CODE	DESCRIPTION	MAXPMT RO	RENT UN	ITS BR	PA LIMITS
A4217	STERILE WATER/SALINE, 500 ML	2.43	0.00	1	31 PER MONTH
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION	17.32	0.00	1	52 PER YEAR
A4222	CATHETER, PER WEEK (LIST DRUG SEPARATELY) INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP.	34.39	0.00	7	MEDICAL NECESSITY UP
H4222	PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)	34.39	0.00	,	TO 365 PER YEAR MAX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	4.85	0.00	3	36 PER YEAR
A4255	PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER	2.99	0.00	1	2 PER MONTH
A 4050	BOX NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS	0.00	0.00		4 PER YEAR
A4256 A4265	PARAFFIN, PER POUND	3.88	0.00	6	72 PER YEAR
A4203 A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT	4.03	0.00	2	24 PER YEAR
A4310	CATHETER (ACCESSORIES ONLY)	4.03	0.00	2	24 FER TEAR
A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER OR HYDROPHILIC, ETC.)	10.67	0.00	2	24 PER YEAR
A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10.67	0.00	2	24 PER YEAR
A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS	10.67	0.00	2	24 PER YEAR
A4320	IRRIGATION IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE	4.90	0.00	31	372 PER YEAR
A4322	IRRIGATION SYRINGE, BULB OR PISTON, EACH	2.15	0.00	31	372 PER YEAR
A4326	MALE EXTERNAL CATHETER SPECIALTY TYPE WITH	8.34	0.00	31	372 PER YEAR
A4327	INTEGRAL COLLECTION CHAMBER, EACH FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL	16.10	0.00	1	1 PER YEAR
A4328	CUP, EACH FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH,	5.00	0.00	2	24 PER YEAR
A4330	EACH PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE,	5.19	0.00	31	372 PER YEAR
A 422E	EACH INCONTINENCE SUPPLY; MISCELLANEOUS	10.40	0.00	1	12 PER YEAR
A4335 A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX	19.40 6.16	0.00	3	36 PER YEAR
H4336	WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH	0.10	0.00		
A4340	INDWELLING CATHETER; SPECIALTY TYPE, EG; COUDE, MUSHROOM, WING, ETC.), EACH	6.69	0.00	3	36 PER YEAR
A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH	5.34	0.00	3	36 PER YEAR
A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	8.73	0.00	3	36 PER YEAR
A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	3.88	0.00	3	36 PER YEAR
A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY CATHETER, EACH	2.52	0.00	4	48 PER YEAR
A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	34.92	0.00	1	1 PER YEAR
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	7.76	0.00	1	2 PER YEAR
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	0.34	0.00	150	1800 PER YEAR
A4565	SLINGS	5.34	0.00	1	1 PER MEDICAL EVENT
A4570	SPLINT	10.67	0.00	1	1 PER MEDICAL EVENT
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY	33.95	0.00	1	1 PER YEAR
A5102	PATIENT BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, BIGID OR EXPANDABLE FACEL	6.69	0.00	1	2 PER YEAR
A5105	RIGID OR EXPANDABLE, EACH URINARY SUSPENSORY WITH LEG BAG, WITH OR WITHOUT TUBE, EACH	14.40	0.00	1	2 PER YEAR
A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	4.48	0.00	1	4 PER YEAR
A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	5.53	0.00	1	4 PER YEAR
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD	0.63	0.00	20	240 PER YEAR
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	8.62	0.00	3	3 PER MONTH
A6154	WOUND POUCH, EACH	10.64	0.00	15	15 PER MONTH
A6196	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	5.61	0.00	31	31 PER MONTH
A6197	ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	12.50	0.00	31	31 PER MONTH

A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	7.25	0.00	31	31 PER MONTH
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15.87	0.00	31	31 PER MONTH
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	26.62	0.00	31	31 PER MONTH
