

NOTE - EMERGENCY SERVICES DO NOT REQUIRE PRIOR AUTHORIZATION; NON-EMERGENCY SERVICES PROVIDED BY NON-PARTICIPATING PROVIDERS ALWAYS REQUIRE PRIOR AUTHORIZATION

SERVICES THAT DO NOT REQUIRE PRIOR AUTHORIZATION:

Benefit	Covered by Health Plan
Ambulance transport- emergency	Yes
Blood transfusions - inpatient	Yes for Medicaid, FHP and CHP
Blood transfusions - outpatient	Yes for Medicaid and FHP
Blood transfusions - autologous - collection and storage	Not Covered for Medicaid, FHP and CHP
Chemotherapy - inpatient	Yes
Chemotherapy - outpatient	Yes
Colonoscopy, upper endoscopy	Yes
Compression Stockings	Yes - with limitations. See Compression Stocking Notice: http://www.getnhp.com/PDFs/ProviderPDF/Compression_Stockings_Notice_20110405.pdf
Contraceptives - oral & implantable	See Pharmacy below; Implantable performed by doctor is payable by plan.
Dental Care	Covered by DentaQuest - primary and preventive dental services do NOT require preauthorization; selected services REQUIRE preauthorization - call 1-888-307-6549
Dialysis in-network: Outpatient	Yes
Diabetic Management- supplies, monitors, glucose monitoring supplies.	MCD and FHP: prior to 10/1/11, covered by Medicaid fee for service; effective 10/1/11 covered by NHP as either a pharmacy benefit (see Pharmacy below) or through a DME vendor (call Neighborhood Diabetes at 1-800-310-2990). CHP: Covered as a pharmacy benefit by Caremark
Echocardiography	Yes
Emergency Room Visits	Yes
Family Planning	Yes
GYN well visits	Yes
Hearing Tests by an Audiologist	Yes
Hemophilia treatment - blood products/clotting factors	Outpatient: Medicaid and FHP (eff. 10/1/11) - covered by Medicaid FFS; prior authorization is required for administration by a home care agency. CHP - not a covered benefit Inpatient - covered for MA, FHP and CHP
Immunizations	Yes
Inpatient Hospital Admissions-Emergency	Yes. Notification required within 24 hours.
Injectable medications (self-injectables)	CHP - covered under pharmacy benefit, but certain high-cost specialty drugs require prior authorization - call CaremarkConnect® at 1-800-237-2767. Medicaid/FHP - prior to 10/1/11, covered by Medicaid fee for service. Medicaid/FHP - after 10/1/11, covered by NHP through Express Scripts, see http://www.getnhp.com/p_pharmabenefits_fhp_med.html
Laboratory & Pathology services	Yes, except for genetic testing by non-participating laboratories, which requires prior authorization
Mammography (annual screening and diagnostic) and Breast Ultrasound	Yes
Midwife services	Yes
Nuclear Medicine	Yes (except for PET scans, which require prior authorization)

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**SUMMARY-Benefit Authorization Guide for Par Providers
NHP and SHP**

NHP UM = 1-800-765-3805
www.getnhp.com
Fax 800-338-4195

SHP UM = 1-800-250-5007
www.suffolkhealthplan.com
Fax 800-338-4195

NEW	Occupational Therapy	<p>CHP – only short term therapy is covered - 20 visit/calendar year limit.</p> <p>Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf for details.</p> <p>FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf for details.</p>
NEW	Orthopedic Shoes	<p>Covered for Medicaid and CHP. (Not covered for FHP.) NOTE: Medicaid benefit limitations in effect 4/1/11, for details see http://www.getnhp.com/PDFs/ProviderPDF/Prescription%20Footwear_Benefit%20_Update_20110405.pdf</p>
	Pap Smears (routine & diagnostic)	Yes
NEW	Pharmacy - prescription drugs	<p>Covered for CHP - Caremark formulary (http://www.getnhp.com/PDFs/GeneralPDF/NHP_SHP_CHPFormulary.pdf) applies and some drugs require prior authorization, step therapy or quantity limits.</p> <p>Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service.</p> <p>Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through Express Scripts. Most medications do not require prior authorization, but some drugs require prior authorization or step therapy. See http://www.getnhp.com/p_pharmabenefits_fhp_med.html for details.</p>
	Prenatal care and obstetrical sonograms	
NEW	Physical Therapy	<p>CHP – only short term therapy is covered - 20 visit/calendar year limit.</p> <p>Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf for details.</p> <p>FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf for details.</p>
	Pre-surgical testing	Yes
	Radiation therapy	Yes

Radiology (including interpretation)	Yes (except for PET, CT scans and MRI/MRA, which require prior authorization - see next section)
Sonograms (Echography)	Yes
Specialist visits	Yes (except non-par providers require prior authorization)
Sterilizations - outpatient	Yes
Vision Care	NHP: Davis Vision 1-800-999-5431; SHP: General Vision 1-800-847-4661.
Urgent care	Yes

SERVICES THAT REQUIRE PRIOR AUTHORIZATION:

Benefit	Covered	Comments
Ambulance transport / Ambulette Transport - non emergent	NHP -covered for Medicaid; for FHP members, only for transport to screening and preventive services for members 19-20 years old. Not covered for CHP. SHP Medicaid - covered by Medicaid FFS.	Providers should complete NHP's Transportation Prior Approval Fax Form on www.getnhp.com & send to NHP Care Coordination - will complete the authorization & coordinate with the member.
Ambulatory /Outpatient Surgery	Yes	Preauthorization only for cosmetic, non par services and experimental procedures.
Birth Centers	Yes	
Cardiac Rehab	Yes	
Cosmetic Surgery	Not covered unless reconstructive surgery (1) when following surgery from trauma, infection or other disease of the part of the body involved or (2) when required to correct a functional defect resulting from congenital disease or anomaly.	
CT scans	Yes	See link for criteria - http://www.getnhp.com/p_iqcriteria.html
Diabetes - Insulin pumps, glucose monitoring systems and related supplies	Yes	
Dialysis - Out of network and in-network inpatient	Yes	
Durable Medical Equipment (DME)	Yes	As of 2/1/2011 selected procedure codes for DME do NOT require prior authorization. Go to http://www.getnhp.com/PDFs/ProviderPDF/DME_List.pdf for list. As of 2/1/2011, there is no longer a dollar threshold for prior authorizations.
Enteral formulas	CHP - covered Medicaid & FHP - covered by NHP as of 10/1/11	CHP - covered for the treatment of specific diseases; not covered for nutritional supplements taken electively. Coverage for certain inherited disease of amino acid and organic acid metabolism includes modified solid food products (limit of \$2500/year for such products). Requires prior authorization, call Care Coordination for prior approval (NHP: 1-800-765-3805; SHP: 1-800-250-5007) Medicaid /FHP: Covered by Medicaid FFS until 9/30/11; effective 10/1/11, covered by NHP. Requires prior authorization - see prior authorization criteria (http://www.getnhp.com/PDFs/ProviderPDF/PACriteria_EnteralFormula.pdf) based on Medicaid benefit limitations.
Erectile Dysfunction Treatment (implants)	Covered for Medicaid and FHP	Member must not be listed on State sexual offender registry
Hearing Aids	Yes	
Hearing Implants	Yes	
Home Health Care	Yes- Medicaid unlimited coverage, FHP & CHP: 40 visits per calendar year	
Hospice Care	Covered for CHP & FHP (Medicaid covered by Medicaid FFS)	No prior authorization required but Care Coordination can assist with referral.
Injectable medications (performed in office)	Covered for Medicaid, FHP & CHP	Specialty medications require prior authorization through CuraScript - see below. Prior auth not required for antibiotics and chemotherapy-related injections.
Inpatient Hospital Admissions-Elective and Scheduled (including all transplants)	Yes	Inpatient stays - emergency or scheduled - may require concurrent review
Mental Health - Inpatient	Covered for CHP, FHP & Medicaid TANF (non-SSI)	Non-emergency services and ongoing stays must be authorized by Beacon Health Strategies, call 866-969-2661. Bill SSI to Medicaid FFS.
Mental Health -Outpatient	Covered for CHP, FHP & Medicaid TANF (non-SSI). FHP - limited to 60 visits per calendar year. Medicaid SSI is covered by Medicaid FFS.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
MRI	Yes	See link for criteria - http://www.getnhp.com/p_iqcriteria.html
Outpatient Surgery	Yes	Only for potentially cosmetic & non par services

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	Orthotics/Braces	Yes	selected items, see DME List http://www.getnhp.com/PDFs/ProviderPDF/DME_List.pdf
NEW	Personal Care Services	Yes - Medicaid only - effective 8/1/11	See http://www.getnhp.com/p_personalcare.html
	PET Scans	Yes	See link for criteria - http://www.getnhp.com/p_iqcriteria.html
NEW	Pharmacy-prescription drugs	CHP - Caremark formulary applies and some drugs require prior authorization, step therapy or have quantity limits. Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service. Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through Express Scripts	CHP: See Formulary (http://www.getnhp.com/PDFs/GeneralPDF/NHPSHP_CHPF_ormulary.pdf) for drugs requiring prior auth, step therapy or quantity limits. Call Care Coordination for prior approval (NHP: 1-800-765-3805; SHP: 1-800-250-5007) Medicaid/FHP: Most medications DO NOT require Prior Authorization. For a list of those that do require Prior Authorization or step therapy, see (http://www.getnhp.com/p_pharmabenefits_fhpmed.htm) for formulary, policies and procedures. Call ESI Pharmacy Member Services at 877-782-8655
NEW	Pharmacy - Specialty High Cost Drugs (Growth Hormone, Xolair, etc.)	CHP - Caremark formulary applies, most drugs require prior authorization. Medicaid/FHP: Prior to 10/1/11, covered by Medicaid fee for service. Medicaid/FHP: effective 10/1/11, covered by NHP/SHP through CuraScript, the Express Scripts specialty pharmacy.	CHP: Specialty drugs require Prior Authorization. Call CaremarkConnect@ at 1-800-237-2767 for prior approval. Medicaid/FHP: Most specialty medications require Prior Authorization through CuraScript. See (http://www.getnhp.com/p_pharmabenefits_fhpmed.htm) for formulary, policies and procedures, order forms and contact information. Call Curascript: 888.773.7376. See link to request forms: http://www.curascript.com/content/Referral_Forms.htm
	Private duty nursing	Covered for Medicaid; not covered for FHP and CHP	
	Prosthetics- Artificial limbs & eyes	Yes	selected items, see DME List http://www.getnhp.com/PDFs/ProviderPDF/DME_List.pdf
	Rehabilitation-acute and subacute inpatient	Yes	
NEW	Speech Therapy	Yes - CHP, Medicaid and FHP	First visit for evaluation doesn't require prior authorization; additional visits require prior auth. CHP – covered for a condition amenable to significant clinical improvement within a two month period, beginning with the first day of therapy. Medicaid - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to children, patients with developmental disabilities or traumatic brain injury, or to services provided in a nursing home, inpatient hospital or as part of a home care program. See (http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf) for details. FHP - Effective 10/1/11, no more than 20 visits per calendar year are covered in private practitioners' offices, hospital OPDs and diagnostic/treatment centers. The limitation does not apply to services provided in an inpatient hospital or as part of a home care program. See (http://www.getnhp.com/PDFs/ProviderPDF/RehabilitationVisitLimitations.pdf) for details.
	Sterilizations - inpatient	Yes	If inpatient claim rec'd with newborn DRG & tubal ligation performed after birth, i.e. during the same stay, no authorization is needed.
	Substance Abuse/Chemical Dependency Services - Detoxification - Inpatient and Outpatient	Covered for CHP, Medicaid and FHP	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Substance Abuse/Chemical Dependency Services - Rehabilitation - Inpatient	Covered for CHP, Medicaid TANF (non-SSI) and FHP; Medicaid SSI covered by FFS.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Substance abuse - Outpatient	Covered for CHP & FHP; FHP limited to 60 visits per calendar year. For Medicaid, covered by Medicaid FFS. Buprenorphine treatment covered by Plan for Medicaid and FHP.	Services must be authorized by Beacon Health Strategies, call 866-969-2661
	Transplants	Yes	

SUMMARY-Benefit Authorization Guide for Par Providers
NHP and SHP

Transportation-Routine-non emergent includes car service & ambulette	NHP -covered for Medicaid; for FHP members, only for transport to screening and preventive services for members 19-20 years old. Not covered for CHP. SHP Medicaid - covered by Medicaid FFS.	Providers should complete NHP's Transportation Prior Approval Fax Form (www.getnhp.com) & send to NHP Care Management who will complete the authorization & coordinate with the member.
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**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
A7025	CHEST COMPRESSION VEST,REPLACE	1	twice/lifetime	No		
A7026	CHEST COMPRESSION SYSTEM REPLA	1	twice/lifetime	No		
A7030	CPAP/BIPAP FULL FACE MASK	1	once/5 years	No		
A7031	CPAP/BIPAP FACE MASK INTERFACE	1	once/5 years	No		
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE,	1	twice/year	No		
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INT	1	twice/year	No		
A7034	CPAP/BIPAP NASAL APPLICATION D	1	once/5 years	No		
A7035	CPAP/BIPAP HEADGEAR,REPLACEMENT	1	twice/year	No		
A7036	CPAP/BIPAP CHINSTRAP,REPLACEMENT	1	twice/year	No		
A7037	CPAP/BIPAP TUBING,REPLACEMENT	1	twice/year	No		
A7044	CPAP/BIPAP ORAL INTERFACE	1	once/5 years	No		
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICA	1	once/year	No		
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICA	1	once/year	No		
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT O	1	once/year	No		
A9282	WIG, ANY TYPE, EACH	1	twice/lifetime	No		
E0140	WALKER,W/TRUNK SUPT,ADJ/FIXED	1	once/5 years	No	Y	
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FI	1	twice/lifetime	No		
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR	1	twice/lifetime	No		
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIG	1	once/5 years	No		
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYS	1	once/5 years	No		
E0148	WALKER HEAVY DUTY W/O WHEELS,	1	once/5 years	No		
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FO	1	once/5 years	No		
E0153	PLATFORM ATTACHMENT,FOREARM CR	2	twice/year	No		
E0154	PLATFORM ATTACHMENT,WALKER,EAC	2	twice/year	No		
E0155	WHEEL ATTACHMENT,RIGID PICKUP	2	twice/year	No		
E0156	SEAT ATTACHMENT, WALKER	1	once/5 years	No		
E0157	CRUTCH ATTACHMENT, WALKER	2	twice/year	No		
E0159	BRAKE ATTACHMENT FOR WHEELED W	2	twice/year	No		
E0160	SITZ BATH PORTABLE	1	once/5 years	No		
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WIT	1	once/5 years	No		
E0165	COMMUNE CHAIR, MOBILE OR STATIONARY, WIT	1	once/5 years	No		
E0167	PAIL OR PAN FOR USE WITH COMMUNE CHAIR,	1	once/5 years	No		
E0168	COMMUNE CHAIR EXTRA WIDE/HVY D	1	once/2years	No		
E0175	FOOT REST COMMUNE CHAIR	1	once/5 years	No		
E0181	POWERED PRESSURE REDUCING MATTRESS OVERL	1	once/2years	No		
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR R	1	once/5 years	No		
E0184	DRY PRESSURE MATTRESS	1	once/year	No		
E0185	GEL PRESSURE PAD FOR MATTRESS	1	once/year	No		
E0186	AIR PRESSURE MATTRESS	1	once/year	No		
E0187	WATER PRESSURE MATTRESS	1	once/year	No		
E0188	SYNTHETIC SHEEPSKIN PAD	1	once/3 months	No		
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SH	1	once/2years	No		

