| | Health-care products (indicate how the options are treated in your state) | | | | |
|---------------------|---|---------|--------|-------------------|-----------------|
| Reference Number | Drugs for human use | Taxable | Exempt | Statute/Rule Cite | Comment |
| 51010 | Drugs, other than over-the-counter drugs, for human use without a prescription | - | - | Enter text here | Enter text here |
| 51020 | Drugs, other than over-the-counter drugs, for human use with a prescription | - | - | Enter text here | Enter text here |
| 51050 | Insulin for human use without a prescription | - | _ | Enter text here | Enter text here |
| 51060 | Insulin for human use with a prescription | - | - | Enter text here | Enter text here |
| 51090 | Medical oxygen for human use without a prescription | - | - | Enter text here | Enter text here |
| 51100 | Medical oxygen for human use with a prescription | - | - | Enter text here | Enter text here |
| <mark>51130</mark> | Over-the-counter drugs for human use without a prescription other than oral healthcare products for human use | | - | Enter text here | Enter text here |
| <mark>51140</mark> | Over-the-counter drugs for human use with a prescription other than oral healthcare products for human use | - | - | Enter text here | Enter text here |
| 51170 | Grooming and hygiene products for human use that don't meet the definition of "drug" and are not oral healthcare products for human use | 1 | - | Enter text here | Enter text here |
| 51171 | Grooming and hygiene products for human use that meet the definition of "drug" without a prescription other than oral healthcare products for human use | - | - | Enter text here | Enter text here |
| 51172 | Grooming and hygiene products for human use that meet the definition of "drug" with a prescription other than oral healthcare products for human use | | - | Enter text here | Enter text here |
| 51173 | Grooming and hygiene products for human use that meet the definition of "drug" without a prescription except oral healthcare products for human use | | | | |

| 51175 | Menstrual discharge collection devices, also known as feminine hygiene products, except reference numbers 51176 and 51177. | - | - | Enter text here | Enter text here |
|---------------------|---|---------|--------|-------------------|-----------------|
| 51176 | Period underwear. If exempt, indicate in the comment column if they are exempt as menstrual discharge collection devices or clothing. | - | - | Enter text here | Enter text here |
| 51177 | All other items that meet the definition of "clothing", except reference number 51176, but are marketed specifically for use as menstrual discharge collection devices for the human menstrual cycle, such as period swimwear, period running shorts and period sleep shorts. If exempt, indicate in the comment column if they are exempt as menstrual discharge collection devices or clothing. | - | | Enter text here | Enter text here |
| 51190 | Over-the-counter drugs for human use to hospitals | 1 | - | Enter text here | Enter text here |
| 51195 | Over-the-counter drugs for human use to other medical facilities | - | - | Enter text here | Enter text here |
| 51200 | Prescription drugs for human use to hospitals | 7-1 | - | Enter text here | Enter text here |
| 51205 | Prescription drugs for human use to other medical facilities | | | Enter text here | Enter text here |
| 51240 | Free samples of drugs for human use | - | - | Enter text here | Enter text here |
| 51250 | Free samples of prescription drugs for human use | - | - | Enter text here | Enter text here |
| Reference Number | Drugs for animal use | Taxable | Exempt | Statute/Rule Cite | Comment |
| 51030 | Drugs, other than over-the-counter drugs, for animal use without a prescription | - | - | Enter text here | Enter text here |
| 51040 | Drugs, other than over-the-counter drugs, for animal use with a prescription | - | - | Enter text here | Enter text here |

| 51070 | Insulin for animal use without a prescription | - | - | Enter text here | Enter text here |
|----------------------------------|--|----------------------|--------|-------------------|-----------------|
| 51080 | Insulin for animal use with a prescription | - | - | Enter text here | Enter text here |
| 51110 | Medical oxygen for animal use without a prescription | - | - | Enter text here | Enter text here |
| 51120 | Medical oxygen for animal use with a prescription | - | - | Enter text here | Enter text here |
| 51150 | Over-the-counter drugs for animal use without a prescription | - | - | Enter text here | Enter text here |
| 51160 | Over-the-counter drugs for animal use with a prescription | - | - | Enter text here | Enter text here |
| 51180 | Grooming and hygiene products for animal use | - | - | Enter text here | Enter text here |
| 51210 | Over-the-counter drugs for animal use to veterinary hospitals and other animal medical facilities | - | · | Enter text here | Enter text here |
| 51220 | Prescription drugs for animal use to veterinary hospitals and other animal medical facilities | - | - | Enter text here | Enter text here |
| 51260 | Free samples of drugs for animal use | - | - | Enter text here | Enter text here |
| 51270 | Free samples of prescription drugs for animal use | 7 | - | Enter text here | Enter text here |
| <mark>Reference</mark> Number | Oral healthcare products | <mark>Taxable</mark> | Exempt | Statute/Rule Cite | Comment |
| 51300 | Oral healthcare products for human use sold to individuals for personal use without a prescription | | | | |
| <mark>51305</mark> | Oral healthcare products for human use sold to individuals for personal use with a prescription | | | | |
| <mark>51310</mark> | Oral healthcare products for human use sold to other than an individual without a prescription | | | | |
| <mark>51315</mark> | Oral healthcare products for human use sold to other than an individual with a prescription | | | | |

