

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	92551	SCREENING TEST, PURE TONE, AIR ONLY	10/1/2013	12/31/2382	1
DME	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2013	12/31/2382	1
DME	92560	BEKESY AUDIOMETRY; SCREENING	10/1/2013	12/31/2382	1
DME	92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	10/1/2013	12/31/2382	1
DME	92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	10/1/2013	12/31/2382	1
DME	92592	HEARING AID CHECK; MONAURAL	10/1/2013	12/31/2382	1
DME	92593	HEARING AID CHECK; BINAURAL	10/1/2013	12/31/2382	1
DME	92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	10/1/2013	12/31/2382	1
DME	92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	10/1/2013	12/31/2382	1
DME	94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT IN HOME, DOMICILIARY OR REST HOME REQUIRING REVIEW	10/1/2013	12/31/2382	1
DME	A4210	NEEDLE-FREE INJECTION DEVICE, EACH	10/1/2013	12/31/2382	1
DME	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	10/1/2015	12/31/2382	4
DME	A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	7/1/2017	12/31/2382	5

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DME	A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR	7/1/2015	12/31/2382	2
DME	A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	1/1/2018	12/31/2382	2
DME	A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	10/1/2014	12/31/2382	2
DME	A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY	1/1/2012	12/31/2382	2
DME	A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	10/1/2013	12/31/2382	2
DME	A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT	10/1/2015	12/31/2382	1
DME	A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1/1/2011	12/31/2382	1
DME	A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
DME	A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	1/1/2014	12/31/2382	1
DME	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
DME	A4281	TUBING FOR BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1
DME	A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
DME	A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1

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DME	A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
DME	A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	10/1/2015	12/31/2382	2
DME	A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,	10/1/2015	12/31/2382	2
DME	A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
DME	A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
DME	A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL	10/1/2015	12/31/2382	2
DME	A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
DME	A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
DME	A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM	10/1/2015	12/31/2382	2
DME	A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	7/1/2018	12/31/2382	200
DME	A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	1/1/2018	12/31/2382	1
DME	A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI	10/1/2015	12/31/2382	2
DME	A4340	INDWELLING CATHETER; SPECIALTY TYPE (EG; COUDE, MUSHROOM, WING, ETC.), EACH	10/1/2015	12/31/2382	2

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DME	A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE,EACH	10/1/2015	12/31/2382	2
DME	A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	10/1/2015	12/31/2382	2
DME	A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	10/1/2015	12/31/2382	2
DME	A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY	1/1/2018	12/31/2382	2
DME	A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1/1/2012	12/31/2382	1
DME	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
DME	A4358	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
DME	A4361	OSTOMY FACEPLATE, EACH	10/1/2015	12/31/2382	1
DME	A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	10/1/2015	12/31/2382	2
DME	A4367	OSTOMY BELT, EACH	10/1/2015	12/31/2382	2
DME	A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	10/1/2015	12/31/2382	2
DME	A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	1/1/2012	12/31/2382	3
DME	A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	7/1/2015	12/31/2382	1

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DME	A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	1/1/2012	12/31/2382	2
DME	A4458	ENEMA BAG WITH TUBING, REUSABLE	1/1/2014	12/31/2382	1
DME	A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE	7/1/2015	12/31/2382	1
DME	A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	1/1/2012	12/31/2382	3
DME	A4470	GRAVLEE JET WASHER	10/1/2010	12/31/2382	1
DME	A4480	VABRA ASPIRATOR	10/1/2010	12/31/2382	1
DME	A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
DME	A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	10/1/2013	12/31/2382	4
DME	A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
DME	A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	10/1/2013	12/31/2382	4
DME	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	1/1/2011	12/31/2382	2
DME	A4561	PESSARY, RUBBER, ANY TYPE	10/1/2010	12/31/2382	1
DME	A4562	PESSARY, NON-RUBBER, ANY TYPE	10/1/2010	12/31/2382	1

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DME	A4565	SLINGS	10/1/2014	12/31/2382	2
DME	A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER; WITH OR WITHOUT SWATHE CONTROL,PREFAB	10/1/2014	12/31/2382	2
DME	A4570	SPLINT	10/1/2013	12/31/2382	2
DME	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	10/1/2013	12/31/2382	1
DME	A4580	CAST SUPPLIES	10/1/2013	12/31/2382	2
DME	A4590	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	10/1/2013	12/31/2382	2
DME	A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	10/1/2015	12/31/2382	2
DME	A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	1/1/2014	12/31/2382	2
DME	A4601	LITHIUM ION BATTERY FOR NONPROSTHETIC USE, REPLACEMENT	10/1/2017	12/31/2382	1
DME	A4604	TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2012	12/31/2382	1
DME	A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	7/1/2014	12/31/2382	1
DME	A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	7/1/2015	12/31/2382	2
DME	A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2012	12/31/2382	2

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DME	A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2012	12/31/2382	1
DME	A4614	PEEK EXPIRATORY FLOW RATE METER, HAND HELD	1/1/2011	12/31/2382	1
DME	A4615	CANNULA, NASAL	1/1/2014	12/31/2382	1
DME	A4617	MOUTH PIECE	1/1/2014	12/31/2382	1
DME	A4619	FACE TENT	1/1/2014	12/31/2382	1
DME	A4620	VARIABLE CONCENTRATION MASK	1/1/2014	12/31/2382	1
DME	A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	10/1/2016	12/31/2382	31
DME	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	10/1/2016	12/31/2382	2
DME	A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	10/1/2013	12/31/2382	2
DME	A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	7/1/2015	12/31/2382	6
DME	A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	7/1/2013	12/31/2382	2
DME	A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	1/1/2012	12/31/2382	2
DME	A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	4/1/2015	12/31/2382	4

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DME	A4638	REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH	7/1/2015	12/31/2382	2
DME	A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	1/1/2014	12/31/2382	1
DME	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	1/1/2011	12/31/2382	1
DME	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	10/1/2010	12/31/2382	1
DME	A4663	BLOOD PRESSURE CUFF ONLY	10/1/2010	12/31/2382	1
DME	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	10/1/2013	12/31/2382	1
DME	A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
DME	A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
DME	A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) EACH	10/1/2016	12/31/2382	40
DME	A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, EACH	10/1/2016	12/31/2382	40
DME	A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	10/1/2015	12/31/2382	2
DME	A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	1/1/2012	12/31/2382	1
DME	A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	10/1/2015	12/31/2382	2

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DME	A5112	URINARY LEG BAG; LATEX	10/1/2015	12/31/2382	1
DME	A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
DME	A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
DME	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	10/1/2016	12/31/2382	50
DME	A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	10/1/2015	12/31/2382	1
DME	A5500	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY	10/1/2010	12/31/2382	2
DME	A5501	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF	10/1/2010	12/31/2382	2
DME	A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
DME	A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
DME	A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
DME	A5506	FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	10/1/2010	12/31/2382	2
DME	A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	10/1/2010	12/31/2382	2
DME	A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN	10/1/2010	12/31/2382	2

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DME	A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE	10/1/2016	12/31/2382	6
DME	A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH	10/1/2016	12/31/2382	6
DME	A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARNING DEVICE AND WARMING CARD	1/1/2014	12/31/2382	1
DME	A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
DME	A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	10/1/2012	12/31/2382	2
DME	A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	10/1/2012	12/31/2382	2
DME	A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
DME	A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
DME	A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
DME	A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
DME	A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
DME	A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
DME	A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED	10/1/2012	12/31/2382	2

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DME	A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
DME	A6513	COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED	10/1/2010	12/31/2382	2
DME	A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH	7/1/2015	12/31/2382	4
DME	A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH	7/1/2015	12/31/2382	4
DME	A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH	10/1/2013	12/31/2382	4
DME	A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH	10/1/2013	12/31/2382	4

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DME	A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
DME	A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	10/1/2013	12/31/2382	1
DME	A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	10/1/2010	12/31/2382	2
DME	A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	10/1/2015	12/31/2382	1
DME	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
DME	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
DME	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE	1/1/2012	12/31/2382	1
DME	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	10/1/2015	12/31/2382	1
DME	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2
DME	A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	1/1/2014	12/31/2382	1
DME	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	1/1/2012	12/31/2382	2
DME	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	10/1/2015	12/31/2382	2
DME	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2

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DME	A7014	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	1/1/2012	12/31/2382	1
DME	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	10/1/2015	12/31/2382	1
DME	A7016	DOMES AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	7/1/2015	12/31/2382	1
DME	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	1/1/2011	12/31/2382	1
DME	A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	7/1/2011	12/31/2382	1
DME	A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH	1/1/2011	12/31/2382	1
DME	A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	1/1/2011	12/31/2382	1
DME	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	10/1/2010	12/31/2382	1
DME	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH	10/1/2015	12/31/2382	2
DME	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	10/1/2015	12/31/2382	2
DME	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	1/1/2012	12/31/2382	1
DME	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1/1/2018	12/31/2382	1
DME	A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	10/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	10/1/2015	12/31/2382	2
DME	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	1/1/2012	12/31/2382	1
DME	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
DME	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
DME	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2015	12/31/2382	1
DME	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2015	12/31/2382	2
DME	A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1
DME	A7040	ONE WAY CHEST DRAIN VALVE	10/1/2010	12/31/2382	2
DME	A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	10/1/2010	12/31/2382	2
DME	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2013	12/31/2382	1
DME	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	1/1/2012	12/31/2382	1
DME	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	1/1/2012	12/31/2382	1
DME	A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION	10/1/2015	12/31/2382	4
DME	A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	1/1/2017	12/31/2382	2
DME	A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VAVLE EACH	1/1/2012	12/31/2382	1
DME	A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	10/1/2012	12/31/2382	1
DME	A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	10/1/2016	12/31/2382	62
DME	A7505	HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV	10/1/2016	12/31/2382	2
DME	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS	10/1/2016	12/31/2382	62
DME	A7520	TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	10/1/2016	12/31/2382	2
DME	A7521	TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	1/1/2018	12/31/2382	1
DME	A7522	TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH	1/1/2012	12/31/2382	1
DME	A7524	TRACHEOSTOMA STENT, STUD, BUTTON, EACH	4/1/2018	12/31/2382	1
DME	A7525	TRACHEOSTOMY MASK, EACH	10/1/2015	12/31/2382	1
DME	A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	1/1/2017	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
DME	A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
DME	A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
DME	A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
DME	A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
DME	A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	10/1/2013	12/31/2382	1
DME	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
DME	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
DME	A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	10/1/2013	12/31/2382	1
DME	A9282	WIG, ANY TYPE, EACH	10/1/2013	12/31/2382	1
DME	A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	10/1/2013	12/31/2382	2
DME	A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	10/1/2010	12/31/2382	1
DME	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	1/1/2017	12/31/2382	31

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	1/1/2017	12/31/2382	31
DME	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	1/1/2017	12/31/2382	31
DME	B4081	NASOGASTRIC TUBING WITH STYLET	10/1/2015	12/31/2382	1
DME	B4082	NASOGASTRIC TUBING WITHOUT STYLET	10/1/2015	12/31/2382	1
DME	B4083	STOMACH TUBE - LEVINE TYPE	10/1/2015	12/31/2382	1
DME	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANT MATERIAL, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	1/1/2017	12/31/2382	31
DME	B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2016	12/31/2382	124
DME	B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2016	12/31/2382	124
DME	B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2016	12/31/2382	124
DME	B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	10/1/2016	12/31/2382	124
DME	B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	10/1/2016	12/31/2382	124