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E0196	GEL PRESSURE MATTRESS	1	once/year	No		
E0197	AIR PRESSURE PAD FOR MATTRESS	1	once/year	No		
E0198	WATER PRESSURE PAD FOR MATTRES	1	once/year	No		
E0199	DRY PRESSURE PAD FOR MATTRESS	1	once/year	No		
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT	10	twice/lifetime	No		
E0210	ELECTRIC HEATING PADS	1	once/3 years	No		
E0215	ELECTRIC HEAT PAD MOIST	1	once/3 years	No		
E0220	HOT WATER BOTTLE	1	once/year	No	Discontinued-see crosswalk	A9273
E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICA	1	twice/lifetime	No		
E0238	NON-ELECTRIC HEAT PAD MOIST	1	once/year	No		
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEEL	1	once/5 years	No		
E0241	BATHTUB WALL RAIL EACH	2	twice/lifetime	No		
E0243	TOILET RAIL EACH	2	twice/lifetime	No		
E0244	RAISED TOILET SEAT	1	once/5 years	No		
E0245	TUB STOOL OR BENCH	1	twice/lifetime	No		
E0246	TRANSFER TUB RAIL ATTACHMENT	1	twice/lifetime	No		
E0247	TUB/TOILET TRANSFER BENCH	1	once/5 years	No		
E0248	TUB/TOILET TRANSFER BENCH,HVY	1	once/5 years	No		
E0250	HOSP BED W/SIDE RAIL, FXD HGT,	1	once/5 years	No	Discontinued-see crosswalk	E0251
E0251	HOSP BED, FXG HT, W/ SIDE RAILS	1	once/5 years	No	Y-New	
E0255	HOSP BED W/SIDE RAIL, VARI HGT	1	once/5 years	No	Discontinued-see crosswalk	E0256
E0256	HOSP BED HI-LO W/ ANY TYPE RAILS	1	once/5 years	No	Y-New	
E0260	HOSPITAL BED SEMI-ELECTRIC WIT	1	once/5 years	No	Discontinued-see crosswalk	E0261
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FO	1	once/5 years	No	Y-New	
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT	1	once/5 years	No	Discontinued-see crosswalk	
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT	1	once/5 years	No	Y-New	
E0271	MATTRESS, INNERSPRING	1	once/2years	No		
E0272	MATTRESS, FOAM RUBBER	1	once/2years	No		
E0274	TABLE, OVERBED	1	once/5 years	No		
E0275	BED PAN STANDARD METAL OR PLAS	1	twice/year	No		
E0276	BED PAN FRACTURE METAL OR PLAS	1	once/3 years	No		
E0305	BED SIDE RAILS, HALF LENGTH	1	once/2years	No		
E0310	BED SIDE RAILS SFTY SDS,RAILS	1	once/2years	No		
E0325	URINAL MALE JUG-TYPE ANY MATER	1	once/5 years	No		
E0326	URINAL FEMALE JUG-TYPE ANY MAT	1	once/5 years	No		
E0424	STATIONARY GAS OXYGEN SYSTEM R	1	once/month	No		
E0431	PORTABLE GAS OXYGEN SYSTEM REN	1	once/month	No		
E0434	PORTABLE LIQUID OXYGEN SYSTEM	1	once/month	No		
E0439	STATIONARY LIQUID OXYGEN SYSTE	6	once/month	No		
E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYG	1	once/month	No		
E0471	BIPAP ST RESP ASSIST DEVICE FO	1	once/month	No		
E0472	BIPAP ST RESP ASST DEVICE FOR	1	once/month	No		

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E0480	PERCUSSOR ELECTRIC/PNEUMATIC	1	once/5 years	No	Y	
E0481	INTRAPULMONARY PERCUSSIVE VENT	1	once/month	No		
E0482	COUGH STIMULATING DEVICE	1	once/month	No		
E0483	CHEST COMPRESSION GENERATOR SY	1	once/month	No		
E0550	HUM,DUR O EX SUP HUM D IPPB TR	1	once/5 years	No	Y	
E0561	HUMIDIFIER USED W/POS AIR PRES	1	once/5 years	No	Y	
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE A	1	once/5 years	No	Y	
E0565	COMPRESSOR, AIR POW SOURC EQUI	1	once/5 years	No	Y	
E0570	NEBULIZER, WITH COMPRESSOR	1	once/year	No		
E0575	NEBULIZER; ULTRASONIC	1	once/5 years	No		
E0580	NEBULIZER, DUR GLASS/PLAS USE	1	once/month	No		
E0600	SUCTION PUMP, HOME MODEL, PORT	1	once/5 years	No		
E0601	CONT AIRWAY PRESS (CPAP) DEVIC	1	once/5 years	No	Y	
E0602	BREAST PUMP ALL TYPES	1	once/5 years	No		
E0603	BREAST PUMP ELECTRIC (AC/DC),	1	twice/lifetime	No		
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (A	1	twice/year	No		
E0605	VAPORIZER,ROOM TYPE	1	once/3 years	No		
E0607	HOME BLOOD GLUCOSE MONITOR	1	once/year	No		
E0619	APNEA MONITOR W/RECORDING FEAT	1	once/month	No		
E0621	CANVAS SLING FOR HOYER OR PORT	1	once/year	No		
E0628	SEP SEAT LIFT PT OWNED FURNITU	1	twice/lifetime	No		
E0629	SEP SEAT LIFT PT OWNED FURNITU	1	twice/lifetime	No		
E0655	NON-SEGMENTAL PNEUMATIC APPLIA	2	once/5 years	No		
E0660	NON-SEGMENTAL PNEUMATIC APPLIA	2	once/5 years	No		
E0665	NON-SEGMENTAL PNEUMATIC APPLIA	2	once/5 years	No		
E0666	NON-SEGMENTAL PNEUMATIC APPLIA	2	once/5 years	No		
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR	1	once/2years	No		
E0705	TRANSFER DEVICE, ANY TYPE, EACH	1	once/year	No		
E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULAT	1	once/2years	No		
E0776	IV STAND OR POLE, INFUSION, IN	2	twice/lifetime	No	Y	
E0849	CERVICAL TRACTION FRAME FREE S	1	twice/lifetime	No	Y	
E0855	CERV TRACT EQUIP NOT REQ STAND	1	twice/lifetime	No	Y	
E0860	CERVICAL,OVER DOOR	1	once/5 years	No		
E0890	TRACTION FRAME, ATTACH FT BOAR	1	once/5 years	No		
E0900	TRACTION STAND, FREE STANDING,	1	once/5 years	No		
E0910	TRAPEZE BAR (PATIENT HELP) ATT	1	once/5 years	No	Y	
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEI	1	once/5 years	No	Y	
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEI	1	once/5 years	No	Y	
E0940	TRAPEZE BAR, FREE STANDING W/	1	once/5 years	No	Y	
E0944	PELVIC BELT/HARNESS/BOOT	1	twice/year	No		
E0946	FRACTURE FRAME, DUAL W/CROSS B	1	once/5 years	No	Y	
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITH	2	once/year	No		

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E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	2	once/year	No		
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONE	1	once/5 years	No		
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR H	4	once/5 years	No		
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPO	2	once/5 years	No		
E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRI	1	once/2years	No		
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR	1	once/2years	No		
E0960	W/C SHOULDER/CHEST HARNESS,HAR	1	twice/year	No		
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK	2	once/2years	No		
E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EX	1	once/2years	No		
E0967	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WI	2	once/5 years	No		
E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPIN	2	once/year	No		
E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT,	2	once/5 years	No		
E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBA	2	once/2years	No		
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/S	1	twice/year	No		
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVA	1	once/5 years	No		
E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST	2	once/5 years	No	Y	
E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT	1	once/year	No		
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EAC	2	once/year	No		
E1014	RECLINING BACK, ADDITION TO PEDIATRIC SI	1	once/5 years	No	Y	
E1020	WHEELCHAIR RESIDUAL LIMB SUPPO	1	once/5 years	No		
E1028	HARDWARE FOR JOYSTICK INTERFAC	1	once/5 years	No		
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLIN	1	once/5 years	No		
E1228	SPECIAL BACK HEIGHT FOR WHEELC	1	once/year	No		
E1229	PEDIATRIC MANUAL WHEELCHAIR,NO	1	once/5 years	No		
E1298	SPECIAL WHEELCHAIR SEAT DEPTH/	1	once/5 years	No		
E1390	OXYGEN CONCENTRATOR, SINGLE DELIVERY POR	1	once/month	No		
E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	1	once/month	No		
E1399	DURABLE MEDICAL EQUIPMENT,MISC	1	once/month	No		
E2100	BLOOD GLUCOSE MONITOR W/VOICE	1	once/5 years	No		
E2201	MANUAL W/C NONSTD SEAT WIDTH 2	1	once/5 years	No		
E2202	MANUAL W/C NONSTD SEAT WIDTH,2	1	once/5 years	No		
E2203	MANUAL W/C NONSTD SEAT DEPTH 2	1	once/5 years	No		
E2204	MANUAL W/C NONSTD SEAT DEPTH 2	1	once/5 years	No		
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WIT	2	once/5 years	No		
E2206	WHEEL LOCK ASSEMBLY,COMPLETE	2	twice/year	No		
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HO	1	once/year	No		
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT	2	once/year	No		
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE	12	once/year	No		
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC P	2	twice/year	No		
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PN	2	twice/year	No		
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR	2	once/year	No		
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC C	2	twice/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PN	2	twice/year	No		
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPUL	2	once/year	No		
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER	2	once/year	No		
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	2	twice/year	No		
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	2	twice/year	No		
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBB	2	once/year	No		
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION	2	once/year	No		
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEE	2	once/year	No		
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK	2	once/year	No		
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT	1	once/5 years	No		
E2291	PLANAR BACK FOR PEDIATRIC W/C	1	once/5 years	No		
E2292	PLANAR SEAT PEDIATRIC W/C	1	once/5 years	No		
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC	1	once/5 years	No		
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC	1	once/5 years	No		
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR	1	once/year	No		
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JO	1	once/2years	No		
E2324	POWER W/C CHIN CUP FOR CONTROL	1	once/year	No		
E2340	POWER W/C NONSTD SEAT WIDTH 20	1	once/5 years	No		
E2341	POWER W/C NONSTD SEAT 24-27 IN	1	once/5 years	No		
E2342	POWER W/C NONSTD SEAT DEPTH 20	1	once/5 years	No		
E2343	POWER W/C SEAT DEPTH 22-25 IN	1	once/5 years	No		
E2360	W/C BATTERY 22NF NON-SEALED LE	2	once/year	No		
E2361	W/C BATTERY 22NF SEALED LEAD A	2	once/year	No		
E2362	W/C BATTERY GROUP 24 NON-SEALE	2	once/year	No		
E2363	W/C BATTERY, GROUP 24 SEALED LE	2	once/year	No		
E2364	W/C BATTERY U-1 NON-SEALED LEA	2	once/year	No		
E2365	W/C BATTERY	2	once/year	No		
E2366	BATTERY CHARGER FOR WHEELCHAIR	2	once/5 years	No		
E2367	BATTERY CHARGER FOR WHEELCHAIR	1	once/5 years	No		
E2368	POWER W/C MOTOR REPLACEMENT	2	once/5 years	No		
E2369	POWER W/C GEAR BOX REPLACEMENT	2	once/5 years	No		
E2370	POWER WHEELCHAIR MOTOR AND GEA	2	once/5 years	No		
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEA	2	twice/year	No		
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	1	once/year	No		
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	1	once/year	No		
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DR	2	once/year	No		
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNE	2	once/year	No		
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR P	2	once/year	No		
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CA	2	once/year	No		
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNE	2	once/year	No		
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED	2	once/year	No		
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED	2	once/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE W	2	once/year	No		
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER	2	once/year	No		
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	2	once/year	No		
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	2	once/year	No		
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBE	2	once/year	No		
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL	2	once/year	No		
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL	2	once/year	No		
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK,	2	once/year	No		
E2601	GENERAL USE W/C CUSHION <22 IN	1	once/2years	No		
E2602	GENERAL USE W/C CUSHION >=22 I	1	once/2years	No		
E2603	SKIN PROTECTION W/C CUSHION <2	1	once/2years	No		
E2604	SKIN PROTECTION W/C CUSHION >=	1	once/2years	No		
E2605	POSITIONING W/C CUSHION <22 IN	1	once/2years	No		
E2606	POSITIONING W/C CUSHION >=22 I	1	once/2years	No		
E2607	SKIN PROTECTION/POSITION W/C C	1	once/2years	No		
E2608	SKIN PROTECTION/POSITION W/C C	1	once/2years	No		
E2609	CUSTOM FABRICATED W/C CUSHION	1	once/5 years	No		
E2611	GENERAL USE W/C BACK CUSHION <	1	once/2years	No		
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WID	1	once/2years	No		
E2613	POSITIONING W/C BACK CUSHION <	1	once/2years	No		
E2614	POSITIONING W/C BACK CUSHION >	1	once/2years	No		
E2615	POSITIONING W/C BACK CUSHION P	1	once/2years	No		
E2616	POSITIONING W/C BACK CUSHION P	1	once/2years	No		
E2617	CUSTOM W/C BACK CUSHION	1	once/2years	No		
E2619	REPLACE WHEELCHAIR SEAT CUSHIO	1	once/2years	No		
E2620	PLANAR W/C BACK CUSHION <22 IN	1	once/2years	No		
E2621	PLANAR W/C BACK CUSHION >=22 I	1	once/2years	No		
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	1	once/2years	No	New	
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	1	once/2years	No	New	
E2624	SKIN PROTECTION AND POSITIONING WHEELCHA	1	once/2years	No	New	
E2625	SKIN PROTECTION AND POSITIONING WHEELCHA	1	once/2years	No	New	
K0001	STANDARD WHEELCHAIR	1	once/2years	No	Y	
K0002	STANDARD HEMI/LOW SEAT WHEELCH	1	once/2years	No	Y	
K0003	LIGHTWEIGHT WHEELCHAIR	1	once/5 years	No	Y	
K0009	OTHER MANUAL WHEELCHAIR	1	once/2years	No		
K0015	DETACHABLE, NON-ADJ HEIGHT ARM	2	once/5 years	No		
K0017	DETACHABLE ARMREST BASE	2	once/5 years	No		
K0018	DETACHABLE ARMREST UPPER	2	once/5 years	No		
K0019	ARM PAD EACH	2	once/year	No		
K0037	HI MOUNT FLIP UP FOOTREST	2	once/5 years	No		
K0038	LEG STRAP, EACH	1	once/year	No		
K0039	LEG STRAP H-STYLE	1	once/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