A6203	COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	2.56	0.00	31	31 PER MONTH
A6204	COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER. EACH DRESSING	4.76	0.00	31	31 PER MONTH
A6207	CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ.IN., EACH DRESSING	5.60	0.00	31	31 PER MONTH
A6209	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.72	0.00	31	31 PER MONTH
A6210	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	15.20	0.00	31	31 PER MONTH
A6211	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	22.40	0.00	31	31 PER MONTH
A6212	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.40	0.00	31	31 PER MONTH
A6214	FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.86	0.00	31	31 PER MONTH
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.04	0.00	200	200 PER MONTH
A6219	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.73	0.00	62	62 PER MONTH
A6220	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	1.97	0.00	62	62 PER MONTH
A6222	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.63	0.00	31	31 PER MONTH
A6223	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	1.84	0.00	31	31 PER MONTH
A6224	GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.76	0.00	31	31 PER MONTH
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.75	0.00	31	31 PER MONTH
A6234	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	5.00	0.00	31	31 PER MONTH
A6235	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	12.84	0.00	31	31 PER MONTH
A6236	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	20.80	0.00	31	31 PER MONTH
A6237	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	6.04	0.00	31	31 PER MONTH
A6238	HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	17.40	0.00	31	31 PER MONTH
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE	9.35	0.00	31	31 PER MONTH
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM	1.96	0.00	31	31 PER MONTH
A6242	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	4.63	0.00	31	31 PER MONTH
A6243	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	9.40	0.00	31	31 PER MONTH

A6244	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	29.95	0.00	31	31 PER MONTH
A6245	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	5.55	0.00	31	31 PER MONTH
A6246	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	7.55	0.00	31	31 PER MONTH
A6247	HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	18.15	0.00	31	31 PER MONTH
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	12.40	0.00	15	15 PER MONTH
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	1.52	0.00	31	31 PER MONTH
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ.IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	2.48	0.00	31	31 PER MONTH
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ.IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	4.84	0.00	31	31 PER MONTH
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0.90	0.00	31	31 PER MONTH
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH	2.32	0.00	31	31 PER MONTH
A6258	TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	3.28	0.00	31	31 PER MONTH
A6259	TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	8.35	0.00	31	31 PER MONTH
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD	1.45	0.00	31	31 PER MONTH
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	0.10	0.00	200	200 PER MONTH
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	0.33	0.00	200	200 PER MONTH
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON- KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40	0.00	31	31 PER MONTH
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40	0.00	31	31 PER MONTH
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	0.40	0.00	31	31 PER MONTH
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.40	0.00	31	31 PER MONTH