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
DME	B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
DME	B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
DME	B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
DME	B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	1/1/2017	12/31/2382	31
DME	B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	1/1/2017	12/31/2382	31
DME	B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	1/1/2017	12/31/2382	31
DME	B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	1/1/2017	12/31/2382	31
DME	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	10/1/2010	12/31/2382	1
DME	B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	10/1/2010	12/31/2382	1
DME	B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	10/1/2010	12/31/2382	1
DME	E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	10/1/2010	12/31/2382	1
DME	E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND H	10/1/2010	12/31/2382	1
DME	E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	10/1/2010	12/31/2382	2
DME	E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	10/1/2010	12/31/2382	1
DME	E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	10/1/2010	12/31/2382	2
DME	E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	10/1/2010	12/31/2382	1
DME	E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	10/1/2010	12/31/2382	2
DME	E0117	CRUTCH, UNDERARM, ARTICULATION, SPRING ASSISTED, EACH	10/1/2010	12/31/2382	2
DME	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	7/1/2012	12/31/2382	1
DME	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	10/1/2010	12/31/2382	1
DME	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	10/1/2010	12/31/2382	1
DME	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	10/1/2010	12/31/2382	1
DME	E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	10/1/2010	12/31/2382	1
DME	E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	10/1/2010	12/31/2382	1
DME	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	10/1/2010	12/31/2382	2
DME	E0154	PLATFORM ATTACHMENT, WALKER, EACH	10/1/2010	12/31/2382	2
DME	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	10/1/2010	12/31/2382	1
DME	E0156	SEAT ATTACHMENT, WALKER	10/1/2010	12/31/2382	1
DME	E0157	CRUTCH ATTACHMENT, WALKER, EACH	10/1/2010	12/31/2382	2
DME	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	10/1/2010	12/31/2382	1
DME	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	4/1/2014	12/31/2382	2
DME	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE	1/1/2014	12/31/2382	1
DME	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMUNE, WITH FAUCET ATTACHMENTS	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0162	SITZ BATH CHAIR	1/1/2014	12/31/2382	1
DME	E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	10/1/2010	12/31/2382	1
DME	E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	10/1/2010	12/31/2382	1
DME	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	10/1/2010	12/31/2382	1
DME	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	E0170	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0171	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	1/1/2014	12/31/2382	1
DME	E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	10/1/2010	12/31/2382	2
DME	E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	10/1/2010	12/31/2382	1
DME	E0182	PUMP FOR ALTERNATING PRESSURE PAD	10/1/2010	12/31/2382	1
DME	E0184	DRY PRESSURE MATTRESS	10/1/2010	12/31/2382	1
DME	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0186	AIR PRESSURE MATTRESS	10/1/2010	12/31/2382	1
DME	E0187	WATER PRESSURE MATTRESS	10/1/2010	12/31/2382	1
DME	E0188	SYNTHETIC SHEEPSKIN PAD	10/1/2010	12/31/2382	1
DME	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	10/1/2010	12/31/2382	1
DME	E0190	POSITIONING CUSHION, PILLOW, WEDGE, ANY SHAPE OR SIZE	10/1/2014	12/31/2382	1
DME	E0191	HEEL OR ELBOW PROTECTOR, EACH	1/1/2014	12/31/2382	4
DME	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	10/1/2010	12/31/2382	1
DME	E0194	AIR FLUIDIZED BED	10/1/2010	12/31/2382	1
DME	E0196	GEL PRESSURE MATTRESS	10/1/2010	12/31/2382	1
DME	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
DME	E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
DME	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
DME	E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	10/1/2010	12/31/2382	1
DME	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	1/1/2014	12/31/2382	1
DME	E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	10/1/2010	12/31/2382	1
DME	E0210	ELECTRIC HEAT PAD, STANDARD	10/1/2010	12/31/2382	1
DME	E0215	ELECTRIC HEAT PAD, MOIST	10/1/2010	12/31/2382	1
DME	E0217	WATER CIRCULATING HEAT PAD WITH PUMP	10/1/2010	12/31/2382	1
DME	E0218	WATER CIRCULATING COLD PAD WITH PUMP	10/1/2010	12/31/2382	1
DME	E0221	INFRARED HEATING PAD SYSTEM	1/1/2014	12/31/2382	1
DME	E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	10/1/2010	12/31/2382	1
DME	E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING	1/1/2014	12/31/2382	1
DME	E0232	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER	1/1/2014	12/31/2382	1
DME	E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	10/1/2010	12/31/2382	1
DME	E0236	PUMP FOR WATER CIRCULATING PAD	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0239	HYDROCOLLATOR UNIT, PORTABLE	10/1/2010	12/31/2382	1
DME	E0240	BATH, SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	1/1/2014	12/31/2382	1
DME	E0241	BATH TUB WALL RAIL, EACH	10/1/2014	12/31/2382	2
DME	E0243	TOILET RAIL, EACH	10/1/2014	12/31/2382	2
DME	E0244	RAISED TOILET SEAT	1/1/2014	12/31/2382	1
DME	E0245	TUB STOOL OR BENCH	1/1/2014	12/31/2382	1
DME	E0246	TRANSFER TUB RAIL ATTACHMENT	10/1/2014	12/31/2382	2
DME	E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	1/1/2014	12/31/2382	1
DME	E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODOE OPENING	1/1/2014	12/31/2382	1
DME	E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0260	HOSPITAL BED, SEIMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0271	MATTRESS, INNERSPRING	10/1/2010	12/31/2382	1
DME	E0272	MATTRESS, FOAM RUBBER	10/1/2010	12/31/2382	1
DME	E0273	BED BOARD	1/1/2014	12/31/2382	1
DME	E0274	OVER-BED TABLE	1/1/2014	12/31/2382	1
DME	E0275	BED PAN, STANDARD, METAL OR PLASTIC	10/1/2010	12/31/2382	1
DME	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	10/1/2010	12/31/2382	1
DME	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0280	BED CRADLE, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITH MATTRESS	10/1/2010	12/31/2382	1
DME	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	10/1/2010	12/31/2382	1
DME	E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	10/1/2010	12/31/2382	1
DME	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	10/1/2010	12/31/2382	1
DME	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	10/1/2010	12/31/2382	1
DME	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	10/1/2010	12/31/2382	1
DME	E0305	BED SIDE RAILS, HALF LENGTH	4/1/2014	12/31/2382	2
DME	E0310	BED SIDE RAILS, FULL LENGTH	10/1/2010	12/31/2382	2
DME	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	10/1/2010	12/31/2382	1
DME	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	10/1/2010	12/31/2382	1
DME	E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	4/1/2012	12/31/2382	1
DME	E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	4/1/2012	12/31/2382	1
DME	E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/ EVACUATION SYSTEM	10/1/2010	12/31/2382	1
DME	E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM , VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE	7/1/2014	12/31/2382	30
DME	E0370	AIR PRESSURE ELEVATOR FOR HEEL	1/1/2014	12/31/2382	2
DME	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1
DME	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	10/1/2010	12/31/2382	1
DME	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMID	10/1/2010	12/31/2382	1
DME	E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR M	1/1/2014	12/31/2382	1
DME	E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBI	1/1/2014	12/31/2382	1
DME	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	10/1/2010	12/31/2382	1
DME	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES	10/1/2010	12/31/2382	1
DME	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, R	10/1/2010	12/31/2382	1
DME	E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER,	1/1/2014	12/31/2382	1
DME	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER,	10/1/2010	12/31/2382	1
DME	E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USR OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER	1/1/2014	12/31/2382	1
DME	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
DME	E0442	STATIONARY OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
DME	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0444	PORTABLE OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	10/1/2010	12/31/2382	1
DME	E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVELY	1/1/2014	12/31/2382	1
DME	E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2014	12/31/2382	1
DME	E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	10/1/2010	12/31/2382	1
DME	E0457	CHEST SHELL (CUIRASS)	10/1/2010	12/31/2382	1
DME	E0459	CHEST WRAP	10/1/2010	12/31/2382	1
DME	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	10/1/2010	12/31/2382	1
DME	E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	7/1/2016	12/31/2382	2
DME	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK, CHEST SHELL)	7/1/2016	12/31/2382	2
DME	E0470	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASICE	10/1/2010	12/31/2382	1
DME	E0471	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	10/1/2010	12/31/2382	1
DME	E0472	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE	10/1/2010	12/31/2382	1
DME	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	10/1/2010	12/31/2382	1
DME	E0482	COUGH STIMULATING DEVICE, ALTERNATION POSITIVE AND NEGATIVE AIRWAY PRESSURE	10/1/2010	12/31/2382	1
DME	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	10/1/2010	12/31/2382	1
DME	E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	E0485	ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED	10/1/2010	12/31/2382	1
DME	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM	10/1/2010	12/31/2382	1
DME	E0487	SPIROMETER,ELECTRONIC,INCLUDES ALL ACCESSORIES	1/1/2014	12/31/2382	1
DME	E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SO	10/1/2010	12/31/2382	1
DME	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	10/1/2010	12/31/2382	1
DME	E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	10/1/2010	12/31/2382	1
DME	E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	10/1/2010	12/31/2382	1
DME	E0561	HUMIDIFIER, NON HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1
DME	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	10/1/2010	12/31/2382	1
DME	E0570	NEBULIZER, WITH COMPRESSOR	10/1/2010	12/31/2382	1
DME	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	10/1/2010	12/31/2382	1
DME	E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	10/1/2010	12/31/2382	1
DME	E0575	NEBULIZER; ULTRASONIC	10/1/2010	12/31/2382	1
DME	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	10/1/2010	12/31/2382	1
DME	E0585	NUBULIZER, WITH COMPRESSOR AND HEATER	10/1/2010	12/31/2382	1
DME	E0600	SUCTION PUMP, HOME MODEL, PORTABLE	10/1/2010	12/31/2382	1
DME	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	10/1/2010	12/31/2382	1
DME	E0602	BREAST PUMP, MANUAL, ANY TYPE	1/1/2014	12/31/2382	1
DME	E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	1/1/2014	12/31/2382	1
DME	E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGUL	1/1/2014	12/31/2382	1
DME	E0605	VAPORIZER, ROOM TYPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0606	POSTURAL DRAINAGE BOARD	10/1/2010	12/31/2382	1
DME	E0607	HOME BLOOD GLUCOSE MONITOR	10/1/2010	12/31/2382	1
DME	E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	10/1/2010	12/31/2382	1
DME	E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/V	10/1/2010	12/31/2382	1
DME	E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	10/1/2010	12/31/2382	1
DME	E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	10/1/2010	12/31/2382	1
DME	E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	10/1/2010	12/31/2382	1
DME	E0619	APNEA MONITOR, WITH RECORDING FEATURE	10/1/2010	12/31/2382	1
DME	E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	10/1/2010	12/31/2382	1
DME	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	10/1/2010	12/31/2382	1
DME	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	10/1/2010	12/31/2382	1
DME	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	10/1/2010	12/31/2382	1
DME	E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	10/1/2010	12/31/2382	1
DME	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	10/1/2010	12/31/2382	1
DME	E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
DME	E0638	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
DME	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	10/1/2010	12/31/2382	1
DME	E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	10/1/2010	12/31/2382	1
DME	E0641	STANDING FRAME SYSTEM, MULTI-POSITION, ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	10/1/2010	12/31/2382	1
DME	E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	10/1/2010	12/31/2382	1
DME	E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL, (LYMPHEDEMA PUMP)	10/1/2010	12/31/2382	1
DME	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITHOUT CALIBRATED GRADIENT PRESSURE	10/1/2010	12/31/2382	1
DME	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITH CALIBRATED GRADIENT PRESSURE	10/1/2010	12/31/2382	1
DME	E0655	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	10/1/2010	12/31/2382	2
DME	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	10/1/2010	12/31/2382	1
DME	E0660	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	10/1/2010	12/31/2382	2
DME	E0665	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	10/1/2010	12/31/2382	2
DME	E0666	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	10/1/2010	12/31/2382	2
DME	E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	10/1/2010	12/31/2382	2
DME	E0668	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, ARM	10/1/2010	12/31/2382	2
DME	E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	10/1/2010	12/31/2382	2
DME	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTERGRATED, 2 FULL LEGS AND TRUNK	7/1/2013	12/31/2382	1
DME	E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	10/1/2010	12/31/2382	2
DME	E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	10/1/2010	12/31/2382	2
DME	E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	10/1/2010	12/31/2382	2
DME	E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION, DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY	10/1/2010	12/31/2382	1
DME	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUAR	10/1/2010	12/31/2382	1
DME	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	10/1/2010	12/31/2382	1
DME	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	10/1/2010	12/31/2382	1
DME	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTE	10/1/2010	12/31/2382	1
DME	E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	10/1/2010	12/31/2382	1
DME	E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	10/1/2010	12/31/2382	1
DME	E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	10/1/2010	12/31/2382	1
DME	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIEN	10/1/2010	12/31/2382	1
DME	E0740	REPLACEMENT BATTERY FOR TENS	10/1/2010	12/31/2382	1
DME	E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	10/1/2010	12/31/2382	1
DME	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	10/1/2010	12/31/2382	1
DME	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	10/1/2010	12/31/2382	1
DME	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONIVASIVE, SPINAL APPLICATIONS	10/1/2010	12/31/2382	1
DME	E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	10/1/2010	12/31/2382	1
DME	E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	10/1/2010	12/31/2382	1
DME	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	10/1/2010	12/31/2382	1
DME	E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	1/1/2014	12/31/2382	1
DME	E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ACCESSORIES	10/1/2010	12/31/2382	1
DME	E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER	10/1/2010	12/31/2382	1
DME	E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	10/1/2010	12/31/2382	1
DME	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	7/1/2014	12/31/2382	1
DME	E0770	FUNCTIONAL ELECTRICAL STIMULATOR,TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS,ANY TYPE,	7/1/2014	12/31/2382	1
DME	E0776	IV POLE	10/1/2010	12/31/2382	1
DME	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	10/1/2010	12/31/2382	1
DME	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	10/1/2010	12/31/2382	1
DME	E0782	INFUSION PUMP, IMPLANTABLE	10/1/2010	12/31/2382	1
DME	E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS,	10/1/2010	12/31/2382	1
DME	E0784	EXTERNAL AMBULATORY INFUSION PUMP; INSULIN	10/1/2010	12/31/2382	1
DME	E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	10/1/2010	12/31/2382	1
DME	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER	10/1/2010	12/31/2382	1
DME	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	10/1/2010	12/31/2382	1
DME	E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	1/1/2014	12/31/2382	1
DME	E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION	10/1/2010	12/31/2382	1
DME	E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	10/1/2010	12/31/2382	1
DME	E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	10/1/2010	12/31/2382	1
DME	E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	10/1/2010	12/31/2382	1
DME	E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	10/1/2010	12/31/2382	1
DME	E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G. BUCK'S)	10/1/2010	12/31/2382	1
DME	E0880	TRACTION STAND, FREE STANDING, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)	10/1/2010	12/31/2382	1
DME	E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	10/1/2010	12/31/2382	1
DME	E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	10/1/2010	12/31/2382	1
DME	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	10/1/2010	12/31/2382	1
DME	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED WITH GRAB BAR	10/1/2010	12/31/2382	1
DME	E0912	TRAPEZE BAR, HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAT 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB	10/1/2010	12/31/2382	1
DME	E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	10/1/2010	12/31/2382	1
DME	E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	10/1/2010	12/31/2382	1
DME	E0935	PASSIVE MOTION EXERCISE DEVICE	7/1/2017	12/31/2382	1
DME	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	7/1/2017	12/31/2382	1
DME	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	10/1/2010	12/31/2382	1
DME	E0942	CERVICAL HEAD HARNESS/HALTER	10/1/2010	12/31/2382	1
DME	E0944	PELVIC BELT/HARNESS/BOOT	10/1/2010	12/31/2382	1
DME	E0945	EXTREMITY BELT/HARNESS	10/1/2010	12/31/2382	2
DME	E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	10/1/2010	12/31/2382	1
DME	E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	10/1/2010	12/31/2382	1