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K0040	ANGLE ADJUSTABLE FOOTPLATE	2	once/5 years	No		
K0041	LARGE SIZED FOOTPLATE	2	once/5 years	No		
K0042	STANDARD FOOTPLATE	2	once/5 years	No		
K0043	FOOTREST LOWER TUBE	2	once/5 years	No		
K0044	FOOTREST UPPER HANGER	2	once/5 years	No		
K0045	FOOTREST COMPLETE	2	once/5 years	No		
K0046	ELEVATING LEGREST LOWER TUBE	2	once/5 years	No		
K0047	ELEVATING LEGREST UPPER HANGER	2	once/5 years	No		
K0052	SWINGAWAY DETACHABLE FOOTREST	2	once/5 years	No		
K0053	TELESCOPING FOOTREST	2	once/5 years	No		
K0056	LIGHTWEIGHT W/C SPECIAL HEIGHT	1	once/5 years	No		
K0065	SPOKE PROTECTORS,EACH	2	once/2years	No		
K0071	FRONT CASTER ASSEMBLY PNEUMATI	2	once/year	No		
K0072	FRONT CASTER ASSEMBLY SEMI-PNE	2	once/year	No		
K0073	CASTER PIN LOCK	2	once/year	No		
K0077	FRONT CASTER ASSEMBLY SOLID	2	once/year	No		
K0098	DRIVE BELT POWER W/C	1	once/year	No		
K0105	WHEELCHAIR IV HANGER	1	once/3 years	No		
K0108	OTHER ACCESSORIES (WHEELED MOB	1	once/year	No		
K0601	SILVER OXIDE 1.5V FOR DRUG INF	90	three/2 months	No		
K0602	SILVER OXIDE 3V FOR DRUG INFUS	30	three/2 months	No		
K0603	ALKALINE 1.5V FOR DRUG INFUSI	25	three/2 months	No		
K0604	LITHIUM 3.6V, FOR DRUG INFUSION	6	three/2 months	No		
K0605	LITHIUM 4.5V, FOR DRUG INFUSION	6	three/2 months	No		
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY	1	once/month	No		
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	1	once/2years	No	Discontinued-see crosswalk	E2622
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION,	1	once/2years	No	Discontinued-see crosswalk	E2623
K0736	SKIN PROTECTION AND POSITIONING WHEELCHA	1	once/2years	No	Discontinued-see crosswalk	E2624
K0737	SKIN PROTECTION AND POSITIONING WHEELCHA	1	once/2years	No	Discontinued-see crosswalk	E2625
L0120	CERVICAL FLEXIBLE NON-ADJUST F	1	once/3 months	No		
L0130	CERVICAL, FLEX, THERMOPLAST CO	1	once/5 years	No		
L0140	CERVICAL SEMI-RIGID ADJ (PLAST	1	once/5 years	No		
L0150	CER SEMI-RIG ADJ MOLDED CUP PL	1	once/5 years	No		
L0160	CER SEMI-RIG WIRE FRA OCCIP/MA	1	once/5 years	No		
L0170	CERVICAL, COL, MOLD TO PAT MOD	1	once/5 years	No		
L0172	CERVICAL COLLAR SEMIRIG THERMO	1	once/5 years	No		
L0174	L0172 W THORACIC EXT	1	once/5 years	No		
L0180	CER MUL POST COLLAR OCCIP/MAND	1	once/5 years	No		
L0190	CER MUL PT COL OCCIP/MAN SUP A	1	once/5 years	No		
L0200	CER MUL PT COL OCCIP/MAN SUP AD	1	once/5 years	No		
L0220	THORACIC, RIB BLT, CUSTOM FABR	1	once/year	No		
L0450	TLSO,FLEXIBLE,PREFAB,THORACIC	1	once/3 years	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L0452	TLSO,FLEXIBLE,CUSTOM,THORACIC	1	once/3 years	No		
L0454	TLSO,FLEXIBLE,PREFAB,SACROCOCC	1	once/3 years	No		
L0456	TLSO,FLEXIBLE,PREFAB	1	once/3 years	No		
L0458	TLSO,MODULAR,SYMPHIS-XIPHOID,P	1	once/3 years	No		
L0460	TLSO,MODULAR,SYMPHYSIS-STERNAL	1	once/3 years	No		
L0462	TLSO,MODULAR,SYMPHYSIS-STERNAL	1	once/3 years	No		
L0464	TLSO,MODULAR,SYMPHYSIS-STERNAL	1	once/3 years	No		
L0466	TLSO,MODULAR,SYMPHYSIS-STERNAL	1	once/3 years	No		
L0468	TLSO RIGID FRAME PREFAB PELVIC	1	once/3 years	No		
L0470	TLSO,RIGID FRAME,SUBCLAVICAL,P	1	once/3 years	No		
L0472	TLSO,RIGID FRAME,HYPEREXTENSIO	1	once/3 years	No		
L0490	TLSO, RIGID PLASTIC, 1PC, PREF	1	once/year	No		
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR	1	once/3 years	No		
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES	1	twice/year	No		
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES	1	twice/year	No		
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SAC	1	once/3 years	No		
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SAC	1	once/3 years	No		
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMB	1	once/5 years	No		
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	1	once/5 years	No		
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH	1	once/5 years	No		
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVID	1	twice/year	No		
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVID	1	once/3 years	No		
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	1	once/3 years	No		
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	No		
L0861	REPLACE LINER,HALO PROCEDURE	1	four/lifetime	No		
L0970	TLSO, CORSET FRONT	1	once/year	No		
L0972	LSO, CORSET FRONT	1	once/year	No		
L0974	TLSO, FULL CORSET	1	once/year	No		
L0976	LSO, FULL CORSET	1	once/year	No		
L0978	AXILLARY CRUTCH EXTENSION	1	once/year	No		
L0980	PERITONEAL STRAPS, PAIR	1	once/year	No		
L0982	STOCKING SUPPORT GRIPS, ST OF	1	once/year	No		
L0984	PROTECTIVE BODY SOCK EACH	1	once/six months	No		
L0999	ADD TO SPIN ORTH, NOT OTHERWIS	1	once/year	No		
L1010	ADD TO CTLSO/SCOLIOSIS ORTH, A	2	once/year	No		
L1020	ADD TO CTLSO/SCOLIOSIS ORTH, K	2	twice/year	No		
L1025	ADD TO CTLSO OR SCOLIOSIS ORTH	1	twice/year	No		
L1030	ADD TO CTLSO/SCOLIOSIS ORTH, L	2	twice/year	No		
L1040	ADD TO CTLSO/SCOLIOSIS ORTH, L	2	twice/year	No		
L1050	ADD TO CTLSO/SCOLIOSIS ORTH, S	1	twice/year	No		
L1060	ADD TO CTLSO/SCOLIOSIS ORTH, T	2	twice/year	No		
L1070	ADD TO CTLSO/SCOLIOSIS ORTH, T	1	twice/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L1080	ADD TO CTLSO/SCOLIOSIS ORTH, O	1	twice/lifetime	No		
L1085	ADD CTLSO/SCOLIOSIS ORTHO OUTR	1	twice/lifetime	No		
L1090	ADD TO CTLSO/SCOLIOSIS ORTH, L	1	twice/year	No		
L1100	ADD CTLSO/SCOLIOSIS ORTH RING	1	once/year	No		
L1110	ADD CTLSO/SCOLIO ORTH RING FLG	1	once/year	No		
L1120	ADD CTLSO/SIO, SCOLIO ORTH, CO	6	twice/year	No		
L1200	TLSO INCLUS OF FURNISHING INIT	1	once/3 years	No		
L1210	ADD TO TLSO (LOW PROF) LATERAL	1	once/3 years	No		
L1220	ADD TO TLSO (LOW PROF) ANTERIO	1	once/3 years	No		
L1230	ADD TO TLSO (LOW PROF) MILWAUK	1	once/3 years	No		
L1240	ADD TO TLSO LOW PROFILE LUMBAR	1	once/six months	No		
L1250	ADD TO TLSO LOW PROFILE ANTERI	2	once/six months	No		
L1260	ADD TO TLSO LOW PROF ANT-THORA	1	once/six months	No		
L1270	ADD TO TLSO LOW PROFILE ABDOMI	2	once/six months	No		
L1280	ADD TO TLSO LOW PROF RIB GUSSE	2	once/six months	No		
L1290	ADD TO TLSO LOW PROF LAT TROCH	2	once/six months	No		
L1499	UNLISTED PROCEDURE FOR SPINAL	5	twice/month	No		
L1600	HIP ORTHO ABDUCT CONTROL OF HI	1	six/lifetime	No		
L1610	HO, ABDUCT CON HIP UNT, FLEX F	1	twelve/lifetime	No		
L1620	HO, ABDUCT CON HIP JOINTS, FLE	1	twice/lifetime	No		
L1630	HO, ABDUCT CON HIP JOINTS, SEM	1	three/lifetime	No		
L1640	HO ABDUCT CO HP JT STAT PEL B/	1	three/lifetime	No		
L1650	HO ABDUCT CO HP JT STAT ADJ CU	1	twice/lifetime	No		
L1652	HO, BI THIGH CUFFS W/SPREADER	1	twice/lifetime	No		
L1660	HO, ABDUCT CON HIP JT, STAT, P	1	twice/lifetime	No		
L1680	HO, ABDUCT CON HP JT, DYNAM PE	1	twice/lifetime	No		
L1810	KO, ELASTIC W/JOINTS	2	once/six months	No		
L1820	KNEE ORTHOSIS, ELASTIC WITH CONDYLAR PAD	2	once/six months	No		
L1830	KO, IMMOBILE, CAN LONGITUDINAL	1	twice/lifetime	No		
L1831	KO,LOCKING JOINT,POSITIONAL,PR	1	twice/lifetime	No		
L1836	KO,RIGID,W/O JOINTS	1	twice/lifetime	No		
L1850	KO, SWEDISH TYPE	1	once/3 years	No		
L1900	AN-FT ORTH (AFO) SPG WR DORSIF	2	once/year	No		
L1901	ANKLE ORTHOSIS,ELASTIC,PREFAB	2	twice/lifetime	No		
L1902	AFO, ANKLE GAUNTLET, PREFABRICATED, INCL	1	twice/lifetime	No		
L1906	AFO MULTILIGAMENTUS ANKLE SUPP	1	twice/lifetime	No		
L1910	AFO, POST, SGL BR, CLSP ATT TO	1	once/year	No		
L1930	AFO, CUSTOM FITTED PLASTIC	1	once/year	No		
L2035	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1	once/3 years	No		
L2040	TOR CON HKAFO, BILAT ROTATION	1	once/3 years	No		
L2070	HKAFO TORS CO, UNILAT ROT STRA	1	once/3 years	No		
L2080	HKAFO, TOR CON, UNILAT, TOR CA	1	once/3 years	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L2180	ADD LOW EXT FRAC ORTH PLAST SH	1	twice/lifetime	No		
L2182	ADD LOW EXTR FRAC ORTHO DROP L	2	twice/lifetime	No		
L2184	ADD LOW EXT FRAC ORTH LIMIT MO	1	twice/lifetime	No		
L2186	ADD LOW EXT FRAC ORTH ADJ MOTI	1	twice/lifetime	No		
L2190	ADD LOW EXT FRAC ORTH, WAIST B	1	twice/lifetime	No		
L2210	ADD TO LOW EXTREM DORSIFLX ASST EA JT	2	once/year	No	New code	
L2220	ADD LOW EXTREMITY, DORISFLX&PL	2	once/year	No		
L2230	CALIPER STIRRUPS,PLATE ATTACHM	1	once/year	No		
L2232	ROCKER BOTTOM,CONTACT AFO	1	once/year	No		
L2250	ADD LWR EXTR, FT PLT, MOL PT M	1	once/year	No		
L2260	ADD LOW EXTREM, REINFORC SOL S	1	once/year	No		
L2265	ADD TO LOWER EXTREM, LONG TONG	1	once/year	No		
L2270	ADD LOW EXTREM, VARUS/VAL, PAD	3	once/year	No		
L2275	ADD LOW EXTREM,VARUSIVULGUS,PL	2	once/year	No		
L2280	ADD LOW EXTREM, MOL INNER BOOT	1	twice/lifetime	No		
L2300	ADD LOW EXTREM, ABDUC BR BILAT	1	twice/lifetime	No		
L2310	ADD LOW EXTREM, ABDUCT BAR-STR	1	twice/lifetime	No		
L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED	1	once/year	No		
L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDE	1	once/year	No		
L2335	ADD LOW EXT, ANTERIOR SWING BA	1	once/3 years	No		
L2360	ADD LOW EXTREM, EXT STEEL SHAN	1	once/2years	No		
L2370	ADD LOW EXT, PATTEN BOTTOM	1	once/5 years	No		
L2375	ADD LOW EXT TORS CNTRL ANK JT&	1	once/year	No		
L2380	ADD LOW EXT TORS CNTRL STRAIGH	2	twice/year	No		
L2385	ADD LOW EXT STRAIGHT KNEE JT,H	2	twice/year	No		
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC	1	once/3 years	No		
L2390	ADD LOW EXT, OFFSET KNEE JT, E	2	twice/year	No		
L2395	ADD LOW EXT, OFFSET KNEE JT, H	2	twice/year	No		
L2397	ADDITION TO LEO SUSPENSION SLE	1	twice/year	No		
L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH	2	twice/3 years	No		
L2415	ADD KNEE JT, CAM LOCK (SWISS,F	2	twice/year	No		
L2425	ADD KNEE JT, DISC/DIAL LOCK AD	2	once/3 years	No		
L2430	ADD LOW EXTREM,KN,STRGHT KN JT	2	once/3 years	No		
L2492	ADD KNEE JT, LIFT LOOP FOR DRO	2	once/year	No		
L2500	ADDS TO LWR EXT TH WGT BRNG GU	1	once/3 years	No		
L2530	ADDS TO LWR EXTRM TH WGT BRNG	1	once/3 years	No		
L2540	ADDS TO LWR EXTRM TH WGT BRNG	1	once/3 years	No		
L2550	ADDS TO LWR EXTRM TH WGT BRNG	1	once/3 years	No		
L2570	ADD TO L EX,PL CT,HIP JT,CL TY	2	once/3 years	No		
L2580	ADD TO LOW EXT,PELVIC CT,PELVI	1	once/3 years	No		
L2600	ADS LWR EXT PLVC CNTRL HP ST C	1	once/3 years	No		
L2610	ADDS TO LWR EXTRM PELVIC CNTRL	1	once/3 years	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L2622	ADD LOW EXT PELVIC CNTRL,HIP J	1	once/3 years	No		
L2650	ADDS LWR EXT PLVC THORC CNTRL	1	once/3 years	No		
L2660	ADDS TO LWR EXT THORAC CNTRL T	1	once/3 years	No		
L2670	ADDS LWR EXTRM THORAC CNTRL PA	1	once/3 years	No		
L2680	ADDS LWR EXTRM THORAC CNTRL LA	1	once/3 years	No		
L2750	ADDS LWR EXT ORTH PLAT CRM OR	1	once/year	No		
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, HI	2	once/year	No		
L2760	ADDS LWR EXRM ORTH EX PER EX P	6	once/year	No		
L2768	ORTHOTIC SIDE BAR DISCONNECT D	1	twice/year	No		
L2780	ADDS TO LWR EXTRM NON CORR FIN	6	once/year	No		
L2785	ADD LOW EXT ORTHO, DROP LOCK R	2	twice/3 years	No		
L2795	ADD LOW EXT ORTHO, KNEE CONT,	1	once/year	No		
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KN	1	once/year	No		
L2810	ADD LOW EXT ORTHO, KNEE CONTRO	2	once/year	No		
L2820	ADD LOW EXT ORTH SFT INTERFA M	1	once/year	No		
