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KEY TO DME INDEX/MAF REPORT

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ATTACHED IS THE WISCONSIN MEDICAID PROGRAM DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULE. THIS DME INDEX/MAFS COMPLETELY REPLACES PRIOR DME INDICES.

WISCONSIN MEDICAID CERTIFIED PROVIDERS ARE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR CUSTOMARY CHARGE OR THE MAXIMUM ALLOWABLE FEE, IN ACCORDANCE WITH THE TERMS OF REIMBURSEMENT.

WISCONSIN MEDICAID UTILIZES HCPCS NATIONAL LEVEL II CODES DEVELOPED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS). PROVIDERS USING THE PROCEDURE CODES LISTED IN THIS INDEX MUST SELECT THE PROCEDURE CODES THAT MOST ACCURATELY IDENTIFY THE EQUIPMENT OR SERVICE ORDERED BY THE PHYSICIAN AND DELIVERED.

MOST PROCEDURE CODES LISTED IN THIS INDEX ARE INCLUSIVE OF ALL COMPONENTS NECESSARY TO THE FUNCTIONING OF THE PART OR EQUIPMENT. BILLING ADDITIONALLY OR SEPARATELY FOR THESE COMPONENTS WHEN PROVIDED AT THE SAME TIME COULD RESULT IN DENIALS FROM WISCONSIN MEDICAID WHEN THERE EXISTS A MORE INCLUSIVE CODE.

WISCONSIN ADMINISTRATIVE CODE HFS 107.24(B) STATES COVERED SERVICES ARE LIMITED TO ITEMS CONTAINED IN THE WISCONSIN DURABLE MEDICAL EQUIPMENT (DME) AND MEDICAL SUPPLIES INDICES. ITEMS PRESCRIBED BY A PHYSICIAN WHICH ARE NOT CONTAINED IN THESE INDICES REQUIRE PRIOR AUTHORIZATION FOR CONSIDERATION OF COVERAGE.

THESE ITEMS MAY BE REQUESTED USING THE APPROPRIATE "NOT OTHERWISE CLASSIFIED CODE" (NOC). HOWEVER, DOCUMENTATION MUST INCLUDE A COMPLETE DESCRIPTION OF THE NATURE, EXTENT, AND NEED FOR THE SERVICE OR EQUIPMENT. PRIOR TO USING AN UNLISTED PROCEDURE CODE YOU MUST DETERMINE IF A SPECIFIC HCPCS CODE IS NOT AVAILABLE FOR USE.

IF YOU HAVE QUESTIONS REGARDING THE INFORMATION ATTACHED, PLEASE CONTACT THE DHCF POLICY UNIT BY WRITING TO:

DME POLICY ANALYST
POLICY SECTION
DHCF, P.O. BOX 309
MADISON, WI 53701-0309

DME INDEX/MAXIMUM ALLOWABLE FEE SCHEDULES ARE AVAILABLE ON THE WISCONSIN MEDICAID WEBSITE IN EXE, PDF, TXT, AND INTERACTIVE FORMATS. THE INDICES ARE ALSO AVAILABLE ON THE EDS-EPIX PC BULLETIN BOARD, MICROFICHE, TAPE CARTRIDGE, MAGNETIC TAPE AND DISKETTE. REFER TO PART A OF YOUR PROVIDER HANDBOOK FOR ADDITIONAL INFORMATION.

FIELD HEADING	DESCRIPTION
PROC CODE	5-CHARACTER HCPCS PROCEDURE CODE. IF A SPACE AND MODIFIER RR DISPLAY AFTER THE PROCEDURE CODE, THE ITEM IS A

RENTAL. IF NO RR MODIFIER DISPLAYS AFTER THE PROCEDURE CODE, THE ITEM IS A PURCHASE. IF THE PROCEDURE CODE IS FOLLOWED BY A DASH AND TWO DIGITS, THE PROCEDURE CODE REQUIRES THE USE OF THE NATIONAL MODIFIER INDICATED.

NOTE: ALL RENTAL PAYMENTS PAID TO THE SAME PROVIDER ARE DEDUCTED FROM THE MAXIMUM ALLOWABLE REIMBURSEMENT FOR THE SUBSEQUENT PURCHASE.

PAC

3-CHARACTER PRICING ACTION CODE.
- 170 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE
- 11J - INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT REVIEW
- 1F0 - INDIVIDUAL CONSIDERATION

MAX FEE

MAXIMUM ALLOWABLE FEE.

EFF DATE

THE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

FULL DESC

THE COMPLETE DESCRIPTION OF A PROCEDURE CODE.

POS

THE PLACE OF SERVICE CODES A PROCEDURE CAN BE PROVIDED IN.
- 11 - OFFICE
- 12 - HOME
- 31 - SKILLED NURSING FACILITY
- 32 - NURSING FACILITY
- 99 - OTHER PLACE OF SERVICE

NOTE: ITEMS PROVIDED IN POS 31 AND 32 MAY BE SEPARATELY BILLED TO WISCONSIN MEDICAID ONLY IF "Y" IS INDICATED IN THE NH FIELD.

PROV TYPES

THE VALID OR INVALID PROVIDER TYPES FOR A PROCEDURE CODE.
- 24 - FQHC
- 26 - PHARMACY
- 30 - CHIROPRACTIC
- 34 - PHYSICAL THERAPISTS
- 35 - OCCUPATIONAL THERAPISTS
- 36 - SPEECH AND HEARING CLINICS
- 37 - AUDIOLOGIST
- 38 - THERAPY GROUP
- 44 - HOME HEALTH AGENCY
- 45 - NURSE PRACTITIONER
- 48 - HOME HEALTH/PERSONAL CARE DUALLY CERTIFIED
- 52 - REDUCED SERVICES
- 54 - DURABLE MEDICAL EQUIPMENT VENDOR
- 58 - OTHER MEDICAL SUPPLIER
- 65 - REHABILITATION AGENCY
- 78 - SPEECH THERAPY
- 79 - ICF/MR FACILITY

80 - NURSING FACILITY
95 - HOSPICE

BI

BILATERAL INDICATOR. A "Y" INDICATES THAT THE ITEM MAY BE BILLED SINGLY OR AS A PAIR. AN "N" INDICATES THAT THE ITEM MAY NOT BE BILLED AS BILATERAL.

IF BILATERAL ITEMS ARE BILLED FOR THE SAME DATE OF SERVICE, A QUANTITY OF "2" OR MORE MUST BE USED.

IF BILATERAL ITEMS ARE PROVIDED ON DIFFERENT DATES OF SERVICE, THE "50" MODIFIER MUST BE INDICATED WITH THE PROCEDURE CODE OF THE ADDITIONAL ITEM BILLED.

PA REQ

PRIOR AUTHORIZATION REQUIREMENT INDICATORS.

Y INITIAL PURCHASE OR INITIAL RENTAL OF THE DME ITEM REQUIRES PRIOR AUTHORIZATION

30 RENTAL OF THE DME ITEM BEYOND 30 DAYS REQUIRES PRIOR AUTHORIZATION.

60 RENTAL OF THE DME ITEM BEYOND 60 DAYS REQUIRES PRIOR AUTHORIZATION.

90 RENTAL OF THE DME ITEM BEYOND 90 DAYS REQUIRES PRIOR AUTHORIZATION.

180 RENTAL OF THE DME ITEM BEYOND 180 DAYS REQUIRES PRIOR AUTHORIZATION.

$ CHARGES EXCEEDING THE SPECIFIED DOLLAR AMOUNT FOR A COMPLETE SERVICE/ITEM REQUIRES PRIOR AUTHORIZATION.

N INITIAL PURCHASE OR INITIAL RENTAL OF A DME ITEM DOES NOT REQUIRE PRIOR AUTHORIZATION.

LIFE EXP

INDICATES THE EXPECTED LIFE OF THE ITEM. PRIOR AUTHORIZATION IS REQUIRED IF THE DME ITEM NEEDS TO BE REPLACED BEFORE THE END OF ITS EXPECTED LIFE.

NH

A "Y" INDICATES THE DME ITEM MAY BE SEPARATELY BILLED TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS. AN "N" INDICATES THE DME ITEM MAY NOT BE BILLED SEPARATELY TO WISCONSIN MEDICAID FOR NURSING HOME RECIPIENTS.

NOTE: MANUAL WHEELCHAIR RENTALS (MODIFIER RR) ARE NOT SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS.

MANUAL/POWER/MOTORIZED WHEELCHAIR AND ACCESSORY PURCHASES ARE SEPARATELY REIMBURSABLE TO NURSING HOME RECIPIENTS ONLY UNDER LIMITED CONDITIONS. SEE YOUR WISCONSIN

MEDICAID PROVIDER HANDBOOK, PART N,
AND WISCONSIN MEDICAID UPDATES FOR
FOR THESE SPECIAL CIRCUMSTANCES.

COPAY — INDICATES THE COPAYMENT ON DME PURCHASES. IF SEVERAL SERVICES ARE PERFORMED DURING ONE VISIT, MORE THAN ONE COPAY MAY APPLY.