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES. PER YARD	0.40	0.00	31	31 PER MONTH
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50	0.00	31	31 PER MONTH
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	0.50	0.00	31	31 PER MONTH
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50	0.00	31	31 PER MONTH
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50	0.00	31	31 PER MONTH
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	0.50	0.00	31	31 PER MONTH

A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	9.10	0.00	31	31 PER MONTH
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE. ADMINISTRATION SET	8.60	0.00	31	31 PER MONTH
B4081	NASOGASTRIC TUBING WITH STYLET	14.55	0.00	8	96 PER YEAR
B4082	NASOGASTRIC TUBING WITHOUT STYLET	11.64	0.00	8	96 PER YEAR
B4083	STOMACH TUBE - LEVINE TYPE	1.46	0.00	15	180 PER YEAR
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.78	0.00	930	930 PER MONTH
B4160 SC	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.78	0.00	930	930 PER MONTH
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.00	0.00	930 BR	930 PER MONTH
B4161 SC	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.00	0.00	930 BR	930 PER MONTH
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERIETED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT	0.00	0.00	930 BR	930 PER MONTH
B4162 SC	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERIETED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED ORALLY, 100 CALORIES = 1 UNIT	0.00	0.00	930 BR	930 PER MONTH
B9000	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM	0.00 RO	82.45	1	MEDICAL NECESSITY
B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	0.00 RO	82.45	1	MEDICAL NECESSITY
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	0.00 RO	82.45	1	MEDICAL NECESSITY
B9998	NOC FOR ENTERAL SUPPLIES	6.79	0.00	10	120 PER YEAR
E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	150.40	15.04	1	1 PER 3 YEARS
E0184	DRY PRESSURE MATTRESS	276.50	27.65	1	1 PER 3 YEARS
E0186	AIR PRESSURE MATTRESS	184.30	0.00	1	1 PER 3 YEARS
E0187	WATER PRESSURE MATTRESS	184.30	0.00	1	1 PER 3 YEARS
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	77.60	0.00	1	1 PER 2 YEARS
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR	26.39	0.00	1	1 PER 3 YEARS
E0191	SIZE HEEL OR ELBOW PROTECTOR, EACH	6.79	0.00	2	4 PER YEAR
E0196	GEL PRESSURE MATTRESS	184.30	0.00	1	1 PER 3 YEARS
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	0.00 RO	42.68	1	1 PER MEDICAL EVENT (UP TO 5 DAYS)
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	38.80	0.00	1	1 PER LIFETIME
E0215	ELECTRIC HEAT PAD, MOIST	16.49	0.00	1	1 PER LIFETIME
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	322.02	0.00	1	1 PER 5 YEARS
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	116.40	11.64	1	1 PER 8 YEARS
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	25.71	0.00	1	1 PER YEAR
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1071.85	0.00	1	1 PER 8 YEARS
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1343.45	0.00	1	1 PER 8 YEARS
E0305	BED SIDE RAILS, HALF LENGTH	105.73	0.00	1	1 PER 8 YEARS
E0310	BED SIDE RAILS, FULL LENGTH	105.73	0.00	1	1 PER 8 YEARS
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE,	82.45	0.00	1	1 PER 8 YEARS

2011 DME and Medical Supply Services Provider Fee Schedule for Recipients Under Age 21

E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	3500.00	0.00	1	PA 1 PER 5 YEARS
E0370	AIR PRESSURE ELEVATOR FOR HEEL	19.92	0.00	1	2 PER 2 YEARS
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS, NON-INVASIVE	0.00	95.00	1	MEDICAL NECESSITY
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	0.00 RO	6.15	1	MEDICAL NECESSITY
E0619	APNEA MONITOR, WITH RECORDING FEATURE	0.00 RO	6.15	1	MEDICAL NECESSITY
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	58.20	0.00	1	1 PER 4 YEARS
