

	A	B	C	D	E	F	G	H	I
1	Durable Medical Equipment,								
2	Prosthetics, Orthotics, and Supplies								
3	Fee Schedule 01/01/2008; rev. 2/1/08; 4/1/08; 5/1/08; 6/1/08; 7/1/08; 8/1/08								
4	Red indicates new codes or changes for the most current revision date.								
5	All Rentals (RR) require prior authorization and a CMN.								
6	The appearance of a code on this fee schedule does not guarantee coverage.								
7	By current regulation, any item \$300 or over requires a PA.								
8	HCPCS	Description	CMN	PA	Limits	Rental	Rental Price	Purchase Price	date updated
9	A4206	Syringe w/needle, sterile , 1 cc or less, each	Y/ 12 months if PA required	YES > 125	per calendar month	NA		\$0.31	CMS description chg. 1/08
10	A4207	Syringe with needle; sterile 2cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NA		\$0.31	
11	A4208	Syringe with needle; sterile 3cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NA		\$0.31	
12	A4209	Syringe with needle; sterile 5cc each	Y/ 12 months if PA required	YES >10	per calendar month	NA		\$0.31	
13	A4210	Needle-free injection device, each		NO		NA		\$36.67	
14	A4211	Supplies for self-administered injections--pen needles	Y/12 months	YES		NA			added to fee schedule M 2/14/08
15	A4213	Syringe, sterile, 20cc or greater, each		NO		NA		\$1.67	
16	A4215	Sterile needle only,any size, each		NO		NA		\$0.97	
17	A4217	Sterile water/saline , 500 ml		NO		NA		\$2.13	
18	A4218	Sterile Saline or H2O metered dose dispenser 10 ml	Y/12 months	YES		NA		M	
19	A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NA		M	
20	A4221	Supplies for maintenance of drug infusion catheter per week, drug separate		NO		NA		\$21.65	
21	A4222	Supplies for external drug infusion pump per cassette or bag, drug separate		NO		NA		\$44.70	rate set 01/01/2007
22	A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag		NO		NA		\$4.83	rate set 01/01/2007

	A	B	C	D	E	F	G	H	I
23	A4230	Infusion set for external insulin pump, non needle cannula type each		NO		NA		\$11.55	rate set 01/01/2007
24	A4231	Infusion set for external insulin pump, needle type each		NO		NA		\$7.33	rate set 01/01/2007
25	A4232	Syringe with needle for external insulin pump, sterile 3cc		NO		NA		\$2.54	
26	A4233	Replacement battery , other than J cell home glucose mon. each		NO		NA		\$0.80	rate set 08/01/2007
27	A4234	Replacement battery , J cell, home glucose mon. each		NO		NA		\$3.27	rate set 08/01/2007
28	A4235	Replacement battery, lithium, home glucose mon. each		NO		NA		\$2.11	rate set 08/01/2007
29	A4236	Replacement battery, silver oxide, home glucose mon., each		NO		NA		\$1.50	rate set 08/01/2007
30	A4250	Urine test or reagent strips or tablets 100 tablets or strips=1 unit	Y/ 12 months if PA required	YES > 2unit	per calendar month	NA		\$15.00	01/02/2007 qt. change
31	A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NA		M	CMS code addition 1/08
32	A4253	Blood glucose test or reag. strips blood glucose monitor, 50 strips=1unit	Y/ 12 months if PA required	YES> 4 unit	per calendar month	NA		\$35.76	01/02/2007 qt. change
33	A4256	Normal, low and high calibrator solution/chips		NO		NA		\$10.52	
34	A4258	Spring-powered device for lancet, each		NO		NA		\$17.26	
35	A4259	Lancets per box of 100 1 unit=100 lancets	Y/ 12 months if PA required	YES> 2 unit	per calendar month	NA		\$10.85	01/02/2007 qt. change - rate change 8/1/2007
36	A4261	Cervical Cap Contraceptive		NO		NA		\$1.39	
37	A4265	Paraffin		NO		NA		\$3.24	
38	A4280	Adhesive skin support attachment for use with external breast prosthesis, each		NO		NA		\$4.76	
39	A4305	IV delivery system disposable 50 ml or greater per hour	Y/12 months	YES		NA		M	
40	A4306	IV delivery system disposable 5 ml or less per hour	Y/12 months	YES		NA		M	

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41	A4310	Insert tray w/o bag/cath	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$6.48	
42	A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$14.16	
43	A4312	Cath w/o bag 2-way silicone		NO		NA		\$16.88	
44	A4313	With indwelling catheter, foley type, 3-way for continuous irrigation		NO		NA		\$17.67	
45	A4314	Cath w/drainage 2-way latex		NO		NA		\$24.12	
46	A4315	Cath w/drainage 2-way silicone		NO		NA		\$25.17	
47	A4316	Cath w/drainage 3-way		NO		NA		\$27.09	
48	A4320	Irrigation tray	Y/ 12 months if PA required	YES > 9	per calendar month	NA		\$5.08	
49	A4322	Irrigation syringe, bulb or piston, each	Y/ 12 months if PA required	YES >9	per calendar month	NA		\$2.85	
50	A4326	Male external catheter w/integral collection chamber, any type each		NO		NA		\$10.29	
51	A4327	Fem urinary collect dev cup		NO		NA		\$42.56	
52	A4328	Fem urinary collect pouch		NO		NA		\$9.87	
53	A4330	Stool collection pouch		NO		NA		\$6.82	
54	A4331	External drainage tubing for urinary leg bag or urostomy, each		NO		NA		\$3.04	
55	A4332	Lubricant, individual sterile, for insertion of urinary catheter, each		NO		NA		\$0.12	
56	A4333	Urinary catheter anchoring device, adhesive skin attachment, each		NO		NA		\$2.10	
57	A4334	Urinary catheter anchoring device, leg strap, each		NO		NA		\$4.71	
58	A4338	Indwelling catheter foley type, two-way latex with coating, each	Y/ 12 months if PA required	YES >3 1	per calendar month	NA		\$11.70	07/02/2007 limit change
59	A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, each		NO		NA		\$26.07	

