South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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March 22, 2006

DME 06-01
HMO 06-06

MEDICAID BULLETIN

TO: **Durable Medical Equipment Providers (DME)**

SUBJECT:
I. Reimbursement and Policy Updates, Deletions and Changes
II. Policy Clarifications
III. Coverage Criteria for Negative Pressure Wound VAC
IV. Orthopedic Shoes

I. Reimbursement and Policy Updates, Deletions and Changes

Effective with dates of service beginning January 1, 2006, and in accordance with Medicare 2006 HCPCS codes, South Carolina Department of Health and Human Services/Durable Medical Equipment (DME) has updated the following codes with description changes, reimbursement changes, and/or discontinued codes:

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
A4218	01/01/06	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	$0.45 UNITS=30 PER MONTH
A4233	01/01/06	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	$6.58 UNITS=2 PER YEAR
A4234	01/01/06	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	$6.58 UNITS=2 PER YEAR
A4235	01/01/06	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	$6.58 UNITS=2 PER YEAR
A4236	01/01/06	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR OWNED BY PATIENT, EACH	$6.58 UNITS=2 PER YEAR
A4363	01/01/06	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	$2.18; SUPPORT DOCUMENTATION REQUIRED; 1 PER MONTH
A4411	01/01/06	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH	$5.10; SUPPORT DOCUMENTATION REQUIRED; 20 PER MONTH
A4412	01/01/06	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH	$2.70; SUPPORT DOCUMENTATION REQUIRED; 20 PER MONTH
A4604	01/01/06	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	$66.81; SUPPORT DOCUMENTATION REQUIRED; 2 PER YEAR
A5120	01/01/06	SKIN BARRIER, WIPES OR SWABS, EACH	$.24 UNITS=99 PER MONTH

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
A5512	01/01/06	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF ¼ INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), PREFABRICATED, EACH	$21.80 UNITS=4 PER YEAR
A5513	01/01/06	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARCH, BASE LAYER MINIMUM OF ¼ INCH MATERIAL OF SHORE A 35 DUROMETER OR 3/16 INCH MATERIAL OF SHORE A 40 DUROMETER (OR HIGHER), INCLUDES ARCH FILLER AND OTHER SHAPING MATERIAL, CUSTOM FABRICATED, EACH	$26.80 UNITS=4 PER YEAR
A6457	01/01/06	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	$1.14 UNITS=60 PER MONTH
A6513	01/01/06	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	MANUAL PRICE; SUPPORT DOCUMENTATION REQUIRED; 2 PER YEAR
A6531	01/01/06	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	$43.27; 4 PER YEAR
A6532	01/01/06	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	$60.96; 4 PER YEAR
A6550	01/01/06	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH	$27.42 UNITS=15 PER MONTH
B4185	01/01/06	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	$9.80 UNITS=31 PER MONTH
E0638	01/01/05	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	PRICE CORRECTION $1823.19
E0639	01/01/06	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY, INCLUDES ALL COMPONENTS/ACCESSORIES	MANUAL PRICE; SUPPORT DOCUMENTATION REQUIRED LL 1 PER MONTH UE 1 PER 5 YEARS
E0641	01/01/06	STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER) ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED
E0642	01/01/06	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED
E0705	01/01/06	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	NU $49.61 LL $4.97 UE $37.21
E0911	01/01/06	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR	SUPPORT DOCUMENTATION REQUIRED NU $448.65; 1 PER YEAR LL $44.87; 1 PER MONTH UE $336.49; 1 PER YEAR
E0912	01/01/06	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR	SUPPORT DOCUMENTATION REQUIRED NU $1030.23; 1 PER YEAR LL $103.02; 1 PER MONTH UE $772.69; 1 PER YEAR
E1038	10/01/05	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY LESS THAN 200 POUNDS	NU $162.27; 1 PER 5 YEARS LL $16.23; 1 PER MONTH UE $121.71; 1 PER 5 YEARS

