

**CHAPTER 1123. MEDICAL SUPPLIES**

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#### Authority

The provisions of this Chapter 1123 issued under sections 403, 443.4, 443.6 and 444.1 of the Public Welfare Code (62 P. S. §§ 403, 443.4, 443.6 and 444.1), unless otherwise noted.

#### Source

The provisions of this Chapter 1123 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882, unless otherwise noted.

#### Cross References

This chapter cited in 55 Pa. Code § 1101.31 (relating to scope); 55 Pa. Code § 1101.95 (relating to conflicts between general and specific provisions); 55 Pa. Code § 1143.56 (relating to payment conditions for orthopedic shoes, molded shoes and shoe inserts); and 55 Pa. Code § 1249.22 (relating to scope of benefits for the medically needy).

### GENERAL PROVISIONS

#### § 1123.1. Policy.

The MA Program provides payment for certain medically necessary medical supplies rendered to eligible recipients by approved medical suppliers enrolled as providers under the program. Payment for medical supplies is subject to this chapter, Chapter 1101 (relating to general provisions) and the limitations established in Chapter 1150 (relating to MA Program payments policies) and the MA Program fee schedule.

#### Source

The provisions of this § 1123.1 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (117352).

#### § 1123.2. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Durable medical equipment*—An item or device listed in the Medical Assistance program fee schedule that can withstand repeated use; which are used

primarily and customarily to serve a medical purpose; which are customarily not useful to a person in the absence of illness or injury and which are appropriate for home use.

*Hemophilia products*—Items which are used in the treatment of hemophilia limited to those products listed in the Medical Assistance program fee schedule.

*Medical supplies*—Items specified in this chapter or the Medical Assistance program fee schedule as being compensable under the Medical Assistance program. The items include surgical supplies, durable medical equipment, orthoses, prostheses, visual and hearing aids and hemophilia products.

*Molded shoes*—Shoes listed in the Medical Assistance program fee schedule constructed from a special last conforming to a specific individual's foot. Molded shoes shall be constructed from leather or other durable material.

*Orthopedic shoes*—Shoes listed in the Medical Assistance program fee schedule that have a Goodyear welt, steel shank and elongated medical counter which are modified to compensate for an abnormality of the foot. Various modifications, such as wedges, can be applied to or put inside this basic orthopedic shoe. The Department's established fee for orthopedic shoes includes modifications except for those necessary to apply a brace or splint to the shoe.

*Orthoses*—Items listed in the Medical Assistance program fee schedule that are used to support, align, prevent or correct deformities or to improve the functions of movable parts of the body.

*Prostheses*—An item which substitutes or replaces missing parts of the body.

*Shoe inserts*—Devices listed in the Medical Assistance program fee schedule that are constructed of plexiglass, hard plastic or other rigid material fashioned for the individual foot by a laboratory approved to participate in the Medical Assistance program. An orthotic device shall be fabricated according to the specifications written on the prescription by the client's physician.

*Surgical supplies*—An item intended for direct application to the body as an aid to ameliorate a diagnosed medical condition.

*Visual aids*—An item which is used to correct or improve the function of the eye.

#### Source

The provisions of this § 1123.2 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (99319) and (99320).

#### Cross References

This section cited in 55 Pa. Code § 1123.2a (relating to clarification of the term "written"—statement of policy); 55 Pa. Code § 1123.22 (relating to scope of benefits for the medically needy); and 55 Pa. Code § 1123.61 (relating to noncompensable services and items).

**§ 1123.2a. Clarification of the term “written”—statement of policy.**

(a) The term “written” in the definition of “shoe inserts” in § 1123.2 (relating to definitions) includes prescriptions that are handwritten or transmitted by electronic means.

(b) Written prescriptions transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by any unauthorized person.

**Source**

The provisions of this § 1123.2a adopted July 16, 2010, effective July 17, 2010, 40 Pa.B. 3963.

**COVERED AND NONCOVERED SERVICES****§ 1123.11. Types of services covered.**

The Medical Assistance program covers certain medical supplies for which the medical necessity has been established and the service has been prescribed or ordered by a licensed practitioner within the scope of his practice. Payment is subject to the conditions and limitations of this chapter and Chapter 1101 (relating to general provisions).