	A	B	C	D	E	F	G	H	I
60	A4344	Catheter indwelling, foley type, 2 way, all silicone, each	Y/ 12 months if PA required	YES>3 1	per calendar month	NA		\$15.28	07/02/2007 limit change
61	A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, each		NO		NA		\$18.69	
62	A4349	Male ext. catheter w or w/o adhesive, disposable, each		NO		NA		\$2.02	
63	A4351	Intermittent urinary straight tip urine catheter, with or without coating		NO		NA		\$1.47	
64	A4352	Intermittent urinary catheter, Coude tip, with or without coating		NO		NA		\$5.20	
65	A4353	Intermittent urinary cath sterile catheterization kit	Y/12 months if PA required	YES>124	per calendar month	NA		\$6.67	04/02/2007 limit change
66	A4354	Insertion tray with drainage bag but without catheter		NO		NA		\$11.25	
67	A4355	Bladder irrigation tubing set through a three-way indwelling foley catheter, each		NO		NA		\$8.50	
68	A4356	Ext ureth clmp or compr dvc	Y/ 12 months if PA required	YES > 4	4 per year	NA		\$43.52	
69	A4357	Bedside drainage bag	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$7.86	
70	A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each		NO		NA		\$5.39	
71	A4359	Urinary suspensory w/o leg bag						CMS DC 1/07	1/2/2007
72	A4361	Ostomy face plate	Y/ 12 months if PA required	YES> 6	6 per year	NA		\$18.37	rate change 8/1/2007
73	A4362	Solid skin barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$3.17	rate change 8/1/2007
74	A4363	Ostomy clamp, any type , each		NO		NA		\$2.01	rate change 8/1/2007
75	A4364	Adhesive, liquid or equal, any type, per ounce		NO		NA		\$2.93	rate change 8/1/2007
76	A4365	Ostomy adhesive remover wipe		NO		NA		\$11.32	rate change 8/1/2007

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77	A4366	Ostomy vent, any type, each	Y/12 months if PA required	YES>1	per calendar month	NA		\$1.30	rate change 8/1/2007
78	A4367	Ostomy belt	Y/12 months if PA required	YES> 1	per calendar month	NA		\$7.35	rate change 8/1/2007
79	A4368	Ostomy filter		NO		NA		\$0.26	rate change 8/1/2007
80	A4369	Skin barrier liquid per oz		NO		NA		\$2.42	rate change 8/1/2007
81	A4371	Skin barrier powder per oz		NO		NA		\$3.65	rate change 8/1/2007
82	A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NA		\$4.18	rate change 8/1/2007
83	A4373	Skin barrier with flange		NO		NA		\$6.28	rate change 8/1/2007
84	A4375	Drainable plastic pch w fcpl		NO		NA		\$17.18	rate change 8/1/2007
85	A4376	Drainable rubber pch w fcplt		NO		NA		\$47.58	rate change 8/1/2007
86	A4377	Drainable plstic pch w/o fp		NO		NA		\$4.29	rate change 8/1/2007
87	A4378	Drainable rubber pch w/o fp		NO		NA		\$30.75	rate change 8/1/2007
88	A4379	Urinary plastic pouch w fcpl		NO		NA		\$15.02	rate change 8/1/2007
89	A4380	Urinary plastic pouch w/o fp		NO		NA		\$37.33	rate change 8/1/2007
90	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		NO		NA		\$4.61	rate change 8/1/2007
91	A4382	Urinary hvy plstc pch w/o fp		NO		NA		\$24.62	rate change 8/1/2007
92	A4383	Urinary rubber pouch w/o fp		NO		NA		\$28.19	rate change 8/1/2007
93	A4384	Ostomy faceplt/silicone ring		NO		NA		\$9.62	rate change 8/1/2007
94	A4385	Ost skn barrier sld ext wear		NO		NA		\$5.10	rate change 8/1/2007
95	A4387	Ost clsd pouch w att st barr		NO		NA		\$3.83	rate change 8/1/2007
96	A4388	Drainable pch w ex wear barr		NO		NA		\$4.36	rate change 8/1/2007
97	A4389	Drainable pch w st wear barr		NO		NA		\$6.22	rate change 8/1/2007
98	A4390	Drainable pch ex wear convex		NO		NA		\$9.61	rate change 8/1/2007
99	A4391	Urinary pouch w ex wear barr		NO		NA		\$7.07	rate change 8/1/2007
100	A4392	Urinary pouch w st wear barr		NO		NA		\$8.18	rate change 8/1/2007
101	A4393	Urine pch w ex wear bar conv		NO		NA		\$9.04	rate change 8/1/2007
102	A4394	Ostomy pouch liq deodorant w/wo lubricant		NO		NA		\$2.58	rate change 8/1/2007
103	A4395	Ostomy pouch solid deodorant		NO		NA		\$0.05	
104	A4396	Ostomy belt with peristomal hernia support		NO		NA		\$40.48	rate change 8/1/2007
105	A4397	Irrigation supply sleeve	Y/ 12 months if PA required	YES > 4	per calendar month	NA		\$4.07	rate change 8/1/2007

	A	B	C	D	E	F	G	H	I
106	A4398	Ostomy irrigation bag	Y/ 12 months if PA required	YES > 4	4 per year	NA		\$12.56	rate change 8/1/2007
107	A4399	Ostomy irrig cone/cath w brs	Y/ 12 months if PA required	YES > 4	4 per year	NA		\$10.93	rate change 8/1/2007
108	A4400	Ostomy irrigation set	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$46.76	rate change 8/1/2007
109	A4402	Lubricant price is per oz. 1 oz.=1 unit	Y/12 months if PA required	YES>4 oz	per calendar month	NA		\$1.36	rate change 8/1/2007 limit of 4 oz. per calendar month corrected 2/6/08
110	A4404	Ostomy ring each	Y/ 12 months if PA required	YES > 10	per calendar month	NA		\$1.49	rate change 8/1/2007
111	A4405	Ostomy skin barrier, non-pectin based, paste, per oz		NO		NA		\$3.40	rate change 8/1/2007
112	A4406	Ostomy skin barrier, pectin based, per oz		NO		NA		\$5.74	rate change 8/1/2007
113	A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <		NO		NA		\$8.76	rate change 8/1/2007
114	A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >		NO		NA		\$9.87	rate change 8/1/2007
115	A4409	Ostomy skin barrier with flange		NO		NA		\$6.22	rate change 8/1/2007
116	A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea		NO		NA		\$9.04	rate change 8/1/2007
117	A4411	Ostomy skin barrier, solid 4x4 or eq. ext. wear, built in convexity, each		NO		NA		\$5.10	rate change 8/1/2007
118	A4412	Ostomy pouch, drainable, high optpt, use on barrier w/ o filter each		NO		NA		\$2.70	rate change 8/1/2007
119	A4413	Ostomy pouch, drainable, high optpt, use on barrier w/ fl with filter ea		NO		NA		\$5.50	
120	A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <		NO		NA		\$4.93	
121	A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >		NO		NA		\$6.00	
122	A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NA		\$2.75	

	A	B	C	D	E	F	G	H	I
123	A4417	Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$3.72	
124	A4418	Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NA		\$1.81	
125	A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$1.74	
126	A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$1.86	
127	A4421	Ostomy supply, miscellaneous	Y/12 months if PA required	YES		NA		M	
128	A4423	Ostomy pouch closed, 2 pc. Locking flange, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$1.86	rate change 8/1/2007
129	A4424	Ostomy pouch, drainable,w/barrier 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$4.75	rate change 8/1/2007
130	A4425	Ostomy pouch drainable, non-locking flange 2 pc each	Y/12 months if PA required	YES>60	per calendar month	NA		\$3.58	rate change 8/1/2007
131	A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NA		\$2.73	rate change 8/1/2007
132	A4427	Ostomy pouch, drainable , use on barrier w/locking flange, w/filter 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$2.78	rate change 8/1/2007
133	A4428	Ostomy pouch, urinary, extended wear faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$6.51	rate change 8/1/2007
134	A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$8.25	rate change 8/1/2007
135	A4430	ostomy pouch urinary, ext. wear, convexity, faucet tap, each	Y/12 months if PA required	YES>60	per calendar month	NA		\$8.52	rate change 8/1/2007

