

471-000-519 Nebraska Medicaid Practitioner Fee Schedule for Podiatry Services

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT), Copyright 2014, by the American Medical Association. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures, which are copyrighted by the American Medical Association.

The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to the Physicians' Current Procedural Terminology, Copyright 2014. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of the Physicians' Current Procedural Terminology, Copyright 2014 by the American Medical Association.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT copyright. Unit values per Relative Values for Physicians, Copyright 2014, Optum360, LLC.

Information regarding Pediatric Feeding Clinic Services may be at:

- 471 NAC, Chapter 19 at http://dhhs.ne.gov/medicaid/Pages/med_phpod.aspx
- Provider Bulletins at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx

It is the provider's responsibility to be aware of requirements for medical necessity, prior authorization, referral management, etc.

1. Nebraska Medicaid payment is the fee schedule allowable. Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.
2. SPECIAL PRICING. Certain procedure codes will not have a MEDICAID ALLOWABLE:
 - "BR" (By report) – Paid at "reasonable rate" based on the service and circumstances. A complete description of the service is required for review.
 - "RNE" (Rate Not Established) - Paid at "reasonable rate" based on the service
 - "IC" (Invoice cost) - Paid at "invoice cost". An invoice must be attached to the claim. Some services may also have an associated maximum allowable.
3. PRIOR AUTHORIZATION. Some Podiatry services may require Medicaid approval of a prior authorization request as indicated in the column 'PA' on the fee schedule. Providers must submit a Form MS-77, found in the Title 471 Appendix <http://www.dhhs.ne.gov/reg/appx/atc471.htm>, Form Number 471-000-206. Submit Manufacturer's Suggested Retail Price (MSRP) or your actual cost invoice with the Prior Authorization Request.

4. Quantities supplied must be based on medical necessity and are supplies used in the office. Take home supplies may not be billed.

For procedure codes 10000-69999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in Nebraska Medicaid Physician Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 70000-79999.

See the Nebraska Medicaid Practitioner Fee Schedule under Radiology found in Nebraska Medicaid Physician Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 80000-89999.

See the Nebraska Medicaid Practitioner Fee Schedule under Pathology found in Nebraska Medicaid Physician Services 471-000-520. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 90000-99999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in Nebraska Medicaid Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For Medical Supplies, Orthotics and Prosthetics (A Codes, E Codes & L Codes) that are appropriate for use as a Podiatrist see the Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics found in Nebraska Medicaid Services 471-000-507. The amount listed is a dollar amount (\$). The dollar amount is the Medicaid allowable unless otherwise indicated. No more than two medically necessary orthopedic footwear, shoe corrections, orthotic devices or similar supportive devices for the feet may be provided per visit.

A codes, E codes and L codes that are most commonly used by Podiatrists will be found at the end of this document. Any code not found on this list but used will need medical documentation submitted along with the claim to substantiate payment.

The G0127 Code – trimming of dystrophic nails ANY number, is specific to Podiatry and not found in any other fee schedule.

For J codes & Q codes see Nebraska Medicaid Practitioner Fee Schedule for injectable found in Nebraska Medicaid Physician Services 471-000-540. The amount listed is a dollar amount (\$). That amount is the Medicaid allowable, unless otherwise indicated. These codes are for office use only; there are no take home supplies.

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000A4550		SURGICAL TRAYS		PAYABLE TO PODIATRISTS ONLY		\$20.46	
000A5500		FITTING (INCLUDES FOLLOW UP) CUSTOM PREP AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI-DENSITY INSERT(S), PER SHOE		FOR DIABETICS ONLY	X	\$68.45	
000A5501		FITTING (INCLUDES FOLLOW-UP), CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CASTS(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE), PER SHOE		FOR DIABETICS ONLY	X	\$205.31	
000A5503		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/ROLLER OR RIGID ROCKER BOTTOM, PER SHOE		FOR DIABETICS ONLY		\$30.44	
000A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE W/WEDGE(S), PER SHOE		FOR DIABETICS ONLY		\$30.44	
000A5505		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/METATARSAL BAR, PER SHOE		FOR DIABETICS ONLY		\$30.44	
000A5506		MODIFICATION (INCLUDES FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE W/OFF-SET HEEL(S), PER SHOE		FOR DIABETICS ONLY		\$30.44	
000A5507		NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE		FOR DIABETICS ONLY		\$30.44	
000A5508		DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE		FOR DIABETICS ONLY			
000A5510		DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE,		FOR DIABETICS ONLY			

