX WRIST FINGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3902	WHFO EXT POWER COMP GAS CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3904	WHFO ELECTRIC CUSTOM FITTED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3905	WHO W/NONTORSION JNT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3906	WHO W/O JOINTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3907	WHFO WRST GAUNT W/THUMB CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3908	WRIST COCK-UP NON-MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3909	PREFAB WRIST ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3910	CARPAL LOCK PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3911	PREFAB HAND FINGER ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3912	FLEX GLOVE W/ELASTIC FINGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3913	HFO W/O JOINTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3914	SHORT COCKUP WRST SPLNT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3915	WHO W NONTOR JNT(S) PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3916	WRIST HAND ORTHOSIS 1/> NONTORSION JOINT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3917	PREFAB METACARPL FX ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3918	HAND ORTHOSIS METACARPAL FX ORTHOSIS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3919	HO W/O JOINTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3920	WHFO KNUCKLE BND W/OUTR PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3921	HFO W/JOINT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3922	WHFO KNUCKLE BEND TWO PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3923	HFO W/O JOINTS PF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3924	HAND FINGER ORTHOSIS WITHOUT JOINTS PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3925	FO PIP/DIP WITH JOINT/SPRING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3926	WHFO THOMAS SUSPENSION PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3927	FO PIP/DIP W/O JOINT/SPRING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3928	WHFO FINGER EXTENSION PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3929	HFO NONTORSION JOINT, PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3930	HAND FINGER ORTHOSIS 1/> NONTORSION JOINT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3931	WHFO NONTORSION JOINT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3932	WHFO SAFETY PIN SPRING PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3933	FO W/O JOINTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3934	WHFO SAFETY PIN MOD PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3935	FO NONTORSION JOINT CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3936	WHFO PALMER PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3938	WHFO DORSAL WRIST PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3940	WHFO DORSAL WRIST W/OUT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3942	WHFO REV KNUCKLE BEND PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3944	WHFO REV KNUCKLE BEND PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3946	WHFO COMPOSITE ELAST PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3948	WHFO FINGER KNUCKLE BND PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3950	WHFO COMBO OPPENHEIMER PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3952	WHFO COMBO OPPENHEIMER PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3954	WHFO SPREADING HAND PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3956	ADD JOINT UPPER EXT ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3960	SEWHO AIRPLAN DESIG ABDU POS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3961	SEWHO CAP DESIGN W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3962	SEWHO ERBS PALSEY DESIGN ABD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3963	SEWHO W/ELBOW JNT CUSTM PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3964	SEO MOBILE ARM SUP ATT TO WC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3965	ARM SUPP ATT TO WC RANCHO TY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3966	MOBILE ARM SUPPORTS RECLININ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3967	SEWHO AIRPLANE W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3968	FRICITION DAMPENING ARM SUPP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3969	MONOSUSPENSION ARM/HAND SUPP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3970	ELEVAT PROXIMAL ARM SUPPORT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3971	SEWHO CAP DESIGN W/JNT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3972	OFFSET/LAT ROCKER ARM W/ ELA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3973	SEWHO AIRPLANE W/JNT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3974	MOBILE ARM SUPPORT SUPINATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3975	SEWHFO CAP DESIGN W/O JNT CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3976	SEWHFO AIRPLANE W/O JNTS CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3977	SEWHFO CAP DESGN W/JNT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3978	SEWHFO AIRPLANE W/JNT(S) CF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3980	UPP EXT FX ORTHOSIS HUMERAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCL SHOULDER CAP DESIGN, FITTING AND ADJ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3982	UPPER EXT FX ORTHOSIS RAD/UL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L3984	UPPER EXT FX ORTHOSIS WRIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3985	UPPER LMB FX ORTHO FORE CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3986	UPPER LMB FX COLLES CUSTOM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3995	SOCK FRACTURE OR EQUAL EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L3999	UPPER LIMB ORTHOSIS NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4000	REPL GIRDLE MILWAUKEE ORTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4002	REPLACE STRAP, ANY ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4010	REPLACE TRILATERAL SOCKET BR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4020	REPLACE QUADLAT SOCKET BRIM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4030	REPLACE SOCKET BRIM CUST FIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4040	REPLACE MOLDED THIGH LACER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4045	REPLACE NON-MOLDED THIGH LAC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4050	REPLACE MOLDED CALF LACER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4055	REPLACE NON-MOLDED CALF LACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4060	REPLACE HIGH ROLL CUFF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4070	REPLACE PROX & DIST UPRIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4080	REPL MET BAND KAFO-AFO PROX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4090	REPL MET BAND KAFO-AFO CALF/	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4100	REPL LEATH CUFF KAFO PROX TH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4110	REPL LEATH CUFF KAFO-AFO CAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L4130	REPLACE PRETIBIAL SHELL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4200	REPAIR OF ORTHOTIC DEVICE, HOURLY RATE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4205	ORTHO DVC REPAIR PER 15 MIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4210	ORTH DEV REPAIR/REPL MINOR P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4310	MULTI-PODUS/EQUAL ORTH PREP MGMT SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4320	ADDTN/AFO,MLTI-PDS ORTH PREP MGMT SYS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4350	ANKLE CONTROL ORTHOSI PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4360	PNEUMATI WALKING BOOT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4361	WALKING BOOT PNEUMATIC AND OR VACUUM PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4370	PNEUMATIC FULL LEG SPLINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4380	PNEUMATIC KNEE SPLINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4386	NON-PNEUM WALK BOOT PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4387	WALKING BOOT NON-PNEUMATIC PREFAB OFF THE SHELF	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4392	REPLACE AFO SOFT INTERFACE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4394	REPLACE FOOT DROP SPINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4396	STATIC AFO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4397	STATIC/DYNAMIC ANKL FOOT ORTHOSIS MIN AMB PREFAB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L4398	FOOT DROP SPLINT RECUMBENT	Excluded- Foot Orthotic devices- per member contract