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136	A4431	ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.	Y/12 months if PA required	YES>60	per calendar month	NA		\$6.22	rate change 8/1/2007
137	A4432	ostomy pouch, urinary, non-locking flange, faucet type, ea.	Y/12 months if PA required	YES>60	per calendar month	NA		\$3.59	rate change 8/1/2007
138	A4433	ostomy pouch, urinary, w/locking flange, ea.	Y/12 months if PA required	YES>60	per calendar month	NA		\$3.34	rate change 8/1/2007
139	A4434	ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.	Y/12 months if PA required	YES>60	per calendar month	NA		\$3.76	rate change 8/1/2007
140	A4450	Tape, non-water proof, 18 sq inches		NO		NA		\$0.09	
141	A4452	Tape, water proof , 18 sq inches		NO		NA		\$0.36	
142	A4455	Adhesive remover per ounce	Y/12 months if PA required	YES>32		NA		\$1.16	
143	A4465	Non elastic binder for extremity	YES	YES		NA		M	11/16/2007
144	A4481	Tracheostoma filter		NO		NA		\$0.37	
145	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation, each	YES	YES		NA		M	added to fee schedule 4/14/08
146	A4520	Incontinent garment any type, each	NO						
147	A4556	Electrodes, apnea monitor, per pair		NO		NA		\$9.94	
148	A4557	Lead wires, apnea monitor per pair		NO		NA		\$20.19	
149	A4558	Conductive paste or gel for use with electrical device E.G. tens		NO		NA		\$5.22	
150	A4561	Pessary, rubber, any type		NO		NA		\$16.82	
151	A4562	Pessary, nonrubber, any type		NO		NA		\$45.57	
152	A4565	Slings		NO		NA		\$4.35	
153	A4595	TENS suppl 2 lead per month		NO		NA		\$27.56	
154	A4600	sleeve for intmt. Limb compression device, replac. only	Y/12 months	YES		NA		M	1/2/2007
155	A4601	Lithium ion battery for non-prosthetic use, repl. Only	Y/12 months	YES		NA		M	1/2/2007
156	A4604	tubing with integrated heat use with pos. airway pressure device		NO		NA		\$60.13	01/02/2007 rate set

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157	A4605	Tracheal suction catheter, closed system, each		NO		NA		\$14.76	01/02/2007 rate change
158	A4606	Oximeter probe replacement		NO		NA		\$27.00	
159	A4608	Transtrachael oxygen catheter, each		NO		NA		\$58.15	
160	A4611	Heavy duty battery, Ventilator, replacement for patient owned		NO		NA		\$174.26	
161	A4612	Battery cables		NO		NA		\$65.00	
162	A4613	Battery charger		NO		NA		\$137.96	
163	A4614	Hand-held PEFR meter		NO		NA		\$22.75	
164	A4618	Breathing circuits		NO		NA		\$8.51	
165	A4619	Face tent		NO		NA		\$1.21	
166	A4623	Tracheostomy inner cannula	Y/ 12 months if PA required	YES>31	per calendar month	NA		\$5.31	
167	A4624	Tracheal suction tube	Y/ 12 months if PA required	YES> 91	per calendar month	NA		\$2.14	
168	A4625	Trach care kit for new trach	Y/ 12 months if PA required	YES> 1	per calendar month	NA		\$6.61	
169	A4626	Tracheostomy cleaning brush	Y/ 12 months if PA required	YES > 2	per calendar month	NA		\$2.59	
170	A4627	Spacer, bag or reservoir for inhaler		NO		NA		\$38.00	
171	A4628	Oropharyngeal suction cath		NO		NA		\$3.58	
172	A4629	Tracheostomy care kit		NO		NA		\$4.42	
173	A4630	Repl bat t.e.n.s. own by pt		NO		NA		\$5.98	
174	A4635	Underarm crutch pad		NO		NA		\$4.89	
175	A4636	Handgrip for cane etc		NO		NA		\$4.02	
176	A4637	Repl tip cane/crutch/walker		NO		NA		\$2.04	
177	A4640	Alternating pressure pad				NA		\$60.58	
178	A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NA		M	
179	A5051	Pouch clsd w barr attached	Y/ 12 months if PA required	YES>60	per calendar month	NA		\$1.86	rate set 08/01/2007

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180	A5052	Clsd ostomy pouch w/o barr	Y/ 12 months if PA required	YES > 60	per calendar month	NA		\$1.35	
181	A5053	Clsd ostomy pouch faceplate	Y/ 12 months if PA required	YES> 60	per calendar month	NA		\$1.41	
182	A5054	Clsd ostomy pouch w/flange	Y/ 12 months if PA required	YES> 60	per calendar month	NA		\$1.42	
183	A5055	Stoma cap	Y/ 12 months if PA required	YES > 31	per calendar month	NA		\$1.37	
184	A5083	continent device, stoma absorptive cover for continent stoma, each	Y/12 months	YES		NA		\$0.50	CMS code addition 1/08 rate set 8/1/08
185	A5061	Pouch drainable w barrier at	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$2.58	
186	A5062	Drnble ostomy pouch w/o barr	Y/ 12 months if PA required	YES >20	per calendar month	NA		\$2.12	
187	A5063	Drain ostomy pouch w/flange	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$2.29	rate change 02/14/2007
188	A5071	Urinary pouch w/barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$4.15	
189	A5072	Urinary pouch w/o barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$3.36	
190	A5073	Urinary pouch on barr w/flng	Y/ 12 months if PA required	YES >20	per calendar month	NA		\$3.04	
191	A5081	Continent stoma plug	Y/ 12 months if PA required	YES>31	per calendar month	NA		\$2.97	
192	A5082	Continent stoma catheter	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$9.64	