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
		MULTIPLE-DENSITY INSERT(S) PREFABRICATED					
000A5512		MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES FAHRENHEIT OR HIGHER		FOR DIABETICS ONLY		\$27.92	
000A5513		MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT W/PATIENT'S FOOT, INCLUDING ARCH		FOR DIABETICS ONLY		\$41.67	
000A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN				\$33.33	
000A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN				\$2.45	
000A6021		COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH				\$22.63	
000A6022		COLLAGEN DRESSING, STERILE, SIZE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH				\$22.63	
000A6023		COLLAGEN DRESSING, STERILE, SIZE, MORE THAN 48 SQ. IN., EACH				\$204.87	
000A6024		COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 IN.				\$6.66	
000A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH					
000A6154		WOUND POUCH, EACH				\$15.46	
000A6196		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING				\$7.91	
000A6197		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRES				\$17.69	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000A6199		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 IN.				\$5.69	
000A6203		COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$3.60	
000A6204		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$6.70	
000A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING					
000A6207		CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				\$7.90	
000A6209		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING				\$8.05	
000A6210		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$21.44	
000A6211		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/OUT ADHESIVE BORDER, EACH DRESSING				\$31.61	
000A6212		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$10.44	
000A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH		RNE/BR/IC			
000A6215		FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM		RNE/BR/IC			
000A6216		GUAZE, NON-IMPREGNATED, NON-STERILE, 16 SQ IN W/O		RNE/BR/IC			