L2830	ADD LOW EXT ORTH SFT INTERFA M	1	once/year	No		
L2840	ADD TO L EX 0,TB LN S,FR OR EQ	2	twice/year	No		
L2850	ADD TO L EX ORT,FEM L S,FR OR	2	twice/year	No		
L3000	FOOT INSERT REMOVABLE, MOLDED	1	twice/year	No		
L3001	FT INSERT REMVBLE MOLDED TO PA	1	twice/year	No		
L3002	FT INSERT REMVBLE MOLD TO PATN	1	once/year	No		
L3003	FT INSERT REMVBLE MOLD TO PTNT	1	twice/year	No		
L3010	FT INSERT REMVBLE MOLD TO PATN	1	once/year	No		
L3020	FT INSERT REMVBLE MOLD TO PATN	1	once/year	No		
L3030	FT INSERT REMVBLE FORMED TO PA	1	twice/year	No		
L3040	FT ARCH SUPPORT REMVBLE PREMOL	1	once/year	No		
L3050	FT ARCH SUPPORT REMVBLE PREMOL	1	twice/year	No		
L3060	FT ARCH SUPPORT REMVBLE PREMOL	1	once/year	No		
L3070	FT ARCH SUPPORT NONREMOVBLE ATT	1	twice/year	No		
L3080	FOOT,ARCH SUP,NON-REMOVABLE AT	1	twice/year	No		
L3090	FT,ARCH SUPT,NON-REMOVEABLE AT	1	twice/year	No		
L3100	HALLUS-VALGUS NIGHT DYNAMIC SP	1	twice/year	No		
L3140	FOOT,ABDUCTION ROTATION DENNIS	1	twice/year	No		
L3150	FOOT,ABDUCTION ROTATION BARS D	1	twice/year	No		
L3160	FOOT,TORQUE HEELS	1	twice/year	No		
L3170	FOOT, PLASTIC, SILICONE OR EQUAL, HEEL S	1	twice/year	No		
L3201	ORTHO SHOE,OXFORD WITH SUP O P	1	twice/year	No		
L3202	ORTHO SHOE OXFORD WITH SUS OR	1	twice/year	No		
L3203	ORTHO SHOE OXFORD W SUP OR PRO	1	twice/year	No		
L3204	ORTHO SHOE HIGH W SUPINATOR OR	1	twice/year	No		
L3206	ORTHO SHOE HIGH W SUPINATOR OR	1	twice/year	No		
L3207	ORTHO SHOE HIGH W SUPINATOR OR	1	twice/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L3208	SURGICAL BOOT EACH INFANT	1	twice/year	No		
L3209	SURGICAL BOOT EACH CHILD	1	twice/year	No		
L3211	SURGICAL BOOT EACH JUNIOR	1	twice/year	No		
L3212	BENESCH BOOT PAIR INFANT	1	twice/year	No		
L3213	BENESCH BOOT PAIR CHILD	1	twice/year	No		
L3214	BENESCH BOOT PAIR JUNIOR	1	twice/year	No		
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD	1	twice/year	No	Not covered unless ordered w. L3224 or L3225	
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH	1	twice/year	No	Not covered unless ordered w. L3224 or L3226	
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTO	1	twice/year	No	Not covered unless ordered w. L3224 or L3227	
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD,	1	twice/year	No	Not covered unless ordered w. L3224 or L3228	
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH IN	1	twice/year	No	Not covered unless ordered w. L3224 or L3229	
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP,	1	twice/year	No	Not covered unless ordered w. L3224 or L3230	
L3224	ORTHOPEDIC FTWEAR LADIES SHOE	1	twice/year	Yes	Move to prior auth	
L3225	ORTHPEDIC FTWEAR MENS SHOE PAR	1	twice/year	Yes		
L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH	1	twice/year	No	Not covered unless ordered w. L3224 or L3230	
L3250	ORTHO FTWEAR CUSTOM MLD SHOE R	1	twice/year	No	Not covered unless ordered w. L3224 or L3231	
L3252	FOOT SHOE MOLDED TO PT MOD PLA	1	twice/year	No	Not covered unless ordered w. L3224 or L3232	
L3253	FOOT MOLDED SHOE PLASTAZOTE OR	1	twice/year	No	Not covered unless ordered w. L3224 or L3233	
L3254	NON-STANDARD SIZE OR WIDTH	1	twice/year	No	Not covered unless ordered w. L3224 or L3234	
L3255	NON-STANDARD SIZE OR LENGTH	1	twice/year	No	Not covered unless ordered w. L3224 or L3235	
L3257	ORTHOPEDIC FOOTWEAR ADD CHARGE	1	twice/year	No	Not covered unless ordered w. L3224 or L3236	
L3260	AMBULATORY SURGICAL BOOT EACH	1	twice/year	No		
L3265	PLASTAZOTE SANDAL EACH	1	twice/year	No		
L3300	LIFTS HEEL TAPERED TO METATARS	4	twice/year	No		
L3310	LIFTS ELEVATION HEEL AND SOLE	4	twice/year	No		
L3320	LIFTS ELEVATION HEEL SOLE CORK	2	twice/year	No		
L3330	LIFTS ELEVATION METAL EXTENSIO	1	twice/year	No		
L3332	LIFTS ELEVATION INSIDE SHOE TA	1	twice/year	No		
L3334	LIFTS, EVAL, HEEL, PER IN	2	twice/year	No		
L3340	HEEL WEDGE, SACH	1	twice/year	No		
L3350	HEEL WEDGE	1	twice/year	No		
L3360	SOLE WEDGE, OUTSIDE SOLE	1	twice/year	No		
L3370	SOLE WEDGE, BETWEEN SOLE	1	twice/year	No		
L3380	CLUBFOOT WEDGE	1	twice/year	No		
L3390	OUTFLARE WEDGE	1	twice/year	No		
L3400	METATARSAL BAR WEDGE, ROCKER	1	twice/year	No		
L3410	METATARSAL BAR WEDGE, BTWN SOL	1	twice/year	No		
L3420	FULL SOLE & HEEL WEDGE, BTWN S	1	twice/year	No		
L3430	HEEL COUNTER PLASTIC REINFORCE	1	twice/year	No		
L3440	HEEL, COUNTER, LEATHER REINFOR	1	twice/year	No		
L3450	HEEL, SACH CUSHION TYPE	1	twice/year	No		
L3455	HEEL, NEW LEATHER, STANDARD	1	twice/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L3460	HEEL, NEW RUBBER, STANDARD	1	twice/year	No		
L3465	HEEL, THOMAS WITH WEDGE	1	twice/year	No		
L3470	HEEL, THOMAS EXTENDED TO BALL	1	twice/year	No		
L3480	HEEL, PAD & DEPRESSION FOR SPU	1	twice/year	No		
L3485	HEEL, PAD, REMOVABLE FOR SPUR	1	twice/year	No		
L3540	ORTHOPEDIC SHOE ADDITION,SOLE,	1	twice/year	No		
L3570	MISC SHOE ADD, SPEC EXT TO INS	1	twice/year	No		
L3580	MISC SHOE ADD, CONV INSTEP TO	1	twice/year	No		
L3600	TRANS ORTH 1 SHOE TO ANOTH CAL	1	twice/year	No		
L3610	TRANS ORTH 1 OE TO ANOTH CAL	1	twice/year	No		
L3620	TRANSFER ORTHOSIS TO ANOTHER S	1	twice/year	No		
L3630	TRANSFER ORTHOSIS TO ANOTHER S	1	twice/year	No		
L3640	TRANSFER ORTHOSIS TO ANOTHER S	1	twice/year	No		
L3649	UNLISTED PROCEDURE FT ORTHO SH	1	twice/year	No		
L3650	SHOULDER ORTHOSES FIG 8, ABDCT	1	once/5 years	No		
L3660	SO, FIG 8, ABDCTN RESTRAIN, CA	1	once/5 years	No		
L3670	SO, ACROMIO/CLAVICULAR (CANVAS	1	once/5 years	No	*	
L3674	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE		once/3 years	No		
L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUC	1	once/3 years	No	*	
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCL	1	once/3 years	No		
L3710	ELBOW ORTHOSES, ELASTIC W/ MET	2	once/six months	No		
L3760	ELBOW ORTHOSIS W/ADJ POSITION	2	twice/lifetime	No		
L3762	EO,RIGID,W/O JOINTS	2	once/six months	No		
L3908	WHFO, WRIST EXTN CONTROL(COCK-	1	once/six months	No		
L3912	WHFO, FLEX GLOVE W/ELAST FINGE	1	twice/lifetime	No		
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	1	once/3 years	No		
L3917	HAND ORTHOSIS,METACARPAL FRACT	1	twice/lifetime	No		
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MA	1	once/six months	No		
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEA	1	once/year	No		
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEA	1	once/year	No	*	
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	1	once/year	No		
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE	1	once/year	No		
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INC	1	once/3 years	No		
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY I	1	once/year	No		
L3974	SEWHO, ADD TO MOBIL ARM SUPPOR	1	once/5 years	No		
L3995	ADD TO UP EXT ORT,SOCK,FR OR E	2	twice/year	No	*	
L4002	REPLACE STRAP,ANY ORTHOSIS	4	four/year	No		
L4045	REPLACE NON-MOLDED THIGH LACER, FOR CUST	1	once/year	No		
L4055	REPLACE NON-MOLDED CALF LACER, FOR CUSTO	1	once/year	No		
L4060	REPLACE HIGH ROLL CUFF	1	once/year	No		
L4070	REPLACE PROX AND DISTAL UPRIGH	1	once/year	No		
L4080	REPLACE METAL BANDS KAFO-AFO,	1	once/year	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L4090	REPLACE METAL BANDS KAFO-AFO,	1	once/year	No		
L4100	REPLACE LEATHER CUFF AFO-AFO,	1	once/year	No		
L4110	REPLACE LEATHER CUFF KAFO-AFO,	1	once/year	No		
L4130	REPLACE PRETIBIAL SHELL	1	once/year	No		
L4205	REPAIR ORTH DEVICE LABOR PER 1	8	once/month	No	*	
L4210	REPAIR ORTHOTIC DEVICE, REPAIR	1	twice/year	No		
L5000	PART FOOT SHOE INSERT W/LONG A	1	once/year	No		
L5010	PART FOOT MOLD SOCKET ANK HGT	1	once/year	No		
L5618	ADDS TO LOW EXT,TEST SOCR,SXME	1	four/year	No		
L5620	ADDS TO LOW EXT,TEST SOCK,BL K	1	four/year	No		
L5632	ADDS TO LOW EXT,SYMES TYPE,PTB	1	once/3 years	No		
L5652	ADDS TO LOWER EXT,SUCT SUSP,AB	1	once/3 years	No		
L5654	ADDS TO LOW EXT,SOCK INSERT,SY	1	twice/year	No		
L5655	ADDS TO LOW EXT,SOC INSERT,BEL	1	twice/year	No		
L5666	BELOW KNEE CUFF SUSPENSION,ADD	1	once/year	No		
L5668	ADDS TO LOW EXT,BELOW KNEE,MOL	1	twice/year	No		
L5670	ADDS TO LOW EXT,BELOW KNEE,MOL	1	once/year	No		
L5672	ADDS TO LOW EXT,BELOW KNEE,REM	1	once/year	No		
L5677	ADD TO LOW EXTREM BELOW KNEE P	1	once/3 years	No		
L5678	ADDS TO LOWER EXT,BELOW KNEE,J	1	once/year	No		
L7360	SIX VOLT BATTERY, EACH	1	twice/month	No		
L7362	BATTERY CHARGER, SIX VOLT, EACH	1	twice/month	No		
L7510	REPAIR PROS,REPAIR OR REPLACE	1	twice/year	No		
L7520	REPAIR PROS PER 15 MIN OVER 2	8	once/month	No		
L8035	CUST BR PROSTH;POST MAST,MOLDE	2	four/year	No		
L8300	TRUSSES,SINGLE WITH STANDARD P	1	once/year	No		
L8310	TRUSSES,DOUBLE WITH STANDARD P	1	once/year	No		
L8320	TRUSSES,ADDITION TO STANDARD,W	1	once/year	No		
L8330	TRUSSES,ADDITION TO STAND PAD,	1	once/year	No		
L8400	PROSTHETIC SHEATH,BELOW KNEE E	6	two/6 months	No		
L8410	PROSTHETIC SHEATH,ABOVE KNEE,E	6	two/6 months	No		
L8415	PROSTHETIC SHEATH, UPPER LIMB,	6	two/6 months	No		
L8417	PROSTH SHEATH/SOCK W/GEL CUSH	1	two/6 months	No		
L8420	PROSTHETIC SOCK,WOOL,BELOW KNE	12	two/6 months	No		
L8430	PROSTHETIC SOCK,WOOL,ABOVE KNE	12	two/6 months	No		
L8435	PROSTHETIC SOCK, WOOL, UPPER L	1	two/6 months	No		
L8440	PROSTHETIC SHRINKER,BELOW KNEE	6	eight/lifetime	No		
L8460	PROSTHETIC SHRINK,ABOVE KNEE,E	6	eight/lifetime	No		
L8465	PROSTHETIC SHRINKER, UPPER LIM	6	eight/lifetime	No		
L8470	STUMP SOCK,SNGL PLY,FITTING,PL	6	two/6 months	No		
L8480	STUMP SOCK SNGL PLY FITTING,AB	6	two/6 months	No		
L8485	PROSTH SOCK,SGL PLY,UPPER LIMB	5	two/6 months	No		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L8499	UNLISTED PROCED FOR MISC PROST	5	twice/month	No		
S8185	FLUTTER DEVICE (POSITIVE EXIRA	1	once/year	No		
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AN	1	once/lifetime	No		
S8421	GRADIENT PRESSURE AID,SLEEVE/G	2	two/6 months	No		
S8424	GRADIENT PRESSURE AID (SLEEVE)	2	two/6 months	No		
S8427	GRADIENT PRESSURE AID (GLOVE)	2	two/6 months	No		
S8428	GRADIENT PRESSURE AID (GAUNTLE	2	two/6 months	No		
S8999	RESUCITATION BAG	1	once/5 years	No		
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIA	1	twice/lifetime	No		
A5500	FOR DIABETICS ONLY, FITTING	New	twice/year	No	Diabetics only	
A5501	FOR DIABETICS ONLY, FITTING, CUSTOM PREPARATIO		twice/year	No		
A5503	FOR DIABETICS ONLY, MODIFICATION (OF OFF-THE-S		twice/year	No		
A5504	FOR DIABETICS ONLY, MODIFICATION) OF OFF-THE-S		twice/year	No		
A5505	FOR DIABETICS ONLY, MODIFICATION OF OFF-THE-SH		twice/year	No		
A5506	DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WIT		twice/year	No		
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED M		twice/year	No		
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, D		twice/year	No		
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CU		twice/year	No		
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	Not covered		NA		
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EA	Not covered		NA		
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	Not covered		NA		
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNE	Not covered		NA		