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E1238	10/01/05	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	NU $1474.86 LL $147.49 UE $1106.15
E2208	01/01/06	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	NU $106.90 LL $10.69 UE $80.17
E2209	01/01/06	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	NU $96.44 LL $9.64 UE $72.33
E2210	01/01/06	WHEELCHAIR, ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	NU $5.90 LL $0.59 UE $4.43
E2211	01/01/06	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU $34.54; 4 PER YEAR LL $3.45; 1 PER MONTH UE $25.90; 4 PER YEAR
E2212	01/01/06	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	NU $5.29; 4 PER YEAR LL $0.53; 1 PER MONTH UE $3.97; 4 PER YEAR
E2213	01/01/06	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	NU $27.37; 4 PER YEAR LL $2.74; 1 PER MONTH UE $20.53; 4 PER YEAR
E2214	01/01/06	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU $27.54; 4 PER YEAR LL $2.75; 1 PER MONTH UE $20.66; 4 PER YEAR
E2215	01/01/06	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	NU $8.64; 4 PER YEAR LL $0.86; 1 PER MONTH UE $6.48; 4 PER YEAR
E2216	01/01/06	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	MANUAL PRICE, SUPPORT DOCUMENTATION REQUIRED, 4 PER YEAR
E2217	01/01/06	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	MANUAL PRICE, SUPPORT DOCUMENTATION REQUIRED, 4 PER YEAR
E2218	01/01/06	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	MANUAL PRICE, SUPPORT DOCUMENTATION REQUIRED, 4 PER YEAR
E2219	01/01/06	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	NU $37.67; 4 PER YEAR LL $3.76; 1 PER MONTH UE $28.28; 4 PER YEAR
E2220	01/01/06	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	NU $25.67; 4 PER YEAR LL $2.57; 1 PER MONTH UE $19.26; 4 PER YEAR
E2221	01/01/06	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH	NU $23.00; 4 PER YEAR LL $2.30; 1 PER MONTH UE $17.25; 4 PER YEAR
E2222	01/01/06	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	SUPPORT DOCUMENTATION REQUIRED NU $18.96; 4 PER YEAR LL $1.90; 4 PER MONTH UE $14.22; 4 PER YEAR

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E2223	01/01/06	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	SUPPORT DOCUMENTATION REQUIRED NU $5.05; 4 PER YEAR LL $.51; 4 PER MONTH UE $3.79; 4 PER YEAR
E2224	01/01/06	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	NU $75.02; 4 PER YEAR LL $7.50; 1 PER MONTH UE $56.26; 4 PER YEAR
E2225	01/01/06	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	SUPPORT DOCUMENTATION REQUIRED NU $15.66; 4 PER YEAR LL $1.57; 4 PER MONTH UE $11.75; 4 PER YEAR
E2226	01/01/06	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	SUPPORT DOCUMENTATION REQUIRED NU $34.15; 4 PER YEAR LL $3.42; 4 PER MONTH UE $25.62; 4 PER YEAR
E2371	01/01/06	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	SUPPORT DOCUMENTATION REQUIRED NU $135.67; 2 PER YEAR LL $13.57; 2 PER MONTH UE $101.76; 2 PER YEAR
E2372	01/01/06	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	MANUAL PRICE, SUPPORT DOCUMENTATION REQUIRED, 2 PER YEAR
E2609	01/01/06	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	00 NO LONGER USED NU ACTIVE W/ MANUAL PRICING
E2617	01/01/06	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	00 NO LONGER USED NU ACTIVE W/ MANUAL PRICING
E2618	01/01/05	WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), FOR USE WITH MANUAL WHEELCHAIR OR LIGHTWEIGHT POWER WHEELCHAIR, INCLUDES ANY TYPE MOUNTING HARDWARE	LL $13.83 UE $103.74 00 NO LONGER USED NU ACTIVE W/ PRICING $138.32
L0491	01/01/06	TLSO, SAGITTAL-CORONAL 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 AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$559.46 UNITS=2 PER YEAR

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L0492	01/01/06	TLSO, SAGITTAL-CORONAL 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 XIPHOID, SOFT LINER, RESTRICTS GROSS TRUNK MOTION IN THE SAGITTAL AND CORONAL PLANES, LATERAL STRENGTH IS PROVIDED BY OVERLAPPING PLASTIC AND STABILIZING CLOSURES, INCLUDES STRAPS AND CLOSURES, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$362.58 UNITS=2 PER YEAR
L0621	01/01/06	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$64.95 UNITS=2 PER YEAR
L0622	01/01/06	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	$176.13 UNITS=2 PER YEAR
L0623	01/01/06	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L0624	01/01/06	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L0625	01/01/06	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$40.14 UNITS=2 PER YEAR
L0626	01/01/06	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$56.79 UNITS=2 PER YEAR
L0627	01/01/06	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$299.45 UNITS=2 PER YEAR