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		ADHESIVE BORDER, EACH DRESSING					
000A6217		GAUZE, NON-IMPREGNATED, NON-STERILE, 16 SQ IN TO 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$0.55	
000A6219		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$1.02	
000A6220		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH DRES				\$2.77	
000A6222		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESS				\$2.29	
000A6223		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ.				\$2.60	
000A6224		GAUZE, IMPREGNATED W/OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRES				\$3.88	
000A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING		RNE/BR/IC			
000A6229		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ.IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORD				\$3.88	
000A6231		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE,				\$5.03	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
		PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING					
000A6232		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH				\$7.40	
000A6233		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING				\$20.66	
000A6234		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING				\$7.04	
000A6235		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER, EACH				\$18.10	
000A6236		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$29.33	
000A6237		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$8.51	
000A6238		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH				\$24.53	
000A6240		HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE				\$13.17	
000A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM				\$2.76	
000A6242		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING				\$6.53	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000A6243		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRES				\$13.25	
000A6244		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$42.28	
000A6246		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EA				\$10.67	
000A6247		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$25.60	
000A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, STERILE, PER FLUID OZ.				\$17.48	
000A6251		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE BORDER, EACH DRESSING				\$2.14	
000A6252		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., W/O ADHESIVE BORD				\$3.49	
000A6253		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$6.82	
000A6254		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, W/ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$1.30	
000A6255		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS				\$3.26	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		THAN OR EQUAL TO 48 SQ. IN., W/ANY SIZE ADHES					
000A6258		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				\$4.62	
000A6259		TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING				\$11.77	
000A6261		WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED		RNE/BR/IC			
000A6262		WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED		RNE/BR/IC			
000A6266		GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD				\$2.06	
000A6402		GUAZE, NON-IMPREGNATED, STERILE, 16 SQ IN OR LESS, W/O ADH. BORDER, EACH DRESSING				\$0.12	
000A6403		GUAZE, NON-IMPREGNATED, STERILE, 16 SQ. IN. TO 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRESSING				\$0.46	
000A6407		PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PERLINEAR YARD				\$2.02	
000A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH		RNE/BR			
000A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$0.72	
000A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE IN., PER YARD				\$0.18	
000A6443		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$0.31	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000A6444		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 IN., PER YARD				\$0.60	
000A6445		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE IN., PER YARD				\$0.34	
000A6446		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$0.44	
000A6447		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD				\$0.72	
000A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE IN., PER YARD				\$1.24	
000A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$1.88	
000A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD		RNE/BR/IC			
000A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN OR		RNE/BR/IC			
000A6452		HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35				\$6.36	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDT					
000A6453		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH LESS THANTHREE IN., PER YARD				\$0.65	
000A6454		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$0.82	
000A6455		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON- WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE IN., PER YARD				\$1.49	
000A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE IN. AND LESS THAN FIVE IN., PER YARD				\$1.37	
000A6457		TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD				\$1.22	
000A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18- 30 MMHG, EACH				\$33.05	
000A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30- 40 MMHG, EACH				\$53.51	
000A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40- 50 MMHG, EACH			X	\$68.83	
000A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH				\$47.22	
000A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH			X	\$72.40	
000A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH		BR/IC	X		
000E0747		OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL		RNE/BR/IC	X		
000E0747	RR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				\$417.64	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
000G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER (USE M0101 IF DATE PRIOR TO 12011997) CAN ONLY BILL FOR ONE SERVICE PER CLIENT PER DATE.				\$8.04	
000L1900		ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED			X	\$243.87	
000L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$73.13	
000L1906		ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$104.39	
000L1910		ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$232.14	
000L1930		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$240.00	
000L1930	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$120.00	
000L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$824.40	
000L1971		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$433.02	
000L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED		RNE/BR/IC			
000L3000		FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL,			X	\$290.21	