DME	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	10/1/2010	12/31/2382	1
DME	E0950	TRAY, WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E0951	LOOP HEEL, EACH	10/1/2010	12/31/2382	2
DME	E0952	LOOP TOE, EACH	10/1/2010	12/31/2382	2
DME	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2018	12/31/2382	4
DME	E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	7/1/2018	12/31/2382	2
DME	E0955	WHEELCHAIR ACCESSORY, HEADSET, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2016	12/31/2382	4
DME	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT. PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2010	12/31/2382	2
DME	E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	10/1/2014	12/31/2382	1
DME	E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE)	10/1/2010	12/31/2382	2
DME	E0960	WHEELCHAIR ACCESSORY, SHOULDER, HARNESS STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	10/1/2010	12/31/2382	2
DME	E0961	BRAKE EXTENSION, FOR WHEELCHAIR	10/1/2010	12/31/2382	2
DME	E0966	HOOK ON HEAD REST EXTENSION	10/1/2010	12/31/2382	1
DME	E0967	WHEELCHAIR HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	10/1/2010	12/31/2382	2
DME	E0968	COMMODE SEAT, WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E0969	NARROWING DEVICE, WHEELCHAIR	1/1/2014	12/31/2382	1
DME	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	10/1/2010	12/31/2382	2
DME	E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	10/1/2010	12/31/2382	2
DME	E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E0974	"GRADE-AID" (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	10/1/2010	12/31/2382	2
DME	E0980	SAFETY VEST, WHEELCHAIR	1/1/2014	12/31/2382	1
DME	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTREY, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
DME	E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
DME	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK	10/1/2010	12/31/2382	1
DME	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	10/1/2010	12/31/2382	1
DME	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	10/1/2010	12/31/2382	1
DME	E0986	MANUAL WHEELCHAIR ACCESSORY, OUSH RIM ACTIVATED POWER ASSIST, EACH	10/1/2010	12/31/2382	1
DME	E0988	MANUEL WHEELCHAIR ACCESSORY,LEVER-ACTIVATED,WHEEL DRIVE,PAIR	7/1/2012	12/31/2382	1
DME	E0990	ELEVATING LEG REST, EACH	10/1/2010	12/31/2382	2
DME	E0992	SOLID SEAT INSERT	10/1/2010	12/31/2382	1
DME	E0994	ARM REST, EACH	10/1/2010	12/31/2382	2
DME	E0995	CALF REST, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	10/1/2010	12/31/2382	1
DME	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	10/1/2010	12/31/2382	1
DME	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING	10/1/2010	12/31/2382	2
DME	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, EACH	10/1/2010	12/31/2382	1
DME	E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)	10/1/2010	12/31/2382	1
DME	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE	7/1/2016	12/31/2382	1
DME	E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	10/1/2010	12/31/2382	2
DME	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEEL CHAIR, EACH	10/1/2010	12/31/2382	2
DME	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	10/1/2010	12/31/2382	2
DME	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	10/1/2010	12/31/2382	2
DME	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTRL	4/1/2015	12/31/2382	6
DME	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	10/1/2010	12/31/2382	1
DME	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	10/1/2010	12/31/2382	1
DME	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	10/1/2010	12/31/2382	1
DME	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER,PATIENT	10/1/2010	12/31/2382	1
DME	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT	10/1/2010	12/31/2382	1
DME	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	10/1/2010	12/31/2382	1
DME	E1038	TRANSPORT CHAIR, ADULT SIZE	10/1/2010	12/31/2382	1
DME	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY 250 POUNDS OR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
DME	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	10/1/2010	12/31/2382	1
DME	E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
DME	E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	10/1/2010	12/31/2382	1
DME	E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
DME	E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG	10/1/2010	12/31/2382	1
DME	E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	10/1/2010	12/31/2382	1
DME	E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS DESK OF FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
DME	E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
DME	E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	10/1/2010	12/31/2382	1
DME	E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	10/1/2010	12/31/2382	1
DME	E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
DME	E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
DME	E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	10/1/2010	12/31/2382	1
DME	E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	10/1/2010	12/31/2382	1
DME	E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	10/1/2010	12/31/2382	1
DME	E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	1/1/2014	12/31/2382	1
DME	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	7/1/2013	12/31/2382	1
DME	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	10/1/2010	12/31/2382	1
DME	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	10/1/2010	12/31/2382	1
DME	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
DME	E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	10/1/2010	12/31/2382	1
DME	E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
DME	E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
DME	E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	10/1/2010	12/31/2382	1
DME	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	1/1/2014	12/31/2382	1
DME	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	1/1/2014	12/31/2382	1
DME	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	1/1/2014	12/31/2382	1
DME	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	1/1/2014	12/31/2382	1
DME	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	10/1/2010	12/31/2382	1
DME	E1352	OXYGEN ACCESORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	7/1/2014	12/31/2382	1
DME	E1353	REGULATOR	10/1/2010	12/31/2382	1
DME	E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE	10/1/2013	12/31/2382	1
DME	E1355	STAND/RACK	10/1/2010	12/31/2382	1
DME	E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
DME	E1358	OXYGEN ACCESSORY,DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY,EACH	1/1/2014	12/31/2382	1
DME	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	10/1/2010	12/31/2382	1
DME	E1390	OXYGEN CONCENTRATOR (EQUIVALENT TO 732 CUBIC FEET/1993)CAPABLE OF DELIVERING>OR = 85% OXYGEN CONCENT. (2000)	10/1/2010	12/31/2382	1
DME	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVIERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT	10/1/2010	12/31/2382	1
DME	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	10/1/2010	12/31/2382	1
DME	E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	10/1/2010	12/31/2382	1
DME	E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	10/1/2010	12/31/2382	1
DME	E1500	CENTRIFUGE, FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOVAL SYST, FLOWRATE METER, POWER	10/1/2010	12/31/2382	1
DME	E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1540	PRESSURE ALARM FOR DIALYSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	10/1/2010	12/31/2382	1
DME	E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1590	HEMODIALYSIS MACHINE	10/1/2010	12/31/2382	1
DME	E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1
DME	E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	10/1/2010	12/31/2382	1
DME	E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT	10/1/2010	12/31/2382	1
DME	E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1
DME	E1615	DEIONIZER WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1
DME	E1620	BLOOD PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
DME	E1625	WATER SOFTENING SYSTEM	10/1/2010	12/31/2382	1
DME	E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	10/1/2010	12/31/2382	1
DME	E1639	SCALE, FOR DIALYSIS, EACH	10/1/2010	12/31/2382	1
DME	E1700	JAW MOTION REHABILITATION SYSTEM	10/1/2010	12/31/2382	1
DME	E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	10/1/2014	12/31/2382	3
DME	E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	1/1/2014	12/31/2382	1
DME	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
DME	E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	10/1/2010	12/31/2382	2
DME	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFF	10/1/2010	12/31/2382	2
DME	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1811	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
DME	E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	10/1/2010	12/31/2382	2
DME	E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH RANGE OF MOTION ADJUSTMENT	10/1/2010	12/31/2382	2
DME	E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	10/1/2010	12/31/2382	1
DME	E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	7/1/2014	12/31/2382	3
DME	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	10/1/2010	12/31/2382	2
DME	E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENTION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION	4/1/2011	12/31/2382	2
DME	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE , INCLUDES SOFT INTERFACE MATERIAL	10/1/2010	12/31/2382	2
DME	E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	10/1/2010	12/31/2382	2
DME	E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	10/1/2010	12/31/2382	1
DME	E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	10/1/2010	12/31/2382	1
DME	E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	10/1/2010	12/31/2382	1
DME	E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	10/1/2010	12/31/2382	1
DME	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24	10/1/2010	12/31/2382	1
DME	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	10/1/2010	12/31/2382	1
DME	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	10/1/2010	12/31/2382	1
DME	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	10/1/2010	12/31/2382	1
DME	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	10/1/2010	12/31/2382	2
DME	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	10/1/2010	12/31/2382	2
DME	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	10/1/2010	12/31/2382	2
DME	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	10/1/2010	12/31/2382	1
DME	E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	10/1/2010	12/31/2382	2
DME	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE REPLACEMENT ONLY, EACH	10/1/2016	12/31/2382	12
DME	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	10/1/2010	12/31/2382	2
DME	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE EACH	10/1/2010	12/31/2382	2
DME	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC), PROPULSION TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE EACH	10/1/2010	12/31/2382	2
DME	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	10/1/2010	12/31/2382	2
DME	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
DME	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	10/1/2010	12/31/2382	2
DME	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	10/1/2010	12/31/2382	2
DME	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	1/1/2014	12/31/2382	1
DME	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),INCLUDES ANY TYPE MOUNTING HARDWARE	10/1/2010	12/31/2382	1
DME	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
DME	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
DME	E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
DME	E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
DME	E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS	10/1/2010	12/31/2382	1
DME	E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	10/1/2010	12/31/2382	1
DME	E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	10/1/2010	12/31/2382	1
DME	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING	10/1/2010	12/31/2382	1
DME	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL	10/1/2010	12/31/2382	1
DME	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS	10/1/2010	12/31/2382	1
DME	E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NON PROPORTIONAL, INCLUDING ALL RELATED	10/1/2010	12/31/2382	1
DME	E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING	10/1/2010	12/31/2382	1
DME	E2323	POWER WHEELCHAIR ACCESSORY, SPECIALITY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	10/1/2010	12/31/2382	1
DME	E2324	POWER WHEELCHAIR ACCESSORY, CHIN UP FOR CHIN CONTROL INTERFACE	10/1/2010	12/31/2382	1
DME	E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,	10/1/2010	12/31/2382	1
DME	E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	10/1/2010	12/31/2382	1
DME	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED	10/1/2010	12/31/2382	1
DME	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING	10/1/2010	12/31/2382	1
DME	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL	10/1/2010	12/31/2382	1
DME	E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	10/1/2010	12/31/2382	1
DME	E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	10/1/2010	12/31/2382	1
DME	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	10/1/2010	12/31/2382	1
DME	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 20-21 INCHES	10/1/2010	12/31/2382	1
DME	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	10/1/2010	12/31/2382	1
DME	E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR	10/1/2010	12/31/2382	1
DME	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	7/1/2012	12/31/2382	2
DME	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	7/1/2012	12/31/2382	2
DME	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
DME	E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
DME	E2362	POWER WHEELCHAIR ACCESSORY, 24 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
DME	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
DME	E2364	POWER WHEELCHAIR ACCESSORY, U 1 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2365	POWER WHEELCHAIR ACCESSORY, U 1 SEALED LEAD ACID BATTERY, EACH	10/1/2010	12/31/2382	2
DME	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE	10/1/2010	12/31/2382	1
DME	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON SEAL	10/1/2010	12/31/2382	1
DME	E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	10/1/2010	12/31/2382	2
DME	E2372	POWER WHEELCHAIR ACCESSORY. GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
DME	E2373	POWER WHEELCHAIR ACCESORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE	4/1/2012	12/31/2382	1
DME	E2374	POWER WHEELCHAIR ACCESORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER)	4/1/2012	12/31/2382	1
DME	E2375	POWER WHEELCHAIR ACCESSORY, NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS	10/1/2010	12/31/2382	1
DME	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1
DME	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR; REPLACEMENT ONLY	7/1/2013	12/31/2382	2
DME	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
DME	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	2
DME	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
DME	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
DME	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
DME	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTERGRATED WHEEL, ANY SIZE, REPLACEMENT	10/1/2010	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
DME	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	4
DME	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY , EACH	10/1/2010	12/31/2382	4
DME	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	10/1/2010	12/31/2382	1
DME	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	10/1/2010	12/31/2382	1
DME	E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES	10/1/2010	12/31/2382	1
DME	E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS	10/1/2010	12/31/2382	1
DME	E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN	10/1/2010	12/31/2382	1
DME	E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING	10/1/2010	12/31/2382	1
DME	E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL	10/1/2010	12/31/2382	1
DME	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE	10/1/2010	12/31/2382	1
DME	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	10/1/2010	12/31/2382	1
DME	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	10/1/2010	12/31/2382	1
DME	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	10/1/2010	12/31/2382	1
DME	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	10/1/2010	12/31/2382	1
DME	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	10/1/2010	12/31/2382	1
DME	E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2014	12/31/2382	1
DME	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	10/1/2010	12/31/2382	1
DME	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	10/1/2010	12/31/2382	1
DME	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	10/1/2010	12/31/2382	1
DME	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	10/1/2010	12/31/2382	1
DME	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	10/1/2010	12/31/2382	1
DME	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	10/1/2010	12/31/2382	1
DME	E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	10/1/2010	12/31/2382	2
DME	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	10/1/2010	12/31/2382	1
DME	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	10/1/2010	12/31/2382	1
DME	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
DME	E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH THAN 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
DME	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
DME	E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
DME	E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE	7/1/2012	12/31/2382	2
DME	E2627	WHEELCHAIR ACCESSORY, SHOULDER, ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE	7/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	E2628	WHEELCHAIR ACCESSORY, SHOULDER, ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING	7/1/2012	12/31/2382	2
DME	E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM	7/1/2012	12/31/2382	2
DME	E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND	7/1/2012	12/31/2382	2
DME	E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	7/1/2012	12/31/2382	2
DME	E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	7/1/2012	12/31/2382	2
DME	E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	7/1/2012	12/31/2382	2
DME	E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
DME	E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
DME	E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
DME	G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30 DAY SUPPLY AS A BENEFICIARY	10/1/2010	12/31/2382	1
DME	J0133	INJECTION, ACYCLOVIR, 5 MG	7/1/2016	12/31/2382	3600
DME	J0285	INJECTION, AMPHOTERICIN B, 50 MG	7/1/2016	12/31/2382	30
DME	J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	7/1/2016	12/31/2382	300

