

**94:00**

Devices

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**AEROSOL HOLDING CHAMBER**

RESTRICTED BENEFIT - Coverage is limited to one aerosol holding chamber per plan participant per year.

**DEVICE**

00000999399	OPTICHAMBER DIAMOND (CHAMBER ONLY)	RNA	\$	18.0600
00000990080	VORTEX	KGH	\$	19.4977
00000990091	AEROCHAMBER PLUS FLOW-VU W/ MOUTHPIECE	TMI	\$	25.3200
00000990100	AEROCHAMBER PLUS FLOW-VU YOUTH W/ MOUTHPIECE	TMI	\$	25.3200

**AEROSOL HOLDING CHAMBER/MASK**

RESTRICTED BENEFIT - Coverage is limited to one of each size (infant, pediatric, adult) aerosol holding chamber mask or chamber w/ mask per plan participant per year.

**INFANT DEVICE**

00000990015	VORTEX TODDLER/INFANT MASK DEVICE	KGH	\$	13.0047
00000999398	OPTICHAMBER DIAMOND (WITH SMALL MASK)	RNA	\$	30.8700
00000990092	AEROCHAMBER PLUS FLOW-VU W/ SMALL MASK	TMI	\$	40.5000

**PEDIATRIC DEVICE**

00000990016	VORTEX CHILD/PEDIATRIC MASK DEVICE	KGH	\$	13.0047
00000999397	OPTICHAMBER DIAMOND (WITH MEDIUM MASK)	RNA	\$	30.8700
00000990093	AEROCHAMBER PLUS FLOW-VU W/ MEDIUM MASK	TMI	\$	40.5000

**ADULT DEVICE**

00000999396	OPTICHAMBER DIAMOND (WITH LARGE MASK)	RNA	\$	34.0200
00000990109	AEROCHAMBER PLUS FLOW-VU W/ ADULT SMALL MASK	TMI	\$	42.8500
00000990094	AEROCHAMBER PLUS FLOW-VU W/ LARGE MASK	TMI	\$	42.8500