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193	A5093	Ostomy accessory convex inse	Y/ 12 months if PA required	YES > 10	per calendar month	NA		\$1.86	
194	A5102	Bedside drain btl w/wo tube	Y/ 12 months if PA required	YES> 4	4 per year	NA		\$21.53	
195	A5105	Urinary suspensory with leg bag w/wo tube each		NO		NA		\$33.88	CMS description chg. 1/08
196	A5112	Urinary leg bag		NO		NA		\$33.02	
197	A5113	Latex leg strap		NO		NA		\$3.81	
198	A5114	Foam/fabric leg strap	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$7.24	
199	A5120	Skin barrier wipes or swabs , each				NA		\$0.20	rate change 01/02/2007
200	A5121	Solid skin barrier 6x6	Y/ 12 months if PA required	YES > 20	per calendar month	NA		\$7.12	
201	A5122	Solid skin barrier 8x8	Y/ 12 months if PA required	YES>20	per calendar month	NA		\$12.26	
202	A5126	Disk/foam pad +- adhesive	Y/ 12 months if PA required	YES > 10	per calendar month	NA		\$1.07	
203	A5131	Appliance cleaner	Y/ 12 months if PA required	YES > 1	per calendar month	NA		\$15.11	
204	A5200	Percutaneous catheter anchor		NO		NA		\$10.78	
205	A5500	Diabetic shoe for density insert	Y/ 12 months	YES		NA		\$55.72	rate change 08/01/2007
206	A5501	Diabetic custom molded shoe	Y/ 12 months	YES		NA		\$167.13	rate change 08/01/2007
207	A5503	Diabetic shoe w/roller/rocker	Y/ 12 months	YES		NA		\$24.79	rate change 08/01/2007
208	A5504	Diabetic shoe with wedge	Y/ 12 months	YES		NA		\$24.79	rate change 08/01/2007
209	A5505	Diabetic shoe w/metatarsal bar	Y/ 12 months	YES		NA		\$24.79	rate change 08/01/2007

	A	B	C	D	E	F	G	H	I
210	A5506	Diabetic shoe w/offset heel	Y/ 12 months	YES		NA		\$24.79	rate change 08/01/2007
211	A5507	Modification to diabetic shoe	Y/ 12 months	YES		NA		\$24.79	rate change 08/01/2007
212	A5508	For diabetics only, deluxe feature of off the shelf depth-inlay or custom-molded shoe, per	Y/12 months	YES		NA		\$32.00	
213	A5510	For diabetics only, direct formed, compression molded, without heat, mul density insert prefab, per	Y/12 months	YES		NA		\$32.00	
214	A5512	Diabetic only insert mult. Density direct formed, each	Y/12 months	YES	6 per year	NA		\$22.73	rate change 08/01/2007
215	A5513	Diabetic only insert mult. Density custom formed, each	Y/12 months	YES	6 per year	NA		\$32.00	
216	A6010	Collagen based wound filler, dry form, per gram of collagen		NO		NA		\$24.77	
217	A6011	Collagen based wound filler, gel/paste, per gram of collagen		NO		NA		\$1.82	
218	A6021	Collagen drsg, size 16 sq inches or less, each		NO		NA		\$21.02	
219	A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches		NO		NA		\$20.05	
220	A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NA		\$181.51	
221	A6024	Collagen drsg wound filler, per 6 inches		NO		NA		\$5.90	
222	A6154	Wound pouch each		NO		NA		\$13.71	
223	A6196	Alginate dressing <=16 sq in, each		NO		NA		\$7.01	
224	A6197	Alginate drsg >16 <=48 sq in, each		NO		NA		\$15.68	
225	A6200	Compos drsg <=16 no border, each		NO		NA		\$9.06	
226	A6201	Compos drsg >16<=48 no bdr, each		NO		NA		\$19.84	
227	A6202	Compos drsg >48 no border, each		NO		NA		\$33.27	
228	A6203	Composite drsg <= 16 sq in, each		NO		NA		\$3.19	
229	A6204	Composite drsg >16<=48 sq in, each		NO		NA		\$5.94	
230	A6207	Contact layer >16<= 48 sq in, each		NO		NA		\$7.00	
231	A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NA		\$7.14	
232	A6210	Foam drg >16<=48 sq in w/o b, each		NO		NA		\$19.00	
233	A6211	Foam drg > 48 sq in w/o brdr, each		NO		NA		\$28.01	
234	A6212	Foam drg <=16 sq in w/border, each		NO		NA		\$9.25	

	A	B	C	D	E	F	G	H	I
235	A6214	Foam drg > 48 sq in w/border, each		NO		NA		\$9.82	
236	A6216	Non-sterile gauze<=16 sq in, each		NO		NA		\$0.05	07/02/2007 limit removed
237	A6219	Gauze <= 16 sq in w/border, each		NO		NA		\$0.91	
238	A6220	Gauze >16 <=48 sq in w/border, each		NO		NA		\$2.46	
239	A6222	Gauze <=16 in no w/sal w/o b, each		NO		NA		\$2.03	
240	A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NA		\$2.30	
241	A6224	Gauze > 48 in no w/sal w/o b, each		NO		NA		\$3.44	
242	A6229	Gauze >16<=48 sq in watr/sal, each		NO		NA		\$3.44	
243	A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NA		\$4.46	
244	A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each		NO		NA		\$6.57	
245	A6233	Gauze, hydrogel, more than 48 sq inches, each		NO		NA		\$18.30	
246	A6234	Hydrocolld drg <=16 w/o bdr, each		NO		NA		\$6.24	
247	A6235	Hydrocolld drg >16<=48 w/o b, each		NO		NA		\$16.05	
248	A6236	Hydrocolld drg > 48 in w/o b, each		NO		NA		\$25.99	
249	A6237	Hydrocolld drg <=16 in w/bdr, each		NO		NA		\$7.54	
250	A6238	Hydrocolld drg >16<=48 w/bdr, each		NO		NA		\$21.74	
251	A6240	Hydrocolld drg filler paste, each		NO		NA		\$11.68	
252	A6241	Hydrocolloid drg filler dry, each		NO		NA		\$2.45	
253	A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NA		\$5.79	
254	A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NA		\$11.75	
255	A6244	Hydrogel drg >48 in w/o bdr, each		NO		NA		\$37.46	
256	A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NA		\$6.93	
257	A6246	Hydrogel drg >16<=48 in w/b, each		NO		NA		\$9.46	
258	A6247	Hydrogel drg > 48 sq in w/b, each		NO		NA		\$22.68	
259	A6248	Hydrogel drsg gel filler per fl. oz		NO		NA		\$15.49	addt. Info added 8/15/07
260	A6251	Absorpt drg <=16 sq in w/o b, each		NO		NA		\$1.90	
261	A6252	Absorpt drg >16 <=48 w/o bdr, each		NO		NA		\$3.10	
262	A6253	Absorpt drg > 48 sq in w/o b, each		NO		NA		\$6.05	
263	A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NA		\$1.16	
264	A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NA		\$2.89	
265	A6257	Transparent film <= 16 sq in, each		NO		NA		\$1.46	
266	A6258	Transparent film >16<=48 in, each		NO		NA		\$4.10	
267	A6259	Transparent film > 48 sq in, each		NO		NA		\$10.43	
268	A6266	Impreg gauze no h20/sal/yd,		NO		NA		\$1.83	