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	7/1/2016	12/31/2382	150
DME	J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	1/1/2017	12/31/2382	212
DME	J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	7/1/2016	12/31/2382	60
DME	J1265	INJECTION, DOPAMINE HCl, 40 MG	7/1/2016	12/31/2382	230
DME	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	7/1/2016	12/31/2382	810
DME	J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	7/1/2016	12/31/2382	90
DME	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	1/1/2017	12/31/2382	300
DME	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	7/1/2018	12/31/2382	1500
DME	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM) , 500 MG	7/1/2014	12/31/2382	300
DME	J1557	INJECTION,IMMUNE GLOBULIN,(GAMMAPLEX0,INTRAVENOUS,NON-LYOPHILIZED (E.G. LIQUID) 500 MG	7/1/2014	12/31/2382	300
DME	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	7/1/2016	12/31/2382	1500
DME	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), PER 500 MG.	7/1/2014	12/31/2382	300
DME	J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG	7/1/2016	3/31/2018	1500

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J1566	INJECTION,IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	1/1/2017	12/31/2382	300
DME	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
DME	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
DME	J1570	INJECTION, GANCICLOVIR SODIUM, 50 MG	1/1/2017	12/31/2382	18
DME	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID). 500 MG	7/1/2014	12/31/2382	300
DME	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	1/1/2018	12/31/2382	900
DME	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (EG, LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	4/1/2017	12/31/2382	300
DME	J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	10/1/2015	12/31/2382	100
DME	J2260	INJECTION, MILRINONE LACTATE, 5 MG	7/1/2016	12/31/2382	252
DME	J2278	INJECTION, ZICONOTIDE, 1 MCG	7/1/2016	12/31/2382	999
DME	J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FOR PROPHYLAXIS	7/1/2016	12/31/2382	1
DME	J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	7/1/2016	12/31/2382	25
DME	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	7/1/2016	12/31/2382	25

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J3285	INJECTION, TREPROSTINIL, 1 MG	7/1/2016	12/31/2382	400
DME	J7340	DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS,	7/1/2017	12/31/2382	56
DME	J7500	AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA	7/1/2016	12/31/2382	450
DME	J7501	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	7/1/2016	12/31/2382	8
DME	J7502	CYCLOSPORINE - ORAL, 100 MG	7/1/2016	12/31/2382	240
DME	J7503	TACROL ENVARUSUS EX REL ORAL 25MG	7/1/2017	12/31/2382	3600
DME	J7507	TA, ORAL, PER 1 MG	7/1/2016	12/31/2382	1200
DME	J7508	TACROLIMUS, EXTENDED RELEASE, ORAL, PER 0.1 MG	4/1/2015	12/31/2382	9000
DME	J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	7/1/2016	12/31/2382	360
DME	J7510	PREDNISOLONE ORAL, PER 5 MG	7/1/2016	12/31/2382	240
DME	J7512	PREDNISON, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	7/1/2016	12/31/2382	7000
DME	J7515	CYCLOSPORINE, ORAL, 25 MG	7/1/2016	12/31/2382	600
DME	J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	7/1/2016	12/31/2382	480

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	7/1/2016	12/31/2382	360
DME	J7520	SIROLIMUS, ORAL, 1 MG	7/1/2016	12/31/2382	600
DME	J7527	EVEROLIMUS, ORAL, .25 MG	7/1/2017	12/31/2382	960
DME	J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT	7/1/2016	12/31/2382	62
DME	J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED	7/1/2016	12/31/2382	62
DME	J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMISINSTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	7/1/2016	12/31/2382	74
DME	J7611	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	465
DME	J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	300
DME	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	465
DME	J7614	LEVALBUTEROL, INHALATION SOLUTION, FA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	300
DME	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	7/1/2016	12/31/2382	186
DME	J7626	BUDESONIDE INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 0.25 TO 0.50 MG	7/1/2016	12/31/2382	62
DME	J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	7/1/2016	12/31/2382	186

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	78
DME	J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	93
DME	J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	56
DME	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	28
DME	J8501	APREPITANT, ORAL, 5 MG	1/1/2016	12/31/2382	57
DME	J8510	BULSULFAN; ORAL, 2 MG	4/1/2017	12/31/2382	60
DME	J8520	CAPECITABINE, ORAL, 150 MG	4/1/2017	12/31/2382	300
DME	J8521	CAPECITABINE, ORAL, 500 MG	4/1/2017	12/31/2382	240
DME	J8530	CYCLOPHOSPHAMIDE, ORAL 25 MG.	7/1/2016	12/31/2382	180
DME	J8540	DEXAMETHASONE, ORAL, .25 MG	1/1/2016	12/31/2382	216
DME	J8560	ETOPOSIDE, ORAL, 50 MG.	4/1/2017	12/31/2382	63
DME	J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	4/1/2017	12/31/2382	40
DME	J8600	MELPHALAN: ORAL, 2 MG	4/1/2017	12/31/2382	128

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J8610	METHOTREXATE ORAL 2.5 MG.	7/1/2016	12/31/2382	12
DME	J8650	NABILONE,ORAL,1 MG	1/1/2016	12/31/2382	14
DME	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MGI	7/1/2016	12/31/2382	1
DME	J8670	ROLAPITANT, ORAL, 1 MG	10/1/2018	12/31/2382	180
DME	J8700	TEMOZOLMIDE, ORAL, 5 MG	4/1/2017	12/31/2382	500
DME	J8705	TOPOTECAN, ORAL, 0.25 MG	4/1/2017	12/31/2382	35
DME	J9000	DOXORUBICIN HCL, 10 MG	7/1/2016	12/31/2382	20
DME	J9040	BLEOMYCIN SULFATE, 15 UNITS	1/1/2017	12/31/2382	4
DME	J9065	INJECTION, CLADRIBINE, PER 1 MG	10/1/2015	12/31/2382	80
DME	J9100	CYTARABINE 100 MG	7/1/2016	12/31/2382	60
DME	J9181	ETOPOSIDE, 10 MG	1/1/2017	12/31/2382	11
DME	J9190	FLUOROURACIL, 500 MG	7/1/2016	12/31/2382	20
DME	J9200	FLOXURIDINE, 500 MG	7/1/2016	12/31/2382	16