L4631	AFO, WALK BOOT TYPE, CUS FAB	Excluded- Foot Orthotic devices- per member contract
L5000	SHO INSERT W ARCH TOE FILLER	Excluded- Foot Orthotic devices- per member contract

L5010	MOLD SOCKET ANK HGT W/ TOE F	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5020	TIBIAL TUBERCLE HGT W/ TOE F	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5050	ANK SYMES MOLD SCKT SACH FT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5060	SYMES MET FR LEATH SOCKET AR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5100	MOLDED SOCKET SHIN SACH FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5105	PLAST SOCKET JTS/THGH LACER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5150	MOLD SCKT EXT KNEE SHIN SACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5160	MOLD SOCKET BENT KNEE SHIN S	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5200	KNE SING AXIS FRIC SHIN SACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5210	NO KNEE/ANKLE JOINTS W/ FT B	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5220	NO KNEE JOINT WITH ARTIC ALI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5230	FEM FOCAL DEFIC CONSTANT FRI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5250	HIP CANAD SING AXI CONS FRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5270	TILT TABLE LOCKING HIP SING	Exclusion DME Member Contract
L5280	HEMIPELVECT CANAD SING AXIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5300	MOLDED SOCKET, SACH FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5301	BK MOLD SOCKET SACH FT ENDO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5310	MOLDED SOCKET, SACH FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5311	KNEE DISART, SACH FT, ENDO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5320	ABOVE KNEE, MOLDED SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5321	AK OPEN END SACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5330	MOLDED SOCKET, HIP JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5331	HIP DISART CANADIAN SACH FT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5340	MOLDED SOCKET, HIP JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5341	HEMIPELVECTOMY CANADIAN SACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5520	PERP BK PTB THERMOPLS DIRECT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5530	PREP BK PTB THERMOPLS MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5535	PREP BK PTB OPEN END SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5540	PREP BK PTB LAMINATED SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5560	PREP AK ISCHIAL PLAST MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5570	PREP AK ISCHIAL DIRECT FORM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5580	PREP AK ISCHIAL THERMO MOLD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5585	PREP AK ISCHIAL OPEN END	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5590	PREP AK ISCHIAL LAMINATED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5595	HIP DISARTIC SACH THERMOPLS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5600	HIP DISART SACH LAMINAT MOLD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5610	ABOVE KNEE HYDRACADENCE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5611	AK 4 BAR LINK W/FRIC SWING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5613	AK 4 BAR LING W/HYDRAUL SWIG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5614	4-BAR LINK ABOVE KNEE W/SWNG	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5616	AK UNIV MULTIPLEX SYS FRICT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5617	AK/BK SELF-ALIGNING UNIT EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5618	TEST SOCKET SYMES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5620	TEST SOCKET BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5622	TEST SOCKET KNEE DISARTICULA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5624	TEST SOCKET ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5626	TEST SOCKET HIP DISARTICULAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5628	TEST SOCKET HEMIPELVECTOMY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5629	BELOW KNEE ACRYLIC SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5630	SYME TYP EXPANDABL WALL SCKT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5631	AK/KNEE DISARTIC ACRYLIC SOC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5632	SYMES TYPE PTB BRIM DESIGN S	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5634	SYMES TYPE POSTER OPENING SO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5636	SYMES TYPE MEDIAL OPENING SO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5637	BELOW KNEE TOTAL CONTACT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5638	BELOW KNEE LEATHER SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5639	BELOW KNEE WOOD SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5640	KNEE DISARTICULAT LEATHER SO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5642	ABOVE KNEE LEATHER SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5643	HIP FLEX INNER SOCKET EXT FR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5644	ABOVE KNEE WOOD SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5645	BK FLEX INNER SOCKET EXT FRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5646	BELOW KNEE CUSHION SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5647	BELOW KNEE SUCTION SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5648	ABOVE KNEE CUSHION SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5649	ISCH CONTAINMT/NARROW M-L SO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5650	TOT CONTACT AK/KNEE DISART S	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5651	AK FLEX INNER SOCKET EXT FRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5652	SUCTION SUSP AK/KNEE DISART	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5653	KNEE DISART EXPAND WALL SOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5654	SOCKET INSERT SYMES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5655	SOCKET INSERT BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5656	SOCKET INSERT KNEE ARTICULAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5658	SOCKET INSERT ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5660	LEG SOCKET INSERT, SYME, SILICONE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5661	MULTI-DUROMETER SYMES	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5662	LEG SOCKET INSERT, BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5663	LEG SOCKET INSERT, AT KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5664	LEG SOCKET INSERT, ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5665	MULTI-DUROMETER BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5666	BELOW KNEE CUFF SUSPENSION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5667	ADDN TO LOWER EXTREMITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5668	SOCKET INSERT W/O LOCK LOWER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5669	ADDN TO LOWER EXTREMITY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5670	BK MOLDED SUPRACONDYLAR SUSP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5671	BK/AK LOCKING MECHANISM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5672	BK REMOVABLE MEDIAL BRIM SUS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5673	SOCKET INSERT W LOCK MECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5674	ADDN SLEEVE SUSP ANY MAT EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5675	ADDN LATEX SLEEVE SUSP EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5676	BK KNEE JOINTS SINGLE AXIS P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5677	BK KNEE JOINTS POLYCENTRIC P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5678	BK JOINT COVERS PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5679	SOCKET INSERT W/O LOCK MECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5680	BK THIGH LACER NON-MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5681	