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DME INDEX/MAFS CATEGORIES

HOME HEALTH EQUIPMENT
- AMBULATION EQUIPMENT-CANES
- CRUTCHES
- WALKERS
- ATTACHMENTS: CANES, CRUTCHES, WALKERS
- BATH AND TOILET AIDS
- COMMODES
- DECUBITUS CARE EQUIPMENT
- HEAT AND COLD APPLICATION
- HOSPITAL BEDS
- MATTRESSES
- BED ACCESSORIES
- BED PANS/URINALS
- MONITORING EQUIPMENT
- COMMUNICATION DEVICES
- PATIENT LIFTS
- PNEUMATIC EQUIPMENT
- ELECTROTHERAPY MODALITIES
- PUMPS
- TRACTION AND RELATED EQUIPMENT-CERVICAL
- TRACTION EQUIPMENT-OVERDOOR
- TRACTION EQUIPMENT-EXTREMITY
- TRACTION EQUIPMENT-PELVIC
- TRAPEZE EQUIPMENT, FRACTURE FRAME AND OTHER ORTHOPEDIC DEVICES
- ADAPTIVE EQUIPMENT
- POSITIONING EQUIPMENT
- MISCELLANEOUS DME AND REPAIR

RESPIRATORY EQUIPMENT
- OXYGEN CONTENTS
- OXYGEN AND RELATED RESPIRATORY SYSTEMS
- ADDITIONAL OXYGEN RELATED SUPPLIES AND EQUIPMENT
- CONCENTRATORS
- OXYGEN ENRICHER SYSTEMS
- IPPB
- HUMIDIFIERS
- COMPRESSORS
- NEBULIZERS
- SUCTION PUMP/ROOM VAPORIZERS AND RELATED EQUIPMENT
- SUPPLIES-OXYGEN/RELATED RESPIRATORY EQUIPMENT-VENTILATORS/RESPIRATORS
- MISCELLANEOUS-OXYGEN/RELATED RESPIRATORY EQUIPMENT
- OXYGEN TENTS
- MONITORS-CARDIOPULMONARY
- REPAIRS-OXYGEN THERAPY EQUIPMENT

WHEELCHAIRS AND WHEELCHAIR ACCESSORIES
- WHEELCHAIR ACCESSORIES
- WHEELCHAIR-STANDARD

WHEELCHAIR-LIGHTWEIGHT
WHEELCHAIR-HEAVY DUTY
WHEELCHAIR-WIDE HEAVY DUTY
WHEELCHAIR-HEMI
WHEELCHAIR-HIGH STRENGTH
WHEELCHAIR-SEMI RECLINING
WHEELCHAIR-FULLY RECLINING
WHEELCHAIR-AMPUTEE
WHEELCHAIR-ONE ARM DRIVE

WHEELCHAIR-MISCELLANEOUS
MOTORIZED WHEELCHAIR
BATTERIES-WHEELCHAIRS

ORTHOTIC DEVICES
SPINAL-CERVICAL
SPINAL-THORACIC
SPINAL-THORACIC-LUMBAR-SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR CONTROL
ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL
SPINAL-LUMBAR SACRAL-FLEXIBLE
ANTERIOR-POSTERIOR-LATERAL CONTROL
ANTERIOR-POSTERIOR CONTROL
LUMBAR FLEXION
ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)
SPINAL-SACRIOLIAC-FLEXIBLE
SEMI-RIGID
SPINAL-CERVICAL-THORACIC-LUMBAR-SACRAL-HALO-ANTERIOR-POSTERIOR-LATERAL
HALO PROCEDURE
SPINAL-TORSO SUPPORTS-PTOSIS SUPPORTS
PENDULOUS ABDOMEN SUPPORT
POST SURGICAL SUPPORT
ADDITIONS TO SPINAL ORTHOSES
SCOLIOSIS PROCEDURES-SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL
CORRECTION PADS
SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)
OTHER SCOLIOSIS PROCEDURES
THORACIC-HIP-KNEE-ANKLE
LOWER LIMB-HIP-FLEXIBLE
LEGG PERTHES
KNEE
ANKLE-FOOT
HIP-KNEE-ANKLE-FOOT
TORSION CONTROL
FRACTURE ORTHOSES
ADDITIONS TO FRACTURE ORTHOSIS
ADDITIONS TO LOWER EXTREMITY ORTHOSIS-ADDITIONS-SHOE-ANKLE-SHIN-KNEE
ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS
ADDITIONS-THIGH/WEIGHT BEARING-GLUTEAL/ISCHIAL WEIGHT
ADDITIONS-PELVIC AND THORACIC CONTROL
ADDITIONS-GENERAL-LOWER EXTREMITY

ORTHOPEDIC SHOES, MODIFICATIONS, TRANSFERS
INSERT, REMOVABLE, MOLDED TO PATIENT MODEL
ARCH SUPPORT, REMOVABLE PREMOLDED
ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE
ABDUCTION AND ROTATION BARS
ORTHOPEDIC FOOTWEAR
SHOE MODIFICATION-LIFTS
SHOE MODIFICATION-WEDGES
SHOE MODIFICATION-HEELS

MISCELLANEOUS SHOE ADDITIONS
TRANSFER OR REPLACEMENT
DIABETIC SHOE SUPPLIES

ORTHOTIC DEVICES
UPPER LIMB-SHOULDER
ELBOW
WRIST-HAND-FINGER
ADDITIONS-UPPER LIMB
DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICES
EXTERNAL POWER
OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED
UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND-ABDUCTION POSITIONING-CUSTOM FIT
ADDITIONS TO MOBILE ARM SUPPORT
FRACTURE ORTHOSES
SPECIFIC REPAIR-ORTHOSES
REPAIRS-ORTHOTIC
ANCILLARY ORTHOTIC SERVICES

PROSTHETIC PROCEDURES
LOWER LIMB-PARTIAL FOOT
ANKLE
BELOW KNEE
KNEE DISARTICULATION
ABOVE KNEE
HIP DISARTICULATION
HEMIPELVECTOMY
ENDOSKELETAL-BELOW KNEE
ENDOSKELETAL-KNEE DISARTICULATION
ENDOSKELETAL-ABOVE KNEE
ENDOSKELETAL-HIP DISARTICULATION
ENDOSKELETAL-HEMIPELVECTOMY
IMMEDIATE-EARLY-INITIAL-PREPARATORY/POST SURGICAL/FITTING PROCEDURES
INITIAL PROSTHESIS
PREPARATORY PROSTHESIS
ADDITIONS TO LOWER EXTREMITY
TEST SOCKETS
SOCKET VARIATIONS
SOCKET INSERT AND SUSPENSION
ADDITIONS-KNEE-SHIN-SYSTEM-EXOSKELETAL
ADDITIONS-KNEE-SHIN SYSTEM-ENDOSKELETAL
UPPER LIMB-PARTIAL HAND
WRIST DISARTICULATION
BELOW ELBOW
ELBOW DISARTICULATION
ABOVE ELBOW
SHOULDER DISARTICULATION
INTERSCAPULAR THORACIC
IMMEDIATE AND EARLY POST SURGICAL
ENDOSKELETAL-BELOW ELBOW
ENDOSKELETAL-ELBOW DISARTICULATION
ENDOSKELETAL-ABOVE ELBOW
ENDOSKELETAL-SHOULDER DISARTICULATION
ENDOSKELETAL-INTERSCAPULAR THORACIC
ADDITIONS TO UPPER EXTREMITY
TERMINAL DEVICES-HOOKS
TERMINAL DEVICES-HANDS
GLOVES FOR ABOVE HANDS
HAND RESTORATION
EXTERNAL POWER-BASE DEVICES

EXTERNAL POWER-TERMINAL DEVICES
EXTERNAL POWER-ELBOW
EXTERNAL POWER-CONTROL MODULES
EXTERNAL POWER-BATTERY COMPONENTS
REPAIRS-PROSTHETIC

GENERAL-PROSTHESES
ELASTIC-SUPPORTS
TRUSSES
PROSTHETIC SOCKS

VALID DME PROCEDURE CODES WITH MODIFIERS

E0424-QE RR PAC: 170 MAX FEE: $ 3.40 EFF DATE: 07/01/03
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00

E0424-QG RR PAC: 170 MAX FEE: $ 10.20 EFF DATE: 07/01/03
FULL DESC: STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASKS AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00

E0439-QE RR PAC: 170 MAX FEE: $ 3.40 EFF DATE: 07/01/03
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS, AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE LITER PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00

E0439-QG RR PAC: 170 MAX FEE: $ 10.20 EFF DATE: 07/01/03
FULL DESC: STATIONARY LIQUID OXYGEN SYSTEM; RENTAL, INCLUDES CONTAINER CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASKS, AND TUBING (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00

E0450-52 RR PAC: 170 MAX FEE: $ 7.75 EFF DATE: 01/01/04
FULL DESC: VOLUME VENTILATOR, STATIONARY OR PORTABLE, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE (E.G., TRACHEOSTOMY TUBE), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: $0.00

E0454-52 RR PAC: 170 MAX FEE: $ 9.05 EFF DATE: 01/01/04
FULL DESC: PRESSURE VENTILATOR WITH PRESSURE CONTROL, PRESSURE SUPPORT AND FLOW TRIGGERING FEATURES, REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: $0.00

E0472-52 RR PAC: 170 MAX FEE: $ 6.72 EFF DATE: 01/01/04
FULL DESC: RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE), REDUCED SERVICES

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: 60 LIFE EXP: NH: Y COPAY: $0.00

E0621-59 PAC: 170 MAX FEE: $ 85.89 EFF DATE: 10/01/03
FULL DESC: SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON, WITH COMMODE OPENING

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $2.00

E1230-59 PAC: 170 MAX FEE: $3,222.87 EFF DATE: 10/01/03
FULL DESC: POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY), REAR WHEEL DRIVE, SPECIFY BRAND NAME AND MODEL NUMBER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58
BI: N PA REQ: Y LIFE EXP: 4 YEARS NH: N COPAY: $3.00

E1230-59 RR PAC: 170 MAX FEE: $ 9.13 EFF DATE: 10/01/03
FULL DESC: POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY), REAR WHEEL DRIVE, SPECIFY BRAND NAME AND MODEL NUMBER

POS: 11 12 31 32
PROV TYPES: VALID 24 26 44 48 54 58

BI: N PA REQ: 60 LIFE EXP: NH: N COPAY: $0.00

E1390-QE RR PAC: 170 MAX FEE: $ 3.40 EFF DATE: 07/01/03
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE
PRESCRIBED FLOW RATE(PRESCRIBED AMOUNT OF OXYGEN IS LESS THAN ONE
LITER PER MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00