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	J9360	VINBLASTINE SULFATE, 1 MG	4/1/2017	12/31/2382	45
DME	J9370	VINCRISTINE SULFATE, 1 MG	7/1/2016	12/31/2382	4
DME	K0001	STANDARD WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0003	LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0004	HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0006	HEAVY DUTY WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0008	CUSTOM MANUAL WHEELCHAIR BASE	1/1/2014	12/31/2382	1
DME	K0009	OTHER MANUAL WHEELCHAIR BASE	10/1/2010	12/31/2382	1
DME	K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	1/1/2014	12/31/2382	1
DME	K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
DME	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
DME	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	1/1/2014	12/31/2382	1
DME	K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH	10/1/2010	12/31/2382	2
DME	K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH	10/1/2010	12/31/2382	2
DME	K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION EACH	10/1/2010	12/31/2382	2
DME	K0019	ARM PAD , EACH	10/1/2010	12/31/2382	2
DME	K0020	FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR	10/1/2010	12/31/2382	1
DME	K0037	HIGH MOUNT FLIP-UP FOOTREST , EACH	10/1/2010	12/31/2382	2
DME	K0038	LEG STRAP, EACH	10/1/2010	12/31/2382	2
DME	K0039	LEG STRAP H-STYLE , EACH	10/1/2010	12/31/2382	2
DME	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	10/1/2010	12/31/2382	2
DME	K0041	LARGE SIZE FOOTPLATE , EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0042	STANDARD SIZE FOOTPLATE , EACH	10/1/2010	12/31/2382	2
DME	K0043	FOOT REST LOWER EXTENSION TUBE , EACH	10/1/2010	12/31/2382	2
DME	K0044	FOOTREST , UPPER HANGER BRACKET , EACH	10/1/2010	12/31/2382	2
DME	K0045	FOOTREST , COMPLETE ASSEMBLY	10/1/2010	12/31/2382	2
DME	K0046	ELEVATING LEGREST LOWER EXTENSION TUBE , EACH	10/1/2010	12/31/2382	2
DME	K0047	ELEVATING LEGREST UPPER HANGAR BRACKET , EACH	10/1/2010	12/31/2382	2
DME	K0050	RATCHET ASSEMBLY	10/1/2010	12/31/2382	2
DME	K0051	CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH	10/1/2010	12/31/2382	2
DME	K0052	SWING AWAY DETACHABLE FOOTRESTS , EACH	10/1/2010	12/31/2382	2
DME	K0053	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH	10/1/2010	12/31/2382	2
DME	K0056	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT WHEELCHAIR	10/1/2010	12/31/2382	1
DME	K0065	SPOKE PROTECTORS, EACH	10/1/2010	12/31/2382	2
DME	K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES, SPOKES OR MOLDED , EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0070	REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDER, EACH	10/1/2010	12/31/2382	2
DME	K0071	FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, EACH	10/1/2010	12/31/2382	2
DME	K0072	FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	10/1/2010	12/31/2382	2
DME	K0073	CASTER PINLOCK, EACH	10/1/2010	12/31/2382	2
DME	K0077	FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE, EACH	10/1/2010	12/31/2382	2
DME	K0098	DRIVE BELT FOR POWER WHEELCHAIR	4/1/2018	12/31/2382	2
DME	K0105	IV HANGER, EACH	10/1/2010	12/31/2382	1
DME	K0195	ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)	10/1/2014	12/31/2382	1
DME	K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	10/1/2010	12/31/2382	1
DME	K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	10/1/2010	12/31/2382	1
DME	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	10/1/2015	12/31/2382	2
DME	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	10/1/2015	12/31/2382	2
DME	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	10/1/2010	12/31/2382	1
DME	K0608	REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	10/1/2010	12/31/2382	1
DME	K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	10/1/2010	12/31/2382	1
DME	K0669	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	1/1/2014	12/31/2382	2
DME	K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE,ALL COMPONENTS,REPLACEMENT ONLY,EACH	7/1/2014	12/31/2382	4
DME	K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	10/1/2010	12/31/2382	1
DME	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS	10/1/2010	12/31/2382	2
DME	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CLYLINDERS;	10/1/2010	12/31/2382	1
DME	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
DME	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
DME	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0807	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
DME	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	7/1/2013	12/31/2382	1
DME	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
DME	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
DME	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
DME	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
DME	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
DME	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
DME	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTIAN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
DME	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	10/1/2010	12/31/2382	1
DME	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
DME	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
DME	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
DME	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	10/1/2010	12/31/2382	1
DME	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
DME	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
DME	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
DME	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	10/1/2010	12/31/2382	1
DME	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
DME	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	10/1/2010	12/31/2382	1
DME	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	10/1/2010	12/31/2382	1
DME	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
DME	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
DME	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
DME	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	10/1/2010	12/31/2382	1
DME	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	10/1/2010	12/31/2382	1
DME	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
DME	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
DME	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	10/1/2010	12/31/2382	1
DME	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
DME	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	10/1/2010	12/31/2382	1
DME	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	10/1/2010	12/31/2382	1
DME	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY,SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
DME	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MUTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
DME	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1
DME	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	10/1/2010	12/31/2382	1
DME	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	10/1/2010	12/31/2382	1
DME	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	10/1/2010	12/31/2382	1
DME	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	10/1/2010	12/31/2382	1
DME	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	4/1/2012	12/31/2382	1
DME	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
DME	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	10/1/2010	12/31/2382	1
DME	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1
DME	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	4/1/2012	12/31/2382	1
DME	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	10/1/2010	12/31/2382	1
DME	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	4/1/2012	12/31/2382	1
DME	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	4/1/2012	12/31/2382	1
DME	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1
DME	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	4/1/2012	12/31/2382	1
DME	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	7/1/2014	12/31/2382	1
DME	K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	1/1/2014	12/31/2382	1
DME	K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	7/1/2014	12/31/2382	1
DME	L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
DME	L0113	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
DME	L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	10/1/2010	12/31/2382	1
DME	L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	10/1/2010	12/31/2382	1
DME	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	10/1/2010	12/31/2382	1
DME	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	10/1/2010	12/31/2382	1
DME	L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
DME	L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	10/1/2010	12/31/2382	1
DME	L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	10/1/2010	12/31/2382	1
DME	L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	10/1/2010	12/31/2382	1
DME	L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLO	10/1/2010	12/31/2382	1
DME	L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSIO	10/1/2010	12/31/2382	1
DME	L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
DME	L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	1
DME	L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE, CUSTOM FABRICA	10/1/2010	12/31/2382	1
DME	L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	10/1/2010	12/31/2382	1
DME	L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0456	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTEND	10/1/2010	12/31/2382	1
DME	L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORTS, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON	7/1/2014	12/31/2382	1
DME	L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
DME	L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
DME	L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM	10/1/2010	12/31/2382	1
DME	L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM TH	10/1/2010	12/31/2382	1
DME	L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADD	10/1/2010	12/31/2382	1
DME	L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
DME	L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT APRON WITH STRAPS,CLOSURE AND PADDING	10/1/2010	12/31/2382	1
DME	L0469	TLSO, SAGITTAL CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
DME	L0470	TLSO, TRIPLANAR CONTROL,RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURE AND	10/1/2010	12/31/2382	1
DME	L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID, ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO ST	10/1/2010	12/31/2382	1
DME	L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSU	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD	10/1/2010	12/31/2382	1
DME	L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES,	10/1/2010	12/31/2382	1
DME	L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-	10/1/2010	12/31/2382	1
DME	L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POS	10/1/2010	12/31/2382	1
DME	L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULT	10/1/2010	12/31/2382	1
DME	L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
DME	L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
DME	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	10/1/2010	12/31/2382	1
DME	L0622	SACROILIAC ORTHOSIS, FLEXABLE, PROVIDES PELVIC-SACRAL SUPPORT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
DME	L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND	10/1/2010	12/31/2382	1
DME	L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM	10/1/2010	12/31/2382	1
DME	L0625	LUMBAR OTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES	10/1/2010	12/31/2382	1
DME	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEB	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BEL	10/1/2010	12/31/2382	1
DME	L0628	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	10/1/2010	12/31/2382	1
DME	L0629	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	10/1/2010	12/31/2382	1
DME	L0630	LSO, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
DME	L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	10/1/2010	12/31/2382	1
DME	L0632	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1
DME	L0633	LSO, SAGITTAL-CORONAL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	10/1/2010	12/31/2382	1
DME	L0634	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1
DME	L0635	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO	10/1/2010	12/31/2382	1
DME	L0636	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING	10/1/2010	12/31/2382	1
DME	L0637	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
DME	L0638	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
DME	L0639	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0640	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
DME	L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW	7/1/2014	12/31/2382	1
DME	L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 TO	7/1/2014	12/31/2382	1
DME	L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL	7/1/2014	12/31/2382	1
DME	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
DME	L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
DME	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR	7/1/2014	12/31/2382	1
DME	L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
DME	L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL,	10/1/2010	12/31/2382	1
DME	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	10/1/2010	12/31/2382	1
DME	L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	10/1/2010	12/31/2382	1
DME	L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	10/1/2010	12/31/2382	1
DME	L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	10/1/2010	12/31/2382	1
DME	L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	10/1/2010	12/31/2382	1
DME	L0970	TLSO, CORSET FRONT	10/1/2010	12/31/2382	1
DME	L0972	LSO, CORSET FRONT	10/1/2010	12/31/2382	1
DME	L0974	TLSO, FULL CORSET	10/1/2010	12/31/2382	1
DME	L0976	LSO, FULL CORSET	10/1/2010	12/31/2382	1
DME	L0978	AXILLARY CRUTCH EXTENSION	10/1/2010	12/31/2382	2
DME	L0980	PERONEAL STRAPS, PAIR	10/1/2010	12/31/2382	1
DME	L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	7/1/2014	12/31/2382	1
DME	L0984	PROTECTIVE BODY SOCK, EACH	7/1/2014	12/31/2382	3
DME	L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUD	10/1/2010	12/31/2382	1
DME	L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJ	4/1/2012	12/31/2382	1
DME	L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	10/1/2010	12/31/2382	2
DME	L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	10/1/2010	12/31/2382	2
DME	L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	10/1/2010	12/31/2382	1
DME	L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	10/1/2010	12/31/2382	1
DME	L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	10/1/2010	12/31/2382	1
DME	L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	10/1/2010	12/31/2382	1
DME	L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	10/1/2010	12/31/2382	1
DME	L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	10/1/2010	12/31/2382	2
DME	L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	10/1/2010	12/31/2382	2
DME	L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	10/1/2010	12/31/2382	1
DME	L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	10/1/2010	12/31/2382	1
DME	L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	10/1/2010	12/31/2382	2
DME	L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	10/1/2010	12/31/2382	3
DME	L1200	THORACIC-LUMBAR-SACRAL-ORTHOISIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	10/1/2010	12/31/2382	1
DME	L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	10/1/2010	12/31/2382	2
DME	L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	10/1/2010	12/31/2382	1
DME	L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	10/1/2010	12/31/2382	1
DME	L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	10/1/2010	12/31/2382	1
DME	L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	10/1/2010	12/31/2382	2
DME	L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	10/1/2010	12/31/2382	1
DME	L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	10/1/2010	12/31/2382	3
DME	L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	10/1/2010	12/31/2382	2
DME	L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	10/1/2010	12/31/2382	2
DME	L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
DME	L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
DME	L1600	HIP ORTHOSIS (HO), ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER	10/1/2010	12/31/2382	1
DME	L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA COVER ONLY	10/1/2010	12/31/2382	1
DME	L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, PAVLIK HARNESS	10/1/2010	12/31/2382	1
DME	L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE)	10/1/2010	12/31/2382	1
DME	L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS	10/1/2010	12/31/2382	1
DME	L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE)	10/1/2010	12/31/2382	1
DME	L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,ADULT SIZE, PREFABRICATED, INCLUDES	10/1/2010	12/31/2382	1
DME	L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC,	10/1/2010	12/31/2382	1
DME	L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANC	10/1/2010	12/31/2382	1
DME	L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
DME	L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE	10/1/2010	12/31/2382	1
DME	L1690	COMBINATION,BILATERAL,LUMBO-SACRAL,HIP,FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE	10/1/2010	12/31/2382	1
DME	L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	10/1/2010	12/31/2382	1
DME	L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE)	10/1/2010	12/31/2382	2
DME	L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITE TYPE	10/1/2010	12/31/2382	1
DME	L1755	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	10/1/2010	12/31/2382	2
DME	L1810	KO, ELASTIC WITH JOINTS	10/1/2010	12/31/2382	2
DME	L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF -THE- SHELF	7/1/2014	12/31/2382	2
DME	L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS	10/1/2010	12/31/2382	2
DME	L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	10/1/2010	12/31/2382	2
DME	L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT, POSITIONAL ORTHOSIS, PREFABRICATED , INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
DME	L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT	10/1/2010	12/31/2382	2
DME	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT	7/1/2014	12/31/2382	2
DME	L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
DME	L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION	10/1/2010	12/31/2382	2
DME	L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
DME	L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
DME	L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
DME	L1847	KO,DOUBLE UPRIGHT WITH ADJUSTABLE JOINT,WITH INFLATABLE AIR SUPPORT CHAMBER(S),PREFABRICATED,INCLUDES FITTING	10/1/2010	12/31/2382	2
DME	L1848	KNEE ORTHOSIS,DOUBLE UPRIGHT WITH ADJUSTABLE KNEE JOINTS, WITH INFLATABLE AIR SUPPORT CHAMBER(S)	7/1/2014	12/31/2382	2
DME	L1850	KO, SWEDISH TYPE	10/1/2010	12/31/2382	2
DME	L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2
DME	L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2
DME	L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, MOLDED TO PATIENT MODEL (SK)	10/1/2010	12/31/2382	2
DME	L1900	ANKLE-FOOT ORTHOSIS (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1902	AFO, ANKLE GAUNTLET,	10/1/2010	12/31/2382	2
DME	L1904	AFO, MOLDED ANKLE GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT	10/1/2010	12/31/2382	2