INTL CUSTM CONG/LATYP INSERT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5682	BK THIGH LACER GLUT/ISCHIA M	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5683	INITIAL CUSTOM SOCKET INSERT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5684	BK FORK STRAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5685	BELOW KNEE SUS/SEAL SLEEVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5686	BK BACK CHECK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5688	BK WAIST BELT WEBBING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5690	BK WAIST BELT PADDED AND LIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5692	AK PELVIC CONTROL BELT LIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5694	AK PELVIC CONTROL BELT PAD/L	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5695	AK SLEEVE SUSP NEOPRENE/EQUA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5696	AK/KNEE DISARTIC PELVIC JOIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5697	AK/KNEE DISARTIC PELVIC BAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5698	AK/KNEE DISARTIC SILESIA BA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5699	SHOULDER HARNESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5700	REPLACE SOCKET BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5701	REPLACE SOCKET ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5702	REPLACE SOCKET HIP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5703	SYMES ANKLE W/O (SACH) FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5704	CUSTOM SHAPE COVER BK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5705	CUSTOM SHAPE COVER AK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5706	CUSTOM SHAPE CVR KNEE DISART	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5707	CUSTOM SHAPE CVR HIP DISART	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5710	KNE-SHIN EXO SNG AXI MNL LOC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5711	KNEE-SHIN EXO MNL LOCK ULTRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5712	KNEE-SHIN EXO FRICT SWG & ST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5714	KNEE-SHIN EXO VARIABLE FRICT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5716	KNEE-SHIN EXO MECH STANCE PH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5718	KNEE-SHIN EXO FRCT SWG & STA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5722	KNEE-SHIN PNEUM SWG FRCT EXO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5724	KNEE-SHIN EXO FLUID SWING PH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5726	KNEE-SHIN EXT JNTS FLD SWG E	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5728	KNEE-SHIN FLUID SWG & STANCE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5780	KNEE-SHIN PNEUM/HYDRA PNEUM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5781	LOWER LIMB PROS VACUUM PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5782	HD LOW LIMB PROS VACUUM PUMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5785	EXOSKELETAL BK ULTRALT MATER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5790	EXOSKELETAL AK ULTRA-LIGHT M	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5795	EXOSKEL HIP ULTRA-LIGHT MATE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5810	ENDOSKEL KNEE-SHIN MNL LOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5811	ENDO KNEE-SHIN MNL LCK ULTRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5812	ENDO KNEE-SHIN FRCT SWG & ST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5814	ENDO KNEE-SHIN HYDRAL SWG PH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5816	ENDO KNEE-SHIN POLYC MCH STA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L5818	ENDO KNEE-SHIN FRCT SWG & ST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5822	ENDO KNEE-SHIN PNEUM SWG FRC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5824	ENDO KNEE-SHIN FLUID SWING P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5826	MINIATURE KNEE JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5828	ENDO KNEE-SHIN FLUID SWG/STA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5830	ENDO KNEE-SHIN PNEUM/SWG PHA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5845	KNEE-SHIN SYS STANCE FLEXION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5846	ADDN KNEE-SHIN MICROPROC CTRL,SWING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5848	KNEE-SHIN SYS HYDRAUL STANCE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5850	ENDO AK/HIP KNEE EXTENS ASSI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5855	MECH HIP EXTENSION ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5856	ELEC KNEE-SHIN SWING/STANCE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5857	ELEC KNEE-SHIN SWING ONLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5858	STANCE PHASE ONLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5910	ENDO BELOW KNEE ALIGNABLE SY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5920	ENDO AK/HIP ALIGNABLE SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5925	ABOVE KNEE MANUAL LOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5930	HIGH ACTIVITY KNEE FRAME	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5940	ENDO BK ULTRA-LIGHT MATERIAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5950	ENDO AK ULTRA-LIGHT MATERIAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5960	ENDO HIP ULTRA-LIGHT MATERIA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5961	ENDO POLY HIP, PNEU/HYD/ROT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5962	BELOW KNEE FLEX COVER SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5964	ABOVE KNEE FLEX COVER SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5966	HIP FLEXIBLE COVER SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5968	MULTIAXIAL ANKLE W DORSIFLEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5969	ADDITION ENDOSKELETAL ANKLE-FOOT/ANK PWR ASSIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5970	FOOT EXTERNAL KEEL SACH FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5971	SACH FOOT, REPLACEMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5972	FLEXIBLE KEEL FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5973	ANK-FOOT SYS DORS-PLANT FLEX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5974	FOOT SINGLE AXIS ANKLE/FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5975	COMBO ANKLE/FOOT PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5976	ENERGY STORING FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5978	FT PROSTH MULTIAXIAL ANKL/FT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5979	MULTI-AXIAL ANKLE/FT PROSTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5980	FLEX FOOT SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5981	FLEX-WALK SYS LOW EXT PROSTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L5982	EXOSKELETAL AXIAL ROTATION U	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5984	ENDOSKELETAL AXIAL ROTATION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5985	LWR EXT DYNAMIC PROSTH PYLON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5986	MULTI-AXIAL ROTATION UNIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5987	SHANK FT W VERT LOAD PYLON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5988	VERTICAL SHOCK REDUCING PYLO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5990	USER ADJUSTABLE HEEL HEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5993	ADD TO LOW EXT PROSTHESIS FOOT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5994	ADD TO LOW EXT PROSTHESIS KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5995	ADD TO LOW EXT PROSTHESIS OTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L5999	LOWR EXTREMITY PROSTHES NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6000	PAR HAND ROBIN-AIDS THUM REM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6010	HAND ROBIN-AIDS LITTLE/RING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6020	PART HAND ROBIN-AIDS NO FING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6025	PART HAND DISART MYOELECTRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6026	TRANSCARPAL/METACARPAL OR PART HAND DISARTICULATION PROSTHESIS, EXT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6050	POWER, EXCL TERMINAL DEVICE(S) WRST MLD SCK FLX HNG TRI PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6055	WRST