**Source**

The provisions of this § 1123.11 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**§ 1123.12. Outpatient services.**

Medical supplies provided on an outpatient basis are covered only when provided in accordance with this chapter, Chapters 1101 and 1150 (relating to general provisions; and Medical Assistance program payment policies) and the Medical Assistance program fee schedule.

**Source**

The provisions of this § 1123.12 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (99320).

**§ 1123.13. Inpatient services.**

(a) Payment is made for compensable medical supplies provided to eligible hospitalized recipients with the exception of surgical supplies and durable medical equipment.

(b) Payment is made for compensable medical supplies provided to eligible recipients in skilled nursing and intermediate care facilities, with the exception of surgical supplies and durable medical equipment.

**Source**

The provisions of this § 1123.13 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**§ 1123.14. [Reserved].****Source**

The provisions of this § 1123.14 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**SCOPE OF BENEFITS****§ 1123.21. Scope of benefits for the categorically needy.**

Categorically needy recipients are eligible for medically necessary medical supplies covered by the MA Program subject to the conditions and limitations of this chapter and Chapter 1101 (relating to general provisions). See § 1101.31(b) (relating to scope).

**Authority**

The provisions of this § 1123.21 amended under sections 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454 of the Public Welfare Code (62 P. S. §§ 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454).

**Source**

The provisions of this § 1123.21 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended August 26, 2005, effective August 29, 2005, 35 Pa.B. 4811. Immediately preceding text appears at serial page (278455).

**§ 1123.22. Scope of benefits for the medically needy.**

Medically needy recipients are not eligible for medical supplies except for the following:

- (1) Medical supplies which have been prescribed through the School Medical Program as described in § 1101.32 (relating to coverage variations).
- (2) Eyeglasses which have been prescribed as treatment for individuals under 21 years of age who are enrolled in EPSDT, or which have been prior authorized by the Department as specified in § 1123.56(a)(2) (relating to vision aids).
- (3) Devices which have been prescribed for the purpose of family planning.
- (4) Those compensable medical supplies suitable for home use that are provided to medically needy recipients who are receiving home health agency services. The supplies include surgical supplies and durable medical equipment as defined in § 1123.2 (relating to definitions).

**Source**

The provisions of this § 1123.22 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended November 30, 1984, effective December 1, 1984, 14 Pa.B. 4370, and by approval of the court of a joint motion for modification of a consent agreement dated February 11, 1985 in *Turner v. Beal, et al.*, C.A. No. 74-1680 (E.D.Pa. 1975). Immediately preceding text appears at serial page (96091).

**§ 1123.23. Scope of benefits for State Blind Pension recipients.**

State Blind Pension recipients are not eligible for medical supplies.

**Source**

The provisions of this § 1123.23 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**§ 1123.24. Scope of benefits for GA recipients.**

GA recipients, age 21 to 65, are eligible for medically necessary basic health care benefits as defined in Chapter 1101 (relating to general provisions). See § 1101.31(e) (relating to scope).

**Authority**

The provisions of this § 1123.24 amended under sections 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454 of the Public Welfare Code (62 P. S. §§ 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454).

**Source**

The provisions of this § 1123.24 adopted December 11, 1992, effective January 1, 1993, 22 Pa.B. 5995; amended August 27, 2005, effective August 29, 2005, 35 Pa.B. 4811. Immediately preceding text appears at serial pages (287455) to (287456).

**PROVIDER PARTICIPATION****§ 1123.41. Participation requirements.**

Participation requirements are established in §§ 1101.41—1101.43 and 1101.51.

**Source**

The provisions of this § 1123.41 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**§ 1123.42. Ongoing responsibilities of providers.**

Ongoing responsibilities of providers are established in Chapter 1101 (relating to general provisions).

**Source**

The provisions of this § 1123.42 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**PAYMENT FOR MEDICAL SUPPLIES****§ 1123.51. General payment policy.**

Payment is made for covered services provided by participating providers subject to the conditions and limitations established in this section, §§ 1123.52 and 1123.60—1123.62, and Chapters 1101 and 1150 (relating to general provisions; and MA Program payment policies) and the MA Program fee schedule. Items and services shall be prescribed by a licensed medical practitioner and prescriptions and orders shall specify the patient's diagnosis. Payment will not be made for a compensable medical supply if payment is available from another agency or another insurance or health program.