	A	B	C	D	E	F	G	H	I
269	A6402	Sterile gauze <= 16 sq in, each		NO		NA		\$0.12	
270	A6403	Sterile gauze>16 <= 48 sq in, each		NO		NA		\$0.41	
271	A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd		NO		NA		\$1.50	
272	A6441	Padding bandg. Non-elast. >=3" and < 5", per yard		NO		NA		\$0.54	
273	A6442	Conforming bandg. Non-sterile, width <3", per yard		NO		NA		\$0.14	
274	A6443	Conforming bandg. Non-sterile, widthth >=3' and < 5", per yard		NO		NA		\$0.23	
275	A6444	Conforming bandg. Non-sterile, width >=5", per yard		NO		NA		\$0.45	
276	A6445	Conforming bandg. Sterile, width <3", per yard		NO		NA		\$0.26	
277	A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard		NO		NA		\$0.33	
278	A6447	Conforming bandg. Sterile, width >= 5 ",per yard		NO		NA		\$0.54	
279	A6448	Lt. Compression bandg. Width , 3", per yard		NO		NA		\$0.93	
280	A6449	Lt. Compression bandg. Width >= 3", < 5" per yard		NO		NA		\$1.40	
281	A6452	High compression bandg., width >=3 " and < 5", per yard		NO		NA		\$4.73	
282	A6453	Self-adherent bandg. Width <3", per yard		NO		NA		\$0.49	
283	A6454	Self-adherent bandg. Width >=3" and < 5", per yard		NO		NA		\$0.62	
284	A6455	Self-adherent bandg. Width >=5", per yard		NO		NA		\$1.11	
285	A6456	Zinc paste impregnated width >=3" and < 5", per yard		NO		NA		\$1.02	
286	A6457	Tubular drsg. W or w/o elastic any width, per linear yd.		NO		NA		\$0.91	
287	A6504	Compression burn garment, glove to wrist, custom fabricated	Y/6months	YES		NA		M	
288	A6505	Compression burn garment glove to elbow sleeve custom	Y/6 months	YES		NA		M	code added 07/02/2007

	A	B	C	D	E	F	G	H	I
289	A6506	Compression burn garment glove to axilla, custom fab., each	Y/6 months	YES		NA		M	code added 4-1-08
290	A6507	Compression burn garment, foot to thigh length-custom fab. Each	Y/6 months	YES		NA		M	code effective as of 8/1/07
291	A6509	Compression burn vest, custom fabricated	Y/6 months	YES		NA		M	code added 04/02/2007
292	A6511	Compression burn garment, lower trunk including leg openings, custom	Y/6 months	YES		NA		M	code added 07/02/2007
293	A6512	Compression burn garment NOC	Y/6 months	YES		NA		M	code added 07/02/2007
294	A6513	Compression burn mask, face and/or neck, plastic or equal, custom	Y/6 months	YES		NA		M	code added 04/02/2007
295	A6530	Gradient compression stocking below knee each	Y/12 months	YES		NA		M	code added 8/30/07
296	A6531	Gradient compression stocking below knee each	Y/12 months	YES		NA		\$38.94	code added 8/30/07
297	A6534	Gradient compression stocking, thigh length, 30-44 mm-HG, each	Y/12 months	YES		NA		M	code added 12/07
298	A6542	Gradient compression stocking, custom made	Y/6 months	YES		NA		\$171.50	code added 04/02/2007
299	A6543	Gradient compression stocking, lymphedema, each	Y/12 months	YES		NA		M	code added-4/08 effective 1/1/08
300	A6550	Drsg. Set for neg. pressure wound therapy		NO		NA		\$21.94	
301	A7000	Disposable canister for pump		NO		NA		\$9.13	
302	A7001	Nondisposable pump canister		NO		NA		\$27.96	
303	A7002	Tubing used w suction pump		NO		NA		\$3.11	
304	A7003	Nebulizer administration set		NO		NA		\$2.60	
305	A7004	Disposable nebulizer sml vol		NO		NA		\$1.47	
306	A7005	Nondisposable nebulizer set		NO		NA		\$25.07	
307	A7006	Filtered nebulizer admin set		NO		NA		\$9.13	
308	A7007	Lg vol nebulizer disposable		NO		NA		\$4.16	
309	A7008	Disposable nebulizer prefill		NO		NA		\$8.94	
310	A7009	Nebulizer reservoir bottle		NO		NA		\$39.23	
311	A7010	Disposable corrugated tubing		NO		NA		\$19.18	

	A	B	C	D	E	F	G	H	I
312	A7012	Nebulizer water collec devic		NO		NA		\$3.62	
313	A7013	Disposable compressor filter		NO		NA		\$0.67	
314	A7014	Compressor nondispos filter		NO		NA		\$4.29	
315	A7015	Aerosol mask used w nebulize		NO		NA		\$1.80	
316	A7016	Nebulizer dome & mouthpiece		NO		NA		\$6.53	
317	A7017	Nebulizer not used w oxygen		NO		NA		\$128.23	
318	A7018	Water, distilled, nebulizer, 1000 ml		NO		NA		\$0.31	
319	A7027	Comb. Oral/nasal mask, used with CPAP, each	Y/12 months	YES		NA		\$167.87	CMS code addition 1/08
320	A7028	Oral cushion for A7027, replacement only, each	Y/12 months	YES		NA		\$44.59	CMS code addition 1/08
321	A7029	Nasal pillows for A7027, replacement only, each	Y/12 months	YES		NA		\$18.22	CMS code addition 1/08
322	A7030	Full face mask used with positive airway pressure device, each	y/6 months if PA required	YES>1	1 per year	NA		\$188.64	
323	A7031	Face mask interface, replacement for full face mask, each	y/6 months if PA required	YES>1	1 per month	NA		\$62.79	
324	A7032	Replacement cushion for nasal application device, each	y/6 months if PA required	YES >2	2 /cal. month	NA		\$32.42	\$23.33 former rate change eff. 1/15/08
325	A7033	Replacement pillows for nasal application device, each	y/6 months if PA required	YES >12	12 per year	NA		\$23.33	
326	A7034	Nasal Interface(mask or cannula type) used with pos airway pressure device with or without head strap	y/6 months if PA required	YES >4	4 per year	NA		\$94.11	\$76.89 former rate change eff. 1/15/08
327	A7035	Headgear used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NA		\$34.84	
328	A7036	Chinstrap used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NA		\$14.90	
329	A7037	Tubing used with positive airway presure device	y/6 months if PA required	YES >1	1 /cal. month	NA		\$38.51	
330	A7038	Filter, disposable, used with positive airway pressure device	y/6 months if PA required	YES>2	2 /cal. month	NA		\$5.16	
331	A7039	Filter, non disposable used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NA		\$12.46	
332	A7040	One way chest drain valve		NO		NA		\$34.18	
333	A7043	Vac. Drainage bottle & tubing for implanted catheter		NO		NA		\$24.30	