| 51320 | Oral healthcare products for human use that are over-the-counter drugs for human use sold to an individual for personal use without a prescription | | | | |
|---------------------|--|---------|--------|-------------------|-----------------|
| <mark>51325</mark> | Oral healthcare products for human use that are over-the-counter drugs for human use sold to an individual for personal use with a prescription | | | | |
| 51330 | Oral healthcare products for human use that are over-the-counter drugs for human use sold to other than an individual without a prescription | | | | |
| <mark>51335</mark> | Oral healthcare products for human use that are over-the-counter drugs for human use sold to other than an individual with a prescription | | | | |
| 51340 | Oral healthcare products for human use that are not over-the-counter drugs for human use sold to an individual for personal use without a prescription | | | | |
| <mark>51345</mark> | Oral healthcare products for human use that are not over-the-counter drugs for human use sold to an individual for personal use with a prescription | | | | |
| 51550 | Oral healthcare products for human use that are not over-the-counter drugs for human use sold to other than an individual without a prescription | | | | |
| <mark>51555</mark> | Oral healthcare products for human use that are not over-the-counter drugs for human use sold to other than an individual with a prescription | | | | |
| Reference Number | Durable medical equipment (indicate how the options are treated in your state) | Taxable | Exempt | Statute/Rule Cite | Comment |
| 52010 | Durable medical equipment, not for home use, without a prescription | - | - | Enter text here | Enter text here |
| 52020 | Durable medical equipment, not for home use, with a prescription | - | - | Enter text here | Enter text here |

| 52030 | Durable medical equipment, not for home use, with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
|-------|---|---|---|-----------------|-----------------|
| 52040 | Durable medical equipment, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52050 | Durable medical equipment, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52060 | Durable medical equipment, not for home use, with a prescription reimbursed by Medicaid | - | | Enter text here | Enter text here |
| 52070 | Durable medical equipment for home use without a prescription | - | - | Enter text here | Enter text here |
| 52080 | Durable medical equipment for home use with a prescription | - | - | Enter text here | Enter text here |
| 52090 | Durable medical equipment for home use with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52100 | Durable medical equipment for home use with a prescription reimbursed by Medicare | | - | Enter text here | Enter text here |
| 52110 | Durable medical equipment for home use with a prescription paid for by Medicaid | - | | Enter text here | Enter text here |
| 52120 | Durable medical equipment for home use with a prescription reimbursed by Medicaid | | | Enter text here | Enter text here |
| 52130 | Oxygen delivery equipment, not for home use, without a prescription | - | - | Enter text here | Enter text here |
| 52140 | Oxygen delivery equipment, not for home use, with a prescription | | - | Enter text here | Enter text here |
| 52150 | Oxygen delivery equipment, not for home use, with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52160 | Oxygen delivery equipment, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |

| 52170 | Oxygen delivery equipment, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
|-------|---|----|---|-----------------|-----------------|
| 52180 | Oxygen delivery equipment, not for home use, with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52190 | Oxygen delivery equipment for home use without a prescription | - | - | Enter text here | Enter text here |
| 52200 | Oxygen delivery equipment for home use with a prescription | - | - | Enter text here | Enter text here |
| 52210 | Oxygen delivery equipment for home use with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52220 | Oxygen delivery equipment for home use with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52230 | Oxygen delivery equipment for home use with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52240 | Oxygen delivery equipment for home use with a prescription reimbursed by Medicaid | | - | Enter text here | Enter text here |
| 52250 | Kidney dialysis equipment, not for home use, without a prescription | | - | Enter text here | Enter text here |
| 52260 | Kidney dialysis equipment, not for home use, with a prescription | V- | - | Enter text here | Enter text here |
| 52270 | Kidney dialysis equipment, not for home use, with a prescription paid for by Medicare | | - | Enter text here | Enter text here |
| 52280 | Kidney dialysis equipment, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52290 | Kidney dialysis equipment, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52300 | Kidney dialysis equipment, not for home use, with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |

| 52310 | Kidney dialysis equipment for home use without a prescription | - | - | Enter text here | Enter text here |
|-------|---|---|---|-----------------|-----------------|
| 52320 | Kidney dialysis equipment for home use with a prescription | - | - | Enter text here | Enter text here |
| 52330 | Kidney dialysis equipment for home use with a prescription paid for by Medicare | - | 1 | Enter text here | Enter text here |
| 52340 | Kidney dialysis equipment for home use with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52350 | Kidney dialysis equipment for home use with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52360 | Kidney dialysis equipment for home use with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52370 | Enteral feeding systems, not for home use, without a prescription | - | 1 | Enter text here | Enter text here |
| 52380 | Enteral feeding systems, not for home use, with a prescription | - | · | Enter text here | Enter text here |
| 52390 | Enteral feeding systems, not for home use, with a prescription paid for by Medicare | 1 | - | Enter text here | Enter text here |
| 52400 | Enteral feeding systems, not for home use, with a prescription reimbursed by Medicare | | · | Enter text here | Enter text here |
| 52410 | Enteral feeding systems, not for home use, with a prescription paid for by Medicaid | | · | Enter text here | Enter text here |
| 52420 | Enteral feeding systems, not for home use, with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52430 | Enteral feeding systems for home use without a prescription | | - | Enter text here | Enter text here |
| 52440 | Enteral feeding systems for home use with a prescription | - | - | Enter text here | Enter text here |
| 52450 | Enteral feeding systems for home use with a prescription paid for by Medicare | _ | - | Enter text here | Enter text here |
| 52460 | Enteral feeding systems for home use with a prescription reimbursed by Medicare | - | 1 | Enter text here | Enter text here |

| 52470 | Enteral feeding systems for home use with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
|---------------------|---|---------|--------|-------------------|-----------------|
| 52480 | Enteral feeding systems for home use with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52490 | Repair and replacement parts for durable medical equipment which are for single patient use | - | - | Enter text here | Enter text here |
| Reference Number | Breast pump, breast pump collection and storage supplies and breast pump kit | Taxable | Exempt | Statute/Rule Cite | Comment |
| 52500 | Breast pump, not for home use, without a prescription | - | - | Enter text here | Enter text here |
| 52501 | Breast pump, not for home use, with a prescription | - | - | Enter text here | Enter text here |
| 52502 | Breast pump, not for home use, with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52503 | Breast pump, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52504 | Breast pump, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52505 | Breast pump, not for home use, with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52506 | Breast pump for home use without a prescription | - | - | Enter text here | Enter text here |
| 52507 | Breast pump for home use with a prescription | - | | Enter text here | Enter text here |
| 52508 | Breast pump for home use with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52509 | Breast pump for home use with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52510 | Breast pump for home use with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52511 | Breast pump for home use with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |

| 52512 | Repair and replacement parts for breast pump which are for single patient use | - | - | Enter text here | Enter text here |
|-------|---|---|---|-----------------|-----------------|
| 52515 | Breast pump collection and storage supplies, not for home use, without a prescription | - | - | Enter text here | Enter text here |
| 52516 | Breast pump collection and storage supplies, not for home use, with a prescription | - | - | Enter text here | Enter text here |
| 52517 | Breast pump collection and storage supplies, not for home use, with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52518 | Breast pump collection and storage supplies, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52519 | Breast pump collection and storage supplies, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52520 | Breast pump collection and storage supplies, not for home use, with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 52521 | Breast pump collection and storage supplies for home use without a prescription | | | Enter text here | Enter text here |
| 52522 | Breast pump collection and storage supplies for home use with a prescription | V | - | Enter text here | Enter text here |
| 52523 | Breast pump collection and storage supplies for home use with a prescription paid for by Medicare | | - | Enter text here | Enter text here |
| 52524 | Breast pump collection and storage supplies for home use with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52525 | Breast pump collection and storage supplies for home use with a prescription paid for by Medicaid | | - | Enter text here | Enter text here |
| 52526 | Breast pump collection and storage supplies for home use with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |

| 52530 | Breast pump kit, not for home use, without a prescription | - | - | Enter text here | Enter text here |
|---------------------|---|---------|--------|-------------------|-----------------|
| 52531 | Breast pump kit, not for home use, with a prescription | - | - | Enter text here | Enter text here |
| 52532 | Breast pump kit, not for home use, with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 52534 | Breast pump kit, not for home use, with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52535 | Breast pump kit, not for home use, with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 52536 | Breast pump kit, not for home use, with a prescription reimbursed by Medicaid | • | - | Enter text here | Enter text here |
| 52537 | Breast pump kit for home use without a prescription | - | - | Enter text here | Enter text here |
| 52538 | Breast pump kit for home use with a prescription | - | | Enter text here | Enter text here |
| 52539 | Breast pump kit for home use with a prescription paid for by Medicare | | - | Enter text here | Enter text here |
| 52540 | Breast pump kit for home use with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 52541 | Breast pump kit for home use with a prescription paid for by Medicaid | | - | Enter text here | Enter text here |
| 52542 | Breast pump kit for home use with a prescription reimbursed by Medicaid | - | ŀ | Enter text here | Enter text here |
| 52543 | Repair and replacement parts for breast pump kit which are for single patient use | - | - | Enter text here | Enter text here |
| Reference Number | Mobility enhancing equipment (indicate how the options are treated in your state) | Taxable | Exempt | Statute/Rule Cite | Comment |
| 53010 | Mobility enhancing equipment without a prescription | - | • | Enter text here | Enter text here |
| 53020 | Mobility enhancing equipment with a prescription | - | - | Enter text here | Enter text here |
| 53030 | Mobility enhancing equipment with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |

| 53040 | Mobility enhancing equipment with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
|---------------------|---|---------|--------|-------------------|-----------------|
| 53050 | Mobility enhancing equipment with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 53060 | Mobility enhancing equipment with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| Reference Number | Prosthetic devices (indicate how the options are treated in your state) | Taxable | Exempt | Statute/Rule Cite | Comment |
| 54010 | Prosthetic devices without a prescription | - | - | Enter text here | Enter text here |
| 54020 | Prosthetic devices with a prescription | - | - | Enter text here | Enter text here |
| 54030 | Prosthetic devices with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 54040 | Prosthetic devices with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 54050 | Prosthetic devices with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 54060 | Prosthetic devices with a prescription reimbursed by Medicaid | · | - | Enter text here | Enter text here |
| 54070 | Corrective eyeglasses without a prescription | - | | Enter text here | Enter text here |
| 54080 | Corrective eyeglasses with a prescription | - | | Enter text here | Enter text here |
| 54090 | Corrective eyeglasses with a prescription paid for by Medicare | | | Enter text here | Enter text here |
| 54100 | Corrective eyeglasses with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 54110 | Corrective eyeglasses with a prescription paid for by Medicaid | | - | Enter text here | Enter text here |
| 54120 | Corrective eyeglasses with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 54130 | Contact lenses without a prescription | - | - | Enter text here | Enter text here |
| 54140 | Contact lenses with a prescription | - | - | Enter text here | Enter text here |

| 54150 | Contact lenses with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
|-------|--|-----|---|-----------------|-----------------|
| 54160 | Contact lenses with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 54170 | Contact lenses with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 54180 | Contact lenses with a prescription reimbursed by Medicaid | - | - | Enter text here | Enter text here |
| 54190 | Hearing aids without a prescription | - | - | Enter text here | Enter text here |
| 54200 | Hearing aids with a prescription | - | - | Enter text here | Enter text here |
| 54210 | Hearing aids with a prescription paid for by Medicare | - | - | Enter text here | Enter text here |
| 54220 | Hearing aids with a prescription reimbursed by Medicare | - | - | Enter text here | Enter text here |
| 54230 | Hearing aids with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 54240 | Hearing aids with a prescription reimbursed by Medicaid. | - | - | Enter text here | Enter text here |
| 54250 | Dental prosthesis without a prescription | - | - | Enter text here | Enter text here |
| 54260 | Dental prosthesis with a prescription | - | - | Enter text here | Enter text here |
| 54270 | Dental prosthesis with a prescription paid for by Medicare | | | Enter text here | Enter text here |
| 54280 | Dental prosthesis with a prescription reimbursed by Medicare | | - | Enter text here | Enter text here |
| 54290 | Dental prosthesis with a prescription paid for by Medicaid | - | - | Enter text here | Enter text here |
| 54300 | Dental prosthesis with a prescription reimbursed by Medicaid |) - | - | Enter text here | Enter text here |