**Source**

The provisions of this § 1123.51 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (99322).

**§ 1123.52. Payment conditions for various services.**

Payment for orthopedic shoes, orthotic devices, molded shoes, oxygen and related equipment, visual aids, hearing aids, prosthetic devices and hemophilia products will be made subject to the conditions established in §§ 1123.53—1123.58.

**Source**

The provisions of this § 1123.52 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial page (54153).

**Cross References**

This section cited in 55 Pa. Code § 1123.51 (relating to general payment policy).

**§ 1123.53. Hemophilia products.**

In order for payment to be made to an approved provider for hemophilia products, the recipient shall be enrolled in the hemophilia program of the Commonwealth.

**Source**

The provisions of this § 1123.53 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**Cross References**

This section cited in 55 Pa. Code § 1123.52 (relating to payment conditions for various services).

**§ 1123.54. Orthopedic shoes, molded shoes and shoe inserts.**

Payment for orthopedic shoes, molded shoes and shoe inserts prescribed for eligible persons is paid to approved Medical Assistance providers in accordance with the limitations described in this section and the maximum fees listed in Chapter 1150 (relating to Medical Assistance program payment policies) and the Medical Assistance program fee schedule.

(1) Prior approval shall be obtained from the Department for orthopedic shoes, molded shoes and shoe inserts.

(2) Payment for molded shoes is made only for those shoes prescribed for severe foot and ankle conditions and deformities of a degree that the patient is unable to wear ordinary sturdy shoes with or without corrections and modifications.

(3) Payment for modifications to orthopedic shoes and molded shoes will be made only if those modifications are necessary for the application of a brace or splint.

(4) Payment for repairs to orthopedic and molded shoes is made under the Medical Assistance program without a prescription or prior authorization.

(5) Payment for orthopedic shoes is made only if the recipient is 20 years of age or younger.

#### Source

The provisions of this § 1123.54 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended November 30, 1984, effective December 1, 1984, 14 Pa.B. 4370, and by approval of the court of a joint motion for modification of a consent agreement dated February 11, 1985 in *Turner v. Beal, et al.*, C.A. No. 74-1680 (E.D.Pa. 1975); amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial pages (99323) to (99324).

#### Cross References

This section cited in 55 Pa. Code § 1123.52 (relating to payment conditions for various services).

### § 1123.55. Oxygen and related equipment.

(a) Payment for oxygen and related equipment will be made only if the patient has had a comprehensive cardiopulmonary evaluation that resulted in an established diagnosis of the cause of the respiratory disability. The prescription shall contain the cardiopulmonary diagnosis.

(b) Prior authorization is required as specified in § 1101.67 (relating to prior authorization) for the first 45 days of use of oxygen and related equipment unless the physician certifies that the recipient is adequately prepared to use oxygen equipment and the physical surroundings in the home are suitable for its use. Prior authorization is not required for continuing use after the initial 45 days providing continued use is prescribed by the practitioner.

(c) Payment will be made only if the physician includes the flow rate per minute and the specific requirements such as mask, cannula and nebulizer on the prescription.

(d) A physician shall recertify orders for oxygen at least every 6 months and recertification shall be kept by the provider.

#### Source

The provisions of this § 1123.55 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

#### Cross References

This section cited in 55 Pa. Code § 1123.52 (relating to payment conditions for various services).



**§ 1123.56. Vision aids.**

(a) Payment for eyeglasses is made only if the recipient is 20 years of age or younger and the eyeglasses have been one of the following:

(1) Prescribed through EPSDT program as described in § 1101.32(a)(1) (relating to coverage variations).

(2) Prior authorized by the Department as provided through EPSDT, when screening has not occurred under § 1101.32(a)(1).

(3) Prescribed through the School Medical Program as described in § 1101.32(a)(2).