	A	B	C	D	E	F	G	H	I
334	A7044	oral interface used with positive pressure airway device, ea.				NA		\$96.73	rate effective 1/15/08 PA req. removed eff. 1/15/08. system updated.
335	A7045	Exhalation port, w or w/o swivel used For positive airway		NO		NA		\$17.52	
336	A7046	Water chamber for humidifier, used with pos. airway pressure device, replac. Each	Y/6 months if PA required	YES>2	2/cal. month	NA		\$15.61	
337	A7501	Tracheostoma valve, including diaphragm, each		NO		NA		\$100.18	
338	A7502	Replacement diaphragm/faceplate for tracheostoma valve, each		NO		NA		\$47.61	
339	A7503	Filter holder, cap reusable, tracheostoma, each		NO		NA		\$10.81	
340	A7504	Filter, tracheostoma, heat and moisture exc, each		NO		NA		\$0.64	
341	A7505	Housing, reusable without adhesive, tracheostoma, each		NO		NA		\$4.46	
342	A7506	Adhesive disc, tracheostoma valve, any type, each		NO		NA		\$0.32	
343	A7507	Filter holder and filter without adhesive, tracheostoma, each		NO		NA		\$2.49	rate change eff 5-1-08.
344	A7508	Housing with adhesive, tracheostoma, each		NO		NA		\$2.74	
345	A7509	Filter holder with filter, adhesive, tracheostoma, each		NO		NA		\$1.34	
346	A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each		NO		NA		\$47.48	rate change eff. 5-1-08
347	A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each		NO		NA		\$37.64	
348	A7522	Trach/laryn. Tube, stainless steel or equal, sterilizable and reuseable, each	y/6 months if PA required	YES>2	2 per cal. month	NA		\$36.13	
349	A7524	Tracheostoma stent/stud/button, each		NO		NA		\$61.92	
350	A7525	Tracheostomy mask, each	y/6 months if PA required	YES>1	1per cal. month	NA		\$1.66	

	A	B	C	D	E	F	G	H	I
351	A7526	Tracheostomy tube collar/holder, each	y/6 months if PA required	YES>31	31 per cal. month	NA		\$2.70	
352	A7527	Tracheostomy/laryngectomy tube plug/stop, each		NO		NA		\$3.22	rate change 01/02/2007
353	A8000	helmet protective, soft prefab includes all components & accessories	YES	YES		NA		M	code added 01/02/2007
354	A8001	Helmet, protective, hard, prefab, includes all components & accessories	YES	YES		NA		M	code added 01/02/2007
355	A8002	Helmet, protective, soft, custom fab, includes all components & accessories	YES	YES		NA		M	code added 01/02/2007
356	A8003	Helmet, protective hard, custom fabricated, includes all components & accessories	YES	YES		NA		M	code added 01/02/2007
357	A8004	Soft interface for helmet, replacement only	YES	YES		NA		M	code added 01/02/2007
358	A9276	Sensor; invasive, disposable, for use with continuous glucose monitoring system, 1 unit= 1 day supply	YES	YES		NA		M	code added 6/1/08
359	A9277	Transmitter; external, for use with continuous glucose monitoring system	YES	YES		NA		M	code added 6/1/08
360	A9278	Receiver; monitor, external, for use with continuous glucose monitoring system	YES	YES		NA		M	code added 6/1/08
361	A9999	Misc. DME supply or accessory not otherwise classified	Y/6 months	YES		NA		M	code added 01/02/2007
362	B4034	Enteral Feed Supply Kit Syringe Fed, per day 1 unit = 31 kits		NO	1 unit per calendar month	NA		\$173.60	rate change 04/02/2007 descrip. Change 7/1/08
363	B4035	Enteral Feed Supply Kit by Pump 1 unit=31 kits	Y/ 6 months	YES		NA		\$330.77	rate change 04/02/2007
364	B4036	Enteral Feed Supply Kit Gravity Fed 1 unit=31 kits		NO	1 unit per calendar month	NA		\$226.61	rate change 04/02/2007
365	B4081	Enteral NG tubing w/stylet		NO		NA		\$19.78	
366	B4082	Nasogastric tubing without stylet, each		NO		NA		\$14.73	code added 4/08
367	B4083	Enteral stomach tube levine		NO		NA		\$2.57	\$3.60 former rate change eff. 1/15/08
368	B4086	Gastrostomy/JejunostomyTube						CMS DC	1/08

	A	B	C	D	E	F	G	H	I
369	B4087	Gastrostomy/JejunostomyTube, standard, any material, any type, each	Y/12 months	YES		NA		\$30.58	CMS code addition 1/08 rate set eff.1/3/08
370	B4088	Gastrostomy/JejunostomyTube, low-profile, any material, any type, each	Y/12 months	YES		NA		\$30.58	CMS code addition 1/08 rate set eff.1/3/08
371	B4100	Thicket 240gm/8.53 oz	Y/6months	YES		NA		\$4.58	
372	B4100	Thicket, 900gm/32oz	Y/6 months	YES		NA		\$12.88	
373	B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit	Y/6 months	YES		NA		M	
374	B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit	Y/6 months	YES		NA		M	
375	B4104	Additive for enteral formula e.g. fiber	Y/6 months	YES		NA		M	
376	B4149	Enteral formula, blenderized natural foods, thru enteral feeding tube 100 cal.=1 unit	Y/6 months	YES		NA		M	
377	B4150	Boost High Protein	Y/6months	YES		NA		\$2.68	
378	B4150	Carnation Instant Breakfast Lactose Free (Nubasic 8.45 oz name change)	Y/6months	YES		NA		\$0.63	
379	B4150	Comply 8 ozs	Y/6months	YES		NA		\$2.92	
380	B4150	Enfamil Lacto Free	Y/ 6 months	YES		NA		\$3.67	
381	B4150	Enfamil with iron	Y/6 months	YES		NA		\$3.12	
382	B4150	Enfamil with fe 32 ozs	Y/6months	YES		NA		\$7.82	
383	B4150	ENFAMIL 13 OZ CONCENTRATE	Y/6months	YES		NA		\$2.02	
384	B4150	ENSURE HN 8 OZ	Y/ 6 months	YES		NA		\$1.35	
385	B4150	Ensure 8 oz bottle	Y/6months	YES		NA		\$1.55	
386	B4150	Ensure 8 oz can liquid	Y/ 6 months	YES		NA		\$1.68	
387	B4150	ENSURE 14 OZ CAN POWDER	Y/ 6 months	YES		NA		\$7.32	
388	B4150	Ensure one quart can liquid	Y/ 6 months	YES		NA		\$4.46	
389	B4150	Ensure w/fiber	Y/ 6 months	YES		NA		\$1.04	
390	B4150	Ensure High Protein 237 cc	Y/6months	YES		NA		\$2.33	
391	B4150	Fibersource 8oz can	Y/6months	YES		NA		\$3.55	
392	B4150	Fibersource HN 8oz can	Y/6months	YES		NA		\$1.25	
393	B4150	Isocal HN 8oz can	Y/ 6 months	YES		NA		\$2.81	
394	B4150	Isocal Ready To Use 8 oz can	Y/6months	YES		NA		\$1.30	
395	B4150	Isocal Ready to Use 12 oz can	Y/ 6 months	YES		NA		\$1.71	
396	B4150	Isocal HCN 8 oz can	Y/ 6 months	YES		NA		\$1.52	
397	B4150	Isocal Liquid 32 oz Can	Y/ 6 months	YES		NA		\$4.63	