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L0628	01/01/06	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$61.10 UNITS=2 PER YEAR
L0629	01/01/06	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L0630	01/01/06	LUMBAR-SACCRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$117.96 UNITS=2 PER YEAR
L0631	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$747.83 UNITS=2 PER YEAR
L0632	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L0633	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$208.89 UNITS=2 PER YEAR
L0634	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T9-VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR

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L0635	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANEL(S), LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME-PANEL(S), PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$774.64 UNITS=2 PER YEAR
L0636	01/01/06	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	$1143.02 UNITS=2 PER YEAR
L0637	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$61.10 UNITS=2 PER YEAR
L0638	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	$960.80 UNITS=2 PER YEAR
L0639	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	$991.73 UNITS=2 PER YEAR

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L0640	01/01/06	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	$762.28 UNITS=2 PER YEAR
L0859	01/01/06	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	$825.33 UNITS=1 PER YEAR
L2034	01/01/06	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L2387	01/01/06	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOINT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3671	01/01/06	SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION, 2 PER YEAR
L3672	01/01/06	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION, 2 PER YEAR
L3673	01/01/06	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES NONTORSION JOINT/TURNBUCKLE, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3702	01/01/06	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3763	01/01/06	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3764	01/01/06	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3765	01/01/06	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3766	01/01/06	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
L3905	01/01/06	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3913	01/01/06	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3919	01/01/06	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3921	01/01/06	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3933	01/01/06	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3935	01/01/06	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3961	01/01/06	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3967	01/01/06	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3971	01/01/06	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3973	01/01/06	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3975	01/01/06	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3976	01/01/06	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L3977	01/01/06	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
L3978	01/01/06	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L5703	01/01/06	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L5858	01/01/06	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	$13565.30 UNITS=2 EVERY 3 YEARS, PRIOR AUTHORIZATION REQUIRED
L5971	01/01/06	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L6621	01/01/06	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL POWERED TERMINAL DEVICE	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L6677	01/01/06	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L6883	01/01/06	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L6884	01/01/06	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L6885	01/01/06	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERNAL POWER	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7400	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7401	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7402	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR, ULTRALIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7403	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYLIC MATERIAL	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7404	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MATERIAL	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7405	01/01/06	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR
L7600	01/01/06	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	MANUAL PRICE, PRIOR AUTHORIZATION REQUIRED, 2 PER YEAR

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
L8609	01/01/06	ARTIFICIAL CORNEA	MODIFIER 00 $4755.62; 2 PER YEAR
A4215	01/01/06	NEEDLE, STERILE, ANY SIZE, EACH	LONG DESCRIPTION CHANGE
A4216	01/01/06	STERILE WATER, SALINE AND/OR DEXTROSE (DILUENT), 10ML	LONG DESCRIPTION CHANGE
A4372	01/01/06	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT IN CONVEXITY, EACH	LONG DESCRIPTION CHANGE
A6550	01/01/06	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES	LONG DESCRIPTION CHANGE
A7032	01/01/06	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	LONG DESCRIPTION CHANGE
A7033	01/01/06	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR	LONG DESCRIPTION CHANGE
B4149	01/01/06	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES=1 UNIT	LONG DESCRIPTION CHANGE
E0638	01/01/06	STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE, OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	LONG DESCRIPTION CHANGE
E0935	01/01/06	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY	LONG DESCRIPTION CHANGE
E0971	01/01/06	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	LONG DESCRIPTION CHANGE
E1038	01/01/06	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	LONG DESCRIPTION CHANGE
E1039	01/01/06	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS	LONG DESCRIPTION CHANGE
L1832	01/01/06	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	LONG DESCRIPTION CHANGE
L1845	01/01/06	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	LONG DESCRIPTION CHANGE
L1846	01/01/06	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT (UNICENTRIC OR POLYCENTRIC), MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS ADJUSTMENT, CUSTOM FABRICATED	LONG DESCRIPTION CHANGE
L2036	01/01/06	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	LONG DESCRIPTION CHANGE
L2037	01/01/06	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATED	LONG DESCRIPTION CHANGE