MOLD SOCK W/EXP INTERFA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6100	ELB MOLD SOCK FLEX HINGE PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6110	ELBOW MOLD SOCK SUSPENSION T	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6120	ELBOW MOLD DOUB SPLT SOC STE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6130	ELBOW STUMP ACTIVATED LOCK H	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6200	ELBOW MOLD OUTSID LOCK HINGE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6205	ELBOW MOLDED W/ EXPAND INTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6250	ELBOW INTER LOC ELBOW FORARM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6300	SHLDER DISART INT LOCK ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6310	SHOULDER PASSIVE RESTOR COMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6320	SHOULDER PASSIVE RESTOR CAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6350	THORACIC INTERN LOCK ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6360	THORACIC PASSIVE RESTOR COMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6370	THORACIC PASSIVE RESTOR CAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6380	POSTOP DSG CAST CHG WRST/ELB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6382	POSTOP DSG CAST CHG ELB DIS/	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6384	POSTOP DSG CAST CHG SHLDER/T	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6386	POSTOP EA CAST CHG & REALIGN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6388	POSTOP APPLICAT RIGID DSG ON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6400	BELOW ELBOW PROSTH TISS SHAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6450	ELB DISART PROSTH TISS SHAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6500	ABOVE ELBOW PROSTH TISS SHAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6550	SHLDR DISAR PROSTH TISS SHAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6570	SCAP THORAC PROSTH TISS SHAP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6580	WRIST/ELBOW BOWDEN CABLE MOL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6582	WRIST/ELBOW BOWDEN CBL DIR F	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6584	ELBOW FAIR LEAD CABLE MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6586	ELBOW FAIR LEAD CABLE DIR FO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6588	SHDR FAIR LEAD CABLE MOLDED	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6590	SHDR FAIR LEAD CABLE DIRECT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6600	POLYCENTRIC HINGE PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6605	SINGLE PIVOT HINGE PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6610	FLEXIBLE METAL HINGE PAIR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6611	ADDITIONAL SWITCH, EXT POWER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6615	DISCONNECT LOCKING WRIST UNI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6616	DISCONNECT INSERT LOCKING WR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6620	FLEXION/EXTENSION WRIST UNIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6621	FLEX/EXT WRIST W/WO FRICTION	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6623	SPRING-ASS ROT WRST W/ LATCH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6624	FLEX/EXT/ROTATION WRIST UNIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6625	ROTATION WRST W/ CABLE LOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6628	QUICK DISCONN HOOK ADAPTER O	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6629	LAMINATION COLLAR W/ COUPLIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6630	STAINLESS STEEL ANY WRIST	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6632	LATEX SUSPENSION SLEEVE EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6635	LIFT ASSIST FOR ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6637	NUDGE CONTROL ELBOW LOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6638	ELEC LOCK ON MANUAL PW ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6639	UP EXT ADDITION, ELBOW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6640	SHOULDER ABDUCTION JOINT PAI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6641	EXCURSION AMPLIFIER PULLEY T	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6642	EXCURSION AMPLIFIER LEVER TY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6645	SHOULDER FLEXION-ABDUCTION J	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6646	MULTIPO LOCKING SHOULDER JNT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6647	SHOULDER LOCK ACTUATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6648	EXT PWRD SHLDER LOCK/UNLOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6650	SHOULDER UNIVERSAL JOINT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6655	STANDARD CONTROL CABLE EXTRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6660	HEAVY DUTY CONTROL CABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6665	TEFLON OR EQUAL CABLE LINING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6670	HOOK TO HAND CABLE ADAPTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6672	HARNESS CHEST/SHLDER SADDLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6675	HARNESS FIGURE OF 8 SING CON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6676	HARNESS FIGURE OF 8 DUAL CON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6677	UE TRIPLE CONTROL HARNESS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6680	TEST SOCK WRIST DISART/BEL E	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6682	TEST SOCK ELBW DISART/ABOVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6684	TEST SOCKET SHLDR DISART/THO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6686	SUCTION SOCKET	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6687	FRAME TYP SOCKET BEL ELBOW/W	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6688	FRAME TYP SOCK ABOVE ELB/DIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6689	FRAME TYP SOCKET SHOULDER DI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6690	FRAME TYP SOCK INTERSCAP-THO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6691	REMOVABLE INSERT EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6692	SILICONE GEL INSERT OR EQUAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6693	LOCKINGELBOW FOREARM CNTRBAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6694	ELBOW SOCKET INS USE W/LOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6695	ELBOW SOCKET INS USE W/O LCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6696	CUS ELBO SKT IN FOR CON/ATYP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6697	CUS ELBO SKT IN NOT CON/ATYP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6698	BELOW/ABOVE ELBOW LOCK MECH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6700	TERM DEV HOOK DORRANCE MODEL #3	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6703	TERM DEV, PASSIVE HAND MITT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6704	TERM DEV, SPORT/REC/WORK ATT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6705	TERM DEV HOOK DORRANCE MODEL #5	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6706	TERM DEV MECH HOOK VOL OPEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6707	TERM DEV MECH HOOK VOL CLOSE	DME- PA Recommend if billed >\$1,500 purchase