E1390-QG RR PAC: 170 MAX FEE: $ 10.20 EFF DATE: 07/01/03
FULL DESC: OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF
DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED
FLOW RATE (PRESCRIBED AMOUNT OF OXYGEN IS GREATER THAN FOUR LITERS PER
MINUTE)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 44 48 54 58 65 79 80 95
BI: N PA REQ: 30 LIFE EXP: NH: Y COPAY: $0.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM35 PAGE: 12

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HOME HEALTH EQUIPMENT
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+ BATH AND TOILET AIDS

E0241 PAC: 170 MAX FEE: $ 26.64 EFF DATE: 10/01/03
FULL DESC:BATH TUB WALL RAIL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: $ 2.00
E0242 PAC: 170 MAX FEE: $ 26.64 EFF DATE: 10/01/03
FULL DESC:BATH TUB RAIL, FLOOR BASE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: $ 2.00
E0243 PAC: 170 MAX FEE: $ 17.54 EFF DATE: 10/01/03
FULL DESC:TOILET RAIL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER LIFETIME NH: N COPAY: $ 1.00
E0244 PAC: 170 MAX FEE: $ 38.01 EFF DATE: 10/01/03
FULL DESC:RAISED TOILET SEAT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 8 YEARS NH: N COPAY: $ 2.00
E0245 PAC: 170 MAX FEE: $ 56.28 EFF DATE: 10/01/03
FULL DESC:TUB STOOL OR BENCH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 5 YEARS NH: N COPAY: $ 3.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM35 PAGE: 13

E0245 RR PAC: 170 MAX FEE: $ 0.51 EFF DATE: 10/01/03
FULL DESC:TUB STOOL OR BENCH
POS: 11 12 99

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 PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
 BI: N PA REQ:   60     LIFE EXP:                       NH: N  COPAY: $  0.00
E0246      PAC: 170   MAX FEE: $  140.10   EFF DATE: 10/01/03
FULL DESC:TRANSFER TUB RAIL ATTACHMENT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 PER LIFETIME       NH: N  COPAY: $  3.00
-------------------------------------------------------------------------------
+ ELECTROTHERAPY MODALITIES
-------------------------------------------------------------------------------
E0746      PAC: 170   MAX FEE: $  699.00   EFF DATE: 07/01/02
FULL DESC:ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE
 POS:  11 12 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: Y        LIFE EXP: 8 YEARS              NH: N  COPAY: $  3.00
E0746 RR   PAC: 170   MAX FEE: $   14.98   EFF DATE: 07/01/02
FULL DESC:ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE
 POS:  11 12 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ:   60     LIFE EXP:                       NH: N  COPAY: $  0.00
-------------------------------------------------------------------------------
+ MISCELLANEOUS DME AND REPAIR
-------------------------------------------------------------------------------
E1399      PAC: 11J   MAX FEE: $    0.00   EFF DATE: 10/01/03
FULL DESC:DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78
 BI: N PA REQ: Y        LIFE EXP:                       NH: Y  COPAY: $  1.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                   DATE: 020304
REPORT NAME: HMPRDM35                                             PAGE:     14

E1399 RR   PAC: 11J   MAX FEE: $    0.00   EFF DATE: 10/01/03
FULL DESC:DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS (MUST SPECIFY COMPLETE
DESCRIPTION OF DME)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65 78
 BI: N PA REQ: Y        LIFE EXP:                       NH: Y  COPAY: $  0.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                   DATE: 020304
REPORT NAME: HMPRDM35                                             PAGE:     15

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                 ORTHOTIC DEVICES
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-------------------------------------------------------------------------------
+ SPINAL-CERVICAL
-------------------------------------------------------------------------------
E0701      PAC: 170   MAX FEE: $  118.31   EFF DATE: 10/01/03
FULL DESC:HELMET WITH FACE GUARD AND SOFT INTERFACE MATERIAL, PREFABRICATED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 YEARS              NH: Y  COPAY: $  3.00
L0100      PAC: 170   MAX FEE: $  600.31   EFF DATE: 07/01/02
FULL DESC:CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT INTERFACE, MOLDED
TO PATIENT MODEL
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 YEARS              NH: Y  COPAY: $  3.00
L0110      PAC: 170   MAX FEE: $   78.31   EFF DATE: 07/01/02
FULL DESC:CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT-INTERFACE,
NON-MOLDED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
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 BI: N PA REQ: N        LIFE EXP: 2 YEARS              NH: Y  COPAY: $  3.00
L0120      PAC: 170   MAX FEE: $   15.76   EFF DATE: 10/01/03
FULL DESC:CERVICAL, FLEXIBLE; NON-ADJUSTABLE (FOAM COLLAR)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  1.00
L0130      PAC: 170   MAX FEE: $  294.40   EFF DATE: 07/01/02
FULL DESC:CERVICAL, FLEXIBLE; THERMOPLASTIC COLLAR, MOLDED TO PATIENT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
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L0140      PAC: 170   MAX FEE: $   33.40   EFF DATE: 10/01/03
FULL DESC:CERVICAL, SEMI-RIGID; ADJUSTABLE (PLASTIC COLLAR)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  2.00
L0150      PAC: 170   MAX FEE: $   61.92   EFF DATE: 07/01/02
FULL DESC:CERVICAL, SEMI-RIGID; ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR
WITH MANDIBULAR/OCCIPITAL PIECE)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0160      PAC: 170   MAX FEE: $  113.79   EFF DATE: 07/01/02
FULL DESC:CERVICAL, SEMI-RIGID; WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0170      PAC: 170   MAX FEE: $  548.10   EFF DATE: 07/01/02
FULL DESC:CERVICAL COLLAR; MOLDED TO PATIENT MODEL
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0172      PAC: 170   MAX FEE: $   75.89   EFF DATE: 07/01/02
FULL DESC:CERVICAL COLLAR; SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0174      PAC: 170   MAX FEE: $  449.36   EFF DATE: 07/01/02
FULL DESC:CERVICAL COLLAR; SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH
THORACIC EXTENSION, MULTIPLE POST COLLAR
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
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L0180      PAC: 170   MAX FEE: $  378.52   EFF DATE: 07/01/02
FULL DESC:CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS;
ADJUSTABLE
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0190      PAC: 170   MAX FEE: $  249.64   EFF DATE: 07/01/02
FULL DESC:CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS;
ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLOR TYPES)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0200      PAC: 170   MAX FEE: $  233.86   EFF DATE: 07/01/02
FULL DESC:CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS;
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ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ SPINAL-THORACIC

L0210 PAC: 170 MAX FEE: $ 10.70 EFF DATE: 10/01/03
FULL DESC:THORACIC, RIB BELT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 1.00
L0220 PAC: 170 MAX FEE: $ 109.62 EFF DATE: 07/01/02
FULL DESC:THORACIC, RIB BELT; CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL

K0618 PAC: 170 MAX FEE: $ 467.52 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL & CORONAL PLANES, PREFAB., INCL. FITTING & ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
K0619 PAC: 170 MAX FEE: $ 467.52 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, PREFAB., INCL. FITTING & ADJ.
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0450 PAC: 170 MAX FEE: $ 130.83 EFF DATE: 10/01/03
FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0452 PAC: 170 MAX FEE: $ 254.62 EFF DATE: 10/01/03
FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTEVERTEBRAL DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0454 PAC: 170 MAX FEE: $ 344.54 EFF DATE: 10/01/03
FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL

PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL
DISKS WITH RIGID STAYS OR PANEL(S), INCLUDES SHOULDER STRAPS AND CLOSURES,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0456 PAC: 170 MAX FEE: $ 344.54 EFF DATE: 10/01/03
FULL DESC:TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID
POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL
JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, RESTRICTS GROSS
TRUNK MOTION IN THE SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE
LOAD ON THE INTERVERTEBRAL DISKS, INCLUDES STRAPS AND CLOSURES, PREFABRICATED,
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0458 PAC: 170 MAX FEE: $ 590.50 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID
PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND
TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE
SYMPHYSIS PUBIS TO THE XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN
THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0460 PAC: 170 MAX FEE: $ 590.50 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID
PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND
TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE
SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION
IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0462 PAC: 170 MAX FEE: $ 590.50 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE
RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND
TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, ANTERIOR EXTENDS FROM THE
SYMPHYSIS PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION
IN THE SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0464 PAC: 170 MAX FEE: $ 590.50 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR
RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION AND
TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM SYMPHYSIS
PUBIS TO THE STERNAL NOTCH, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN
SAGITTAL, CORONAL, AND TRANSVERSE PLANES, LATERAL STRENGTH IS PROVIDED BY
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0466 PAC: 170 MAX FEE: $ 305.44 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT
ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, RESTRICTS GROSS TRUNK MOTION
IN SAGITTAL PLANE, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON
INTERVERTEBRAL DISKS, INCLUDES FITTING AND SHAPING THE FRAME, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0468 PAC: 170 MAX FEE: $ 382.79 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME & FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES & PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION OVER SCAPULAE, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, & LATERAL FRAME PIECES, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, & CORONAL PLANES, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0470 PAC: 170 MAX FEE: $ 529.68 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, AND LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS , RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, AND TRANSVERSE PLANES
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0472 PAC: 170 MAX FEE: $ 325.93 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR & LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH WITH TWO ANTERIOR COMPONENTS (ONE PUBIC & ONE STERNAL), POSTERIOR & LATERAL PADS WITH STRAPS & CLOSURES, LIMITS SPINAL FLEXION, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE PLANES, INCL. FITTING & SHAPING THE FRAME, PREFAB
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0474 PAC: 170 MAX FEE: $ 538.19 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME W/ FLEXIBLE SOFT APRON ANTERIOR W/ MULTIPLE STRAPS, CLOSURES & PADDING, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO SCAPULA, LATERAL STRENGTH PROVIDED BY PELVIC, THORACIC, & LATERAL FRAME PIECES, ROTATIONAL STRENGTH PROVIDED BY SUBCLAVICULAR EXTENSIONS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL,
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0476 PAC: 170 MAX FEE: $ 804.45 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS W/ SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USUALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL & CORONAL PLANES, ALLOWS FREE FLEXION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0478 PAC: 170 MAX FEE: $ 1091.47 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SHELLS W/ SOFT LINER, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES AT OR BEFORE THE T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, USUALLY LACED TOGETHER ON ONE SIDE, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL & CORONAL PLANES, ALLOWS FREE FLEXION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0480 PAC: 170 MAX FEE: $ 1215.99 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/OUT INTERFACE LINER, W/ MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM

SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE,
ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR
OPENING, RESTRICTS GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0482 PAC: 170 MAX FEE: $ 1358.27 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/ INTERFACE
LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL
JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM
SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS
GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0484 PAC: 170 MAX FEE: $ 1466.90 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/OUT
INTERFACE LINER, W/ MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM
SACROCOCCYGEAL JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR
EXTENDS FROM SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY
OVERLAPPING PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0486 PAC: 170 MAX FEE: $ 1647.36 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL W/ INTERFACE
LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL
JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDSFROM
SYMPHYSIS PUBIS TO STERNAL NOTCH, LATERAL STRENGTH IS ENHANCED BY OVERLAPPING
PLASTICS, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0488 PAC: 170 MAX FEE: $ 1227.37 EFF DATE: 10/01/03
FULL DESC:TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL W/ INTERFACE
LINER, MULTIPLE STRAPS & CLOSURES, POSTERIOR EXTENDS FROM SACROCOCCYGEAL
JUNCTION & TERMINATES JUST INFERIOR TO SCAPULAR SPINE, ANTERIOR EXTENDS FROM
SYMPHYSIS PUBIS TO STERNAL NOTCH, ANTERIOR OR POSTERIOR OPENING, RESTRICTS
GROSS TRUNK MOTION IN SAGITTAL, CORONAL, & TRANSVERSE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0490 PAC: 170 MAX FEE: $ 1039.20 EFF DATE: 10/01/03
FULL DESC:TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, W/
OVERLAPPING REINFORCED ANTERIOR, W/ MULTIPLE STRAPS & CLOSURES, POSTERIOR
EXTENDS FROM SACROCOCCYGEAL JUNCTION & TERMINATES AT OR BEFORE THE T-9
VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, ANTERIOR OPENING,
RESTRICTS GROSS TRUNK MOTION IN SAGITTAL & CORONAL PLANES, PREFABRICATED,
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0561 PAC: 170 MAX FEE: $ 277.90 EFF DATE: 10/01/03
FULL DESC:LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR
SEMI-RIGID POSTERIOR PANEL, PREFABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

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+ SPINAL-LUMBAR SACRAL - FLEXIBLE
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L0500      PAC: 170   MAX FEE: $   89.87   EFF DATE: 10/01/03
FULL DESC:LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SUPPORT)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 PER YEAR           NH: Y  COPAY: $  3.00
L0510      PAC: 170   MAX FEE: $  128.41   EFF DATE: 07/01/02
FULL DESC:LSO, FLEXIBLE, (LUMBO-SACRAL SUPPORT), CUSTOM FABRICATED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 PER YEAR           NH: Y  COPAY: $  3.00
L0515      PAC: 170   MAX FEE: $  162.49   EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR
PANEL, PREFABRICATED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 PER YEAR           NH: Y  COPAY: $  3.00
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+ ANTERIOR-POSTERIOR-LATERAL CONTROL
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L0520      PAC: 170   MAX FEE: $  188.87   EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES),
WITH APRON FRONT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
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+ ANTERIOR-POSTERIOR CONTROL
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L0530      PAC: 170   MAX FEE: $  228.64   EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE), WITH APRON
FRONT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
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+ LUMBAR FLEXION
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L0540      PAC: 170   MAX FEE: $  240.12   EFF DATE: 07/01/02
FULL DESC:LSO, LUMBAR FLEXION (WILLIAMS FLEXION TYPE)
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
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+ ANTERIOR-POSTERIOR-LATERAL CONTROL (BODY JACKET)
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L0550      PAC: 170   MAX FEE: $  518.08   EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL; MOLDED TO PATIENT MODEL
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L0560      PAC: 170   MAX FEE: $  986.60   EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL; MOLDED TO PATIENT MODEL,
WITH INTERFACE MATERIAL
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
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L0565 PAC: 170 MAX FEE: $ 888.74 EFF DATE: 07/01/02
FULL DESC:LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL; CUSTOM FITTED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ SPINAL-SACRIOLIAC - FLEXIBLE

L0600 PAC: 170 MAX FEE: $ 64.93 EFF DATE: 10/01/03
FULL DESC:SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 30 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: $ 3.00
L0610 PAC: 170 MAX FEE: $ 172.27 EFF DATE: 07/01/02
FULL DESC:SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT); CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: $ 3.00

+ SEMI-RIGID

L0620 PAC: 170 MAX FEE: $ 112.75 EFF DATE: 07/01/02
FULL DESC:SACROILIAC, SEMI-RIGID (GOLDTHWAITE, OSGOOD TYPES), WITH APRON FRONT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: $ 3.00

+ SPINAL-CERVICAL-THORACIC-LUMBAR-SACRAL-HALO - ANTERIOR-POSTERIOR-LATERAL

L0700 PAC: 170 MAX FEE: $ 1435.51 EFF DATE: 07/01/02
FULL DESC:CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL (MINERVA TYPE)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00
L0710 PAC: 170 MAX FEE: $ 1618.23 EFF DATE: 07/01/02
FULL DESC:CTLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL (MINERVA TYPE)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00

+ HALO PROCEDURE

L0810 PAC: 170 MAX FEE: $ 1977.37 EFF DATE: 07/01/02
FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO JACKET VEST
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00
L0820 PAC: 170 MAX FEE: $ 960.49 EFF DATE: 07/01/02
FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00
L0830 PAC: 170 MAX FEE: $ 1080.54 EFF DATE: 07/01/02
FULL DESC:HALO PROCEDURE; CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE

ORTHOSIS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00

+ SPINAL-TORSO SUPPORTS - PTOSIS SUPPORTS

L0860 PAC: 170 MAX FEE: $ 2621.26 EFF DATE: 07/01/02
FULL DESC:ADDITION TO HALO PROCEDURES, MAGNETIC RESONANCE IMAGE
COMPATIBLE SYSTEM
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 0.00

+ POST SURGICAL SUPPORT

L0960 PAC: 170 MAX FEE: $ 32.35 EFF DATE: 07/01/02
FULL DESC:TORSO SUPPORT, POST SURGICAL SUPPORT; PADS FOR POST SURGICAL
SUPPORT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 2.00

+ ADDITIONS TO SPINAL ORTHOSES

L0970 PAC: 170 MAX FEE: $ 55.34 EFF DATE: 07/01/02
FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), CORSET FRONT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0972 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02
FULL DESC:LUMBAR-SACRAL-ORTHOSIS (LSO), CORSET FRONT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L0974 PAC: 170 MAX FEE: $ 90.32 EFF DATE: 07/01/02
FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FULL CORSET
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0976 PAC: 170 MAX FEE: $ 90.32 EFF DATE: 07/01/02
FULL DESC:LUMBAR-SACRAL-ORTHOSIS (LSO), FULL CORSET
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0978 PAC: 170 MAX FEE: $ 208.80 EFF DATE: 07/01/02
FULL DESC:AXILLARY CRUTCH EXTENSION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L0980 PAC: 170 MAX FEE: $ 7.22 EFF DATE: 07/01/02
FULL DESC:PERITONEAL STRAPS, PAIR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.50
L0982 PAC: 170 MAX FEE: $ 7.22 EFF DATE: 07/01/02
FULL DESC:STOCKING SUPPORTER GRIPS, SET OF FOUR (4)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.50
L0999 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 02/01/99
FULL DESC:ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ SCOLIOSIS PROCEDURES - SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL

L1000 PAC: 170 MAX FEE: $ 1203.74 EFF DATE: 07/01/02
FULL DESC:CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSIS (CTLSO) (MILWAUKEE),
INCLUSIVE OF FURNISHING INITIAL ORTHOSES, INCLUDING MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 3 YEARS NH: Y COPAY: $ 3.00
L1005 PAC: 170 MAX FEE: $ 2576.70 EFF DATE: 10/01/03
FULL DESC:TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ CORRECTION PADS

L1010 PAC: 170 MAX FEE: $ 48.13 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; AXILLA SLING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1020 PAC: 170 MAX FEE: $ 48.13 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1025 PAC: 170 MAX FEE: $ 121.82 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L1030 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR BOLSTER PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1040 PAC: 170 MAX FEE: $ 52.98 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR OR LUMBAR RIB PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1050 PAC: 170 MAX FEE: $ 60.18 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; STERNAL PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1060 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02

FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; THORACIC PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1070 PAC: 170 MAX FEE: $ 50.10 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; TRAPEZE SLING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1080 PAC: 170 MAX FEE: $ 21.93 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L1085 PAC: 170 MAX FEE: $ 98.86 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; OUTRIGGER, BILATERAL WITH
VERTICAL EXTENSIONS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1090 PAC: 170 MAX FEE: $ 63.98 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; LUMBAR SLING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1100 PAC: 170 MAX FEE: $ 104.39 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC OR
LEATHER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1110 PAC: 170 MAX FEE: $ 158.70 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; RING FLANGE, PLASTIC
OR LEATHER, MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1120 PAC: 170 MAX FEE: $ 24.02 EFF DATE: 07/01/02
FULL DESC:ADDITIONS TO CTLSO OR SCOLIOSIS ORTHOSIS; COVER FOR UPRIGHT, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