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
		"UCB" TYPE, BERKELEY SHELL, EACH					
000L3000	52	FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL,E			X	\$145.10	
000L3001		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH			X	\$122.18	
000L3002		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH			X	\$149.21	
000L3003		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH			X	\$160.99	
000L3010		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH			X	\$160.99	
000L3020		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSAL SUPPORT, EACH			X	\$183.30	
000L3030		FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH			X	\$70.50	
000L3030	52	FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT, EACH				\$35.25	
000L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO		RNE/BR/IC			
000L3040		FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH				\$43.48	
000L3050		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH				\$43.48	
000L3060		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH			X	\$68.12	
000L3060	52	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH				\$34.06	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000L3070		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH				\$29.38	
000L3080		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH				\$29.38	
000L3090		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH				\$37.59	
000L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH				\$39.95	
000L3140		FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)			X	\$82.25	
000L3150		FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S)			X	\$75.20	
000L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		RNE/BR/IC	X		
000L3170		FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH				\$46.99	
000L3201		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT				\$31.48	
000L3202		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD				\$35.41	
000L3203		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR				\$37.77	
000L3204		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT				\$31.48	
000L3206		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD				\$35.41	
000L3207		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR				\$37.77	
000L3208		SURGICAL BOOT, EACH, INFANT				\$35.41	
000L3209		SURGICAL BOOT, EACH, CHILD				\$39.35	
000L3211		SURGICAL BOOT, EACH, JUNIOR				\$43.28	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000L3212		BENESCH BOOT, PAIR, INFANT			X	\$62.96	
000L3213		BENESCH BOOT, PAIR, CHILD			X	\$62.96	
000L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH		RNE/BR/IC	X		
000L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH			X	\$393.50	
000L3251		FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH			X	\$152.67	
000L3252		FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH			X	\$152.67	
000L3253		FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH			X	\$152.67	
000L3254		NON-STANDARD SIZE OR WIDTH				\$21.57	
000L3255		NON-STANDARD SIZE OR LENGTH				\$21.57	
000L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE				\$57.60	
000L3260		SURGICAL BOOT/SHOE, EACH				\$39.35	
000L3265		PLASTAZOTE SANDAL, EACH			X	\$62.96	
000L3300		LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH				\$48.18	
000L3310		LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH				\$75.20	
000L3320		LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH				\$125.92	
000L3330		LIFTS, ELEVATION, METAL EXTENSION, (SKATE)				\$522.83	
000L3332		LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH				\$68.12	
000L3334		LIFT, ELEVATION, HEEL, PER INCH				\$35.23	
000L3340		HEEL WEDGE, SACH				\$78.73	
000L3350		HEEL WEDGE				\$21.15	
000L3360		SOLE WEDGE, OUTSIDE SOLE				\$32.89	
000L3370		SOLE WEDGE, BETWEEN SOLE				\$45.80	
000L3380		CLUBFOOT WEDGE				\$45.80	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
000L3390		OUTFLARE WEDGE				\$45.80	
000L3400		METATARSAL BAR WEDGE, ROCKER				\$37.59	
000L3410		METATARSAL BAR WEDGE, BETWEEN SOLE				\$85.77	
000L3420		FULL SOLE AND HEEL WEDGE, BETWEEN SOLE				\$50.52	
000L3430		HEEL, COUNTER, PLASTIC REINFORCED				\$148.05	
000L3440		HEEL, COUNTER, LEATHER REINFORCED				\$70.50	
000L3450		HEEL, SACH CUSHION TYPE				\$97.51	
000L3455		HEEL, NEW LEATHER, STANDARD				\$37.59	
000L3460		HEEL, NEW RUBBER, STANDARD				\$31.71	
000L3465		HEEL, THOMAS WITH WEDGE				\$54.06	
000L3470		HEEL, THOMAS EXTENDED TO BALL				\$57.58	
000L3480		HEEL, PAD AND DEPRESSION FOR SPUR				\$57.58	
000L3485		HEEL, PAD, REMOVABLE FOR SPUR				\$23.61	
000L3500		ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER				\$27.01	
000L3510		ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER				\$27.01	
000L3520		ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER				\$29.38	
000L3530		ORTHOPEDIC SHOE ADDITION, SOLE, HALF				\$29.38	
000L3540		ORTHOPEDIC SHOE ADDITION, SOLE, FULL				\$46.99	
000L3550		ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD				\$8.25	
000L3560		ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE				\$21.15	
000L3570		ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)				\$78.73	
000L3580		ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE				\$59.94	
000L3590		ORTHOPEIC SHOE ADDITION, CONVERT FIRM				\$49.36	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		SHOE COUNTER TO SOFT COUNTER					
000L3595		ORTHOPEDIC SHOE ADDITION, MARCH BAR				\$38.74	
000L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTIN G				\$70.50	
000L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW				\$92.82	
000L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTIN G				\$70.50	
000L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW				\$92.82	
000L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES				\$39.95	
000L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS		RNE/BR/IC			
000L4350		ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJ			X	\$77.60	
000L4360		WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTME			X	\$240.36	
000L4361		WALKING BOOT, PNEUMATIC AND /OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHEALF		RNE/BR/IC			
000L4386		WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE			X	\$146.48	

						NON-FACILITY	FACILITY
CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	RATE	RATE
		MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT					
000L4387		WALKING BOOT, NON-PNEUMATC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACT MATERIAL, PREFABRICATED, OFF- THE -SHELF		RNE/BR/IC			
000L4392		REPLACEMENT SOFT INTERFACE MATERIAL, STATIC AFO				\$20.97	
000L4394		REPLACE SOFT INTERFACE MATERIAL; FOOT DROP SPLINT				\$15.27	
000L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM			X	\$149.53	
000L4397		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AMB.		RNE/BR/IC			
000L4398		FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$68.83	