Procedure Code	Eff. Date	HCPCS Description	Reimbursement/ Change
L2038	01/01/06	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED	LONG DESCRIPTION CHANGE
L2405	01/01/06	ADDITION TO KNEE JOINT, DROP LOCK, EACH	LONG DESCRIPTION CHANGE
L3215	01/01/06	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	LONG DESCRIPTION CHANGE
L3219	01/01/06	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	LONG DESCRIPTION CHANGE
L3906	01/01/06	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT	LONG DESCRIPTION CHANGE

South Carolina Department of Health and Human Services/Durable Medical Equipment (DME) has deleted the following discontinued codes:

A4254 A5119 A6551 B4184 B4186 E0972 E1001 E1239 K0064 K0066
K0067 K0068 K0074 K0075 K0076 K0078 K0104 K0618 K0619 K0620
K0628 K0629 K0630 K0631 K0632 K0633 K0634 K0635 K0636 K0637
K0638 K0639 K0640 K0641 K0642 K0643 K0644 K0645 K0646 K0647
K0648 K0649 K0650 K0651 K0652 K0653 K0654 K0655 K0656 K0657
K0658 K0659 K0660 K0661 K0662 K0663 K0664 K0665 K0666 K0667
K0668 L0860 L1750 L2039 L3963

II. Policy Clarifications

DME Provider Manual Section 2, page 5; When submitting an MCMN for the equipment listed below, progress notes from the attending physician and/or home health nurse must be attached documenting the patient's condition. These items will be capped at four months rental. Requests for additional months will be given individual consideration based on additional information received from the attending physician.

DME Provider Manual Section 2, page 8; Only actual invoices or manufacturer pricing lists will be accepted. If both the retail and wholesale pricing documentation are submitted, Medicaid will calculate reimbursement at the lesser of the two.

DME Provider Manual Section 3, page 20; Authorization may be requested for multiple billings but not to exceed 12-month billings based on the MCMN (field 13). Some equipment is rented for ten months and then considered purchased. Authorization is valid only for the period specified.

III. Clarification of Coverage Criteria for Negative Pressure Wound VAC:

South Carolina Department of Health and Human Services (DHHS) may reimburse for up to a maximum of four months of therapy with the negative pressure wound therapy electrical pump, stationary or portable (E2402) Wound VAC and supplies A6550 and A6551, when medically necessary. In order for DHHS to process the initial order for this product and related supplies, the patient must meet the following conditions:

- The patient has a chronic Stage III or IV pressure ulcer, neuropathic (for example, diabetic) ulcer, venous or arterial insufficiency ulcer, or a chronic (being present for at least 30 days) ulcer of mixed etiology.

- The therapy must be administered in a home setting with the involvement of a home health nurse and the prescribing licensed medical professional.

- For all ulcers or wounds, the following components of a wound therapy program must include a minimum of all the following general measures, which should either be addressed, applied or considered and ruled out prior to the application the Wound Vac:

  1) Have tested and/or rule out all other wound therapies prior to application of Wound VAC therapy.

  2) Describe in detail why more conservative treatment has not been or would not be appropriate for the specific patient who will receive the Wound VAC.

  3) Provide an estimate of the length of time that Wound VAC therapy will be required.

  4) Provide documentation in the patient's medical record of evaluation, care, and wound measurements by a licensed health care professional.

  The documentation must include, if applicable:

  a) Evaluation of and provision for adequate nutritional status.
  b) Application of dressings to maintain a moist wound environment.
  c) Debridement of necrotic tissue if present
  d) Evidence that:

     1. The patient has been appropriately turned and positioned
     2. The patient has used a group 2 or 3 support surface for pressure ulcers on the posterior trunk.
     3. The patient's moisture and incontinence have been appropriately managed.
     4. For neuropathic (for example, diabetic ulcers):
        The patient has been on a comprehensive diabetic management program.
        Reduction in pressure on a foot ulcer has been accomplished with appropriate modalities.
     5. For Venous insufficiency ulcers:
        Compression bandages and/or garments have been consistently applied.
        Leg elevation and ambulation have been encouraged.