+ SCOLIOSIS-THORACIC-LUMBAR-SACRAL (LOW PROFILE)

L1200 PAC: 170 MAX FEE: $ 1044.02 EFF DATE: 07/01/02
FULL DESC:THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), INCLUSIVE OF FURNISHING
INITIAL ORTHOSIS ONLY
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1210 PAC: 170 MAX FEE: $ 309.56 EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); LATERAL THORACIC EXTENSION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L1220 PAC: 170 MAX FEE: $ 142.00 EFF DATE: 07/01/02

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FULL DESC:ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC EXTENSION
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1230      PAC: 170   MAX FEE: $  361.12   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); MILWAUKEE TYPE SUPERSTRUCTURE
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1240      PAC: 170   MAX FEE: $   77.39   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); LUMBAR DEROTATION PAD
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1250      PAC: 170   MAX FEE: $   46.92   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); ANTERIOR ASIS PAD
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
REPORT NAME: HMPRDM35                                              PAGE:     34

L1260      PAC: 170   MAX FEE: $   73.90   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); ANTERIOR THORACIC DEROTATION PAD
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1270      PAC: 170   MAX FEE: $   73.90   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); ABDOMINAL PAD
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1280      PAC: 170   MAX FEE: $   74.90   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); RIB GUSSET (ELASTIC), EACH
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
L1290      PAC: 170   MAX FEE: $   65.91   EFF DATE: 07/01/02
FULL DESC:ADDITION TO TLSO, (LOW PROFILE); LATERAL TROCHANTERIC PAD
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  0.00
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+ OTHER SCOLIOSIS PROCEDURES
-------------------------------------------------------------------------------
L1300      PAC: 170   MAX FEE: $ 1028.37   EFF DATE: 07/01/02
FULL DESC:OTHER SCOLIOSIS PROCEDURE; BODY JACKET MOLDED TO PATIENT MODEL
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L1310      PAC: 170   MAX FEE: $  997.02   EFF DATE: 07/01/02
FULL DESC:OTHER SCOLIOSIS PROCEDURE; POST-OPERATIVE BODY JACKET
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: N        LIFE EXP: 2 PER YEAR           NH: Y  COPAY: $  3.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
REPORT NAME: HMPRDM35                                              PAGE:     35

L1499      PAC: 11J   MAX FEE: $    0.00   EFF DATE: 01/01/88
FULL DESC:SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: Y        LIFE EXP:                      NH: Y  COPAY: $  3.00
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+ THORACIC-HIP-KNEE-ANKLE
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L1500      PAC: 170   MAX FEE: $  951.00   EFF DATE: 07/01/02
FULL DESC:THORACIC-HIP-KNEE-ANKLE-ORTHOSIS (THKAO); MOBILITY FRAME
(NEWINGTON, PARAPODIUM TYPES)
 POS:  11 12 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: Y        LIFE EXP: 1 PER LIFETIME       NH: N  COPAY: $  3.00
L1510      PAC: 170   MAX FEE: $  678.61   EFF DATE: 10/01/03
FULL DESC:THORACIC HIP KNEE ANKLE ORTHOSIS; STANDING FRAME, WITH OR WITHOUT
TRAY AND ACCESSORIES
 POS:  11 12 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: Y        LIFE EXP: 1 PER LIFETIME       NH: N  COPAY: $  3.00
L1520      PAC: 170   MAX FEE: $ 1513.82   EFF DATE: 07/01/02
FULL DESC:THKAO, SWIVEL WALKER
 POS:  11 12 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: N PA REQ: Y        LIFE EXP: 1 YEAR               NH: N  COPAY: $  3.00
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+ LOWER LIMB - HIP-FLEXIBLE
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L1600      PAC: 170   MAX FEE: $   63.69   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA
TYPE WITH COVER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT.
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
REPORT NAME: HMPRDM35                                              PAGE:     36

L1610      PAC: 170   MAX FEE: $   30.28   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (FREJKA
COVER ONLY),PERFABRICATED, INCLUDES FITTING AND ADJUSTMENT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  2.00
L1620      PAC: 170   MAX FEE: $   76.73   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, (PAVLIK
HARNESS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L1630      PAC: 170   MAX FEE: $  135.73   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, SEMI FLEXIBLE (VON
ROSEN TYPE), CUSTOM-FABRICATED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L1640      PAC: 170   MAX FEE: $  300.95   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS,ABDUCTION CONTROL OF HIP JOINTS, STATIC,PELVIC BAND OR
SPREADER BAR, THIGH CUFFS, CUSTOM FABRICATED
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
L1650      PAC: 170   MAX FEE: $  180.61   EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE,
(ILFLED TYPE), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
 POS:  11 12 31 32 99
 PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
 BI: Y PA REQ: N        LIFE EXP: 1 YEAR               NH: Y  COPAY: $  3.00
REPORT JOB:  SWIJMPQD            DME INDEX/MAFS                    DATE: 020304
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L1652 PAC: 170 MAX FEE: $ 286.97 EFF DATE: 10/01/03
FULL DESC:HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT, ANY TYPE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1660 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1680 PAC: 170 MAX FEE: $ 433.26 EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, HIGH CUFFS (RANCHO HIP ACTION TYPE), CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1685 PAC: 170 MAX FEE: $ 689.02 EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1686 PAC: 170 MAX FEE: $ 761.91 EFF DATE: 07/01/02
FULL DESC:HIP ORTHOSIS, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ LEGG PERTHES

L1690 PAC: 170 MAX FEE: $ 1502.12 EFF DATE: 07/01/02
FULL DESC:COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1700 PAC: 170 MAX FEE: $ 898.91 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS,(TORONTO TYPE), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1710 PAC: 170 MAX FEE: $ 991.82 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS, (NEWINGTON TYPE), CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1720 PAC: 170 MAX FEE: $ 749.59 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1730 PAC: 170 MAX FEE: $ 674.05 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS, (SCOTTISH RITE TYPE), CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
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L1750 PAC: 170 MAX FEE: $ 83.52 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS; LEGG PERTHES SLING, (SAM BROWN TYPE),
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1755 PAC: 170 MAX FEE: $ 1298.15 EFF DATE: 07/01/02
FULL DESC:LEGG PERTHES ORTHOSIS, (PATTEN BOTTOM TYPE), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ KNEE

L1800 PAC: 170 MAX FEE: $ 48.02 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING
AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L1810 PAC: 170 MAX FEE: $ 62.96 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, INCLUDES FITTING
AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1815 PAC: 170 MAX FEE: $ 74.90 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ELASTIC OR OTHER ELASTIC TYPE MATERIAL WITH CONDYLAR
PAD(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM35 PAGE: 40

L1820 PAC: 170 MAX FEE: $ 73.38 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PADS AND JOINTS,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1825 PAC: 170 MAX FEE: $ 29.22 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ELASTIC KNEE CAP, PREFABRICATED, INCLUDES FITTING
AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L1830 PAC: 170 MAX FEE: $ 52.21 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L1832 PAC: 170 MAX FEE: $ 472.33 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID

SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1834 PAC: 170 MAX FEE: $ 445.36 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, WITHOUT KNEE JOINT, RIGID, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1836 PAC: 170 MAX FEE: $ 107.40 EFF DATE: 10/01/03
FULL DESC:KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE
MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1840 PAC: 170 MAX FEE: $ 355.07 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE
LIGAMENT, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1843 PAC: 170 MAX FEE: $ 415.31 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE
FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR
WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1844 PAC: 170 MAX FEE: $ 599.15 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE
FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR
WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1845 PAC: 170 MAX FEE: $ 615.12 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT , THIGH AND CALF, WITH ADJUSTABLE
FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1846 PAC: 170 MAX FEE: $ 865.77 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE
FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, CUSTOM
FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1847 PAC: 170 MAX FEE: $ 446.79 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH
INFLATABLE AIR SUPPORT CHAMBER(S), PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1850 PAC: 170 MAX FEE: $ 216.65 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, SWEDISH TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1855 PAC: 170 MAX FEE: $ 1104.42 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT KNEE JOINTS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1858 PAC: 170 MAX FEE: $ 938.67 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS (CTI), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1860 PAC: 170 MAX FEE: $ 698.45 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, CUSTOM-FABRICATED (SK)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L1870 PAC: 170 MAX FEE: $ 451.44 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1880 PAC: 170 MAX FEE: $ 511.57 EFF DATE: 07/01/02
FULL DESC:KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/ LACERS WITH KNEE JOINTS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ ANKLE-FOOT

L1900 PAC: 170 MAX FEE: $ 180.61 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1901 PAC: 170 MAX FEE: $ 14.24 EFF DATE: 10/01/03
FULL DESC:ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 1.00
L1902 PAC: 170 MAX FEE: $ 76.89 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1904 PAC: 170 MAX FEE: $ 449.36 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1906 PAC: 170 MAX FEE: $ 109.84 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1910 PAC: 170 MAX FEE: $ 167.04 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO
SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1920 PAC: 170 MAX FEE: $ 210.63 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP
(PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1930 PAC: 170 MAX FEE: $ 167.89 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1940 PAC: 170 MAX FEE: $ 282.93 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L1945 PAC: 170 MAX FEE: $ 770.87 EFF DATE: 10/01/03
FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR
REACTION), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1950 PAC: 170 MAX FEE: $ 511.57 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE
TYPE), PLASTIC, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1960 PAC: 170 MAX FEE: $ 282.93 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-
FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1970 PAC: 170 MAX FEE: $ 365.41 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1980 PAC: 170 MAX FEE: $ 228.64 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION,
SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR BK ORTHOSIS), CUSTOM-FABRICATED

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L1990 PAC: 170 MAX FEE: $ 258.91 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION,
SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR BK ORTHOSIS), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ HIP-KNEE-ANKLE-FOOT