	A	B	C	D	E	F	G	H	I
398	B4150	Isomil Soy with iron 8 ozs	Y/6 months	YES		NA		\$3.36	
399	B4150	Isomil Soy with iron 13 ozs	Y/6 months	YES		NA		\$4.84	DOS 8-1-08 and after
400	B4150	ISOSOURCE HN 8 OZ CAN	Y/ 6 months	YES		NA		\$1.16	
401	B4150	Isosource 8 oz can	Y/6 months	YES		NA		\$2.94	
402	B4150	JEVITY 1.0 8 OZ CAN	Y/ 6 months	YES		NA		\$1.59	7/2/07 name updated
403	B4150	Jevity Plus now Jevity 1.2 8 oz.	Y/ 6 months	YES		NA		\$3.04	10/30/2007 name clarified 6/08 qty clarified
404	B4150	Jevity with fiber	Y/ 6 months	YES		NA		\$1.28	
405	B4150	JEVITY 32 OZ CAN	Y/6months	YES		NA		\$6.14	
406	B4150	Kindercal	Y/6months	YES		NA		\$1.43	
407	B4150	Meritene Powder	Y/ 6 months	YES		NA		\$8.84	
408	B4150	NUTRAMIGEN 8 OZ BOTTLE	Y/ 6 months	YES		NA		\$0.98	
409	B4150	Nutramigen 16 oz powder	Y/6months	YES		NA		\$32.44	
410	B4150	NUTRAMIGEN 32 OZ CAN	Y/ 6 months	YES		NA		\$7.93	
411	B4150	NUTRAMAGEN CONCENTRT/13 OZ	Y/ 6 months	YES		NA		\$3.25	
412	B4150	NUTRAMIGEN 32OZ READY TO USE	Y/ 6 months	YES		NA		\$4.45	
413	B4150	Nutren 1.0 per can	Y/6months	YES		NA		\$0.68	
414	B4150	Osmolite 8oz Can	Y/6months	YES		NA		\$2.23	
415	B4150	Osmolite Isotonic 8 oz can liquid	Y/6months	YES		NA		\$1.42	
416	B4150	Osmolite one qt can liquid	Y/ 6 months	YES		NA		\$5.01	
417	B4150	Osmolite HN ready to hang 1000cc bag	Y/6 months	YES		NA		\$15.19	
418	B4150	OSMOLITE HN 32 OZ CAN	Y/ 6 months	YES		NA		\$5.34	
419	B4150	OSMOLITE HN 8 OZ CAN	Y/ 6 months	YES		NA		\$2.33	
420	B4150	Osmolite HN Plus	Y/6months	YES		NA		\$3.00	
421	B4150	PORTAGEN POWDER 1LB CAN	Y/ 6 months	YES		NA		\$17.93	
422	B4150	Probalance 8oz	Y/ 6 months	YES		NA		\$1.20	
423	B4150	PROMOTE WITH FIBER 8 OZ CAN	Y.6months	YES		NA		\$1.11	
424	B4150	Rehydralyte 240cc can	Y/6 months	YES		NA		\$3.52	
425	B4150	RESOURCE 8 OZ 6 COUNT	Y/ 6 months	YES		NA		\$1.44	
426	B4150	SIMILAC 60 40 POWDER PD CANS	Y/ 6 months	YES		NA		\$15.20	
427	B4150	SIMILAC WITH IRON 8 OZ BOTTLE	Y/ 6 months	YES		NA		\$1.65	
428	B4150	Similac Advance w/Iron powder 365 gms	Y/6 months	YES		NA		\$14.99	
429	B4150	SIMILAC SPECIAL CARE 4 OZ BTL	Y/ 6 months	YES		NA		\$2.79	

	A	B	C	D	E	F	G	H	I
430	B4150	SIMILAC 32 FLUID OZ CAN	Y/ 6 months	YES		NA		\$3.55	
431	B4150	SUSTACAL PUDDING 5 OZ CAN	Y/ 6 months	YES		NA		\$1.21	
432	B4150	Sustacal 8 oz can liquid	Y/ 6 months	YES		NA		\$1.39	
433	B4150	Ultracal	Y/6months	YES		NA		\$2.74	
434	B4152	Boost	Y/6months	YES		NA		\$1.02	
435	B4152	Boost Plus	Y/6months	YES		NA		\$2.87	
436	B4152	Carnation Instant Breakfast Lactose Free Plus (Nubasic Plus name change)	Y.6months	YES		NA		\$0.73	
437	B4152	Complete Nutrition Plus Generic for Ensure Plus 8 ozs	Y/6months	YES		NA		\$0.95	
438	B4152	Deliver 8 oz can (2.0) #	Y/ 6 months	YES		NA		\$2.41	
439	B4152	ENSURE PLUS 8 OZ CAN LIQUID	Y/ 6 months	YES		NA		\$1.99	
440	B4152	Isosource 1.5	Y/6months	YES		NA		\$1.30	
441	B4152	Jevity 1.5 8 oz. can	Y/6months	YES		NA		\$1.00	added to fee schedule 7/08
442	B4152	MAGNACAL EIGHT OZ BOTTLE	Y/ 6 months	YES		NA		\$1.65	
443	B4152	Nutren 1.5	Y/6months	YES		NA		\$2.66	
444	B4152	Nutren 13 oz 2.0	Y/6months	YES		NA		\$1.06	
445	B4152	Resource Plus	Y/6months	YES		NA		\$2.33	
446	B4152	Respalor	Y/6months	YES		NA		\$1.39	
447	B4152	TWO CAL	Y/ 6 months	YES		NA		\$1.60	
448	B4153	CRITICARE HN READY 8 OZ BOTTLE	Y/ 6 months	YES		NA		\$4.57	
449	B4153	Elecare Powder 14.1 oz	Y/6months	YES		NA	code change to B4161	\$47.50	07/02/2007 7/1/08 price change to \$47.50; Nestle coding B4162
450	B4153	Impact w/glutamine	Y/6months	YES		NA		\$10.94	
451	B4153	Neocate One Liquid	Y/ 6 months	YES		NA		\$3.99	
452	B4153	Neocate Powder Can	Y/6months	YES		NA		\$34.50	
453	B4153	Neocate One Powder Pack	Y/6months	YES		NA		\$8.40	
454	B4153	Optimental 8 ozs	Y/6months	YES		NA		\$7.33	
455	B4153	Pepdite 1 powder/pk	Y/6months	YES		NA		\$6.80	
456	B4153	Pediatric E028	Y/6months	YES		NA		\$4.89	
457	B4153	Peptamen 1.5	Y/6months	YES		NA		\$8.37	
458	B4153	Peptinex dt 250ml	Y/6months	YES		NA		\$7.80	
459	B4153	Perative	Y/6 months	YES		NA		\$4.37	code correction 6/08
460	B4153	Phenyl Free 2 HP 454 gm can	Y/6months	YES		NA		\$64.06	