(b) Payment for low vision aids is made only if the recipient is categorically needy or if the recipient is medically needy and the low vision aid has been one of the following:

(1) Prescribed through EPSDT program as described in § 1101.32(a)(1).

(2) Prior authorized by the Department as provided through EPSDT when screening has not occurred under § 1101.32(a)(1).

(3) Prescribed through the School Medical Program as described in § 1101.32(a)(2).

(c) Payment for eye prostheses will be made only if the recipient is categorically needy.

**Source**

The provisions of this § 1123.56 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended November 30, 1984, effective December 1, 1984, 14 Pa.B. 4370, and by approval of the court of a joint motion for modification of a consent agreement dated February 11, 1985 in *Turner v. Beal, et al.*, C.A. No. 74-1680 (E.D.Pa. 1975). Immediately preceding text appears at serial pages (96095) to (96096).

**Cross References**

This section cited in 55 Pa. Code § 1123.22 (relating to scope of benefits for the medically needy); and 55 Pa. Code § 1123.52 (relating to payment conditions for various services).

**§ 1123.57. Hearing aids.**

(a) Payment for hearing aids is made only if the recipient is 20 years of age or younger and the hearing aids have been:

(1) Prescribed through EPSDT program as described in § 1101.32(a)(1) (relating to coverage variations).

(2) [Reserved].

(b) Payment for repairs to hearing aids owned by the recipient is made under the Medical Assistance program only when the invoice is accompanied by an itemized statement.

**Source**

The provisions of this § 1123.57 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796. Immediately preceding text appears at serial page (51228).

**Cross References**

This section cited in 55 Pa. Code § 1123.52 (relating to payment conditions for various services).

**§ 1123.58. Prostheses and orthoses.**

Payment for prostheses and orthoses may be made only under one of the following:

- (1) The recipient is categorically needy.
- (2) The prescription has been prior authorized by the Department as specified in § 1101.67 (relating to prior authorization).

**Source**

The provisions of this § 1123.58 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended November 30, 1984, effective December 1, 1984, 14 Pa.B. 4370, and by approval of the court of a joint motion for modification of a consent agreement dated February 11, 1985 in *Turner v. Beal, et al.*, C.A. No. 74-1680 (E.D.Pa. 1975). Immediately preceding text appears at serial page (96097).

**Cross References**

This section cited in 55 Pa. Code § 1123.52 (relating to payment conditions for various services).

**§ 1123.60. Limitations on payments.**

- (a) Under no circumstances may the provider be paid an amount that exceeds the price the provider currently charges the self-paying public.
- (b) Payment will be made for either orthopedic shoes or orthotic devices but not both.
- (c) Payment for orthopedic shoes and orthotic devices is subject to the following limitations:
  - (1) Four pairs of orthopedic shoes, either with or without an attached leg brace per year for those eligible recipients 20 years of age or younger.
  - (2) One pair of orthotic devices every 3 years for those eligible recipients 16 years of age or older. These are not compensable, however, if the recipient has received orthopedic shoes in the 365 days prior to provision of the orthotic device.
  - (3) Four pairs of orthotic devices every 3 years for those eligible recipients under 16 years of age. These are not compensable, however, if the recipient has received orthopedic shoes in the 365 days prior to provision of the orthotic device.
- (d) Contact lenses are compensable only when prescribed as prostheses, that is, to replace the lens of the eye.

(e) Payment for durable medical equipment and surgical supplies is limited to a maximum of \$600 unless prior authorized by the Department as specified in § 1101.67 (relating to prior authorization).

(f) Unless a shorter period is specified on the MA Program fee schedule, payment for rental of durable medical equipment is limited to 6 months after which time prior authorization is required from the Department as specified in § 1101.67.

(g) Payment for prescribed or ordered medical supplies shall be limited to those items in the MA program fee schedule.

(h) Only one eyeglass fitting fee will be paid per recipient per year.

(i) Prostheses and orthoses shall be prior authorized as specified in § 1101.67.

#### Authority

The provisions of this § 1123.60 amended under sections 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454 of the Public Welfare Code (62 P. S. §§ 201(2), 403(b), 443.1, 443.3, 443.6, 448 and 454).