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNE	Not covered		NA		
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNE	Not covered		NA		
A6533	GRADIENT COMPRESSION STOCKING, THIGH LEN	Not covered		NA		
A6534	GRADIENT COMPRESSION STOCKING, THIGH LEN	Not covered		NA		
A6535	GRADIENT COMPRESSION STOCKING, THIGH LEN	Not covered		NA		
A6536	GRADIENT COMPRESSION STOCKING, FULL LENG	Not covered		NA		
A6537	GRADIENT COMPRESSION STOCKING, FULL LENG	Not covered		NA		
A6538	GRADIENT COMPRESSION STOCKING, FULL LENG	Not covered		NA		
A6539	GRADIENT COMPRESSION STOCKING, WAIST LEN	Not covered		NA		
A6540	GRADIENT COMPRESSION STOCKING, WAIST LEN	Not covered		NA		
A6541	GRADIENT COMPRESSION STOCKING, WAIST LEN	Not covered		NA		
A6544	GRADIENT COMPRESSION STOCKING, GARTER BE	Not covered		NA		
A6549	GRADIENT COMPRESSION STOCKING/SLEEVE, NO	Not covered		NA		
E0193	POWERED AIR FLOATATION BED (LO	1	twice/lifetime	Yes		
E0265	HOSP BED, TTL ELECTRIC W/SIDE	1	once/5 years	Yes		
E0277	ALTERNATING PRESSURE MATTRESS	1	twice/lifetime	Yes		
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WI	1	once/5 years	Yes		
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WI	1	twice/lifetime	Yes		
E0303	HOSPITAL BED,HVY DTY,>350 LBS	1	once/5 years	Yes		
E0304	HOSPITAL BED, EXTRA HVY DTY,>60	1	twice/lifetime	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WI	1	once/5 years	Yes		
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEG	1	once/5 years	Yes		
E0371	NONPOWERED ADV PRESSURE REDUCI	1	twice/lifetime	Yes		
E0372	POWERED AIR OVERLAY FOR MATTRE	1	twice/lifetime	Yes		
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESS	1	once/month	Yes		
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESS	1	once/month	Yes		
E0463	PRESSURE SUPPORT VENTILATOR IN	1	once/month	Yes		
E0464	PRESSURE SUPPORT VENTILATOR NO	1	once/month	Yes		
E0470	BIPAP RESP ASSIST DEVICE	1	once/5 years	Yes		
E0500	IPPB MAC, ALL TY,BL NEB;M O A V	1	once/year	Yes		
E0630	PATIENT LIFT, HYDRAULIC OR MECHANICAL, I	1	twice/lifetime	Yes		
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZ	1	twice/lifetime	Yes		
E0638	STANDING FRAME SYSTEM, ONE POSITION (E.G	1	twice/lifetime	Yes		
E0641	STANDING FRAME SYSTEM, MULTI-POSITION (E	1	twice/lifetime	Yes		
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC S	1	twice/lifetime	Yes		
E0650	PNEUMATIC COMPRESSOR, NON-SEG	2	twice/lifetime	Yes		
E0747	OSTEOGENESIS STIMULATOR (NON-I	1	six/two years	Yes		
E0748	OSTEOGENIC STIMULATOR, NON-INV	1	six/two years	Yes		
E0760	OSTEOGEN STIM LOW-INTEN ULTRAS	1	six/two years	Yes		
E0781	AMB INF PUMP S O MT CH,W AD EQ	1	once/5 years	Yes		
E0784	EXTERNAL AMBULATROY INFUSION P	1	twice/lifetime	Yes		
E0791	PARENTERAL INFUSION PUMP,STATI	1	once/5 years	Yes		
E1002	W/C POWER SEATING SYSTEM, TILT	1	once/5 years	Yes		
E1003	W/C POWER SEATING SYSTEM,RECLI	1	once/5 years	Yes		
E1004	W/C POWER SEATING SYSTEM,RECLI	1	once/5 years	Yes		
E1005	RPL,BAT FOR MED NEC E WHCH OWN	1	once/5 years	Yes		
E1006	W/C POWER SEATING SYST,TILT &	1	once/5 years	Yes		
E1007	W/C POWER SEATING SYST,TILT/RE	1	once/5 years	Yes		
E1008	W/C POWER SEATING SYST,TILT/RE	1	once/5 years	Yes		
E1009	W/C POWER SEATING ADDITION, MEC	2	once/5 years	Yes		
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR	1	once/5 years	Yes		
E1161	WHEELCHAIR, ADULT MANUAL TILT I	1	once/5 years	Yes		
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLI	1	once/5 years	Yes		
E1233	WHEELCHAIR, PEDIATRIC RIGID MAN	1	once/5 years	Yes		
E1234	WHEELCHAIR,PEDIATRIC,FOLDING,M	1	once/5 years	Yes		
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN	1	once/year	Yes		
E2325	POWER W/C SIP/PUFF INTERFACE	1	once/5 years	Yes		
E2326	POWER W/C BREATH TUBE KIT,SIP/	1	once/5 years	Yes		
E2327	POWER W/C HEAD CONTROL INTERFA	1	once/5 years	Yes		
E2328	POWER W/C HEAD/EXTREMETY CONTR	1	once/5 years	Yes		
E2329	POWER W/C HEAD CNTRL,CONTACT S	1	once/5 years	Yes		
E2330	POWER W/C HEAD CNTRL,PROX SWIT	1	once/5 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE	1	once/year	Yes		
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE C	1	once/year	Yes		
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE C	1	twice/lifetime	Yes		
E2402	NEGATIVE PRESSURE WOUND THERAPY	30	twice/lifetime	Yes		
E2500	SPEECH GEN DEVICE,PRE-REC MESS	1	twice/lifetime	Yes		
E2502	SPEECH GEN DEVICE,PRE-REC MESS	1	twice/lifetime	Yes		
E2504	SPEECH GEN DEVICE,PRE-REC MESS	1	twice/lifetime	Yes		
E2506	SPEECH GEN DEVICE,PRE-REC MESS	1	twice/lifetime	Yes		
E2508	SPEECH GEN DEVICE,SPELLING/CON	1	twice/lifetime	Yes		
E2510	SPEECH GEN DEVICE, MULTIPLE FOR	1	twice/lifetime	Yes		
E2512	SPEECH GEN DEVICE MOUNTING SYS	1	once/5 years	Yes		
E2599	SPEECH GEN DEVICE ACCESSORY,NO	1	once/5 years	Yes		
E8000	GAIT TRAINER PEDIATRIC POSTERIOR	1	once/5 years	Yes		
E8001	GAIT TRAINER PEDIATRIC UPRIGHT	1	once/5 years	Yes		
E8002	GAIT TRAINER PEDIATRIC ANTERIOR	1	once/5 years	Yes		
K0004	WHEELCHAIR,HI STRENGTH, LIGHTWEIGHT	1	once/5 years	Yes		
K0005	WHEELCHAIR,ULTRALIGHTWEIGHT	1	once/5 years	Yes		
K0006	HEAVY DUTY WHEELCHAIR	1	once/5 years	Yes		
K0007	EXTRA HEAVY DUTY WHEEL CHAIR	1	once/5 years	Yes		
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH I	1	once/month	Yes		
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD	1	once/5 years	Yes		
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DU	1	once/5 years	Yes		
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEA	1	once/5 years	Yes		
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD	1	once/5 years	Yes		
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DU	1	once/5 years	Yes		
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEA	1	once/5 years	Yes		
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CL	1	once/5 years	Yes		
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORT	1	once/5 years	Yes		
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORT	1	once/5 years	Yes		
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLIN	1	once/5 years	Yes		
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPT	1	once/5 years	Yes		
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORT	1	once/5 years	Yes		
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORT	1	once/5 years	Yes		
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLIN	1	once/5 years	Yes		
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPT	1	once/5 years	Yes		
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SL	1	once/5 years	Yes		
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CA	1	once/5 years	Yes		
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	1	once/5 years	Yes		
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	1	once/5 years	Yes		
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	1	once/5 years	Yes		
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	1	once/5 years	Yes		
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SING	1	once/5 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SING	1	once/5 years	Yes		
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SI	1	once/5 years	Yes		
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SI	1	once/5 years	Yes		
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUT	1	once/5 years	Yes		
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DU	1	once/5 years	Yes		
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULT	1	once/5 years	Yes		
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULT	1	once/5 years	Yes		
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MU	1	once/5 years	Yes		
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLIN	1	once/5 years	Yes		
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPT	1	once/5 years	Yes		
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SL	1	once/5 years	Yes		
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CA	1	once/5 years	Yes		
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DU	1	once/5 years	Yes		
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DU	1	once/5 years	Yes		
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DU	1	once/5 years	Yes		
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DU	1	once/5 years	Yes		
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SING	1	once/5 years	Yes		
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SING	1	once/5 years	Yes		
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SI	1	once/5 years	Yes		
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SI	1	once/5 years	Yes		
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY D	1	once/5 years	Yes		
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MU	1	once/5 years	Yes		
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, M	1	once/5 years	Yes		
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY D	1	once/5 years	Yes		
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY D	1	once/5 years	Yes		
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLIN	1	once/5 years	Yes		
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPT	1	once/5 years	Yes		
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SL	1	once/5 years	Yes		
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUT	1	once/5 years	Yes		
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SING	1	once/5 years	Yes		
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SING	1	once/5 years	Yes		
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SI	1	once/5 years	Yes		
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUT	1	once/5 years	Yes		
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULT	1	once/5 years	Yes		
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULT	1	once/5 years	Yes		
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MU	1	once/5 years	Yes		
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SIN	1	once/5 years	Yes		
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MUL	1	once/5 years	Yes		
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFI	1	once/5 years	Yes		
L0112	CRANIAL CERVICAL ORTHOSIS,TORT	1	once/5 years	Yes		
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICO	1	once/5 years	Yes		
L0430	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATE	1	twice/lifetime	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L0480	TLSO,RIGID PLASTIC,CUSTOM	1	once/year	Yes		
L0482	TLSO,RIGID LINED, CUSTOM	1	once/year	Yes		
L0484	TLSO,2PC RIGID PLASTIC, CUSTOM	1	once/year	Yes		
L0486	TLSO, 2PC RIGID,LINED,CUSTOM	1	once/year	Yes		
L0488	TLSO,RIGID,LINED,1PC, PREFAB	1	once/year	Yes		
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR	1	once/3 years	Yes		
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	1	once/3 years	Yes		
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL	1	once/3 years	Yes		
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL	1	once/3 years	Yes		
L0700	CERV-THOR-LUM-SAC-ORTHO ANT-PO	1	twice/lifetime	Yes		
L0710	CTL SO AN-PO-LA CON, PT MOD INT	1	twice/lifetime	Yes		
L0810	HALO PROC CERV HALO INC INTO J	1	twice/lifetime	Yes		
L0820	HALO PROC CERV HALO INC INTO P	1	twice/lifetime	Yes		