EXCLUSIONS FROM COVERAGE:

Wound VACs and supplies will be denied at any time as not medically necessary if one or more of the following is present:

- The presence in the wound of necrotic tissue with eschar, if debridement is not attempted
- Untreated osteomyelitis within the vicinity of the wound
- Cancer present in the wound
- The presence of a fistula to an organ or body cavity within the vicinity of the wound

Wound VACs and their supplies that have not been specifically designated as qualified for use of HCPCS codes E2402, A6550, and A6551 for billing to Medicaid will be denied as not medically necessary.

CONTINUED WOUND VAC COVERAGE:

Any requests for continued use of this product and supplies after four months must be initiated by the attending physician. Requests must include responses from the above listed concerns in addition to the following items listed below. They must be submitted to DHHS along with a new Medicaid Certificate of Medical Necessity and Prior Authorization for approval consideration prior to administering:

1) There must be monthly documented evidence that the Wound VAC therapy has decreased the size or improved the condition of the wound or wounds.
2) The anticipated extended use of the Wound VAC therapy would be based on a month-to-month evaluation.
3) The attending physician must explain the anticipated benefit of continued use of the Wound VAC.
4) On a regular basis the attending physician should:

    a) Directly assess the wound(s) being treated with the Wound VAC
    b) Supervise or directly perform the Wound VAC dressing changes
    c) On at least a monthly basis, document changes in the ulcer's dimensions and characteristics

WHEN WOUND VAC COVERAGE ENDS:

Wound VAC coverage and supplies will be denied as not medically necessary with any of the following, whichever occurs earliest:

1) In the judgment of the treating physician, adequate wound healing has occurred to the degree that Wound VAC therapy may be discontinued.
2) Any measurable degree of wound healing has failed to occur over the prior month. Wound healing is defined as improvement occurring in either surface area (length times width) or depth of the wound.
3) 4 months. Coverage beyond 4 months will be given individual consideration based upon required additional documentation (See “Continued Wound VAC Coverage”)
4) Once equipment or supplies are no longer being used for the patient, whether or not by the physician's order.

WOUND VAC SUPPLIES:

- Coverage is provided up to a maximum of 15 dressing kits (A6550) per wound per month unless there is documentation that the wound size requires more than one dressing kit for each dressing change.
- Coverage is provided up to a maximum of 15 canister sets (A6551) per month unless there is documentation evidencing a large volume of drainage (greater than 90 ml of exudate per day). For high volume exudative wounds, a stationary pump with the largest capacity canister must be used. Excess utilization of canisters related to equipment failure (as opposed to excessive volume drainage) will be denied as not medically necessary.

The medical necessity for use of a greater quantity of supplies than the amounts listed must be clearly documented in the patient's medical record and requests for such must be approved by Medicaid prior to administration. If this documentation is not present, excess quantities will be denied for lack of medical necessity.

Any exceptions to these coverage criteria and exclusions must be approved by the DHHS Medical Director after a written request is received from the treating physician. Please send requests for exceptions to:

DHHS
Department of Durable Medical Equipment, 10th floor
Post Office Box 8206
Columbia, South Carolina 29202-8206

IV. Orthopedic Shoes

November 30, 2001, a DME bulletin was released discontinuing several L Procedure Codes. This list included certain orthopedic shoes and inserts for children. After the codes were discontinued, requests began coming into Medicaid for the same items using miscellaneous codes. Medicaid will no longer accept and/or process these requests. Providers must use the remaining approved L Procedure Codes listed in DME Provider Manual, Section 4 - Durable Medical Equipment Fee Schedule in order to receive reimbursement. If the procedure code requested is not listed in the DME Fee Schedule, it is not a covered item for South Carolina. Please refer to the November 30, 2001, bulletin to obtain the list of discontinued L Procedure Codes.

Thank you for your participation in the South Carolina Medicaid Program. Please contact your Durable Medical Equipment Program Coordinator with any questions at (803) 898-2882.

/s/

Robert M. Kerr
Director

RMK/bgahv

NOTE: To receive Medicaid bulletins by email or to sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: http://www.dhhs.state.sc.us/dhhsnew/QLEbulletins.asp