DME	L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/ PADS, CUSTOM FABRICATED	10/1/2010	12/31/2382	2
DME	L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER	10/1/2010	12/31/2382	2
DME	L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE)	10/1/2010	12/31/2382	2
DME	L1930	AFO, PLASTIC	10/1/2010	12/31/2382	2
DME	L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	10/1/2010	12/31/2382	2
DME	L1940	AFO, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2
DME	L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION)	10/1/2010	12/31/2382	2
DME	L1950	AFO, SPIRAL, MOLDED TO PATIENT MODEL (IRM TYPE), PLASTIC	10/1/2010	12/31/2382	2
DME	L1951	AFO, SPIRAL, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
DME	L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L1970	AFO, PLASTIC MOLDED TO PATIENT MODEL, WITH ANKLE JOINT	10/1/2010	12/31/2382	2
DME	L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
DME	L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2
DME	L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2
DME	L2000	KNEE-ANKLE-FOOT-ORTHOSES (KAFO), SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CU	10/1/2010	12/31/2382	2
DME	L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	10/1/2010	12/31/2382	2
DME	L2010	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOU	10/1/2010	12/31/2382	2
DME	L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOS	10/1/2010	12/31/2382	2
DME	L2030	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR "AK" ORTHOSIS), WITHO	10/1/2010	12/31/2382	2
DME	L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL,	10/1/2010	12/31/2382	2
DME	L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	10/1/2010	12/31/2382	2
DME	L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2038	KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE, MOLDED TO PATIENT MODEL (LIVELY ORTHOSIS OR EQUAL)	10/1/2010	12/31/2382	2
DME	L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
DME	L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
DME	L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	10/1/2010	12/31/2382	1
DME	L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
DME	L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
DME	L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/ BELT	10/1/2010	12/31/2382	1
DME	L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIENT	10/1/2010	12/31/2382	2
DME	L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
DME	L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
DME	L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
DME	L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIEN	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
DME	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
DME	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
DME	L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	10/1/2010	12/31/2382	2
DME	L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	7/1/2014	12/31/2382	4
DME	L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	7/1/2014	12/31/2382	4
DME	L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	7/1/2014	12/31/2382	4
DME	L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	10/1/2010	12/31/2382	2
DME	L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	10/1/2010	12/31/2382	2
DME	L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	10/1/2010	12/31/2382	2
DME	L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2
DME	L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	10/1/2010	12/31/2382	2
DME	L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2
DME	L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	10/1/2010	12/31/2382	2
DME	L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	10/1/2010	12/31/2382	2
DME	L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	10/1/2010	12/31/2382	2
DME	L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	10/1/2010	12/31/2382	2
DME	L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTICMODIFICATION, PADDED/LINED	10/1/2010	12/31/2382	2
DME	L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	10/1/2010	12/31/2382	2
DME	L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	10/1/2010	12/31/2382	1
DME	L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	10/1/2010	12/31/2382	1
DME	L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	10/1/2010	12/31/2382	2
DME	L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORT	10/1/2010	12/31/2382	2
DME	L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	10/1/2010	12/31/2382	2
DME	L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	10/1/2010	12/31/2382	2
DME	L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	10/1/2010	12/31/2382	2
DME	L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	10/1/2010	12/31/2382	2
DME	L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOIN	7/1/2014	12/31/2382	4
DME	L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2397	ADDITION TO LOWER EXTREMITY ORTHOSES, SUSPENSION SLEAVE	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	7/1/2014	12/31/2382	4
DME	L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	7/1/2014	12/31/2382	4
DME	L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	7/1/2014	12/31/2382	4
DME	L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	10/1/2010	12/31/2382	2
DME	L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
DME	L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
DME	L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	10/1/2010	12/31/2382	2
DME	L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	10/1/2010	12/31/2382	2
DME	L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	10/1/2010	12/31/2382	2
DME	L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	10/1/2010	12/31/2382	2
DME	L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	10/1/2010	12/31/2382	2
DME	L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	10/1/2010	12/31/2382	2
DME	L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	10/1/2010	12/31/2382	2
DME	L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	10/1/2010	12/31/2382	2
DME	L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CAB	10/1/2010	12/31/2382	1
DME	L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	10/1/2010	12/31/2382	1
DME	L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	10/1/2010	12/31/2382	1
DME	L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	10/1/2010	12/31/2382	1
DME	L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	10/1/2010	12/31/2382	2
DME	L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	10/1/2010	12/31/2382	2
DME	L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	10/1/2010	12/31/2382	2
DME	L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	4/1/2018	12/31/2382	8
DME	L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	4/1/2018	12/31/2382	8
DME	L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	4/1/2018	12/31/2382	8
DME	L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	7/1/2014	12/31/2382	4
DME	L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	4/1/2018	12/31/2382	8
DME	L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	7/1/2014	12/31/2382	4
DME	L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	10/1/2010	12/31/2382	2
DME	L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	10/1/2010	12/31/2382	2
DME	L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	7/1/2014	12/31/2382	4
DME	L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	10/1/2010	12/31/2382	2
DME	L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM	1/1/2014	12/31/2382	2
DME	L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	10/1/2010	12/31/2382	2
DME	L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	10/1/2010	12/31/2382	2
DME	L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	10/1/2010	12/31/2382	2
DME	L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	10/1/2010	12/31/2382	2
DME	L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	10/1/2010	12/31/2382	2
DME	L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	10/1/2010	12/31/2382	2
DME	L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	10/1/2010	12/31/2382	2
DME	L3031	FOOT INSERT, PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	10/1/2010	12/31/2382	2
DME	L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2
DME	L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	10/1/2010	12/31/2382	2
DME	L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	10/1/2010	12/31/2382	2
DME	L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	10/1/2010	12/31/2382	2
DME	L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	10/1/2010	12/31/2382	2
DME	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	10/1/2010	12/31/2382	2
DME	L3140	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), INCLUDING SHOES	10/1/2010	12/31/2382	1
DME	L3150	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO SHOE	10/1/2010	12/31/2382	1
DME	L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	10/1/2010	12/31/2382	2
DME	L3170	FOOT, PLASTIC HEEL STABILZER	10/1/2010	12/31/2382	2
DME	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
DME	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
DME	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2
DME	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
DME	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
DME	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3208	SURGICAL BOOT, EACH, INFANT	4/1/2014	12/31/2382	2
DME	L3209	SURGICAL BOOT, EACH, CHILD	4/1/2014	12/31/2382	2
DME	L3211	SURGICAL BOOT, EACH, JUNIOR	4/1/2014	12/31/2382	2
DME	L3212	BENESCH BOOT, PAIR, INFANT	4/1/2014	12/31/2382	1
DME	L3213	BENESCH BOOT, PAIR, CHILD	4/1/2014	12/31/2382	1
DME	L3214	BENESCH BOOT, PAIR, JUNIOR	4/1/2014	12/31/2382	1
DME	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	10/1/2010	12/31/2382	2
DME	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
DME	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
DME	L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	10/1/2010	12/31/2382	2
DME	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
DME	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
DME	L3224	ORTHOPEDIC FOOTWEAR, WOMEN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOSIS)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOISIS)	10/1/2010	12/31/2382	2
DME	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
DME	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	10/1/2010	12/31/2382	2
DME	L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	10/1/2010	12/31/2382	2
DME	L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	10/1/2010	12/31/2382	2
DME	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	10/1/2010	12/31/2382	2
DME	L3254	NON-STANDARD SIZE OR WIDTH	4/1/2014	12/31/2382	2
DME	L3255	NON-STANDARD SIZE OR LENGTH	4/1/2014	12/31/2382	2
DME	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	4/1/2014	12/31/2382	1
DME	L3260	AMBULATORY SURGICAL BOOT, EACH	4/1/2014	12/31/2382	2
DME	L3265	PLASTAZOTE SANDAL, EACH	4/1/2014	12/31/2382	2
DME	L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	4/1/2018	12/31/2382	4
DME	L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	4/1/2018	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	10/1/2010	12/31/2382	2
DME	L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	10/1/2010	12/31/2382	2
DME	L3334	LIFT, ELEVATION, HEEL, PER INCH	4/1/2018	12/31/2382	4
DME	L3340	HEEL WEDGE, SACH	10/1/2010	12/31/2382	2
DME	L3350	HEEL WEDGE	10/1/2010	12/31/2382	2
DME	L3360	SOLE WEDGE, OUTSIDE SOLE	10/1/2010	12/31/2382	2
DME	L3370	SOLE WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
DME	L3380	CLUBFOOT WEDGE	10/1/2010	12/31/2382	2
DME	L3390	OUTFLARE WEDGE	10/1/2010	12/31/2382	2
DME	L3400	METATARSAL BAR WEDGE, ROCKER	10/1/2010	12/31/2382	2
DME	L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
DME	L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
DME	L3430	HEEL, COUNTER, PLASTIC REINFORCED	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3440	HEEL, COUNTER, LEATHER REINFORCED	10/1/2010	12/31/2382	2
DME	L3450	HEEL, SACH CUSHION TYPE	10/1/2010	12/31/2382	2
DME	L3455	HEEL, NEW LEATHER, STANDARD	10/1/2010	12/31/2382	2
DME	L3460	HEEL, NEW RUBBER, STANDARD	10/1/2010	12/31/2382	2
DME	L3465	HEEL, THOMAS WITH WEDGE	10/1/2010	12/31/2382	2
DME	L3470	HEEL, THOMAS EXTENDED TO BALL	10/1/2010	12/31/2382	2
DME	L3480	HEEL, PAD AND DEPRESSION FOR SPUR	10/1/2010	12/31/2382	2
DME	L3485	HEEL, PAD, REMOVABLE FOR SPUR	10/1/2010	12/31/2382	2
DME	L3500	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	10/1/2010	12/31/2382	2
DME	L3510	MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER	10/1/2010	12/31/2382	2
DME	L3520	MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	10/1/2010	12/31/2382	2
DME	L3530	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	10/1/2010	12/31/2382	2
DME	L3540	MISCELLANEOUS SHOE ADDITION, SOLE, FULL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3550	MISCELLANEOUS SHOE ADDITION, TOE TAP, STANDARD	10/1/2010	12/31/2382	2
DME	L3560	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	10/1/2010	12/31/2382	2
DME	L3570	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	10/1/2010	12/31/2382	2
DME	L3580	MISCELLANEOUS SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	10/1/2010	12/31/2382	2
DME	L3590	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	10/1/2010	12/31/2382	2
DME	L3595	MISCELLANEOUS SHOE ADDITION, MARCH BAR	10/1/2010	12/31/2382	2
DME	L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	10/1/2010	12/31/2382	2
DME	L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	10/1/2010	12/31/2382	2
DME	L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	10/1/2010	12/31/2382	2
DME	L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	10/1/2010	12/31/2382	2
DME	L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	10/1/2010	12/31/2382	1
DME	L3650	SHOULDER ORTHOSIS, (SO), FIGURE OF "8" DESIGN ABDUCTION RE- STRAINER	10/1/2010	12/31/2382	1
DME	L3660	SO, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	10/1/2010	12/31/2382	1
DME	L3671	SO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	10/1/2010	12/31/2382	1
DME	L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR	7/1/2012	12/31/2382	1
DME	L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL PREFABRICATED, INCLUDES	10/1/2010	12/31/2382	1
DME	L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	1
DME	L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,	7/1/2014	12/31/2382	1
DME	L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
DME	L3710	EO, ELASTIC WITH METAL JOINTS	10/1/2010	12/31/2382	2
DME	L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION	10/1/2010	12/31/2382	2
DME	L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST	10/1/2010	12/31/2382	2
DME	L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL	10/1/2010	12/31/2382	2
DME	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, AY	10/1/2010	12/31/2382	2
DME	L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	7/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
DME	L3763	EWHO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
DME	L3764	EWHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
DME	L3765	EWHFO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
DME	L3766	EWHFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
DME	L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY	10/1/2010	12/31/2382	2
DME	L3807	WHFO, EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION	10/1/2010	12/31/2382	2
DME	L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM	10/1/2010	12/31/2382	2
DME	L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	7/1/2014	12/31/2382	2
DME	L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR	1/1/2014	12/31/2382	2
DME	L3900	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRI	10/1/2010	12/31/2382	2
DME	L3901	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN	10/1/2010	12/31/2382	2
DME	L3904	WHFO, EXTERNAL POWERED, ELECTRIC	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3905	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
DME	L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED	10/1/2010	12/31/2382	2
DME	L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL	10/1/2010	12/31/2382	2
DME	L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
DME	L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	4/1/2012	12/31/2382	2
DME	L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	7/1/2014	12/31/2382	2
DME	L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
DME	L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2
DME	L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJ	10/1/2010	12/31/2382	2
DME	L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
DME	L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	10/1/2010	12/31/2382	2
DME	L3924	HAND FINGER ORTHOSIS, WITHOUT JOINT(S),MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, NON TORSION JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4
DME	L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, WITHOUT JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4
DME	L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
DME	L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	7/1/2014	12/31/2382	2
DME	L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
DME	L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMEN	10/1/2010	12/31/2382	3
DME	L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJU	10/1/2010	12/31/2382	3
DME	L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	7/1/2014	12/31/2382	4
DME	L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN	10/1/2010	12/31/2382	1
DME	L3961	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
DME	L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSEY DESIGN	10/1/2010	12/31/2382	1
DME	L3967	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUD	10/1/2010	12/31/2382	1
DME	L3971	SEWHO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L3973	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
DME	L3975	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	10/1/2010	12/31/2382	1
DME	L3976	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS, MAY	10/1/2010	12/31/2382	1
DME	L3977	SEWHFO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1
DME	L3978	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
DME	L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	10/1/2010	12/31/2382	2
DME	L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINT	7/1/2015	12/31/2382	2
DME	L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR	10/1/2010	12/31/2382	2
DME	L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	10/1/2010	12/31/2382	2
DME	L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	10/1/2010	12/31/2382	1
DME	L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	4/1/2018	12/31/2382	8
DME	L4010	REPLACE TRILATERAL SOCKET BRIM	10/1/2010	12/31/2382	2
DME	L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
DME	L4040	REPLACE MOLDED THIGH LACER	10/1/2010	12/31/2382	2
DME	L4045	REPLACE NON-MOLDED THIGH LACER	10/1/2010	12/31/2382	2
DME	L4050	REPLACE MOLDED CALF LACER	10/1/2010	12/31/2382	2
DME	L4055	REPLACE NON-MOLDED CALF LACER	10/1/2010	12/31/2382	2
DME	L4060	REPLACE HIGH ROLL CUFF	10/1/2010	12/31/2382	2
DME	L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	10/1/2010	12/31/2382	2
DME	L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
DME	L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	7/1/2014	12/31/2382	4
DME	L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
DME	L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	7/1/2014	12/31/2382	4
DME	L4130	REPLACE PRETIBIAL SHELL	10/1/2010	12/31/2382	2
DME	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	4/1/2018	12/31/2382	8