L6708	TERM DEV MECH HAND VOL OPEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6709	TERM DEV MECH HAND VOL CLOSE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6710	TERM DEV HOOK DORRANCE MODEL #5X	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6711	PED TERM DEV, HOOK, VOL OPEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6712	PED TERM DEV, HOOK, VOL CLOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6713	PED TERM DEV, HAND, VOL OPEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6714	PED TERM DEV, HAND, VOL CLOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6720	TERM DEV HOOK DORRANCE MODEL #6	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6721	HOOK/HAND, HVY DTY, VOL OPEN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6722	HOOK/HAND, HVY DTY, VOL CLOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6725	TERM DEV HOOK DORRANCE MODEL #7	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6730	TERM DEV HOOK DORRANCE MODEL #7LO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6735	TERM DEV HOOK DORRANCE MODEL #8	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6740	TERM DEV HOOK DORRANCE MODEL #8X	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6745	TERM DEV HOOK DORRANCE MODEL #88X	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L6750	TERM DEV HOOK DORRANCE MODEL #10P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6755	TERM DEV HOOK DORRANCE MODEL #10X	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6765	TERM DEV HOOK DORRANCE MODEL #12P	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6770	TERM DEV HOOK DORRANCE MODEL #99X	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6775	TERM DEV HOOK DORRANCE MODEL #555	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6780	TERM DEV HOOK DORRANCE MODEL #SS555	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6790	TERM DEV HOOK-ACCU HOOK, OR EQUAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6795	TERM DEV HOOK-2 LOAD, OR EQUAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6800	TERM DEV HOOK-APRL VC, OR EQUAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6805	TERM DEV MODIFIER WRIST UNIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6806	TERM DEV HOOK, TRS GRIP, VC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6807	TERM DEV HOOK GRIP I,II,VC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6808	TERM DEV HOOK TRS ADEPT INFANT/CHILD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6809	TERM DEV HOOK TRS SUPER SPT PASSIVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6810	TERM DEV PRECISION PINCH DEV	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6825	TERM DEV HAND DORRANCE, VO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6830	TERM DEV HAND APRL, VC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6835	TERM DEV HAND SIERRA, VO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6840	TERM DEV HAND BECKER IMPERIAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6845	TERM DEV HAND BECKER LOCK GRIP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6850	TERM DEV HAND BECKER PLYLITE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6855	TERM DEV HAND ROBIN-AIDS VO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6860	TERM DEV HAND ROBIN-AIDS VO SOFT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6865	TERM DEV HAND PASSIVE HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6867	DETROIT INFANT HAND (MECHANICAL)	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6868	PASSIVE INFANT HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6870	HAND, CHILD MITT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6872	HAND, NYU CHILD HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6873	HAND, MECHANICAL INFANT HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6875	HAND, BOCK, VC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6880	ELECTRIC HAND, SWITCH OR MYOLELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6881	TERM DEV AUTO GRASP FEATURE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6882	MICROPROCESSOR CONTROL UPLMB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6883	REPLC SOCKT BELOW E/W DISA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6884	REPLC SOCKT ABOVE ELBOW DISA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6885	REPLC SOCKT SHLDR DIS/INTERC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6890	PREFAB GLOVE FOR TERM DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6895	CUSTOM GLOVE FOR TERM DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6900	HAND RESTORAT THUMB/1 FINGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6905	HAND RESTORATION MULTIPLE FI	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L6910	HAND RESTORATION NO FINGERS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6915	HAND RESTORATION REPLACMNT G	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6920	WRIST DISARTICUL SWITCH CTRL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6925	WRIST DISART MYOELECTRONIC C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6930	BELOW ELBOW SWITCH CONTROL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6935	BELOW ELBOW MYOELECTRONIC CT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6940	ELBOW DISARTICULATION SWITCH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6945	ELBOW DISART MYOELECTRONIC C	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6950	ABOVE ELBOW SWITCH CONTROL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6955	ABOVE ELBOW MYOELECTRONIC CT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6960	SHLDR DISARTIC SWITCH CONTRO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6965	SHLDR DISARTIC MYOELECTRONIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6970	INTERSCAPULAR-THOR SWITCH CT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L6975	INTERSCAP-THOR MYOELECTRONIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7007	ADULT ELECTRIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7008	PEDIATRIC ELECTRIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7009	ADULT ELECTRIC HOOK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7010	ELECTRONIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7015	ELECTRONIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7020	ELECTRONIC GREIFER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L7025	ELECTRONIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7030	ELECTRONIC HAND	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7035	ELECTRONIC GREIFER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7040	PREHENSILE ACTUATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7045	PEDIATRIC ELECTRIC HOOK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7160	ELECTRONIC ELBOW,BOSTON,SWITCH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7165	ELECTRONIC HAND,BOSTON,MYOELECTRONIC CNTR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7170	ELECTRONIC ELBOW HOSMER SWIT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7180	ELECTRONIC ELBOW SEQUENTIAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7181	ELECTRONIC ELBO SIMULTANEOUS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7185	ELECTRON ELBOW ADOLESCENT SW	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7186	ELECTRONIC ELBOW CHILD SWITCH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7190	ELBOW ADOLESCENT MYOELECTRON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7191	ELBOW CHILD MYOELECTRONIC CT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7260	ELECTRON WRIST ROTATOR OTTO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7261	ELECTRON WRIST ROTATOR UTAH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7266	SERVO CONTROL STEEPER OR EQU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7272	ANALOGUE CONTROL UNB OR EQUA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7274	PROPORTIONAL CTL 12 VOLT UTA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L7360	SIX VOLT BAT OTTO BOCK/EQ EA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7362	BATTERY CHRGR SIX VOLT OTTO	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7364	TWELVE VOLT BATTERY UTAH/EQU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7366	BATTERY CHRGR 12 VOLT UTAH/E	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7367	REPLACEMNT LITHIUM IONBATTER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7368	LITHIUM ION BATTERY CHARGER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7400	ADD UE PROST BE/WD, ULTLITE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7401	ADD UE PROST A/E ULTLITE MAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7402	ADD UE PROST S/D ULTLITE MAT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7403	ADD UE PROST B/E ACRYLIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7404	ADD UE PROST A/E ACRYLIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7405	ADD UE PROST S/D ACRYLIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7499	UPPER EXTREMITY PROSTHES NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7500	PROSTHETIC DVC REPAIR HOURLY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7510	PROSTHETIC DEVICE REPAIR REP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7520	REPAIR PROSTHESIS PER 15 MIN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7600	PROSTHETIC DONNING SLEEVE	DME- PA Recommend if billed >\$1,500 purchase