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)	664.50	66.45	1	1 PER 8 YEARS
E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	664.50	66.45	1	1 PER 8 YEARS
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL	485.00	48.50	1	1 PER 8 YEARS
E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITHOUT CALIBRATED GRADIENT PRESSURE	941.90	94.19	1	1 PER 8 YEARS
E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE	3689.90	368.99	1	1 PER 8 YEARS
E0655	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	73.72	0.00	1	2 PER YEAR
0660	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	67.90	0.00	1	2 PER YEAR
0665	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	67.90	0.00	1	2 PER YEAR
E0666	NON-SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	101.37	0.00	1	2 PER YEAR
0667	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	395.76	0.00	1	2 PER YEAR
E0668	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	395.76	0.00	1	2 PER YEAR
0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	810.00	81.00	1	MEDICAL NECESSITY
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	717.80	71.78	1	MEDICAL NECESSITY
0776	IV POLE	106.70	10.67	1	1 PER 8 YEARS
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	0.00 RO	11.74	1	MEDICAL NECESSITY
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	0.00 RO	7.91	1	MEDICAL NECESSITY
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT	0.00 RO	9.41	1	MEDICAL NECESSITY
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	0.00 RO	5.82	1	MEDICAL NECESSITY
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION	63.05	0.00	1	1 PER LIFETIME

EBB70 TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY 63.05 0.00 1 1 PER LIFET TRACTION, (E.G. BUCKS) 1 1 PER LIFET 1						
TRACTION, (E.G., BUCKS) 60890 TRACTION STAND, FREE STANDING, EXTREMITY TRACTION, 70.81 0.00 1 PPER LIFET (E.G., BUCKS) 6090 TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC 44.62 0.00 1 PPER LIFET (FRACTION) 6090 TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC 44.62 0.00 1 PPER LIFET (FRACTION) 6090 TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION, 77.60 0.00 1 PPER LIFET (FRACTION) 6090 TRACTION FRAME, ATTACHED TO BED, INCLUDES WEIGHTS 354.10 35.41 1 PER LIFET (FRAME) 6090 FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS 354.10 35.41 1 PRE LIFET (FRAME) 60930 FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS 354.10 35.41 1 PRE LIFET (FRAME) 60930 FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS 354.10 35.41 1 PRE LIFET (FRAME) 60930 FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS 354.10 35.41 1 PRE MEDI (FRAME) 60940 CERVICAL HEAD HARNESSHAUTER 15.52 0.00 1 PPER MEDI (FRAME) 60941 PELVIC BELTHARNESS FROOT 12.13 0.00 1 PPER MEDI (FRAME) 60942 CERVICAL HEAD HARNESSHAUTER 15.52 0.00 1 PPER MEDI (FRAME) 60945 FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC 217.80 21.78 1 PER MEDI (FRAME) 60946 FRACTURE FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRE MEDI (FRAME) 60947 FRACTURE FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRA PER MEDI (FRAME) 60948 FRACTURE FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRA PER MEDI (FRAME) 60949 FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRA PER MEDI (FRAME) 61050 HEMBOURD (FRAME) FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRA PER MEDI (FRAME) 61050 HEMBOURD (FRAME) FRAME, ATTACHMENTS FOR COMPLEX 209.50 20.95 1 PRA PER MEDI (FRAME) FRAME	E0850	TRACTION STAND, FREE STANDING, CERVICAL TRACTION	73.72	0.00	1	1 PER LIFETIME
FRACTION STAND, FREE STANDING, EXTREMITY TRACTION,	E0870		63.05	0.00	1	1 PER LIFETIME
E0890	E0880	TRACTION STAND, FREE STANDING, EXTREMITY TRACTION,	70.81	0.00	1	1 PER LIFETIME
E0900	E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC	44.62	0.00	1	1 PER LIFETIME