L2000 PAC: 170 MAX FEE: $ 542.89 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE,
SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), CUSTOM-
FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2010 PAC: 170 MAX FEE: $ 662.94 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID
STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR AK ORTHOSIS), WITHOUT KNEE
JOINT, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2020 PAC: 170 MAX FEE: $ 843.80 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID
STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR AK ORTHOSIS), CUSTOM-
FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2030 PAC: 170 MAX FEE: $ 769.43 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE ANKLE, SOLID
STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR AK ORTHOSIS), WITHOUT KNEE
JOINT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2035 PAC: 170 MAX FEE: $ 133.23 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE),
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: N COPAY: $ 0.00

L2036 PAC: 170 MAX FEE: $ 1007.55 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE,
CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2039 PAC: 170 MAX FEE: $ 1710.44 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL
HINGE, MEDIAL LATERAL ROTATION CONTROL, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 34 35 38 44 48 54 58 65

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ TORSION CONTROL

L2040 PAC: 170 MAX FEE: $ 157.78 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L2050 PAC: 170 MAX FEE: $ 270.93 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L2060 PAC: 170 MAX FEE: $ 365.41 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L2070 PAC: 170 MAX FEE: $ 88.75 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L2080 PAC: 170 MAX FEE: $ 246.90 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L2090 PAC: 170 MAX FEE: $ 287.10 EFF DATE: 07/01/02
FULL DESC:HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ FRACTURE ORTHOSES

L2106 PAC: 170 MAX FEE: $ 318.54 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2108 PAC: 170 MAX FEE: $ 798.86 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L2112 PAC: 170 MAX FEE: $ 502.29 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS,

SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2116 PAC: 170 MAX FEE: $ 599.15 EFF DATE: 07/01/02
FULL DESC:ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2126 PAC: 170 MAX FEE: $ 913.69 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2128 PAC: 170 MAX FEE: $ 998.58 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2132 PAC: 170 MAX FEE: $ 698.00 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L2134 PAC: 170 MAX FEE: $ 730.81 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L2136 PAC: 170 MAX FEE: $ 998.58 EFF DATE: 07/01/02
FULL DESC:KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ ADDITIONS TO FRACTURE ORTHOSIS

L2180 PAC: 170 MAX FEE: $ 95.87 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; PLASTIC SHOE INSERT, WITH ANKLE JOINTS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2182 PAC: 170 MAX FEE: $ 69.91 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; DROP LOCK KNEE JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2184 PAC: 170 MAX FEE: $ 74.13 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; LIMITED MOTION KNEE JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65

BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2186 PAC: 170 MAX FEE: $ 99.86 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; ADJUSTABLE
MOTION KNEE JOINT, LERMAN TYPE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

L2188 PAC: 170 MAX FEE: $ 187.74 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; QUADRILATERAL
BRIM
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2190 PAC: 170 MAX FEE: $ 58.92 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; WAIST BELT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2192 PAC: 170 MAX FEE: $ 304.56 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS; HIP JOINT,
PELVIC BAND, THIGH FLANGE, AND PELVIC BELT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ ADDITIONS TO LOWER EXTREMITY ORTHOSIS - ADDITIONS-SHOE-ANKLE-SHIN-KNEE

L2200 PAC: 170 MAX FEE: $ 44.25 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; LIMITED ANKLE MOTION, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2210 PAC: 170 MAX FEE: $ 34.54 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; DORSIFLEXION ASSIST (PLANTAR
FLEXION RESIST), EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

L2220 PAC: 170 MAX FEE: $ 44.25 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; DORSIFLEXION AND PLANTAR FLEXION
ASSIST/RESIST, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2230 PAC: 170 MAX FEE: $ 66.20 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; SPLIT FLAT CALIPER STIRRUPS AND
PLATE ATTACHMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2240 PAC: 170 MAX FEE: $ 65.88 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; ROUND CALIPER AND PLATE
ATTACHMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2250 PAC: 170 MAX FEE: $ 198.37 EFF DATE: 07/01/02

FULL DESC:ADDITION TO LOWER EXTREMITY; FOOT PLATE, MOLDED TO PATIENT
MODEL, STIRRUP ATTACHMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2260 PAC: 170 MAX FEE: $ 90.67 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; REINFORCED SOLID STIRRUP
(SCOTT-CRAIG TYPE)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2270 PAC: 170 MAX FEE: $ 48.13 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; VARUS/VALGUS CORRECTION
("T") STRAP, PADDED/LINED OR MALLEOLUS PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2280 PAC: 170 MAX FEE: $ 313.20 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; MOLDED INNER BOOT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2300 PAC: 170 MAX FEE: $ 151.39 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; ABDUCTION BAR (BILATERAL
HIP INVOLVEMENT), JOINTED, ADJUSTABLE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2310 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; ABDUCTION BAR-STRAIGHT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2320 PAC: 170 MAX FEE: $ 313.20 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; NON-MOLDED LACER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2330 PAC: 170 MAX FEE: $ 469.81 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; LACER MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2335 PAC: 170 MAX FEE: $ 184.74 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; ANTERIOR SWING BAND
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2340 PAC: 170 MAX FEE: $ 318.43 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; PRE-TIBIAL SHELL, MOLDED TO
PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2350 PAC: 170 MAX FEE: $ 480.25 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; PROSTHETIC TYPE, (BK)
SOCKET, MOLDED TO PATIENT MODEL, (USED FOR "PTB" "AFO" ORTHOSES)

POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2360 PAC: 170 MAX FEE: $ 32.35 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; EXTENDED STEEL SHANK
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2370 PAC: 170 MAX FEE: $ 322.54 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; PATTEN BOTTOM
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2375 PAC: 170 MAX FEE: $ 69.91 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; TORSION CONTROL, ANKLE JOINT
AND HALF SOLID STIRRUP
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2380 PAC: 170 MAX FEE: $ 79.89 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; TORSION CONTROL, STRAIGHT KNEE JOINT,
EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

L2385 PAC: 170 MAX FEE: $ 101.55 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; STRAIGHT KNEE JOINT, HEAVY DUTY,
EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2390 PAC: 170 MAX FEE: $ 104.85 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2395 PAC: 170 MAX FEE: $ 119.83 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; OFFSET KNEE JOINT, HEAVY DUTY,
EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

+ ADDITIONS TO STRAIGHT OR OFFSET KNEE JOINTS

L2405 PAC: 170 MAX FEE: $ 60.96 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE JOINT, LOCK; DROP, STANCE OR SWING PHASE, EACH
JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2415 PAC: 170 MAX FEE: $ 80.23 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE LOCK WITH INTEGRATED RELEASE MECHANISM (BAIL,
CABLE, OR EQUAL), ANY MATERIAL, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

L2425 PAC: 170 MAX FEE: $ 94.67 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE JOINT; DISC OR DIAL LOCK FOR ADJUSTABLE
KNEE FLEXION, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2430 PAC: 170 MAX FEE: $ 94.67 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE
KNEE EXTENSION, EACH JOINT.
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2435 PAC: 170 MAX FEE: $ 135.56 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE JOINT; POLYCENTRIC JOINT, EACH JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2492 PAC: 170 MAX FEE: $ 104.85 EFF DATE: 07/01/02
FULL DESC:ADDITION TO KNEE JOINT; LIFT LOOP FOR DROP LOCK RING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00

+ ADDITIONS-THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT

L2500 PAC: 170 MAX FEE: $ 273.53 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; GLUTEAL/ISCHIAL
WEIGHT BEARING, RING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2510 PAC: 170 MAX FEE: $ 391.50 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING;
QUADRILATERAL BRIM, MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2520 PAC: 170 MAX FEE: $ 469.81 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING;
QUADRILATERAL BRIM, CUSTOM FITTING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2525 PAC: 170 MAX FEE: $ 998.58 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL
CONTAINMENT/NARROW M-I BRIM MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2526 PAC: 170 MAX FEE: $ 788.87 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; ISCHIAL
CONTAINMENT/NARROW M-I BRIM, CUSTOM FITTED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2530 PAC: 170 MAX FEE: $ 156.62 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER,
NON-MOLDED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65

BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2540 PAC: 170 MAX FEE: $ 212.98 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; LACER,
MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2550 PAC: 170 MAX FEE: $ 299.56 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING; HIGH ROLL CUFF
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ ADDITIONS-PELVIC AND THORACIC CONTROL

L2570 PAC: 170 MAX FEE: $ 73.08 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT,
CLEVIS TYPE TWO POSITION JOINT; EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2580 PAC: 170 MAX FEE: $ 65.79 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PELVIC SLING
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2600 PAC: 170 MAX FEE: $ 252.65 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS
TYPE, OR THRUST BEARING; FREE, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2610 PAC: 170 MAX FEE: $ 132.59 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS
TYPE OR TRUST BEARING; LOCK, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2620 PAC: 170 MAX FEE: $ 254.64 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
HEAVY DUTY, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2622 PAC: 170 MAX FEE: $ 396.09 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
ADJUSTABLE FLEXION, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2624 PAC: 170 MAX FEE: $ 468.33 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; HIP JOINT,
ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2627 PAC: 170 MAX FEE: $ 1164.34 EFF DATE: 07/01/02

FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; PLASTIC, MOLDED
TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CABLES
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2628 PAC: 170 MAX FEE: $ 1258.22 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; METAL FRAME,
RECIPROCATING HIP JOINT AND CABLES
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2630 PAC: 170 MAX FEE: $ 125.28 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND
BELT, UNILATERAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2640 PAC: 170 MAX FEE: $ 177.49 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC CONTROL; BAND AND BELT,
BILATERAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2650 PAC: 170 MAX FEE: $ 66.30 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL; GLUTEAL
PAD, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2660 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, THORACIC
BAND
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2670 PAC: 170 MAX FEE: $ 73.08 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, PARASPINAL
UPRIGHTS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2680 PAC: 170 MAX FEE: $ 67.87 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY; THORACIC CONTROL, LATERAL
SUPPORT UPRIGHTS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ ADDITIONS-GENERAL - LOWER EXTREMITY