L0830	HALO PROC CERV HALO INC INTO M	1	twice/lifetime	Yes		
L1000	CERV-THOR-LUM-SAC INCLUS OF FU	1	twice/lifetime	Yes		
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS	1	twice/lifetime	Yes		
L1005	TENSION BASED SCOLIOSIS ORTHOT	1	twice/year	Yes		
L1300	OTHER SCOLIOS PROC, BDY JAC MO	1	once/year	Yes		
L1310	OTHER SCOLIOS PROC, POST OP BD	1	once/5 years	Yes		
L1500	THORAC-HP-KN-AN, ORTH(THKAO) M	1	once/3 years	Yes		
L1510	THKAO, STANDING FRAME	1	once/3 years	Yes		
L1520	THKAO SWIVEL WALKER	1	twice/lifetime	Yes		
L1685	AO AB CT HIP JT POSTOP HIP AB	1	twice/lifetime	Yes		
L1686	HO,AB C OF H JT, POST-OP H AB	1	twice/lifetime	Yes		
L1690	BIL COM LUM/SAC HIP/FEM ORTH,A	1	twice/lifetime	Yes		
L1700	LEGG PERTHES ORTHOSIS, TORONTO	1	twice/lifetime	Yes		
L1710	LEGG PERTHES ORTHOSIS, NEWINGT	1	twice/lifetime	Yes		
L1720	LEGG PERTH ORTHO, TRILAT (TACH	1	twice/lifetime	Yes		
L1730	LEGG PERTH ORTHO, SCOTTISH RIT	1	twice/lifetime	Yes		
L1755	LEGG PERTHES ORTHO PATTEN BOTT	1	twice/lifetime	Yes		
L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (U	1	twice/lifetime	Yes		
L1834	KO,W/O K JT,RG,MD TO PT MODEL	1	twice/lifetime	Yes		
L1840	KO DEROTAT, FAB TO PT MOD (LEN	1	once/5 years	Yes		
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND	1	once/5 years	Yes		
L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND	1	once/5 years	Yes		
L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND	1	once/5 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND	1	once/5 years	Yes		
L1847	KO,DBL UPRIGHT,ADJ JOINT,INFLA	1	once/3 years	Yes		
L1860	KO,MOD OF SUPRACONDULAR PROSTH	2	once/5 years	Yes		
L1904	AFO, MOLDED ANKLE GAUNTLET, CUSTOM-FABRI	1	twice/lifetime	Yes		
L1907	AFO,SUPRAMALLEOLAR W/STRAPS,CU	2	once/year	Yes		
L1920	AFO, SNGL UPRGHT STAT/ADJ STOP	1	once/year	Yes		
L1932	ANKLE FOOT ORTHOSIS RIGID ANT	1	once/year	Yes		
L1940	AFO, MOLD TO PT MODEL, PLASTIC	2	once/year	Yes		
L1945	AFO, MD TO PT MD, PL, RG AN TI	2	once/year	Yes		
L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE	1	once/3 years	Yes		
L1951	AFO,SPIRAL,IRM TYPE,PLASTIC,PR	1	once/3 years	Yes		
L1960	AFO, POST SLD ANK, MLD PT MOD,	2	twice/year	Yes		
L1970	AFO, PLASTIC MOLD TO PT MODEL,	2	twice/year	Yes		
L1971	AFO,PLASTIC JOINT,PREFAB	1	once/year	Yes		
L1980	AFO, SGL UPRGHT FREE PLANT DOR	1	once/year	Yes		
L1990	AFO, DBL UPRGHT FREE PLANT DOR	1	once/year	Yes		
L2000	KAFO SGL UPRGHT, FREE KN-AN, S	1	once/3 years	Yes		
L2005	KAFO SNG/DBL MECHANICAL,CUSTOM	1	once/3 years	Yes		
L2010	KAFO SGL UPRGHT FREE KN/AN W/O	1	once/3 years	Yes		
L2020	KAFO DBL UPRGHT, FREE KN/AN, S	1	once/3 years	Yes		
L2030	KAFO DBL UPRGHT, FREE KN/AN W/	1	once/3 years	Yes		
L2034,	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC	1	once/3 years	Yes		
L2036	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1	once/3 years	Yes		
L2037	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1	once/3 years	Yes		
L2038	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC,	1	once/3 years	Yes		
L2050	HKAFO, TOR CON, BILAT TOR CAB,	1	once/3 years	Yes		
L2060	HKAFO TORS CO BILAT CAB BB HP	1	once/3 years	Yes		
L2090	HKAFO TORS CO UNILAT CAB BB HP	1	once/3 years	Yes		
L2106	AFO FRAC ORTHO TIB FRAC CAST T	1	twice/lifetime	Yes		
L2108	AFO FRAC ORTHO TIB FRAC CAST O	1	twice/lifetime	Yes		
L2112	AFO FRAC ORTHO TIB FRAC ORTHO	1	twice/lifetime	Yes		
L2114	AFO FRAC ORTHO TIB FRAC SEMI-R	1	twice/lifetime	Yes		
L2116	AFO FRAC ORTHO TIB FRAC RIGID	1	twice/lifetime	Yes		
L2126	KAFO FRAC ORTHO FEMOR CST THER	1	twice/lifetime	Yes		
L2128	KAFO FRAC ORTHO FEMORAL FRAC C	1	twice/lifetime	Yes		
L2132	KAFO FRAC ORTHO FEMOR FRAC CST	1	twice/lifetime	Yes		
L2134	KAFO FRAC ORTHO FEMOR CST SEMI	1	twice/lifetime	Yes		
L2136	KAFO FRAC ORTHO FEMOR CST RIGI	1	twice/lifetime	Yes		
L2188	ADD LOW EXT FRAC ORTHO,QUADRIL	1	twice/lifetime	Yes		
L2192	ADD LOW EXT FRAC ORTH HIP,PELV	1	twice/lifetime	Yes		
L2340	ADD LOWER EXTREM, PRE-TIBIAL S	1	once/5 years	Yes		
L2350	PLASTIC PTB MOLDED W/ANKLE-FOO	1	once/5 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L2510	ADDS TO LWR EXTREM TH WGT QUAD	1	once/3 years	Yes		
L2520	ADDS TO LWR EXTRM TH WGT BRNG	1	once/3 years	Yes		
L2525	AD TO L EX,T/W BR,IS CNT/NW M-	1	once/3 years	Yes		
L2526	ADD TO L EX,T/W BR,IS CNT/NW M	1	once/3 years	Yes		
L2620	ADS TO LWR EXTRM PLVC CNTRL HI	1	once/3 years	Yes		
L2624	ADD LOW EXT PELVIC,HIP,ADJ FX,	1	once/3 years	Yes		
L2627	AD TO L EX,P C,PL,MD TO P MD,R	1	once/3 years	Yes		
L2628	ADD TO L EX,P CT,M FR,RECIP H	1	once/3 years	Yes		
L2630	ADDS TO LWR EXTRM PLVC CNTRL B	1	once/3 years	Yes		
L2640	ADDS LWR EXTRM PLVC CNTR BND B	1	once/3 years	Yes		
L2999	UNLISTED LOWER EXTREMITY ORTHO	5	twice/month	Yes		
L3224	ORTHOPEDIC FOOTWEAR-WOMEN-INTEGRAL PART OF BRACE	2	twice/year	Yes		
L3225	ORTHOPEDIC FOOTWEAR-MENS-INTEGRAL PART OF BRACE	2	twice/year	Yes		
L3671	SHOULDER ORTHOSIS, SHOULDER CAP DESIGN,	1	once/3 years	Yes		
L3672	SHOULDER ORTHOSIS, ABDUCTION POSITIONING	1	once/3 years	DC		
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING	1	once/3 years	DC		
L3674	SHOULD ORTHOSIS, ABDUCTION POSITIONING		once/3 years	Yes		
L3677	SHOULDER ORTH,PLASTIC SHOULDER	1	once/year	Yes		
L3720	EO, DBL UPRT W/4ARM/ARM CUFFS,	2	once/5 years	Yes		
L3730	EO, DBL UPRT W/ 4ARM/ARM CUFF,	2	once/5 years	Yes		
L3740	EO, DBL UPRT W/4ARM/ARM CUFF,	2	once/5 years	Yes		
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOU	1	once/3 years	Yes		
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE	1	once/3 years	Yes		
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID,	1	once/3 years	Yes		
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUD	1	once/3 years	Yes		
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE	1	once/5 years	Yes		
L3807	WHFO,EXT ASSIST,PALMER AIR SUP	1	once/six months	Yes		
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOU	1	once/5 years	Yes		
L3900	WHFO, DYNMC FLEX HINGE, RECIP	1	once/year	Yes		
L3901	WHFO, DYNMC FLEX HINGE, RECIP	1	once/year	Yes		
L3904	WHFO, EXT POWER, ELECTRIC OTHE	1	once/5 years	Yes		
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	1	once/3 years	Yes		
L3906	WRIST HAND ORTHOSIS, WITHOUT JOINTS, MAY	1	once/year	Yes		
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MOR	1	once/5 years	Yes		
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLU	1	once/3 years	Yes		
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MO	1	once/3 years	Yes		
L3960	SEWHO, ABDUCTION POSITION, AIR	1	twice/lifetime	Yes		
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOU	1	twice/lifetime	Yes		
L3962	SEWHO, ABDUCT POSITION, ERBS P	1	twice/lifetime	Yes		
L3964	SEWHO, MOBIL ARM SUP (ATTACH E	1	once/5 years	Yes		
L3965	SEWHO,RADIAL ARM SUPPORT (ATTA	1	once/5 years	Yes		
L3966	SEWHO, MOBIL ARM SUPPORT (ATTA	1	once/5 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	1	once/3 years	Yes		
L3968	SEWHO,MOBIL ARM SUPPORT (ATTAC	1	once/5 years	Yes		
L3969	SEWHO MOBILE ARM SUPPORT,MONOS	1	once/5 years	Yes		
L3970	SEWHO, ADD TO MOBIL ARM SUPP,	1	once/5 years	Yes		
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOU	1	once/5 years	Yes		
L3972	SEWHO, ADD TO MOBIL ARM SUPPOR	1	once/5 years	Yes		
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDU	1	once/5 years	Yes		
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1	once/5 years	Yes		
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1	once/5 years	Yes		
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1	once/5 years	Yes		
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSI	1	once/5 years	Yes		
L3980	UP EXTREMITY FRACT ORTHOSIS, H	1	twice/lifetime	Yes		
L3982	UP EXTREM FRACT ORTHOSIS, RADI	1	twice/lifetime	Yes		
L3984	UP EXTREMITY FRACT ORTHOSIS, W	1	twice/lifetime	Yes		
L3999	UNLISTED PROCEDURE UPPER LIMB	5	twice/month	Yes		
L4000	REPLACE GIRDLE MILWAUKEE ORTHO	1	twice/year	Yes		
L4010	REPLACE TRILATERAL SOCKET BRIM	1	once/year	Yes		
L4020	REPLACE QUADLAT SOCKET BRIM, M	1	once/year	Yes		
L4030	REPLACE QUADLAT SOCKET BRIM, C	1	once/year	Yes		
L4040	REPLACE MOLDED THIGH LACER, FOR CUSTOM F	1	once/year	Yes		
L4050	REPLACE MOLDED CALF LACER, FOR CUSTOM FA	1	once/year	Yes		
L5020	PARTIAL FT MOLD SOCKET, TIBIAL	1	once/year	Yes		
L5050	ANKLE, SYMES, MOLDED SOCKET, S	1	once/3 years	Yes		
L5100	BELOW KNEE, MOLDED SOCKET, SHI	1	once/3 years	Yes		
L5105	BELOW K,PL SOC,JTS AND TH LACE	1	once/3 years	Yes		
L5150	KNEE DISARTIC (OR THRU KNEE) M	1	once/3 years	Yes		
L5160	KNEE DISARTIC (OR THRU KNEE) M	1	once/3 years	Yes		
L5200	ABOVE KNEE,MOLD SOCK, SLG AXIS	1	once/3 years	Yes		
L5210	ABOVE KNEE, SHORT PROSTHESIS,	1	twice/3 years	Yes		
L5220	ABOVE KNEE, SHORT PROTHESIS (N	1	twice/3 years	Yes		
L5230	ABOVE KNEE PROX FEM FOCAL DEFI	1	once/3 years	Yes		
L5250	HIP DIS, CANADIAN TY; MOL SOC,	1	once/3 years	Yes		
L5270	HIP DIS, TILT SCKT FRAME HIP L	1	once/3 years	Yes		
L5280	HEMIPEL CAN TY ML SO HP JT SIN	1	once/3 years	Yes		
L5301	BK MOLDED SOCKET,SHIN,SACH FOO	1	once/3 years	Yes		
L5311	KNEE DISART,MOLDED SOCKET,EXT	1	once/3 years	Yes		
L5321	AK,MOLDED SOCKET,OPEN END,SACH	1	once/3 years	Yes		
L5331	HIP DISART,CANADIAN TYPE,SACH	1	once/3 years	Yes		
L5341	HEMIPELVECTOMY,CANADIAN TYPE,S	1	once/3 years	Yes		
L5400	IM POST SUR APP RIG DRES FIT S	1	twice/lifetime	Yes		
L5410	IM POST SUR APP ALLG A SUSP BL	1	twice/lifetime	Yes		
L5420	IM POST SURG APP ALIG ONE CAST	1	twice/lifetime	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L5430	IM POST SURG APP INIT RIG DRES	1	twice/lifetime	Yes		
L5450	IM POST SURG APP OF NON WEGHT	1	three/lifetime	Yes		
L5460	IM POST SURG APPL N-WGHT BEAR	1	three/lifetime	Yes		
L5500	PREP BL KN SOC USMC PLAS SOC D	1	twice/lifetime	Yes		
L5505	PREP AB KN DISART USMC PLAST S	1	twice/lifetime	Yes		
L5510	PREP BK DISART USMC PLAST SOCK	1	twice/lifetime	Yes		
L5520	PREP BL KNEE USMC THERMOPLASTI	1	twice/lifetime	Yes		
L5530	PREP BL KNEE SOCK USMC THERMOP	1	twice/lifetime	Yes		
L5535	PREP,B K PTB T SOC,USMC O E P,	1	twice/lifetime	Yes		
L5540	PREP BL KNEE USMC LAMINATED SO	1	twice/lifetime	Yes		
L5560	PREP ABOVE KNEE DISART USMC PL	1	twice/lifetime	Yes		
L5570	PREP ABOVE KNEE DISART USMC TH	1	twice/lifetime	Yes		
L5580	PREP ABOVE KNEE DISTART USMC T	1	twice/lifetime	Yes		
L5585	PREP AK K DISART ISCH SOCKET U	1	twice/lifetime	Yes		
L5590	PREP ABOVE KNEE DISART USMC LA	1	twice/lifetime	Yes		
L5595	PREP,H D-H,PY,NO C,S FT,TP OR	1	twice/lifetime	Yes		
L5600	PREP,H D-H,P,NO C,S F,LM SC,MD	1	twice/lifetime	Yes		
L5610	ADD TO LOWER EXT,ABOVE KNEE HY	1	once/3 years	Yes		
L5611	ADD TO L E,A K-K D,OHC 4-BAR L	1	once/3 years	Yes		
L5613	ADD TO L E,A K-K D,OHC 4-B L,W	1	once/3 years	Yes		
L5614	ADD TO LOWER EXT,ABOVE KNEE LA	1	once/3 years	Yes		
L5622	ADDS TO LOW EXT,TEST SOCK,KNEE	1	four/year	Yes		
L5624	ADDS TO LOW EXT,TEST SOCK,ABOV	1	four/year	Yes		
L5626	ADDS TO LOW EXT,TEST SOCK,HIP	1	four/year	Yes		
L5628	ADDS TO LOW EXT,TEST SOCK,HEMI	1	four/year	Yes		
L5629	ADD TO L EX, B K,ACR SOCKET	1	four/year	Yes		
L5630	ADDS TO LOW EXT,SYMES TYPE,EXP	1	once/3 years	Yes		