E0920	E0900	TRACTION STAND, FREE STANDING, PELVIC TRACTION,	77.60	0.00	1	1 PER LIFETIME
E0935 PASSIVE MOTION EXERCISE DEVICE	E0920		354.10	35.41	1	1 PER LIFETIME
EVENT	E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	354.10	35.41	1	1 PER LIFETIME
E0944 PELVICAL HEAD HARNESSHALTER	E0935	PASSIVE MOTION EXERCISE DEVICE	0.00 RO	13.57	1	21 DAYS PER MEDICAL EVENT
E0945 EXTREMITY BELTHARNESS 15.04 0.00 1 1 1 1 1 1 1 1 1	E0942	CERVICAL HEAD HARNESS/HALTER	15.52	0.00	1	1 PER MEDICAL EVENT
E0947 FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC 217.80 21.78 1 1 1 1 1 1 1 1 1	E0944	PELVIC BELT/HARNESS/BOOT	12.13	0.00	1	1 PER MEDICAL EVENT
E0947	E0945	EXTREMITY BELT/HARNESS	15.04	0.00	1	1 PER MEDICAL EVENT
E0948		FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC				1 PER MEDICAL EVENT
E1080 WHEELCHAIR ACCESSORY, VENTILATOR TRAY GIMBALED 932.21 0.00 1 PA 1 PER 4 YE/F E1085 HEMI-WHEELCHAIR, FIXED FUIL LENGTH ARMS, SWING 489.90 489.90 1 1 PR 5 YE/F ANAY DETACHABLE FOOT RESTS 489.90 1 1 PR 7 YE/F ANAY DETACHABLE FOOT RESTS 489.90 1 1 PR 7 YE/F ANAY DETACHABLE FOOT RESTS 489.90 1 1 PR 8 YE/F E1231 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, 1892.87 0.00 1 PA 1 PER 5 YE/F ADJUSTABLE, WITH SEATING SYSTEM 1710-SPACE, RIGID, 1710.73 0.00 1 PA 1 PER 5 YE/F E1232 WHEELCHAIR, PEDIATRIC SIZE, ILT-IN-SPACE, FOLDING, 1772.58 0.00 1 PA 1 PER 5 YE/F ADJUSTABLE, WITH SEATING SYSTEM 1 PR 1 PER 5 YE/F E1233 WHEELCHAIR, PEDIATRIC SIZE, ILT-IN-SPACE, FOLDING, 1543.16 0.00 1 PA 1 PER 5 YE/F E1234 WHEELCHAIR, PEDIATRIC SIZE, ILT-IN-SPACE, FOLDING, 1543.16 0.00 1 PA 1 PER 5 YE/F E1235 WHEELCHAIR, PEDIATRIC SIZE, ILT-IN-SPACE, FOLDING, 1543.16 0.00 1 PA 1 PER 5 YE/F E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH 1485.94 0.00 1 PA 1 PER 5 YE/F E1236 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, 1310.98 0.00 1 PA 1 PER 5 YE/F WITH SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F E1237 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING SYSTEM 1322.44 0.00 1 PA 1 PER 5 YE/F WITHOUT SEATING	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX	209.50	20.95	1	1 PER MEDICAL EVENT
AWAY DETACHABLE FOOT RESTS	E1030		932.21	0.00	1	PA 1 PER 4 YEARS
ADJUSTABLE, WITH SEATING SYSTEM	E1085		489.90	48.99	1	1 PER 5 YEARS
ADJUSTABLE, WITH SEATING SYSTEM	E1231		1892.87	0.00	1	PA 1 PER 5 YEARS
ADJUSTABLE, WITHOUT SEATING SYSTEM	E1232		1710.73	0.00	1	PA 1 PER 5 YEARS
ADJUSTABLE, WITHOUT SEATING SYSTEM E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH	E1233	- , - , - , - , - , - , - , - , - , - ,	1772.58	0.00	1	PA 1 PER 5 YEARS
SEATING SYSTEM	E1234		1543.16	0.00	1	PA 1PER 5 YEARS
WITH SEATING SYSTEM	E1235		1485.94	0.00	1	PA 1 PER 5 YEARS
### BET238 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, 1378.84 0.00 1 PA 1 PER 5 YEA	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE,	1310.98	0.00	1	PA 1 PER 5 YEARS
WITHOUT SEATING SYSTEM	E1237		1322.44	0.00	1	PA 1 PER 5 YEARS
DEVICE, INCLUDES SOFT INTERFACE MATERIAL	E1238	WITHOUT SEATING SYSTEM	1378.84	0.00	1	PA 1 PER 5 YEARS
DEVICE, INCLUDES SOFT INTERFACE MATERIAL	E1800		73.50	0.00	2	2 PER 2 YEARS
INCLUDES SOFT INTERFACE MATERIAL	E1805		75.50	0.00	2	2 PER 2 YEARS
ADJUSTABLE EXTENSION/FLEXION DEVICE	E1815		75.50	0.00	2	2 PER 2 YEARS
DEVICE, INCLUDES SOFT INTERFACE MATERIAL E1830 DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE, 75.50 0.00 2 2 PER 2 YEA INCLUDES SOFT INTERFACE MATERIAL L3201 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR 36.38 0.00 2 3 PAIR PER PRONATOR, INFANT L3202 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR 36.38 0.00 2 3 PAIR PER PRONATOR, CHILD L3203 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR 36.38 0.00 2 3 PAIR PER PRONATOR, JUNIOR L3204 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 34.92 0.00 2 3 PAIR PER PRONATOR, INFANT L3206 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 41.71 0.00 2 3 PAIR PER PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 41.71 0.00 2 3 PAIR PER PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 52.38 0.00 2 3 PAIR PER PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 52.38 0.00 2 3 PAIR PER PRONATOR, JUNIOR	E1820	· · · · · · · · · · · · · · · · · · ·	6.06	0.00	8	8 PER YEAR