#### Source

The provisions of this § 1123.60 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended November 30, 1984, effective December 1, 1984, 14 Pa.B. 4370, and by approval of the court of a joint motion for modification of a consent agreement dated February 11, 1985 in *Turner v. Beal, et al.*, C.A. No. 74-1680 (E.D.Pa. 1975); amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418; amended August 26, 2005, effective August 29, 2005, 35 Pa.B. 4811. Immediately preceding text appears at serial pages (278460) to (278461).

#### Cross References

This section cited in 55 Pa. Code § 1123.51 (relating to general payment policy).

### § 1123.61. Noncompensable services and items.

Payment will not be made for the following services and items:

- (1) Items and services not listed in the Medical Assistance program fee schedule.
- (2) Eyeglasses for individuals 21 years of age or older.
- (3) Prescription sunglasses.
- (4) Tinted lenses.
- (5) Tennis shoes, sneakers, slippers, sandals or another type of footwear that does not fit the description of the orthopedic shoe or molded shoe established in § 1123.2 (relating to definitions).
- (6) Surgical supplies and durable medical equipment for persons in skilled nursing and intermediate care facilities.
- (7) Repairs or modifications to shoes other than orthopedic shoes as defined in § 1123.2 except for the insertion of orthotic devices.
- (8) Orthotic devices for orthopedic or molded shoes.

(9) Items prescribed or ordered by a practitioner who has been barred or suspended during an administrative action from participation in the Medical Assistance Program. The Department will, periodically, send medical suppliers a list of names of suspended, terminated or reinstated practitioners and the dates of the various actions. Medical suppliers are responsible for checking this list before providing services.

(10) Orthopedic shoes for individuals 21 years of age or older.

#### Source

The provisions of this § 1123.61 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended September 26, 1980, effective October 1, 1980, 10 Pa.B. 3796; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (99327).

#### Cross References

This section cited in 55 Pa. Code § 1123.51 (relating to general payment policy).

### § 1123.62. Method of payment.

(a) For medical supplies the medical supplier's maximum payment shall be the lower of either the provider's charge to the self-paying public, the upper limits set by Medicare or Medicaid, or the maximum fees or rates established in Chapter 1150 (relating to Medical Assistance program payment policies) and the Medical Assistance program fee schedule.

(b) Rental payments shall be made only for the established period of medical necessity. In the event that the item is to be purchased, rental fee of one month will be applied to the purchase price.

#### Source

The provisions of this § 1123.62 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; amended December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932; amended September 30, 1988, effective October 1, 1988, 18 Pa.B. 4418. Immediately preceding text appears at serial page (99328).

#### Cross References

This section cited in 55 Pa. Code § 1123.51 (relating to general payment policy).

## UTILIZATION REVIEW

### § 1123.71. Scope of claim review procedures.

Claims submitted for payment under the Medical Assistance program are subject to the utilization review procedures established in Chapter 1101 (relating to general provisions).

#### Source

The provisions of this § 1123.71 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**ADMINISTRATIVE SANCTIONS****§ 1123.81. Provider misutilization.**

Providers determined to have billed for services inconsistent with Medical Assistance program regulations, to have provided services outside the scope of customary standards of practice or to have otherwise violated the standards set forth in the provider agreement, are subject to the sanctions described in Chapter 1101 (relating to general provisions).

**Source**

The provisions of this § 1123.81 adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882.

**APPENDIX A**

[Reserved]

**Source**

The provisions of this Appendix A adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial pages (54215) to (54216), (51237) to (51246), (54219) to (54220), and (51249) to (51256).

**APPENDIX B**

[Reserved]

**Source**

The provisions of this Appendix B adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial pages (54217) to (54218), (51237) to (51238).

**APPENDIX C**

[Reserved]

**Source**

The provisions of this Appendix C adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial pages (51239) to (51246), (54219) to (54220) and (51249) to (51254).

**APPENDIX D****[Reserved]****Source**

The provisions of this Appendix D adopted May 9, 1980, effective July 1, 1980, 10 Pa.B. 1882; reserved December 23, 1983, effective January 1, 1983, 13 Pa.B. 3932. Immediately preceding text appears at serial pages (51255) to (51256).

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