L7611	TERM DEVICE HOOK MECH VOL OPENING PEDIATRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7612	TERM DEVICE HOOK MECH VOL CLOSING PEDIATRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7613	TERM DEVC HAND MECH VOL OPENING PEDIATRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L7614	TERM DEVC HAND MECH VOL CLOSING PEDIATRIC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7621	TERM DEVC HOOK/HAND HEAVY DUTY MECH VOL OPENING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7622	TERM DEVC HOOK/HAND HEAVY DUTY MECH VOL CLOSING	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7900	MALE VACUUM ERECTION SYSTEM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8000	MASTECTOMY BRA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8001	BREAST PROSTHESIS BRA & FORM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8002	BRST PRSTH BRA & BILAT FORM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8010	MASTECTOMY SLEEVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8015	EXT BREASTPROSTHESIS GARMENT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8020	MASTECTOMY FORM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8030	BREAST PROSTHES W/O ADHESIVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8031	BREAST PROSTHESIS W ADHESIVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8032	REUSABLE NIPPLE PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8035	CUSTOM BREAST PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8039	BREAST PROSTHESIS, NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8040	NASAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8041	MIDFACIAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8042	ORBITAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8043	UPPER FACIAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L8044	HEMI-FACIAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8045	AURICULAR PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8046	PARTIAL FACIAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8047	NASAL SEPTAL PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8048	UNSPEC MAXILLOFACIAL PROSTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8049	REPAIR MAXILLOFACIAL PROSTH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8100	GRAD COMPR STOCK BK 18-30 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8110	GRAD COMPR STOCK BK 30-40 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8120	GRAD COMPR STOCK BK 40-50 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8130	GRAD COMPR STOCK THIGH 18-30 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8140	GRAD COMPR STOCK THIGH 30-40 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8150	GRAD COMPR STOCK THIGH 40-50 WEIGHT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8160	GRAD COMPR STOCK FULL LNTH 18-30 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8170	GRAD COMPR STOCK FULL LNTH 30-40 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8180	GRAD COMPR STOCK FULL LNTH 40-50 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8190	GRAD COMPR STOCK WAIST 18-30 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8195	GRAD COMPR STOCK WAIST 30-40 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8200	GRAD COMPR STOCK LEOTARD 40-50 WT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8210	GRAD COMPR STOCK CUSTOM MADE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8220	GRAD COMPR STOCK LYMPHEDEMA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L8230	GRAD COMPR STOCK GARTER BELT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8239	GRAD COMPR SUPPORT, NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8300	TRUSS, SINGLE W/STANDARD PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8310	TRUSS, DOUBLE W/STANDARD PAD	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8320	TRUSS ADDITION TO STD PAD WA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8330	TRUSS ADD TO STD PAD SCROTAL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8400	SHEATH BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8410	SHEATH ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8415	SHEATH UPPER LIMB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8417	PROS SHEATH/SOCK W GEL CUSHN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8420	PROSTHETIC SOCK MULTI PLY BK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8430	PROSTHETIC SOCK MULTI PLY AK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8435	PROS SOCK MULTI PLY UPPER LM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8440	SHRINKER BELOW KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8460	SHRINKER ABOVE KNEE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8465	SHRINKER UPPER LIMB	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8470	PROS SOCK SINGLE PLY BK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8480	PROS SOCK SINGLE PLY AK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8485	PROS SOCK SINGLE PLY UPPER L	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8490	ADD TO PROS SHEATH/SOCK	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo



L8499	UNLISTED MISC PROSTHETIC SER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8500	ARTIFICIAL LARYNX	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8501	TRACHEOSTOMY SPEAKING VALVE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8505	ARTIFICIAL LARYNX, ACCESSORY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8507	TRACH-ESOPH VOICE PROS PT IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8509	TRACH-ESOPH VOICE PROS MD IN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8510	VOICE AMPLIFIER	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8511	INDWELLING TRACH INSERT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8512	GEL CAP FOR TRACH VOICE PROS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8513	TRACH PROS CLEANING DEVICE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8514	REPL TRACH PUNCTURE DILATOR	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8515	GEL CAP APP DEVICE FOR TRACH	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8600	IMPLANT BREAST SILICONE/EQ	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8603	COLLAGEN IMP URINARY 2.5 ML	Possible Cosmetic - PA required
L8606	SYNTHETIC IMPLNT URINARY 1ML	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8609	ARTIFICIAL CORNEA	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8610	OCULAR IMPLANT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8612	AQUEOUS SHUNT PROSTHESIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8613	OSSICULAR IMPLANT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8614	COCHLEAR DEVICE	PA Required

L8615	COCH IMPLANT HEADSET REPLACE	PA Required
L8616	COCH IMPLANT MICROPHONE REPL	PA Required
L8617	COCH IMPLANT TRANS COIL REPL	PA Required
L8618	COCH IMPLANT TRAN CABLE REPL	PA Required
L8619	COCH IMP EXT PROC/CONTR RPLC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8621	REPL ZINC AIR BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8622	REPL ALKALINE BATTERY	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8623	LITH ION BATT CID, NON-EARLVL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8624	LITH ION BATT CID, EAR LEVEL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8627	CID EXT SPEECH PROCESS REPL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8628	CID EXT CONTROLLER REPL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8629	CID TRANSMIT COIL AND CABLE	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8630	METACARPOPHALANGEAL IMPLANT	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8631	MCP JOINT REPL 2 PC OR MORE	PA Required
L8641	METATARSAL JOINT IMPLANT	PA Required
L8642	HALLUX IMPLANT	PA Required
L8658	INTERPHALANGEAL JOINT SPACER	PA Required
L8659	INTERPHALANGEAL JOINT REPL	PA Required
L8670	VASCULAR GRAFT, SYNTHETIC	PA Required
L8679	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR ANY	PA Required
L8680	IMPLT NEUROSTIM ELCTR EACH	PA Required
L8681	PT PRGRM FOR IMPLT NEUROSTIM	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8682	IMPLT NEUROSTIM RADIOFQ REC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8683	RADIOFQ TRSMTR FOR IMPLT NEU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8684	RADIOF TRSMTR IMPLT SCRL NEU	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8685	IMPLT NROSTM PLS GEN SNG REC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo

L8686	IMPLT NROSTM PLS GEN SNG NON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8687	IMPLT NROSTM PLS GEN DUA REC	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8688	IMPLT NROSTM PLS GEN DUA NON	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8689	EXTERNAL RECHARG SYS INTERN	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8690	AUD OSSEO DEV, INT/EXT COMP	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8691	OSSEOINTEGRATED SND PROC RPL	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L8692	NON-OSSEOINTEGRATED SND PROC	DME- PA Recommend if billed >\$1,500 purchase
L8693	AUD OSSEO DEV, ABUTMENT	DME- PA Recommend if billed >\$1,500 purchase
L8695	EXTERNAL RECHARG SYS EXTERN	DME- PA Recommend if billed >\$1,500 purchase
L8696	ANTENNA (EXTERNAL) FOR IMPL DIAPHRAGMATIC/PHRENIC NERVE STIM DEVICE,	DME- PA Recommend if billed >\$1,500 purchase
L8699	PROSTHETIC IMPLANT,NOS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
L9900	O&P SUPPLY/ACCESSORY/SERVICE	Exclusion DME Member Contract
L9999	SALES TAS,ORTHOTIC/PROSTHETIC/OTHER	Excluded per Member Contract
Q0515	SERMORELIN ACETATE INJECTION	Growth Hormone PA required
Q2026	RADIESSE INJECTION 0.1 ML	Cosmetic- Not covered
Q2027	SCULPTRA INJECTION	Cosmetic- Not covered
Q2051	Injection, zoledronic acid, not otherwise specified, 1mg	Medical Pharmacy- PA Required if >\$1,000
Q2052	Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	Medical Pharmacy- PA Required if >\$1,000
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	Medical Pharmacy- PA Required if >\$1,000
Q5102	Injection, infliximab, biosimilar, 10 mg	Medical Pharmacy- PA Required if >\$1,000
Q9978	Netupitant 300 mg and palonosetron 0.5 mg	Medical Pharmacy- PA Required if >\$1,000
S0014	Tacrine hydrochloride, 10 mg	Medical Pharmacy Not covered
S0017	Injection, aminocaproic acid, 5 grams	Medical Pharmacy Not covered
S0023	Injection, cimetidine hydrochloride, 300 mg	Medical Pharmacy Not covered
S0088	Imatinib, 100 mg	Medical Pharmacy Not covered
S0090	Sildenafil citrate, 25 mg	Medical Pharmacy Not covered
S0104	Zidovudine, oral, 100 mg	Medical Pharmacy Not covered
S0106	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	Medical Pharmacy Not covered
S0108	Mercaptopurine, oral, 50 mg	Medical Pharmacy Not covered
S0117	Tretinoin, topical, 5 grams	Medical Pharmacy Not covered
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	Medical Pharmacy Not covered

S0122	Injection, menotropins, 75 IU	Excluded- Fertility
S0126	Injection, follitropin alfa, 75 IU	Excluded- Fertility
S0128	Injection, follitropin beta, 75 IU	Excluded- Fertility
S0132	Injection, ganirelix acetate, 250 mcg	Excluded- Fertility
S0136	Clozapine, 25 mg	Medical Pharmacy Not covered
S0138	Finasteride, 5 mg	Medical Pharmacy Not covered
S0139	Minoxidil, 10 mg	Medical Pharmacy Not covered
S0140	Saquinavir, 200 mg	Medical Pharmacy Not covered
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Medical Pharmacy- PA Recommended
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	Medical Pharmacy- PA Recommended
S0156	Exemestane, 25 mg	Medical Pharmacy Not covered
S0157	Becaplermin gel 0.01%, 0.5 gm	Medical Pharmacy Not covered
S0160	Dextroamphetamine sulfate, 5 mg	Medical Pharmacy Not covered
S0164	Injection, pantoprazole sodium, 40 mg	Medical Pharmacy Not covered
S0166	Injection, olanzapine, 2.5 mg	Medical Pharmacy Not covered
S0169	Calcitrol, 0.25 microgram	Medical Pharmacy Not covered
S0170	Anastrozole, oral, 1 mg	Medical Pharmacy Not covered
S0171	Injection, bumetanide, 0.5 mg	Medical Pharmacy Not covered
S0172	Chlorambucil, oral, 2 mg	Medical Pharmacy Not covered
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare	Medical Pharmacy Not covered
S0175	Flutamide, oral, 125 mg	Medical Pharmacy Not covered
S0176	Hydroxyurea, oral, 500 mg	Medical Pharmacy Not covered
S0177	Levamisole hydrochloride, oral, 50 mg	Medical Pharmacy Not covered
S0178	Lomustine, oral, 10 mg	Medical Pharmacy Not covered
S0179	Megestrol acetate, oral, 20 mg	Medical Pharmacy Not covered
S0182	Procarbazine hydrochloride, oral, 50 mg	Medical Pharmacy Not covered
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)	Medical Pharmacy Not covered
S0187	Tamoxifen citrate, oral, 10 mg	Medical Pharmacy Not covered
S0189	Testosterone pellet, 75 mg	Medical Pharmacy- PA Recommended
S0190	Mifepristone, oral, 200 mg	Medical Pharmacy Not covered
S0191	Misoprostol, oral, 200 mcg	Medical Pharmacy Not covered
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	Medical Pharmacy Not covered
S0596	Phakic intraocular lens for correction of refractive error	Excluded Lasix, PRK- per member contract
S0800	Laser in situ keratomileusis (LASIK)	Excluded Lasix, PRK- per member contract
S0810	Photorefractive keratectomy (PRK)	Excluded Lasix, PRK- per member contract
S0812	Phototherapeutic keratectomy (PTK)	Excluded Lasix, PRK- per member contract
S1040	CRANIAL REMOLDING ORTHOSIS	DME- PA Recommend if billed >\$1,500 purchase or \$200 mo
S2054	TRANSPLANTATION OF MULTIVISC	Transplant- PA required

S2055	HARVESTING OF DONOR MULTIVIS	Transplant- PA required
S2060	LOBAR LUNG TRANSPLANTATION	Transplant- PA required
S2061	DONOR LOBECTOMY (LUNG)	Transplant- PA required
S2065	SIMULT PANC KIDN TRANS	Transplant- PA required
S2083	ADJUSTMENT GASTRIC BAND	Gastric Bypass- PA Required ID, Excluded Montana
S2142	CORD BLOOD-DERIVED STEM-CELL	Transplant- PA required
S2150	BMT HARV/TRANSPL 28D PKG	Transplant- PA required
S2900	ROBOTIC SURGICAL SYSTEM	Not covered in addition to surgery- Cost of robot
S3800	GENETIC TESTING ALS	Genetic Testing- PA Recommended
S3840	DNA ANALYSIS RET-ONCOGENE	Genetic Testing- PA Recommended
S3841	GENE TEST RETINOBLASTOMA	Genetic Testing- PA Recommended
S3842	GENE TEST HIPPEL-LINDAU	Genetic Testing- PA Recommended
S3844	DNA ANALYSIS DEAFNESS	Genetic Testing- PA Recommended
S3845	GENE TEST ALPHA-THALASSEMIA	Genetic Testing- PA Recommended
S3846	GENE TEST BETA-THALASSEMIA	Genetic Testing- PA Recommended
S3849	GENE TEST NIEMANN-PICK	Genetic Testing- PA Recommended
S3850	GENE TEST SICKLE CELL	Genetic Testing- PA Recommended
S3852	DNA ANALYSIS APOE ALZHEIMER	Genetic Testing- PA Recommended
S3853	GENE TEST MYO MUSCLR DYST	Genetic Testing- PA Recommended
S3861	GENETIC TEST BRUGADA	Genetic Testing- PA Recommended
S3865	COMP GENET TEST HYP CARDIOMY	Genetic Testing- PA Recommended
S3866	SPEC GENE TEST HYP CARDIOMY	Genetic Testing- PA Recommended
S3870	CGH TEST DEVELOPMENTAL DELAY	Genetic Testing- PA Recommended
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	Excluded- Fertility
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	Excluded- Fertility
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	Excluded- Fertility
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	Excluded- Fertility
S4016	Frozen in vitro fertilization cycle, case rate	Excluded- Fertility
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Excluded- Fertility
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	Excluded- Fertility
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	Excluded- Fertility
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	Excluded- Fertility
S4022	Assisted oocyte fertilization, case rate	Excluded- Fertility
S4023	Donor egg cycle, incomplete, case rate	Excluded- Fertility
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	Excluded- Fertility

S4026	Procurement of donor sperm from sperm bank	Excluded- Fertility
S4027	Storage of previously frozen embryos	Excluded- Fertility
S4028	Microsurgical epididymal sperm aspiration (MESA)	Excluded- Fertility
S4030	Sperm procurement and cryopreservation services; initial visit	Excluded- Fertility
S4031	Sperm procurement and cryopreservation services; subsequent visit	Excluded- Fertility
S4037	Cryopreserved embryo transfer, case rate	Excluded- Fertility
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	Excluded- Fertility
S5100	Day care services, adult; per 15 minutes	Excluded per Member Contract
S5101	Day care services, adult; per half day	Excluded per Member Contract
S5102	Day care services, adult; per diem	Excluded per Member Contract