L5631	ADD TO L EX,A K OR K DIS,ACR S	1	once/3 years	Yes		
L5634	ADDS TO LOW EXT,SYMES TYPE,POS	1	once/3 years	Yes		
L5636	ADDS TO LOW EXT,SYMES TYPE,MED	1	once/3 years	Yes		
L5637	ADD TO L EX,B K,TOTAL CONTACT	1	once/3 years	Yes		
L5638	ADD L EXT BK LEATHER SOCKET	1	once/3 years	Yes		
L5639	ADD TO L EX,B K,WOOD SOCKET	1	once/3 years	Yes		
L5640	ADDS TO LOW EXT,KNEE DISART,LE	1	once/3 years	Yes		
L5642	ADD TO LOWER EXT AK LEATHER SO	1	once/3 years	Yes		
L5643	ADD TO LOWER EXTREM HIP DISART	1	once/3 years	Yes		
L5644	ADDS TO LOW EXT,ABOVE KNEE,WOO	1	once/3 years	Yes		
L5645	ADD TO LOW EXTREM BELOW KNEE F	1	once/3 years	Yes		
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE,	1	once/3 years	Yes		
L5647	ADD TO LOWER EXTREM BELOW KNEE	1	once/3 years	Yes		
L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE,	1	once/3 years	Yes		
L5649	ADD TO LOW EX,ISCHIAL CONT/NAR	1	once/3 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L5650	ADDS TO LOW EXT,TOTAL CONT,ABO	1	once/3 years	Yes		
L5651	ADD TO LOWER EXTREM ABOVE KNEE	1	once/3 years	Yes		
L5653	ADDS TO LOW EXT,KNEE DISART,EX	1	once/3 years	Yes		
L5656	ADDS TO LOW EXT,SOCK INSERT,KN	1	twice/year	Yes		
L5658	ADDS TO LOW EXT,SOCK INSERT,AB	1	twice/year	Yes		
L5661	ADD TO LOWER EXTREM SOCKET INS	1	twice/year	Yes		
L5665	ADD TO LOW EXTREM SOCK INSERT	1	twice/year	Yes		
L5671	ADD TO LE,BK/AK SUSP LOCK MECH	1	once/3 years	Yes		
L5673	ADDITION TO LE,BK/AK,SOCKET IN	2	twice/year	Yes		
L5676	ADDS TO LOWER EXT BELOW KNEE,K	1	once/3 years	Yes		
L5679	ADDITION TO LE,BK/AK,SOCKET IN	2	twice/year	Yes		
L5680	ADDS TO LOW EXT BELOW KNEE,THI	1	once/3 years	Yes		
L5681	ADDITION TO LE, CUSTOM SKT INS	1	twice/year	Yes		
L5682	ADDS TO LOW EXT,BELOW KNEE,THI	1	once/3 years	Yes		
L5683	ADDITION TO LE, CUSTOM SKT INS	1	twice/year	Yes		
L5684	ADDS TO LOW EXT,BELOW KNEE,FOR	1	once/year	Yes		
L5685	BELOW KNEE SUS/SEAL SLEEVE	1	twice/year	Yes		
L5686	ADDS TO LOW EXT,BELOW KNEE,BAC	1	once/year	Yes		
L5688	ADDS TO LOW EXT,BELOW KNEE,WAI	1	twice/year	Yes		
L5690	ADDS TO LOW EXT,BELOW KNEE,WAI	1	twice/year	Yes		
L5692	ADDS TO LOW EXT,ABOVE KNEE,PEL	1	twice/year	Yes		
L5694	ADDS TO LOW EXT,ABOVE KNEE,PEL	1	twice/year	Yes		
L5695	ADD TO L EX,A K,P CT,S SUSP, N	1	twice/year	Yes		
L5696	ADDS TO LOWER EXT,ABOVE KNEE O	1	once/3 years	Yes		
L5697	ADDS TO LOW EXT,ABOVE KNEE OR	1	twice/year	Yes		
L5698	ADDS TO LOW EXT,ABOVE OR KNEE	1	twice/year	Yes		
L5699	ALL LOW EXT PROSTH,SHOULDER HA	1	twice/year	Yes		
L5700	ALL LOW EXT PROSTH,FEET, EXTER	1	twice/3 years	Yes		
L5701	ALL LOWER EXTREM PROSTHESES SA	1	twice/3 years	Yes		
L5702	ALL LOW EXT PROSTH,FEET,SINGLE	1	twice/3 years	Yes		
L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, S	1	once/3 years	Yes		
L5704	ALL LOW EXT PROSTH,FEET,MULTIA	1	once/year	Yes		
L5705	ALL LOWER EXTREM PROS FLEX FOO	1	once/year	Yes		
L5706	ALL LOW EXT PROSTHESIS,AXIAL R	1	once/year	Yes		
L5707	ALL EXDOSKEL LOW EXTREM PROS A	1	once/year	Yes		
L5710	ADDS,KNEE-SHIN SYS,SINGLE AXIS	1	once/year	Yes		
L5711	ADD ENDOSKEL KNEE-SHIN SYS SIN	1	once/year	Yes		
L5712	ADDS,KNEE-SHIN SYS,SINGLE AXIS	1	once/year	Yes		
L5714	ADDS,KNEE-SHIN SYS,SINGLE AXIS	1	once/year	Yes		
L5716	ADD,EXOSK K-S SYS,POLYC,MECH S	1	once/year	Yes		
L5722	ADDS,KNEE-SHIN SYS,SING AXIS,P	1	once/3 years	Yes		
L5724	ADDS,KNEE-SHIN SYS,SINGLE AXIS	1	once/3 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L5726	ADDS,KNEE-SHIN SYS,SINGLE AXIS	1	once/3 years	Yes		
L5728	ADDS KNEE-SHIN SYS,SINGLE AXIS	1	once/3 years	Yes		
L5780	ADD,KNEE-SHIN SYS,SINGLE AXIS,	1	once/3 years	Yes		
L5785	ADD EXOSKEL SYS BELOW KNEE ULT	1	once/3 years	Yes		
L5790	ADD EXOSKEL SYS ULTRA-MATERIAL	1	once/3 years	Yes		
L5795	ADD EXOSKEL SYST HIP DISART UL	1	once/3 years	Yes		
L5810	ADD ENDOSKEL KNEE-SHIN SYS, SN	1	once/year	Yes		
L5811	L5810 W ULTRA-LIGHT MATERIAL	1	once/year	Yes		
L5812	ADD ENDOSKEL KNEE-SHIN SYS,AXI	1	once/year	Yes		
L5814	ADD ENDOSKEL KNEE-SHIN SYS,AXI	1	once/3 years	Yes		
L5816	ADD ENDOSKEL KNEE-SHIN SYS,POL	1	once/3 years	Yes		
L5818	ADD ENDOSKEL KNEE-SHIN SYS,POL	1	once/3 years	Yes		
L5822	ADD ENDOSKEL KNEE-SHIN SYS,AXI	1	once/3 years	Yes		
L5824	ADD ENDOSKEL KNEE-SHIN SYS,AXI	1	once/3 years	Yes		
L5826	L5824;HYDR SW PH CTRL,W/MINIAT	1	once/3 years	Yes		
L5828	L5824 W FLUID SWING & STANCE P	1	once/3 years	Yes		
L5830	ADD,ENDOSK K-S SYS,S AX,PNEUM/	1	once/3 years	Yes		
L5840	ADD ENDO K/S MULTIAXIAL PNEUMA	1	once/3 years	Yes		
L5845	ADD ENDO KS FLEXION FEATURE AD	1	once/3 years	Yes		
L5850	ADD ENDOSKEL SYS, ABV KNEE/HIP	1	once/3 years	Yes		
L5855	ADD ENDO HIS DISARTIC MECHANIC	1	once/3 years	Yes		
L5856	ELECTRIC KNEE-SHIN SWING/STANC	2	once/year	Yes		
L5857	ELECTRIC KNEE SWING ONLY	2	once/year	Yes		
L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS,	1	once/year	Yes		
L5910	ADD ENDOSKEL SYS, BELOW KNEE,	1	twice/year	Yes		
L5920	ADD ENDOSKE SYS, ABV KNEE/HIP	1	twice/year	Yes		
L5925	ADD ENDO AK K OR H DISARTICULA	1	once/3 years	Yes		
L5930	ADD ENDO HIGH ACTIVITY KNEE CO	1	once/3 years	Yes		
L5940	ADD ENDOSKE SYS, BELOW KNEE, U	1	once/3 years	Yes		
L5950	ADD ENDOSKE SYS, ABV KNEE, ULT	1	once/3 years	Yes		
L5960	ADD ENDOSKE SYS, HIP DISAR, UL	1	once/3 years	Yes		
L5962	ADD ENDO BK FLEX PROTECT OUTER	1	once/3 years	Yes		
L5964	ADD ENDO AK FLEX PROTECT OUTER	1	once/3 years	Yes		
L5966	ADD ENDO HD FLEXIBLE PROTECT O	1	once/3 years	Yes		
L5968	ALL LEP;ANKLE,MULTIAX SHOCK AB	1	once/5 years	Yes		
L5970	ALL L EX PR,FOOT,EX FL,SH FT	1	once/5 years	Yes		
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID AN	1	once/3 years	Yes		
L5972	ALL L EX PR,F K FT(SF,ST,BO DY	1	once/3 years	Yes		
L5974	ALL L EX PROS,FT,S AX ANKLE/FO	1	once/3 years	Yes		
L5975	ALL LEP;COMB SNGL AX ANK,FLEX	1	once/3 years	Yes		
L5976	ALL L EX PROS,EN ST FT (ST CRB	1	once/5 years	Yes		
L5978	ALL L EX,PROS,FT,MULTIAX A/F(G	1	once/3 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L5979	ALL LEP MULTIAXIAL ANKLE/FOOT	1	once/3 years	Yes		
L5980	ALL L EX PROS,FX FT SYS	1	once/5 years	Yes		
L5981	ALL LEP FLEX-WALK SYSTEM OR EQ	1	once/5 years	Yes		
L5982	ALL EXOSK L EX PROS,AX ROT UNI	1	once/3 years	Yes		
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTH	1	once/3 years	Yes		
L5985	ENDO LOWER EXTREMITY PROS DYNA	1	once/5 years	Yes		
L5986	ALL L EX PROS,MULTI-AX ROT U (1	once/3 years	Yes		
L5987	ALL LEP;SHNK FOOT SYS W/VERT L	1	once/5 years	Yes		
L5988	ALL LEP;COMB VERT SHK/MULTAX R	1	once/3 years	Yes		
L5990	ADD TO LE PROSTHESIS ADJUST HE	1	once/5 years	Yes		
L5999	UNLISTED PROCEDURES FOR LOWER	5	twice/month	Yes		
L6000	ROBIN-AIDS PARTL HAND,SHLDR HR	1	once/5 years	Yes		
L6010	PART HND ROBIN LTL / RNG FGR R	1	once/5 years	Yes		
L6020	PART HND ROBINS NO FINGER REMA	1	once/5 years	Yes		
L6025	PARTIAL HAND DISARTICULATION,M	2	once/year	Yes		
L6050	WR DISART MLD SOC FLX ELB HNG	1	once/5 years	Yes		
L6055	WRIST DISART, MOLD SOCKI W EXP	1	once/5 years	Yes		
L6100	BEL ELB MLD SOCKET FLX ELB HIN	1	once/5 years	Yes		
L6110	BEL ELB MLD SOCKT MUENSTER OR	1	once/5 years	Yes		
L6120	BEL ELB MLD DBL WL SPLIT SOCK	1	once/5 years	Yes		
L6130	BEL ELB MLD DBL WL SP SOCK STM	1	once/5 years	Yes		
L6200	ELB DISART MLD SOCK OUTSIDE LO	1	once/5 years	Yes		
L6205	ELBOW DISART MOLD SOCKT W EXP	1	once/5 years	Yes		
L6250	ABV ELB MLD DBL SOCK INTERVAL	1	once/5 years	Yes		
L6300	SH DISART MLD SOCK SH BLKHD HU	1	once/5 years	Yes		
L6310	SH DISART PASSIVE REST COMPLET	1	once/5 years	Yes		
L6320	SH DISART PASSIVE REST SHOULDE	1	once/5 years	Yes		
L6350	INTERSCAP THOR MLD SOCK SHOULD	1	once/5 years	Yes		
L6360	INTERSCAP THOR PASSIVE REST CO	1	once/5 years	Yes		
L6370	INTERSCAP THOR PASSIVE REST SH	1	once/5 years	Yes		
L6380	IMM PST SURG/EARLY FIT ETC WRS	1	twice/lifetime	Yes		
L6382	IMM PST SURG/EARLY FIT ETC ELB	1	twice/lifetime	Yes		
L6384	IMM PST SURG/EARLY FIT ETC SHL	1	twice/lifetime	Yes		
L6386	IMM PST SURG/EARLY FIT EA ADD	1	twice/lifetime	Yes		
L6388	IMM PST SURG/EARLY FIT, APP RI	1	twice/lifetime	Yes		
L6400	BEL ELB MLD SOCK ENDOSK SYST I	1	twice/lifetime	Yes		
L6450	ELB DISART MLD SOCK ENDO SYST	1	twice/lifetime	Yes		
L6500	ABV ELB MLD SOC ENDOSKEL SYS I	1	twice/lifetime	Yes		
L6550	SH DISART MLD SOC ENDOSKEL SYS	1	twice/lifetime	Yes		
L6570	INTERSCAP THOR MLD SOC ENDOSKE	1	twice/lifetime	Yes		
L6580	PREP WRIST DISART BELOW ELB SN	1	twice/lifetime	Yes		
L6582	PREP WRIST DISART BELOW ELB SN	1	twice/lifetime	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L6584	PREP ELBW DISART ABOV ELB SNGL	1	twice/lifetime	Yes		
L6586	PREP ELBW DISART ABOV ELB SNGL	1	twice/lifetime	Yes		
L6588	PREP SHLDR DISART/INTERSCA THO	1	twice/lifetime	Yes		
L6590	PREP SHLDR DISART/INTERSCA THO	1	twice/lifetime	Yes		
L6600	UPPER EXT ADD POLYCENT HNG PR	1	once/year	Yes		
L6605	UPPER EXT ADD SNGL PIV HINGE	1	once/year	Yes		
L6610	UPPER EXT ADD FLX METAL HNG PR	1	once/year	Yes		
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS,	1	once/5 years	Yes		
L6615	UPPER EXT ADD DISCON LOCKING W	1	once/3 years	Yes		
L6616	UP EX ADD,ADD DSC IN FOR L WR	1	once/year	Yes		
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENS	1	once/3 years	Yes		
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLE	1	once/3 years	Yes		
L6623	UP EXT ADD, SPG ASST ROT WRIST	1	once/3 years	Yes		
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENS	1	once/3 years	Yes		
L6625	UPPER EXT ADD ROTAT WRIST UNIT	1	once/3 years	Yes		
L6628	UP EXT ADD, QUICK DISCNT HOOK	1	once/3 years	Yes		
L6629	UP EXT ADD QUICK DISC LAM CLR W	1	once/3 years	Yes		
L6630	UPPER EXT STAINLESS STEEL ANY	1	once/3 years	Yes		
L6632	UP EXT ADD, LATEX SUSP SLV, EA	1	once/year	Yes		
L6635	UPPER EXT ADD LIFT ASSIST FOR	1	once/3 years	Yes		
L6637	UP EXT ADD, NUDGE CONTROL ELBO	1	once/3 years	Yes		
L6638	UE PROSTHETIC ADD,ELEC LOCK ON	2	once/2years	Yes		
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEA	1		Yes		
L6640	UPPER EXT ADD SHOULDER JOINT P	1	once/3 years	Yes		
L6641	UP EXT ADD, EXCUR AMPL, PULL T	1	once/3 years	Yes		
L6642	UP EXT ADD, EXCUR AMPL, LEVER	1	once/3 years	Yes		
L6645	UPPER EXT ADD SHOULDER FLX-ABD	1	once/3 years	Yes		
L6646	UE PROSTHETIC ADD,MULTIPOSITIO	2	once/2years	Yes		
L6650	UPPER EXT ADD SHOULD UNIVERSAL	1	once/3 years	Yes		
L6655	UPPER EXT ADD ST CONTROL CABLE	1	once/3 years	Yes		
L6660	UPPER EXT ADD HEAVY DTY CABLE	1	once/3 years	Yes		
L6665	UPPER EXT ADD TEFLON OR EQUAL	1	once/3 years	Yes		
L6670	UPPER EXT ADD HOOK TO HAND CAB	1	once/3 years	Yes		
L6672	UPPER EXT ADD HARNES CHEST OR	1	once/3 years	Yes		
L6675	UPPER EXTREMITY ADDITION, HARNESS, (E.G.	1	once/3 years	Yes		
L6676	UPPER EXTREMITY ADDITION, HARNESS, (E.G.	1	once/3 years	Yes		
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPL	1	once/3 years	Yes		
L6680	UPPER EXT ADD TEST SOCKET WRST	1	twice/year	Yes		
L6682	UPPER EXT ADD TST SOCKET ELBOW	1	twice/year	Yes		
L6684	UPPER EXT ADD TST SOCKET SHOUL	1	twice/year	Yes		
L6686	UP EXT ADD, SUCTION SOCKET	1	once/3 years	Yes		
L6687	UP EX ADD,FR TY SOC,BELOW E OR	1	once/3 years	Yes		