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	1/1/2017	12/31/2382	4
DME	L4350	PNEUMATIC ANKLE CONTROL SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
DME	L4360	PNEUMATIC WALKING SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
DME	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL	7/1/2014	12/31/2382	2
DME	L4370	PNEUMATIC FULL LEG SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
DME	L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
DME	L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED,	7/1/2014	12/31/2382	2
DME	L4392	REPLACE SOFT INTERFACE MATERIAL, STATIC AFO	10/1/2010	12/31/2382	2
DME	L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	10/1/2010	12/31/2382	2
DME	L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	10/1/2010	12/31/2382	2
DME	L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	7/1/2014	12/31/2382	2
DME	L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE	10/1/2010	12/31/2382	2
DME	L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL	4/1/2011	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	10/1/2010	12/31/2382	2
DME	L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
DME	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
DME	L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	10/1/2010	12/31/2382	2
DME	L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SA	10/1/2010	12/31/2382	2
DME	L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	10/1/2010	12/31/2382	2
DME	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EA	10/1/2010	12/31/2382	2
DME	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH F	10/1/2010	12/31/2382	2
DME	L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SH	10/1/2010	12/31/2382	2
DME	L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	10/1/2010	12/31/2382	2
DME	L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE,PYLON,SACH FOOT, ENDOSKELETAL SYSTEM	7/1/2013	12/31/2382	2
DME	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	10/1/2010	12/31/2382	2
DME	L5331	HIP DISARICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE SACH FOOT	10/1/2010	12/31/2382	2
DME	L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT,	10/1/2010	12/31/2382	2
DME	L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
DME	L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
DME	L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND	10/1/2010	12/31/2382	2
DME	L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, BELOW KNEE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	10/1/2010	12/31/2382	2
DME	L5500	INITIAL, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT	10/1/2010	12/31/2382	2
DME	L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SA	10/1/2010	12/31/2382	2
DME	L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGN- ABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET	10/1/2010	12/31/2382	2
DME	L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
DME	L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
DME	L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED	10/1/2010	12/31/2382	2
DME	L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET,	10/1/2010	12/31/2382	2
DME	L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
DME	L5570	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
DME	L5580	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
DME	L5585	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
DME	L5590	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO	10/1/2010	12/31/2382	2
DME	L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIE	10/1/2010	12/31/2382	2
DME	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	10/1/2010	12/31/2382	2
DME	L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTIO	10/1/2010	12/31/2382	2
DME	L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH HYDRAUL	10/1/2010	12/31/2382	2
DME	L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATI	10/1/2010	12/31/2382	2
DME	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE	10/1/2010	12/31/2382	2
DME	L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNINGUNIT, ABOVE KNEE OR BELOW KNEE, EACH	10/1/2010	12/31/2382	2
DME	L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	7/1/2014	12/31/2382	4
DME	L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	7/1/2014	12/31/2382	4
DME	L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	7/1/2014	12/31/2382	4
DME	L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	7/1/2014	12/31/2382	4
DME	L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	10/1/2010	12/31/2382	2
DME	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
DME	L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
DME	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
DME	L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	10/1/2010	12/31/2382	2
DME	L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	10/1/2010	12/31/2382	2
DME	L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	10/1/2010	12/31/2382	2
DME	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	10/1/2010	12/31/2382	2
DME	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
DME	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
DME	L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	10/1/2010	12/31/2382	2
DME	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
DME	L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
DME	L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
DME	L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
DME	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	10/1/2010	12/31/2382	2
DME	L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
DME	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	10/1/2010	12/31/2382	2
DME	L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
DME	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
DME	L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
DME	L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
DME	L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQU	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	10/1/2010	12/31/2382	2
DME	L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	10/1/2010	12/31/2382	2
DME	L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	10/1/2010	12/31/2382	2
DME	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	10/1/2010	12/31/2382	2
DME	L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	10/1/2010	12/31/2382	2
DME	L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	10/1/2010	12/31/2382	2
DME	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED	7/1/2014	12/31/2382	4
DME	L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	10/1/2010	12/31/2382	2
DME	L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	10/1/2010	12/31/2382	2
DME	L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	10/1/2010	12/31/2382	2
DME	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SO	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON- MOLDED	10/1/2010	12/31/2382	2
DME	L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR	10/1/2010	12/31/2382	2
DME	L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	10/1/2010	12/31/2382	2
DME	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENI	10/1/2010	12/31/2382	2
DME	L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	10/1/2010	12/31/2382	2
DME	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	7/1/2014	12/31/2382	4
DME	L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	10/1/2010	12/31/2382	2
DME	L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	10/1/2010	12/31/2382	2
DME	L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
DME	L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	10/1/2010	12/31/2382	2
DME	L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
DME	L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	10/1/2010	12/31/2382	2
DME	L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	10/1/2010	12/31/2382	2
DME	L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	10/1/2010	12/31/2382	2
DME	L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	10/1/2010	12/31/2382	2
DME	L5700	REPLACEMENT, SOCKET BELOW KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L5701	REPLACEMENT, SOCKET, ABOVE KNEE-KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L5702	REPLACEMENT, SOCKET HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	10/1/2010	12/31/2382	2
DME	L5704	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, BELOW KNEE	10/1/2010	12/31/2382	2
DME	L5705	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, ABOVE KNEE	10/1/2010	12/31/2382	2
DME	L5706	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	10/1/2010	12/31/2382	2
DME	L5707	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, HIP DISARTICULATION	10/1/2010	12/31/2382	2
DME	L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
DME	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
DME	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
DME	L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
DME	L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
DME	L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
DME	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2
DME	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
DME	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE	10/1/2010	12/31/2382	2
DME	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
DME	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5826	ADDITION, ENDOSKELETAL KNEE-SKIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH	10/1/2010	12/31/2382	2
DME	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	10/1/2010	12/31/2382	2
DME	L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
DME	L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
DME	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	10/1/2010	12/31/2382	2
DME	L5855	ADDITION, ENDOSKELETAL HIP DISARICULATION, MECHANICAL HIP EXTENSION ASSIST.	10/1/2010	12/31/2382	2
DME	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
DME	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
DME	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE	10/1/2010	12/31/2382	2
DME	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS,ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/	7/1/2013	12/31/2382	2
DME	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
DME	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
DME	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	10/1/2010	12/31/2382	2
DME	L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	10/1/2010	12/31/2382	2
DME	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH	7/1/2012	12/31/2382	1
DME	L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRTECTIVE OUTER SURGACE COVERING SYSTEM	10/1/2010	12/31/2382	2
DME	L5964	ADDITION ENDOSKELETAL SYSTEM, ABOVE KNEE. FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
DME	L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
DME	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	10/1/2010	12/31/2382	2
DME	L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	7/1/2014	12/31/2382	2
DME	L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	10/1/2010	12/31/2382	2
DME	L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR	10/1/2010	12/31/2382	2
DME	L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L5975	ALL LOWER EXTREMITY PROTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	10/1/2010	12/31/2382	2
DME	L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5979	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	10/1/2010	12/31/2382	2
DME	L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	10/1/2010	12/31/2382	2
DME	L5981	ALL LOWER PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL	10/1/2010	12/31/2382	2
DME	L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
DME	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
DME	L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, DYNAMIC PROSTHETIC PYLON	10/1/2010	12/31/2382	2
DME	L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	10/1/2010	12/31/2382	2
DME	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	10/1/2010	12/31/2382	2
DME	L5988	ALL LOWER EXTREMITY PROTHESIS, COMBINATION VERTICAL SHOCK & MULTIAXIAL ROTATION/TORSIONAL FORCE REDUCING PYLON	10/1/2010	12/31/2382	2
DME	L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
DME	L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
DME	L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
DME	L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHEIS, EXTERNALPOWER, SELF-SUSPENDED, INNER SOCKET	7/1/2015	12/31/2382	2
DME	L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
DME	L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
DME	L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	10/1/2010	12/31/2382	2
DME	L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUS- PENSION TYPES)	10/1/2010	12/31/2382	2
DME	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	10/1/2010	12/31/2382	2
DME	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	10/1/2010	12/31/2382	2
DME	L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	10/1/2010	12/31/2382	2
DME	L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	10/1/2010	12/31/2382	2
DME	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
DME	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
DME	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
DME	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
DME	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
DME	L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
DME	L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT A	10/1/2010	12/31/2382	2
DME	L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
DME	L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
DME	L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	10/1/2010	12/31/2382	2
DME	L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	10/1/2010	12/31/2382	2
DME	L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
DME	L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
DME	L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
DME	L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
DME	L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW	10/1/2010	12/31/2382	2
DME	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES,	10/1/2010	12/31/2382	2
DME	L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW,	10/1/2010	12/31/2382	2
DME	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE O	10/1/2010	12/31/2382	2
DME	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, L	10/1/2010	12/31/2382	2
DME	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING E	10/1/2010	12/31/2382	2
DME	L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	10/1/2010	12/31/2382	2
DME	L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	10/1/2010	12/31/2382	2
DME	L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	10/1/2010	12/31/2382	2
DME	L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	4/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	10/1/2010	12/31/2382	2
DME	L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	10/1/2010	12/31/2382	2
DME	L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	10/1/2010	12/31/2382	2
DME	L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL	10/1/2010	12/31/2382	2
DME	L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	10/1/2010	12/31/2382	2
DME	L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	4/1/2012	12/31/2382	2
DME	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	10/1/2010	12/31/2382	2
DME	L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
DME	L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
DME	L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	10/1/2010	12/31/2382	2
DME	L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	7/1/2014	12/31/2382	4
DME	L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	10/1/2010	12/31/2382	2
DME	L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	10/1/2010	12/31/2382	2
DME	L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	10/1/2010	12/31/2382	2
DME	L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	10/1/2010	12/31/2382	2
DME	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	10/1/2010	12/31/2382	2
DME	L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	10/1/2010	12/31/2382	2
DME	L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONT	10/1/2010	12/31/2382	2
DME	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	10/1/2010	12/31/2382	2
DME	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	10/1/2010	12/31/2382	2
DME	L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	10/1/2010	12/31/2382	2
DME	L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	7/1/2014	12/31/2382	4
DME	L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	7/1/2014	12/31/2382	4
DME	L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	7/1/2014	12/31/2382	4
DME	L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	10/1/2010	12/31/2382	2
DME	L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR SINGLE CONTROL	10/1/2010	12/31/2382	2
DME	L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR DUAL CONTROL	10/1/2010	12/31/2382	2
DME	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	10/1/2010	12/31/2382	2
DME	L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	7/1/2014	12/31/2382	4
DME	L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	7/1/2014	12/31/2382	4
DME	L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	7/1/2014	12/31/2382	4
DME	L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	10/1/2010	12/31/2382	2
DME	L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	10/1/2010	12/31/2382	2
DME	L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	10/1/2010	12/31/2382	2
DME	L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	10/1/2010	12/31/2382	2
DME	L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	10/1/2010	12/31/2382	2
DME	L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	7/1/2014	6/30/2018	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	7/1/2018	12/31/2382	2
DME	L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	7/1/2014	6/30/2018	4
DME	L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	7/1/2018	12/31/2382	2
DME	L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	10/1/2010	12/31/2382	2
DME	L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
DME	L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
DME	L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
DME	L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
DME	L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	10/1/2010	12/31/2382	2
DME	L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
DME	L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
DME	L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	4/1/2012	12/31/2382	2
DME	L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE LINED OR UNLINED	4/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
DME	L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
DME	L6711	TERMINAL DEVICE,HOOK,MECHANICAL,VOLUNTARY OPENING,ANY MATERIAL,ANY SIZE,LINED,OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
DME	L6712	TERMINAL DEVICE,HOOK,MECHANICAL,VOLUNTARY CLOSING,ANY MATERIAL,ANY SIZE,LINED,OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
DME	L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING ANY MATERIAL, ANY SIZE, PEDIATRIC	10/1/2010	12/31/2382	2
DME	L6714	TERMINAL DEVICE,HAND,MECHANICAL,VOLUNTARY CLOSING,ANY MATERIAL,ANY SIZE PEDIATRIC	10/1/2010	12/31/2382	2
DME	L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	7/1/2017	12/31/2382	5
DME	L6721	TERMINAL DEVICE, HOOK OR HAND,HEAVY DUTY,MECHANICAL,VOLUNTARY OPENING,ANY MATERIAL,ANY SIZE,LINED OR UNLINED	10/1/2010	12/31/2382	2
DME	L6722	TERMINAL DEVICE,HOOK OR HAND,HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING,ANY MATERIAL,ANY SIZE,LINED OR UNLINED	10/1/2010	12/31/2382	2
DME	L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	10/1/2010	12/31/2382	2
DME	L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
DME	L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR	7/1/2013	12/31/2382	2
DME	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LINB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2
DME	L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERN	10/1/2010	12/31/2382	2
DME	L6884	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT, FOR USE WITH OR WITHOUT EXTERNAL POWER	10/1/2010	12/31/2382	2
DME	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH	10/1/2010	12/31/2382	2
DME	L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	10/1/2010	12/31/2382	2
DME	L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	10/1/2010	12/31/2382	2
DME	L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REM	10/1/2010	12/31/2382	2
DME	L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAIN	10/1/2010	12/31/2382	2
DME	L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	10/1/2010	12/31/2382	2
DME	L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	10/1/2010	12/31/2382	2
DME	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
DME	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
DME	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH,	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	10/1/2010	12/31/2382	2
DME	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
DME	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
DME	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
DME	L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
DME	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
DME	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
DME	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
DME	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
DME	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2
DME	L7008	ELECTRIC HAND, SWITCH OR MYOELETRIC, CONTROLLED, PEDIATRIC	4/1/2012	12/31/2382	2
DME	L7009	ELECTRIC HOOK, SWITCH OR MYOELETRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2
DME	L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
DME	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
DME	L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
DME	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	10/1/2010	12/31/2382	2
DME	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
DME	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
DME	L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
DME	L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
DME	L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	7/1/2015	12/31/2382	2
DME	L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	7/1/2018	12/31/2382	1
DME	L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	1
DME	L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	7/1/2018	12/31/2382	1
DME	L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L7367	LITHIUM ION BATTERY, REPLACEMENT	7/1/2018	12/31/2382	2
DME	L7368	LITHIUM ION BATTERY, CHARGER	10/1/2010	12/31/2382	1
DME	L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
DME	L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
DME	L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
DME	L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	10/1/2010	12/31/2382	2
DME	L7404	ADDITION TO UPPER EXTREMITY PROTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	10/1/2010	12/31/2382	2
DME	L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	10/1/2010	12/31/2382	2
DME	L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	1/1/2014	12/31/2382	1