S5105	Day care services, center-based; services not included in program fee, per diem	Excluded per Member Contract
S5120	Chore services; per 15 minutes	Excluded per Member Contract
S5121	Chore services; per diem	Excluded per Member Contract
S5125	Attendant care services; per 15 minutes	Excluded per Member Contract
S5126	Attendant care services; per diem	Excluded per Member Contract
S5130	Homemaker service, NOS; per 15 minutes	Excluded per Member Contract
S5131	Homemaker service, NOS; per diem	Excluded per Member Contract
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	Excluded per Member Contract
S5136	Companion care, adult (e.g., IADL/ADL); per diem	Excluded per Member Contract
S5140	Foster care, adult; per diem	Excluded per Member Contract
S5141	Foster care, adult; per month	Excluded per Member Contract
S5150	Foster care, therapeutic, child; per month	Excluded per Member Contract
S5151	Unskilled respite care, not hospice; per 15 minutes	Excluded per Member Contract
S5170	Home delivered meals, including preparation; per meal	Excluded per Member Contract
S5175	Laundry service, external, professional; per order	Excluded per Member Contract
S8030	TANTALUM RING APPLICATION	PA Recommended
S8035	Magnetic source imaging	MRI- PA recommended except cancer diagnosis
S8037	Magnetic Resonance Cholangiopancreatography (MRCP)	MRI- PA recommended except cancer diagnosis
S8042	Magnetic Resonance Imaging (MRI), Low-field	MRI- PA recommended except cancer diagnosis
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	Not Covered- Considered Investigational
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	Not Covered- Considered Investigational
S9001	HOME UTERINE MONITOR WITH OR	Not Covered- Considered Investigational
S9090	VERTEBRAL AXIAL DECOMPRESSIO	Not Covered- Considered Investigational
S9125	RESPITE CARE, IN THE HOME, P	Respite- Non-covered
S9558	HT INJ GROWTH HORM DIEM	Growth Hormone PA required
T1005	RESPITE CARE SERVICE 15 MIN	Respite- Non-covered
T2042	HOSPICE ROUTINE HOME CARE	PA Required

T2044	HOSPICE RESPITE CARE	Respite- Non-covered
V5010	Assessment for hearing aid	Hearing Aid Excluded Per Member Contract
V5011	Fitting/orientation/checking of hearing aid	Hearing Aid Excluded Per Member Contract
V5014	Repair/modification of a hearing aid	Hearing Aid Excluded Per Member Contract
V5020	Conformity evaluation	Hearing Aid Excluded Per Member Contract
V5030	Hearing aid, monaural, body worn, air conduction	Hearing Aid Excluded Per Member Contract
V5040	Hearing aid, monaural, body worn, bone conduction	Hearing Aid Excluded Per Member Contract
V5050	Hearing aid, monaural, in the ear	Hearing Aid Excluded Per Member Contract
V5060	Hearing aid, monaural, behind the ear	Hearing Aid Excluded Per Member Contract
V5070	Glasses, air conduction	Hearing Aid Excluded Per Member Contract
V5080	Glasses, bone conduction	Hearing Aid Excluded Per Member Contract
V5090	Dispensing fee, unspecified hearing aid	Hearing Aid Excluded Per Member Contract
V5095	Semi-implantable middle ear hearing prosthesis	Hearing Aid Excluded Per Member Contract
V5100	Hearing aid, bilateral, body worn	Hearing Aid Excluded Per Member Contract
V5110	Dispensing fee, bilateral	Hearing Aid Excluded Per Member Contract
V5120	Binaural, body	Hearing Aid Excluded Per Member Contract
V5130	Binaural, in the ear	Hearing Aid Excluded Per Member Contract
V5140	Binaural, behind the ear	Hearing Aid Excluded Per Member Contract
V5150	Binaural, glasses	Hearing Aid Excluded Per Member Contract
V5160	Dispensing fee, binaural	Hearing Aid Excluded Per Member Contract
V5170	Hearing aid, cros, in the ear	Hearing Aid Excluded Per Member Contract
V5180	Hearing aid, cros, behind the ear	Hearing Aid Excluded Per Member Contract
V5190	Hearing aid, cros, glasses	Hearing Aid Excluded Per Member Contract
V5200	Dispensing fee, cros	Hearing Aid Excluded Per Member Contract
V5210	Hearing aid, bicros, in the ea	Hearing Aid Excluded Per Member Contract
V5220	Hearing aid, bicros, behind the ear	Hearing Aid Excluded Per Member Contract
V5230	Hearing aid, bicros, glasses	Hearing Aid Excluded Per Member Contract
V5240	Dispensing fee, bicros	Hearing Aid Excluded Per Member Contract
V5241	Dispensing fee, monaural hearing aid, any type	Hearing Aid Excluded Per Member Contract
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	Hearing Aid Excluded Per Member Contract
V5243	Hearing aid, analog, monaural, itc (in the canal)	Hearing Aid Excluded Per Member Contract
V5244	Hearing aid, digitally programmable analog, monaural, cic	Hearing Aid Excluded Per Member Contract
V5245	Hearing aid, digitally programmable, analog, monaural, itc	Hearing Aid Excluded Per Member Contract
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	Hearing Aid Excluded Per Member Contract
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	Hearing Aid Excluded Per Member Contract
V5248	Hearing aid, analog, binaural, cic	Hearing Aid Excluded Per Member Contract
V5249	HEARING AID, BINAURAL, ITC	Excluded- Hearing Aid- per member contract
V5250	HEARING AID, PROG, BIN, CIC	Excluded- Hearing Aid- per member contract
V5251	HEARING AID, PROG, BIN, ITC	Excluded- Hearing Aid- per member contract
V5252	HEARING AID, PROG, BIN, ITE	Excluded- Hearing Aid- per member contract

V5253	HEARING AID, PROG, BIN, BTE	Excluded- Hearing Aid- per member contract
V5254	HEARING ID, DIGIT, MON, CIC	Excluded- Hearing Aid- per member contract
V5255	HEARING AID, DIGIT, MON, ITC	Excluded- Hearing Aid- per member contract
V5256	HEARING AID, DIGIT, MON, ITE	Excluded- Hearing Aid- per member contract
V5257	HEARING AID, DIGIT, MON, BTE	Excluded- Hearing Aid- per member contract
V5258	HEARING AID, DIGIT, BIN, CIC	Excluded- Hearing Aid- per member contract
V5259	HEARING AID, DIGIT, BIN, ITC	Excluded- Hearing Aid- per member contract
V5260	HEARING AID, DIGIT, BIN, ITE	Excluded- Hearing Aid- per member contract
V5261	HEARING AID, DIGIT, BIN, BTE	Excluded- Hearing Aid- per member contract
V5262	HEARING AID, DISP, MONAURAL	Excluded- Hearing Aid- per member contract
V5263	HEARING AID, DISP, BINAURAL	Excluded- Hearing Aid- per member contract
V5264	EAR MOLD/INSERT	Excluded- Hearing Aid- per member contract
V5265	EAR MOLD/INSERT, DISP	Excluded- Hearing Aid- per member contract
V5266	BATTERY FOR HEARING DEVICE	Excluded- Hearing Aid- per member contract
V5267	HEARING AID SUPPLY/ACCESSORY	Excluded- Hearing Aid- per member contract
V5268	ALD TELEPHONE AMPLIFIER	Excluded- Hearing Aid- per member contract
V5269	ALERTING DEVICE, ANY TYPE	Excluded- Hearing Aid- per member contract
V5270	Assistive listening device, television amplifier, any type	Non-Medical Device Excluded per Member Contract
V5271	Assistive listening device, television caption decoder	Non-Medical Device Excluded per Member Contract
V5272	Assistive listening device, tdd	Non-Medical Device Excluded per Member Contract
V5273	Assistive listening device, for use with cochlear implant	Non-Medical Device Excluded per Member Contract
V5274	Assistive listening device, not otherwise specified	Non-Medical Device Excluded per Member Contract
V5275	Ear impression, each	Non-Medical Device Excluded per Member Contract
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	Non-Medical Device Excluded per Member Contract
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	Non-Medical Device Excluded per Member Contract
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	Non-Medical Device Excluded per Member Contract
V5284	Assistive listening device, personal fm/dm, ear level receiver	Non-Medical Device Excluded per Member Contract
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	Non-Medical Device Excluded per Member Contract



V5286	Assistive listening device, personal blue tooth fm/dm receiver	Non-Medical Device Excluded per Member Contract
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Non-Medical Device Excluded per Member Contract
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	Non-Medical Device Excluded per Member Contract
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Non-Medical Device Excluded per Member Contract
V5290	Assistive listening device, transmitter microphone, any type	Non-Medical Device Excluded per Member Contract
V5298	Hearing aid, not otherwise classified	Hearing Aid Excluded Per Member Contract
V5299	Hearing service, miscellaneous	Hearing Aid Excluded Per Member Contract