L2750 PAC: 170 MAX FEE: $ 24.02 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; PLATING CHROME OR
NICKEL, PER BAR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2755 PAC: 170 MAX FEE: $ 101.50 EFF DATE: 07/01/02

FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT
MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2760 PAC: 170 MAX FEE: $ 33.67 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; EXTENSION, PER EXTENSION
PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2768 PAC: 170 MAX FEE: $ 104.88 EFF DATE: 10/01/03
FULL DESC:ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L2770 PAC: 170 MAX FEE: $ 31.33 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; ANY MATERIAL, PER BAR OR
JOINT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2780 PAC: 170 MAX FEE: $ 10.44 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; NON-CORROSIVE FINISH,
PER BAR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2785 PAC: 170 MAX FEE: $ 50.79 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; DROP LOCK RETAINER, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2795 PAC: 170 MAX FEE: $ 55.75 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL,
FULL KNEECAP
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2800 PAC: 170 MAX FEE: $ 72.91 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL, KNEE
CAP, MEDIAL OR LATERAL PULL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2810 PAC: 170 MAX FEE: $ 62.41 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; KNEE CONTROL,
CONDYLAR PAD
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER 2 YEARS NH: Y COPAY: $ 0.00
L2820 PAC: 170 MAX FEE: $ 105.85 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR
MOLDED PLASTIC, BELOW KNEE SECTION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

L2830 PAC: 170 MAX FEE: $ 81.89 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; SOFT INTERFACE FOR
MOLDED PLASTIC, ABOVE KNEE SECTION
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2840 PAC: 170 MAX FEE: $ 27.95 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; TIBIAL LENGTH SOCK,
FRACTURE OR EQUAL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: $ 0.00
L2850 PAC: 170 MAX FEE: $ 39.94 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY ORTHOSIS; FEMORAL LENGTH SOCK,
FRACTURE OR EQUAL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: $ 0.00
L2860 PAC: 170 MAX FEE: $ 297.07 EFF DATE: 07/01/02
FULL DESC:ADDITION TO LOWER EXTREMITY JOINT, KNEE, OR ANKLE, CONCENTRIC
ADJUSTABLE TORSION STYLE MECHANISM, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L2999 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 01/01/88
FULL DESC:LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: $ 150.00 LIFE EXP: NH: Y COPAY: $ 1.00

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ORTHOTIC DEVICES
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+ UPPER LIMB - SHOULDER

L3650 PAC: 170 MAX FEE: $ 29.76 EFF DATE: 07/01/02
FULL DESC:SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 2.00
L3660 PAC: 170 MAX FEE: $ 83.52 EFF DATE: 07/01/02
FULL DESC:SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER,
CANVAS AND WEBBING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 3.00
L3670 PAC: 170 MAX FEE: $ 119.83 EFF DATE: 07/01/02
FULL DESC:SHOULDER ORTHOSIS, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE),
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 3.00
L3675 PAC: 170 MAX FEE: $ 124.06 EFF DATE: 07/01/02
FULL DESC:SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS
WEBBING TYPE OR EQUAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 3.00

L3677 PAC: 170 MAX FEE: $ 110.77 EFF DATE: 10/01/03
FULL DESC:SHOULDER, ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ ELBOW

L3700 PAC: 170 MAX FEE: $ 24.02 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, ELASTIC WITH STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 1.00
L3710 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, ELASTIC WITH METAL JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3720 PAC: 170 MAX FEE: $ 287.10 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3730 PAC: 170 MAX FEE: $ 252.65 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L3740 PAC: 170 MAX FEE: $ 367.50 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3760 PAC: 170 MAX FEE: $ 330.22 EFF DATE: 07/01/02
FULL DESC:ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ WRIST-HAND-FINGER

L3800 PAC: 170 MAX FEE: $ 137.82 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3805 PAC: 170 MAX FEE: $ 224.47 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, LONG OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3807 PAC: 170 MAX FEE: $ 141.42 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENTS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 PER YEAR NH: Y COPAY: $ 3.00

+ ADDITIONS - UPPER LIMB

L3810 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02
FULL DESC:WRIST-HAND-FINGER-ORTHOSES (WHFO), ADDITION TO SHORT AND
LONG OPPONENS; THUMB ABDUCTION ("C") BAR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3815 PAC: 170 MAX FEE: $ 48.46 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; SECOND M.P.
ABDUCTION ASSIST
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3820 PAC: 170 MAX FEE: $ 48.02 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; I.P. EXTENSION
ASSIST, WITH M.P. EXTENSION STOP
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3825 PAC: 170 MAX FEE: $ 69.95 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; M.P. EXTENSION
STOP
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3830 PAC: 170 MAX FEE: $ 96.06 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; M.P. EXTENSION
ASSIST
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L3835 PAC: 170 MAX FEE: $ 62.65 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; M.P. SPRING
EXTENSION ASSIST
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3840 PAC: 170 MAX FEE: $ 54.30 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; SPRING SWIVEL
THUMB
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3845 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; THUMB I.P.
EXTENSION ASSIST, WITH M.P. STOP
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3850 PAC: 170 MAX FEE: $ 151.39 EFF DATE: 07/01/02
FULL DESC:WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH
DORSIFLEXION ASSIST
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3855 PAC: 170 MAX FEE: $ 104.39 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; ADJUSTABLE M.P.
FLEXION CONTROL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L3860 PAC: 170 MAX FEE: $ 130.49 EFF DATE: 07/01/02
FULL DESC:WHFO, ADDITION TO SHORT AND LONG OPPONENS; ADJUSTABLE M.P.
FLEXION CONTROL AND I.P.
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L3890 PAC: 170 MAX FEE: $ 297.07 EFF DATE: 07/01/02
FULL DESC:ADDITION TO UPPER EXTREMITY JOINT, WRIST, OR ELBOW, CONCENTRIC
ADJUSTABLE TORSION STYLE MECHANISM, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICES

E1800 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 06/01/96
FULL DESC:DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: $ 3.00
E1800 RR PAC: 170 MAX FEE: $ 4.08 EFF DATE: 10/01/03
FULL DESC:DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: 4 YEARS NH: N COPAY: $ 0.00
E1801 RR PAC: 170 MAX FEE: $ 4.30 EFF DATE: 10/01/03
FULL DESC:BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE
OF MOTION ADJUSTMENT, INCLUDES CUFFS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00
E1802 RR PAC: 170 MAX FEE: $ 10.00 EFF DATE: 10/01/03
FULL DESC:DYNANIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES
SOFT INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00

E1805 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 06/01/96
FULL DESC:DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: $ 3.00
E1805 RR PAC: 170 MAX FEE: $ 4.21 EFF DATE: 10/01/03
FULL DESC:DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: 4 YEARS NH: N COPAY: $ 0.00
E1806 RR PAC: 170 MAX FEE: $ 3.53 EFF DATE: 10/01/03
FULL DESC:BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE
OF MOTION ADJUSTMENT, INCLUDES CUFFS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00
E1810 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 06/01/96
FULL DESC:DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: $ 3.00
E1810 RR PAC: 170 MAX FEE: $ 4.15 EFF DATE: 10/01/03
FULL DESC:DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: $ 0.00
E1811 RR PAC: 170 MAX FEE: $ 4.47 EFF DATE: 10/01/03
FULL DESC:BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF
MOTION ADJUSTMENT, INCLUDES CUFFS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00

E1815 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 06/01/96
FULL DESC:DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: Y LIFE EXP: 4 YEARS NH: Y COPAY: $ 3.00
E1815 RR PAC: 170 MAX FEE: $ 4.21 EFF DATE: 10/01/03
FULL DESC:DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE, INCLUDES SOFT
INTERFACE MATERIAL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: N COPAY: $ 0.00
E1816 RR PAC: 170 MAX FEE: $ 4.54 EFF DATE: 10/01/03
FULL DESC:BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE
OF MOTION ADJUSTMENT, INCLUDES CUFFS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00
E1818 RR PAC: 170 MAX FEE: $ 4.64 EFF DATE: 10/01/03
FULL DESC:BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/
SUPINATION DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 60 LIFE EXP: NH: Y COPAY: $ 0.00
E1840 RR PAC: 170 MAX FEE: $ 12.74 EFF DATE: 10/01/03
FULL DESC:DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE,
INCLUDES SOFT INTERFACE MATERIAL
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: 30 LIFE EXP: NH: Y COPAY: $ 0.00

L3900 PAC: 170 MAX FEE: $ 1192.25 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRIVEN, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3901 PAC: 170 MAX FEE: $ 1211.06 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ EXTERNAL POWER

L3902 PAC: 170 MAX FEE: $ 1774.81 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, COMPRESSED GAS, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3904 PAC: 170 MAX FEE: $ 1978.39 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, ELECTRIC, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ OTHER WRIST-HAND-FINGER ORTHOSES-CUSTOM FITTED

L3906 PAC: 170 MAX FEE: $ 234.91 EFF DATE: 07/01/02
FULL DESC:WRIST HAND ORTHOSIS, WRIST GAUNTLET, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L3907 PAC: 170 MAX FEE: $ 449.36 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, WRIST GAUNTLET WITH THUMB SPICA, CUSTOM -FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3908 PAC: 170 MAX FEE: $ 45.94 EFF DATE: 07/01/02
FULL DESC:WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3909 PAC: 170 MAX FEE: $ 10.37 EFF DATE: 10/01/03
FULL DESC:WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 1.00
L3910 PAC: 170 MAX FEE: $ 243.25 EFF DATE: 07/01/02