DME	L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	7/1/2018	12/31/2382	2
DME	L7900	VACUUM ERECTION SYSTEM	10/1/2010	12/31/2382	1
DME	L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	7/1/2013	12/31/2382	1
DME	L8000	BREAST PROSTHESIS, MASTECTOMY BRA	7/1/2018	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, UNILATERAL	10/1/2015	6/30/2018	2
DME	L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, UNILATERAL	7/1/2018	12/31/2382	4
DME	L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, BILATERAL	10/1/2015	6/30/2018	2
DME	L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, BILATERAL	7/1/2018	12/31/2382	4
DME	L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	1/1/2014	12/31/2382	2
DME	L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	4/1/2015	12/31/2382	4
DME	L8020	BREAST PROSTHESIS, MASTECTOMY FORM	4/1/2015	12/31/2382	4
DME	L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTERGRAL ADHESIVE	10/1/2010	12/31/2382	2
DME	L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	10/1/2010	12/31/2382	2
DME	L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	10/1/2010	12/31/2382	2
DME	L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
DME	L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	2
DME	L8040	NASAL PROTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
DME	L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2
DME	L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
DME	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON PHYSICIAN	10/1/2010	12/31/2382	1
DME	L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2
DME	L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
DME	L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
DME	L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	7/1/2014	12/31/2382	1
DME	L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES INCREMENTS, PROVIDED BY NON-PH	4/1/2015	6/30/2018	8
DME	L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES INCREMENTS, PROVIDED BY NON-PH	7/1/2018	12/31/2382	6
DME	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2010	12/31/2382	1
DME	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2010	12/31/2382	1
DME	L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	10/1/2010	12/31/2382	2
DME	L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	7/1/2018	12/31/2382	12
DME	L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
DME	L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	7/1/2018	12/31/2382	6
DME	L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER,BELOW KNEE OR ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
DME	L8420	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
DME	L8430	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24
DME	L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
DME	L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	7/1/2014	12/31/2382	4
DME	L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	7/1/2014	12/31/2382	4
DME	L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	7/1/2014	12/31/2382	4
DME	L8470	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
DME	L8480	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8485	STUMP SOCK, SINGLE PLY FITTING, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
DME	L8500	ARTIFICIAL LARYNX, ANY TYPE	10/1/2010	12/31/2382	1
DME	L8501	TRACHEOSTOMY SPEAKING VALVE	10/1/2010	12/31/2382	2
DME	L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	10/1/2010	12/31/2382	3
DME	L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	10/1/2010	12/31/2382	1
DME	L8510	VOICE AMPLIFIER	10/1/2010	12/31/2382	1
DME	L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
DME	L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VIOCE PROSTHESIS, REPLACEMENT ONLY, PER 10	4/1/2015	12/31/2382	9
DME	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROTHESIS, PIPET BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	4/1/2015	12/31/2382	6
DME	L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
DME	L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	10/1/2010	12/31/2382	1
DME	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	10/1/2010	9/30/2018	2
DME	L8609	ARTIFICIAL CORNEA	1/1/2012	9/30/2018	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8610	OCULAR IMPLANT	10/1/2010	9/30/2018	2
DME	L8612	AQUEOUS SHUNT	10/1/2010	9/30/2018	2
DME	L8613	OSSICULAR IMPLANT	10/1/2010	9/30/2018	2
DME	L8614	COCHLEAR DEVICE/SYSTEM	10/1/2010	9/30/2018	2
DME	L8615	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
DME	L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
DME	L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
DME	L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
DME	L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	10/1/2010	12/31/2382	2
DME	L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	10/1/2010	12/31/2382	2
DME	L8625	TRAPEZIUM IMPLANT	7/1/2018	12/31/2382	1
DME	L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL, FOR SURGICAL	10/1/2010	9/30/2018	4
DME	L8641	METATARSAL JOINT IMPLANT	10/1/2010	9/30/2018	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8642	HALLUX IMPLANT	10/1/2010	9/30/2018	2
DME	L8658	INTERPHALANGEAL JOINT IMPLANT	10/1/2010	9/30/2018	4
DME	L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL FOR SURGICAL IMPLAN	10/1/2010	9/30/2018	4
DME	L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	10/1/2010	9/30/2018	4
DME	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	10/1/2010	12/31/2382	1
DME	L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2010	12/31/2382	2
DME	L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2010	12/31/2382	1
DME	L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL	10/1/2010	12/31/2382	1
DME	L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	10/1/2010	12/31/2382	1
DME	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	10/1/2010	9/30/2018	2
DME	L8687	IMPLANTABLE NEUROSTIMULATOR PLUSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	9/30/2018	1
DME	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	9/30/2018	1
DME	L8689	EXTERNAL RECHARGING SYSTEM FOR INPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2010	9/30/2018	1
DME	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	10/1/2010	12/31/2382	1
DME	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT ATTACHMENT	7/1/2012	12/31/2382	1
DME	L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	7/1/2012	9/30/2018	1
DME	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	7/1/2018	12/31/2382	1
DME	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	10/1/2010	12/31/2382	1
DME	Q0035	CARDIOKHYMOGRAPHY	10/1/2010	12/31/2382	1
DME	Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	10/1/2010	12/31/2382	1
DME	Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERIVICAL OR SKIN SPECIMENS	10/1/2010	9/30/2018	2
DME	Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	10/1/2010	9/30/2018	3
DME	Q0113	PINWORM EXAMINATIONS	10/1/2010	3/31/2018	2
DME	Q0113	PINWORM EXAMINATIONS	4/1/2018	9/30/2018	1
DME	Q0114	FERN TEST	10/1/2010	9/30/2018	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	Q0115	POST-COITAL MUCOUS EXAM	10/1/2010	9/30/2018	1
DME	Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	10/1/2014	12/31/2382	66
DME	Q0162	ONDANSETRON 1 MG,ORAL FDA-APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC	1/1/2016	12/31/2382	40
DME	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	1/1/2016	12/31/2382	13
DME	Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	1/1/2016	12/31/2382	18
DME	Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	1/1/2016	12/31/2382	2
DME	Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	1/1/2016	12/31/2382	108
DME	Q0169	PROMETHAZINE HCI, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	1/1/2016	12/31/2382	26
DME	Q0173	TRIMETHOBENZAMIDE HCI, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	1/1/2016	12/31/2382	11
DME	Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	1/1/2016	12/31/2382	14
DME	Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	1/1/2016	12/31/2382	36
DME	Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	1/1/2016	12/31/2382	1
DME	Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	Q0479	POWER MODULE FOR USE WITH ELCTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	7/1/2012	12/31/2382	1
DME	Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
DME	Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
DME	Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	10/1/2010	12/31/2382	1
DME	Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
DME	Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
DME	Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	3
DME	Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	10/1/2010	12/31/2382	1
DME	Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	7/1/2014	12/31/2382	1
DME	Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI- EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESC	7/1/2014	12/31/2382	4
DME	Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	1/1/2012	12/31/2382	1
DME	Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	1/1/2012	12/31/2382	1
DME	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	10/1/2010	12/31/2382	2
DME	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	10/1/2010	12/31/2382	2
DME	Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	10/1/2010	12/31/2382	1
DME	Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	10/1/2010	12/31/2382	1
DME	Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	2
DME	Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	2
DME	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	1
DME	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	1
DME	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	10/1/2010	12/31/2382	1
DME	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	10/1/2016	12/31/2382	93
DME	S0395	IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTI	10/1/2013	12/31/2382	2
DME	S0516	SAFETY EYEGLASS FRAMES	10/1/2014	12/31/2382	1
DME	S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
DME	S0581	NONSTANDARD LENS (LIST THIS CODE IN ADDITIION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
DME	S0618	AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL AND DEGREE OF	10/1/2013	12/31/2382	1
DME	S1040	CRANIAL REMOLDING ORTHOSIS, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUS	10/1/2013	12/31/2382	1
DME	S8096	PORTABLE PEAK FLOW METER	10/1/2013	12/31/2382	1
DME	S8100	HOLDING CHAMBER OF SPACER FOR USE WITH AND INHALER OR NEBULIZER; WITHOUT MASK	10/1/2013	12/31/2382	2
DME	S8101	HOLDING CHAMBER OF SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	10/1/2013	12/31/2382	2
DME	S8185	FLUTTER DEVICE	10/1/2013	12/31/2382	1
DME	S8186	SWIVEL ADAPTOR	10/1/2013	12/31/2382	4
DME	S8210	MUCAS TRAP	10/1/2013	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	10/1/2013	12/31/2382	1
DME	S8420	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	10/1/2013	12/31/2382	2
DME	S8421	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), READY MADE	10/1/2013	12/31/2382	2
DME	S8422	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
DME	S8423	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2
DME	S8424	GRADIENT PRESSURE AID(SLEEVE), READY MADE	10/1/2013	12/31/2382	2
DME	S8425	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
DME	S8426	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2
DME	S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	10/1/2013	12/31/2382	2
DME	S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	10/1/2013	12/31/2382	2
DME	S8429	GRADIENT PRESSURE EXTERIOR WRAP	10/1/2013	12/31/2382	2
DME	S8450	SPLING, PREFABRICATED, DIGIT(SPECIFY DIGIT BY USE OF MODIFIER)	10/1/2013	12/31/2382	1
DME	S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE	10/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	S8452	SPLINT, PREFABRICATED, ELBOW	10/1/2013	12/31/2382	2
DME	S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATAHTROPHIC	10/1/2013	12/31/2382	1
DME	S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	10/1/2013	12/31/2382	1
DME	T1505	ELECTRONIC MEDICATION COMPLIANCE MANANGEMENT DEVICE, INCLUDES ALL COMPONENTS AND ACCESSORIES, NOC	1/1/2014	12/31/2382	1
DME	T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	10/1/2013	12/31/2382	1
DME	V2020	FRAMES, PURCHASES	10/1/2010	12/31/2382	1
DME	V2025	DELUXE FRAMES	10/1/2014	12/31/2382	1
DME	V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	4/1/2015	12/31/2382	2
DME	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	4/1/2015	12/31/2382	2
DME	V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LEN	10/1/2010	12/31/2382	2
DME	V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER	10/1/2010	12/31/2382	2
DME	V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	10/1/2010	12/31/2382	2
DME	V2110	SPEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER L	10/1/2010	12/31/2382	2
DME	V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER	10/1/2010	12/31/2382	2
DME	V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	10/1/2010	12/31/2382	2
DME	V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	10/1/2010	12/31/2382	2
DME	V2118	ANISEIKONIC LENS, SINGLE VISION	10/1/2010	12/31/2382	2
DME	V2121	LENTICULAR LENS,PER LENS, SINGLE	10/1/2010	12/31/2382	2
DME	V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	7/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D,PER LENS	10/1/2010	12/31/2382	2
DME	V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
DME	V2209	SPHEROCYLINDER,BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
DME	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 25 TO 2.25D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
DME	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
DME	V2218	ANISEIKONIC, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
DME	V2219	BIFOCAL SEG WIDTH OVER 28MM	10/1/2010	12/31/2382	2
DME	V2220	BIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2
DME	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
DME	V2299	SPECIALTY BIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
DME	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	10/1/2010	12/31/2382	2
DME	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	10/1/2010	12/31/2382	2
DME	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	10/1/2010	12/31/2382	2
DME	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
DME	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	10/1/2010	12/31/2382	2
DME	V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	10/1/2010	12/31/2382	2
DME	V2318	ANISEIKONIC LENS, TRIFOCAL	10/1/2010	12/31/2382	2
DME	V2319	TRIFOCAL SEG WIDTH OVER 28 MM	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2320	TRIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2
DME	V2321	LENTICULAR LENS,PER LENS,TRIFOCAL	10/1/2010	12/31/2382	2
DME	V2399	SPECIALTY TRIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
DME	V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
DME	V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
DME	V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	7/1/2014	12/31/2382	2
DME	V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
DME	V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
DME	V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
DME	V2503	CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS	10/1/2010	12/31/2382	2
DME	V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
DME	V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
DME	V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
DME	V2520	CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
DME	V2521	CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
DME	V2522	CONTACT LENS HYDROPHILLIC, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
DME	V2523	CONTACT LENS HYDROPHILIC, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
DME	V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CODE 92325)	10/1/2010	12/31/2382	2
DME	V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325	10/1/2010	12/31/2382	2
DME	V2599	CONTACT LENS, OTHER TYPE	7/1/2014	12/31/2382	2
DME	V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	10/1/2010	12/31/2382	2
DME	V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
DME	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
DME	V2626	REDUCTION OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
DME	V2627	SCLERAL COVER SHELL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	10/1/2010	12/31/2382	2
DME	V2629	PROSTHETIC EYE, OTHER TYPE	10/1/2010	12/31/2382	2
DME	V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2
DME	V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2
DME	V2700	BALANCE LENS, PER LENS	10/1/2010	12/31/2382	2
DME	V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PER LENS	10/1/2010	12/31/2382	2
DME	V2715	PRISM, PER LENS	4/1/2015	12/31/2382	4
DME	V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	10/1/2010	12/31/2382	2
DME	V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	10/1/2010	12/31/2382	2
DME	V2744	TINT, PHOTOCHROMATIC, PER LENS	4/1/2015	12/31/2382	2
DME	V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER	4/1/2015	12/31/2382	2
DME	V2750	ANTI-REFLECTIVE COATING, PER LENS	4/1/2015	12/31/2382	2
DME	V2755	U-V LENS, PER LENS	4/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2756	EYE GLASS CASE	10/1/2014	12/31/2382	1
DME	V2760	SCRATCH RESISTANT COATING, PER LENS	1/1/2014	12/31/2382	2
DME	V2761	MIRROR COATING,ANY TYPE,SOLID,GRADIENT OR EQUAL,ANY LENS MATERIAL,PER LENS	10/1/2010	12/31/2382	2
DME	V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	1/1/2014	12/31/2382	2
DME	V2770	OCCLUDER LENS, PER LENS	10/1/2010	12/31/2382	2
DME	V2780	OVERSIZE LENS, PER LENS	10/1/2010	12/31/2382	2
DME	V2781	PROGRESSIVE LENS, PER LENS	10/1/2010	12/31/2382	2
DME	V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	10/1/2010	12/31/2382	2
DME	V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCAR	10/1/2010	12/31/2382	2
DME	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	4/1/2015	12/31/2382	2
DME	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	10/1/2010	12/31/2382	2
DME	V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS,PER LENS	1/1/2014	12/31/2382	2
DME	V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V2797	VISION SUPPLY,ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	10/1/2010	12/31/2382	1
DME	V5008	HEARING SCREENING	10/1/2010	12/31/2382	1
DME	V5010	ASSESSMENT FOR HEARING AID	10/1/2010	12/31/2382	1
DME	V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	10/1/2010	12/31/2382	1
DME	V5014	REPAIR/MODIFICATION OF A HEARING AID	10/1/2013	12/31/2382	1
DME	V5020	CONFORMITY EVALUATION	10/1/2013	12/31/2382	1
DME	V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	10/1/2013	12/31/2382	1
DME	V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	10/1/2013	12/31/2382	1
DME	V5050	HEARING AID, MONAURAL, IN THE EAR	10/1/2013	12/31/2382	1
DME	V5060	HEARING AID, MONAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
DME	V5070	GLASSES, AIR CONDUCTION	10/1/2013	12/31/2382	1
DME	V5080	GLASSES, BONE CONDUCTION	10/1/2013	12/31/2382	1
DME	V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	10/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROTHESIS	10/1/2013	12/31/2382	2
DME	V5100	HEARING AID, BILATERAL, BODY WORN	10/1/2012	12/31/2382	1
DME	V5110	DISPENSING FEE, BILATERAL	10/1/2012	12/31/2382	1
DME	V5120	BINAURAL, BODY	10/1/2013	12/31/2382	1
DME	V5130	BINAURAL, IN THE EAR	10/1/2013	12/31/2382	1
DME	V5140	BINAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
DME	V5150	BINAURAL, GLASSES	10/1/2013	12/31/2382	1
DME	V5160	DISPENSING FEE, BINAURAL	10/1/2013	12/31/2382	1
DME	V5170	HEARING AID, CROS, IN THE EAR	10/1/2013	12/31/2382	1
DME	V5180	HEARING AID, CROS, BEHIND THE EAR	10/1/2013	12/31/2382	1
DME	V5190	HEARING AID, CROS, GLASSES	10/1/2013	12/31/2382	1
DME	V5200	DISPENSING FEE, CROS	10/1/2013	12/31/2382	1
DME	V5210	HEARING AID, BICROS, IN THE EAR	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V5220	HEARING AID, BICROS, BEHIND THE EAR	10/1/2013	12/31/2382	1
DME	V5230	HEARING AID, BICROS, GLASSES	10/1/2013	12/31/2382	1
DME	V5240	DISPENSING FEE, BICROS	10/1/2013	12/31/2382	1
DME	V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	10/1/2013	12/31/2382	1
DME	V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	10/1/2013	12/31/2382	1
DME	V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	10/1/2013	12/31/2382	1
DME	V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	10/1/2013	12/31/2382	1
DME	V5245	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITC	10/1/2013	12/31/2382	1
DME	V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	10/1/2013	12/31/2382	1
DME	V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	10/1/2013	12/31/2382	1
DME	V5248	HEARING AID, ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1
DME	V5249	HEARING AID, ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
DME	V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
DME	V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	10/1/2013	12/31/2382	1
DME	V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	10/1/2013	12/31/2382	1
DME	V5254	HEARING AID, DIGITAL, MONAURAL, CIC	10/1/2013	12/31/2382	1
DME	V5255	HEARING AID, DIGITAL, MONAURAL, ITC	10/1/2013	12/31/2382	1
DME	V5256	HEARING AID, DIGITAL, MONAURAL, ITE	10/1/2013	12/31/2382	1
DME	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	10/1/2013	12/31/2382	1
DME	V5258	HEARING AID, DIGITAL, BINAURAL, CIC	10/1/2013	12/31/2382	1
DME	V5259	HEARING AID, DIGITAL, BINAURAL, ITC	10/1/2013	12/31/2382	1
DME	V5260	HEARING AID, DIGITAL, BINAURAL, ITE	10/1/2013	12/31/2382	1
DME	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	10/1/2013	12/31/2382	1
DME	V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	10/1/2013	12/31/2382	1
DME	V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
DME	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
DME	V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
DME	V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	10/1/2013	12/31/2382	2
DME	V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
DME	V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	10/1/2013	12/31/2382	1
DME	V5272	ASSISTIVE LISTENING DEVICE, TDD	10/1/2013	12/31/2382	1
DME	V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	10/1/2013	12/31/2382	1
DME	V5275	EAR IMPRESSION, EACH	10/1/2013	12/31/2382	2
DME	V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
DME	V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
DME	V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	10/1/2013	12/31/2382	1
DME	V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
DME	V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	10/1/2013	12/31/2382	1
DME	V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	10/1/2013	12/31/2382	1
DME	V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER; NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
DME	V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	10/1/2013	12/31/2382	1
DME	V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER;ANY TYPE	10/1/2013	12/31/2382	1
DME	V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	10/1/2013	12/31/2382	1
DME	V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	10/1/2013	12/31/2382	1
DME	V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	10/1/2013	12/31/2382	1
DME	V5362	SPEECH SCREENING	10/1/2013	12/31/2382	1
DME	V5363	LANGUAGE SCREENING	10/1/2013	12/31/2382	1
DME	V5364	DYSPHAGIA SCREENING	10/1/2013	12/31/2382	1