**NHP and SHP DME
Prior Authorization List
Effective 10/1/11**

CODE	DESCRIPTION	MAX UNITS Per order	Lifetime Limits	PA	Rent to Purchase (For rent to purchase items-will pay 10 month rental up to purchase price)	Crosswalk
L6688	UP EX ADD,FR TY SOC,ABOVE E OR	1	once/3 years	Yes		
L6689	UP EXT ADD, FRM TYP SCKT, SHDR	1	once/3 years	Yes		
L6690	UP EXT ADD, FRM TYP SCKT, INTE	1	once/3 years	Yes		
L6691	UP EXT ADD, REMOVE INSERT EACH	1	twice/year	Yes		
L6692	UP EXT ADD,SIL GEL INSERT OR E	1	twice/year	Yes		
L6693	UP EXT ADD;EXT LOCK ELB,FOREAR	1	once/3 years	Yes		
L6694	ELBOW SOCKET INSERT USED W/LOC	1	twice/3 years	Yes		
L6695	ELBOW SOCKET INSERT USED W/O L	1	twice/3 years	Yes		
L6696	ELBOW SOCKET INSERT CUSTOM/ATY	1	once/year	Yes		
L6697	ELBOW SOCKET INSERT CUSTOM NOT	1	once/year	Yes		
L6698	BELOW/ABOVE ELBOW LOCKING MECH	1	once/year	Yes		
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY	1	once/5 years	Yes		
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	1	once/5 years	Yes		
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	1	once/5 years	Yes		
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	1	once/5 years	Yes		
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	1	once/5 years	Yes		
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	1	once/year	Yes		
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUN	1	once/year	Yes		
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	1	once/year	Yes		
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUN	1	once/year	Yes		
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUT	1	once/year	Yes		
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUT	1	once/year	Yes		
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WR	1	once/5 years	Yes		
L6810	ADDITION TO TERMINAL DEVICE, PRECISION P	1	once/5 years	Yes		
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPP	2	once/year	Yes		
L6882	MICROPROCESSOR CONTROL FEATURE	2	once/year	Yes		
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST	1	once/3 years	Yes		
L6884	REPLACEMENT SOCKET, ABOVE ELBOW/ELBOW	1	once/3 years	Yes		
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICUL	1	once/3 years	Yes		
L6890	ADDITION TO UPPER EXTREMITY PROSTHESIS,	1	once/year	Yes		
L6895	ADDITION TO UPPER EXTREMITY PROSTHESIS,	1	once/year	Yes		
L6900	HND REST (CSTS,SHADING MEAS IN	1	once/3 years	Yes		
L6905	HAND REST PART W GLOVE MULT FI	1	once/3 years	Yes		
L6910	HAND RESTOR PART GLOVE NO FING	1	once/3 years	Yes		
L6915	HAND REST REPLACE GLOVE FOR L6	1	once/year	Yes		
L6920	WRIST DISART EXT PWR,SELF SUS	1	twice/month	Yes		
L6925	WRIST DISART EXT PWR SELF SUS	1	twice/month	Yes		
L6930	BELOW ELBOW EXT POWR SLF-SUSP	1	twice/month	Yes		
L6935	BELOW ELBOW EXT POWR SLF-SUSP	2	twice/month	Yes		
L6940	ELBOW DISART EXT POWR MLD SCKT	1	twice/month	Yes		
L6945	ELBOW DISART EXT POWR MLD SCKT	1	twice/month	Yes		
L6950	ABOV ELBOW EXT POWR MLD SCKT E	1	twice/month	Yes		

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Prior Authorization List
Effective 10/1/11**

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L6955	ABOV ELBOW EXT POWR MLD SCKT E	2	twice/month	Yes		
L6960	SHOULDR DISART EXT POWR MLD SC	1	twice/month	Yes		
L6965	SHOULDR DISART EXT POWR MLD SC	1	twice/month	Yes		
L6970	INTERSCA-THORA EXT POWR MLD SC	1	twice/month	Yes		
L6975	INTERSCA-THORA EXT POWR MLD SC	1	twice/month	Yes		
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CON	1	twice/month	Yes		
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CO	1	twice/month	Yes		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CON	1	twice/month	Yes		
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED	1	twice/month	Yes		
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONT	1	twice/month	Yes		
L7170	ELECTR ELBOW, HOSMER, EQUAL, S	1	twice/month	Yes		
L7180	ELECTRONIC ELBOW, MICROPROCESSOR SEQ	1	twice/month	Yes		
L7181	ELECTRONIC ELBOW MICROPROCESSO	1	once/year	Yes		
L7185	ELEC E,ADOLESCENT,VAR VILL OR	1	twice/month	Yes		
L7186	ELEC ELB,CHILD,VAR VILL OR EQ,	1	twice/month	Yes		
L7190	ELEC E,ADOL,VAR VILL OR EQ,MYO	1	twice/month	Yes		
L7191	EL ELBOW,CHILD,VAR VIL OR EQ,M	2	twice/month	Yes		
L7260	ELECTR WRIST ROTATOR, OTTO BOC	1	twice/month	Yes		
L7261	ELECTR WRIST ROTATOR, FOR UTAH	1	twice/month	Yes		
L7266	SERVO CONTROL, STEEPER OR EQUA	1	twice/month	Yes		
L7272	ANALOGUE CONTROL, UNB OR EQUAL	1	twice/month	Yes		
L7274	PROPORTION CON, 12 VOLT, UTAH	2	twice/month	Yes		
L7364	TWELVE VOLT BATTERY, EACH	1	twice/month	Yes		
L7366	BATTERY CHARGER, TWELVE VOLT, EACH	1	twice/month	Yes		
L7367	REPLACEMENT LITIUM 10N BATTERY	1	twice/month	Yes		
L7368	LITHIUM 10N BATTERY CHARGER	1	once/year	Yes		
L7499	UNLISTED FOR UPPER EXTREMITY P	1	twice/month	Yes		
L7900	VACUUM ERECTION SYSTEM	1	twice/lifetime	Yes		
L8500	ARTIFICIAL LARYNX ANY TYPE	1	twice/lifetime	Yes		
L8501	TRACHEOSTOMY SPEAKING VALVE	1	twice/year	Yes		
L8505	ARTIFICIAL LARYNX REPLACEMENT	1	twice/year	Yes		
L8507	TRACH-ESOPH VOICE PROSTHESIS	1	twice/month	Yes		
L8510	VOICE AMPLIFIER	1	once/5 years	Yes		
L8511	TRACH PROSTHESIS INSERT,REPLAC	1	twice/year	Yes		
L8512	GEL CAPS FOR TRACH VOICE PROST	9		Yes		
L8513	CLEANING DEVICE FOR TRACH VOIC	6		Yes		
L8514	TRACH PUNCTURE DIALATOR,REPLAC	1	twice/year	Yes		
L8515	GEL CAP APPLICATION DEVICE FOR	1	once/2years	Yes		
L9900	ORTHOTIC/PROSTHETIC SERVICE	1	once/day	Yes		
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, R	1	twice/lifetime	Yes		
V5030	Hearing aid, monaural, body worn, air conduction			Yes		
V5040	Hearing aid, monaural, body worn, bone conduction			Yes		

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V5050	Hearing aid, monaural, in the ear			Yes		
V5060	Hearing aid, monaural, behind the ear			Yes		
V5070	Glasses, air conduction			Yes		
V5080	Glasses, bone conduction			Yes		
V5120	Binaural, body			Yes		
V5130	Binaural, in the ear			Yes		