FULL DESC:WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3911 PAC: 170 MAX FEE: $ 14.73 EFF DATE: 10/01/03
FULL DESC:WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 1.00
L3912 PAC: 170 MAX FEE: $ 99.17 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, FLEXION GLOVE WITH ELASTIC FINGER CONTROL,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L3914 PAC: 170 MAX FEE: $ 55.84 EFF DATE: 07/01/02
FULL DESC:WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED,
INCLUDES FITTING/ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3916 PAC: 170 MAX FEE: $ 90.32 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH
OUTRIGGER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3918 PAC: 170 MAX FEE: $ 57.94 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3920 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3922 PAC: 170 MAX FEE: $ 78.31 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3923 PAC: 170 MAX FEE: $ 27.49 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENTS, ANY TYPE
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00

L3924 PAC: 170 MAX FEE: $ 76.22 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3926 PAC: 170 MAX FEE: $ 75.17 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3928 PAC: 170 MAX FEE: $ 42.13 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3930 PAC: 170 MAX FEE: $ 44.52 EFF DATE: 07/01/02
FULL DESC:WRIST, HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3932 PAC: 170 MAX FEE: $ 30.28 EFF DATE: 07/01/02
FULL DESC:FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3934 PAC: 170 MAX FEE: $ 30.28 EFF DATE: 07/01/02
FULL DESC:FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00

L3936 PAC: 170 MAX FEE: $ 57.79 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING
AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3938 PAC: 170 MAX FEE: $ 48.55 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES
FITTNG AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3940 PAC: 170 MAX FEE: $ 68.58 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER
ATTACHMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3942 PAC: 170 MAX FEE: $ 75.78 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3944 PAC: 170 MAX FEE: $ 72.04 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER,
PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3946 PAC: 170 MAX FEE: $ 62.65 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
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L3948 PAC: 170 MAX FEE: $ 34.87 EFF DATE: 07/01/02
FULL DESC:FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 2.00
L3950 PAC: 170 MAX FEE: $ 112.75 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE
BENDER AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3952 PAC: 170 MAX FEE: $ 112.75 EFF DATE: 07/01/02
FULL DESC:WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE
KNUCKLE AND TWO ATTACHMENTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3954 PAC: 170 MAX FEE: $ 72.04 EFF DATE: 07/01/02
FULL DESC:HAND FINGER ORTHOSIS, SPREADING HAND, PREFABICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

+ UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND - ABDUCTION POSITIONING-CUSTOM FIT

L3651 PAC: 170 MAX FEE: $ 48.24 EFF DATE: 10/01/03
FULL DESC:SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 2.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM35 PAGE: 78

L3652 PAC: 170 MAX FEE: $ 145.38 EFF DATE: 10/01/03
FULL DESC:SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 3.00
L3701 PAC: 170 MAX FEE: $ 14.93 EFF DATE: 10/01/03
FULL DESC:ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT (E.G. NEOPRENE, LYCRA)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 6 MONTHS NH: Y COPAY: $ 1.00
L3762 PAC: 170 MAX FEE: $ 78.78 EFF DATE: 10/01/03
FULL DESC:ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE
MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99

PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L3960 PAC: 170 MAX FEE: $ 391.50 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, AIRPLANE DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3962 PAC: 170 MAX FEE: $ 527.23 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING, ERBS PALSEY DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3963 PAC: 170 MAX FEE: $ 959.63 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW WRIST HAND ORTHOSIS, MOLDED SHOULDER, ARM, FOREARM AND WRIST, WITH ARTICULATING ELBOW JOINT, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L3964 PAC: 170 MAX FEE: $ 179.58 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3965 PAC: 170 MAX FEE: $ 219.24 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3966 PAC: 170 MAX FEE: $ 245.35 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3968 PAC: 170 MAX FEE: $ 302.77 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3969 PAC: 170 MAX FEE: $ 205.70 EFF DATE: 07/01/02
FULL DESC:SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

+ ADDITIONS TO MOBILE ARM SUPPORTS

L3970 PAC: 170 MAX FEE: $ 218.94 EFF DATE: 07/01/02

FULL DESC:SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L3972 PAC: 170 MAX FEE: $ 119.83 EFF DATE: 07/01/02
FULL DESC:SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM
WITH ELASTIC BALANCE CONTROL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00
L3974 PAC: 170 MAX FEE: $ 119.83 EFF DATE: 07/01/02
FULL DESC:SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 0.00

+ FRACTURE ORTHOSES

L3980 PAC: 170 MAX FEE: $ 198.37 EFF DATE: 07/01/02
FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS; HUMERAL, PREFABRICATED, INCLUDES
FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3982 PAC: 170 MAX FEE: $ 140.95 EFF DATE: 07/01/02
FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR, PREFABRICATED,
INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00

L3984 PAC: 170 MAX FEE: $ 131.53 EFF DATE: 07/01/02
FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST, PREFABRICATED, INCLUDES
FITTING AND ATTACHMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3985 PAC: 170 MAX FEE: $ 288.60 EFF DATE: 07/01/02
FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST
HINGE, CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3986 PAC: 170 MAX FEE: $ 227.60 EFF DATE: 07/01/02
FULL DESC:UPPER EXTREMITY FRACTURE ORTHOSIS; COMBINATION OF HUMERAL,
RADIUS/ULNAR, WRIST, (EXAMPLE- COLLES FRACTURE), CUSTOM-FABRICATED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 2 YEARS NH: Y COPAY: $ 3.00
L3995 PAC: 170 MAX FEE: $ 25.95 EFF DATE: 07/01/02
FULL DESC:ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR
EQUAL, EACH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 3 PER YEAR NH: Y COPAY: $ 0.00
L3999 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 10/01/03
FULL DESC:UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: $ 150.00 LIFE EXP: NH: Y COPAY: $ 3.00

+ SPECIFIC REPAIR - ORTHOSES

L4000 PAC: 170 MAX FEE: $ 689.05 EFF DATE: 07/01/02
FULL DESC:REPLACE GIRDLE FOR SPINAL ORTHOSIS (CTLSO OR SO)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4010 PAC: 170 MAX FEE: $ 562.95 EFF DATE: 07/01/02
FULL DESC:REPLACE TRILATERAL SOCKET BRIM
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4020 PAC: 170 MAX FEE: $ 829.98 EFF DATE: 07/01/02
FULL DESC:REPLACE QUADRILATERAL SOCKET BRIM; MOLDED TO PATIENT MODEL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4030 PAC: 170 MAX FEE: $ 391.50 EFF DATE: 07/01/02
FULL DESC:REPLACE QUADRILATERAL SOCKET BRIM; CUSTOM FITTED
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4040 PAC: 170 MAX FEE: $ 354.95 EFF DATE: 07/01/02
FULL DESC:REPLACE MOLDED THIGH LACER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4045 PAC: 170 MAX FEE: $ 212.69 EFF DATE: 07/01/02
FULL DESC:REPLACE NON-MOLDED THIGH LACER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L4050 PAC: 170 MAX FEE: $ 217.15 EFF DATE: 07/01/02
FULL DESC:REPLACE MOLDED CALF LACER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4055 PAC: 170 MAX FEE: $ 199.71 EFF DATE: 07/01/02
FULL DESC:REPLACE NON-MOLDED CALF LACER
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4060 PAC: 170 MAX FEE: $ 234.91 EFF DATE: 07/01/02
FULL DESC:REPLACE HIGH ROLL CUFF
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4070 PAC: 170 MAX FEE: $ 88.75 EFF DATE: 07/01/02
FULL DESC:REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4080 PAC: 170 MAX FEE: $ 49.59 EFF DATE: 07/01/02
FULL DESC:REPLACE METAL BANDS KAFO, PROXIMAL THIGH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

L4090 PAC: 170 MAX FEE: $ 47.24 EFF DATE: 07/01/02
FULL DESC:REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
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L4100 PAC: 170 MAX FEE: $ 65.88 EFF DATE: 07/01/02
FULL DESC:REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4110 PAC: 170 MAX FEE: $ 46.99 EFF DATE: 07/01/02
FULL DESC:REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00
L4130 PAC: 170 MAX FEE: $ 334.08 EFF DATE: 07/01/02
FULL DESC:REPLACE PRETIBIAL SHELL
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 0.00

+ REPAIRS - ORTHOTIC

L4210 PAC: 11J MAX FEE: $ 0.00 EFF DATE: 04/01/90
FULL DESC:REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
(NOT TO BE USED FOR WHEELCHAIR SEATING SYSTEM)
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: N PA REQ: $ 150.00 LIFE EXP: NH: Y COPAY: $ 0.00

+ ANCILLARY ORTHOTIC SERVICES

L4350 PAC: 170 MAX FEE: $ 65.91 EFF DATE: 07/01/02
FULL DESC:ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE
INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
REPORT JOB: SWIJMPQD DME INDEX/MAFS DATE: 020304
REPORT NAME: HMPRDM35 PAGE: 85

L4360 PAC: 170 MAX FEE: $ 202.71 EFF DATE: 07/01/02
FULL DESC:WALKING BOOT, PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT
INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L4370 PAC: 170 MAX FEE: $ 69.91 EFF DATE: 07/01/02
FULL DESC:PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
L4380 PAC: 170 MAX FEE: $ 84.87 EFF DATE: 07/01/02
FULL DESC:PNEUMATIC KNEE SPLINT, PREFABRICATED, INCLUDES FITTING AND
ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00

L4386 PAC: 170 MAX FEE: $ 127.65 EFF DATE: 10/01/03
FULL DESC:WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR
WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
POS: 11 12 31 32 99
PROV TYPES: VALID 24 26 34 35 38 44 48 54 58 65
BI: Y PA REQ: N LIFE EXP: 1 YEAR NH: Y COPAY: $ 3.00
****END OF REPORT****