INCLUDES SOFT INTERFACE MATERIAL	E1825		75.50	0.00	2	2 PER 2 YEARS
PRONATOR, INFANT	E1830	,	75.50	0.00	2	2 PER 2 YEARS
L3202 ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR	36.38	0.00	2	3 PAIR PER YEAR
PRONATOR, JUNIOR L3204 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT L3206 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR PRONATOR, JUNIOR	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR	36.38	0.00	2	3 PAIR PER YEAR
L3204 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 34.92 0.00 2 3 PAIR PER PRONATOR, INFANT L3206 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 41.71 0.00 2 3 PAIR PER PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 52.38 0.00 2 3 PAIR PER PRONATOR, JUNIOR	L3203		36.38	0.00	2	3 PAIR PER YEAR
L3206 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 41.71 0.00 2 3 PAIR PER PRONATOR, CHILD L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 52.38 0.00 2 3 PAIR PER PRONATOR, JUNIOR	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR	34.92	0.00	2	3 PAIR PER YEAR
L3207 ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR 52.38 0.00 2 3 PAIR PER PRONATOR, JUNIOR	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR	41.71	0.00	2	3 PAIR PER YEAR
	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR	52.38	0.00	2	3 PAIR PER YEAR
	L3208		17.46	0.00	2	2 PER FOOT PER YEAR
L3209 SURGICAL BOOT, EACH, CHILD 17.46 0.00 2 2 PER FOOT	L3209	SURGICAL BOOT, EACH, CHILD	17.46	0.00	2	2 PER FOOT PER YEAR
L3211 SURGICAL BOOT, EACH, JUNIOR 19.40 0.00 2 2 PER FOOT	L3211	SURGICAL BOOT, EACH, JUNIOR	19.40	0.00	2	2 PER FOOT PER YEAR

	The codes listed below are for	recipients 4 to 2	0 years of age						
	Any combination of these codes can be billed but only up to 200 units.*								
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	0.63	0.00	200	UP TO 200 PER MONTH				
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	0.69	0.00	200	UP TO 200 PER MONTH				
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	0.80	0.00	200	UP TO 200 PER MONTH				
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	0.90	0.00	200	UP TO 200 PER MONTH				
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	0.78	0.00	200	UP TO 200 PER MONTH				
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH	0.85	0.00	200	UP TO 200 PER MONTH				
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.94	0.00	200	UP TO 200 PER MONTH				
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH	1.02	0.00	200	UP TO 200 PER MONTH				
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH	0.53	0.00	200	UP TO 200 PER MONTH				
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	0.58	0.00	200	UP TO 200 PER MONTH				
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL- ON, SMALL/MEDIUM SIZE, EACH	0.69	0.00	200	UP TO 200 PER MONTH				
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH	0.75	0.00	200	UP TO 200 PER MONTH				
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	0.65	0.00	200	UP TO 200 PER MONTH				
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	0.84	0.00	200	UP TO 200 PER MONTH				
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/ UNDERGARMENT, FOR INCONTINENCE, EACH	0.44	0.00	200	UP TO 200 PER MONTH				
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	1.52	0.00	200	UP TO 200 PER MONTH				
	*Example: A provider can bill 200 units of T4521 or a provide	r can bill 150 units	of T4521 and	50 units of T45	35 per month.				