	A	B	C	D	E	F	G	H	I
461	B4153	Phenex-1 400 gm can, each	Y/6months	YES		NA		\$20.22	for peds use B4162 for adult use B4157
462	B4153	Subdue 8 oz. Per can pre-mixed	Y/6 months	YES		NA		\$15.79	
463	B4153	TRAVASORB 112.0 GM	Y/ 6 months	YES		NA		\$5.41	
464	B4153	Vivonex Ped	Y/6months	YES		NA		\$5.74	code changed to B4161 7/08
465	B4153	VIVONEX STANDARD	Y/6months	YES		NA		\$6.62	
466	B4153	VIVONEX HIGH NITROGEN	Y/ 6 months	YES		NA		\$6.47	
467	B4153	VITAL HIGH NITROGEN 6 packets/carton	Y/ 6 months	YES		NA		\$8.75	qt. indicated 1/25/08
468	B4154	Alkitraq 2.68 oz	Y/6months	YES		NA		\$10.39	
469	B4154	AMINAID	Y/ 6 months	YES		NA		\$11.04	
470	B4154	Choice DM per can	Y/6months	YES		NA		\$2.84	
471	B4154	Choice TF	Y/6months	YES		NA		\$4.00	
472	B4154	Diabetisource	Y/6months	YES		NA		\$1.50	
473	B4154	ENRICH LIQUID 8 OZ CAN	Y/6months	YES		NA		\$1.54	
474	B4154	ENRICH 32 OZ CAN	Y/ 6 months	YES		NA		\$5.45	
475	B4154	Free Powder	Y/ 6 months	YES		NA		\$8.09	
476	B4154	GLUCERNA/240 ML	Y/ 6 months	YES		NA		\$2.40	
477	B4154	Glytrol	Y/6 months	YES		NA		\$1.18	
478	B4154	HEPATIC AID II INST DRINK 93 GMS	Y/ 6 months	YES		NA		\$20.38	
479	B4154	KDS PRE-ATTAIN 1000 ML BOTTLE	Y/ 6 months	YES		NA		\$4.96	
480	B4154	Lipisorb 8 ozs	Y/6months	YES		NA		\$2.65	
481	B4154	Nepro	Y/6months	YES		NA		\$3.79	
482	B4154	Novasource	Y/6months	YES		NA		\$2.54	
483	B4154	Novasource Renal	Y/6months	YES		NA		\$4.85	
484	B4154	NUTRIMENT 12 OZ CAN LIQUID	Y/ 6 months	YES		NA		\$1.13	
485	B4154	Nutrivent	Y/6months	YES		NA		\$1.49	
486	B4154	XP Manamun per can	Y/6months	YES		NA		\$73.87	
487	B4154	Perative	Y/6 months	YES		NA		\$4.37	use B4153 see above
488	B4154	Periflex 454 gm/can	Y/6months	YES		NA		\$43.13	
489	B4154	Phenylade 454 gm can of powder	Y/6 months	YES		NA		\$42.94	
490	B4154	PREGESTIMIL 16 OZ CAN POWDER	Y/6months	YES		NA		\$26.64	
491	B4154	Pregestimil PDR 454gm	Y/ 6 months	YES		NA		\$34.51	
492	B4154	Pro-Peptide, 250cc	Y/6months	YES		NA		\$4.33	
493	B4154	Protain-XL	Y/6months	YES		NA		\$2.10	

	A	B	C	D	E	F	G	H	I
494	B4154	PULMOCARE 8 OZ CAN	Y/ 6 months	YES		NA		\$1.99	
495	B4154	REABILAN HN	Y/ 6 months	YES		NA		\$13.81	
496	B4154	SMA 13 OZ CONCENTRATE	Y/ 6 months	YES		NA		\$2.00	
497	B4154	Suplena	Y/6months	YES		NA		\$2.09	price change 12/01/07
498	B4154	TRAUMACAL 8 OZ CAN	Y/ 6 months	YES		NA		\$2.62	reimbursement change eff. 4-1-08
499	B4154	Vivonex Plus 84 ml packet/each	Y/6months	YES		NA		\$12.59	price change 12/11/07
500	B4154	Vivonex Ten	Y/6months	YES		NA		\$7.03	
501	B4155	Benecalorie 47.14 ml can	Y/6 months	YES		NA		\$1.47	added to fee schedule 3/26/08
502	B4155	Casac 10 oz. Powder	Y/6 months	YES		NA		\$18.32	
503	B4155	Duocal 400 gm powder can	Y/6months	YES		NA		\$26.26	
504	B4155	Juven per pack each	Y/6 months	YES		NA		\$1.46	formula added 09/05/2007
505	B4155	MCT OIL CALORIE ADDITIVE QT	Y/6months	YES		NA		\$67.97	
506	B4155	Microlipids	Y/6months	YES		NA		\$3.14	
507	B4155	Moducal	Y/ 6 months	YES		NA		\$5.99	
508	B4155	PFD 1	y/6 months	YES		NA		M	formula added 8/30/07
509	B4155	Phenylade MTE 13 gm each	Y/6 months	YES		NA		\$48.00	
510	B4155	Polycose Liquid	Y/6months	YES		NA		\$2.79	
511	B4155	Polycose Powder 12.30 oz can	Y/ 6 months	YES		NA		\$5.82	formula added 07/02/2007
512	B4155	PROMOD POWDER PROTEIN SUPP	Y/ 6 months	YES		NA		\$16.76	
513	B4155	Pro-Phree	Y/6 months	YES		NA		M	formula added 07/02/2007
514	B4155	Prosure 237ml	Y/6months	YES		NA		\$2.53	
515	B4155	RCF Ross Carbo Free Soy	Y/6months	YES		NA		\$5.84	
516	B4157	Enteral Formula special metabolic need thru an enteral feeding tube	Y/6 months	YES		NA		M	
517	B4157	Phenex 1 400 gm can, each adult	Y/6 months	YES		NA		\$20.22	abbott code used for adults 5/1/08
518	B4158	Enteral formula, for peds, adm. Thru enteral feeding tube	Y/6 months	YES		NA		M	

	A	B	C	D	E	F	G	H	I
519	B4158	Nutren Jr	Y/6 months	YES		NA		\$1.14	code changed to B4160 Nestle coding
520	B4158	Nutren Jr with Fiber	Y/6 months	YES		NA		\$1.35	code changed to B4160 Nestle coding
521	B4158	Similac 13 oz can	Y/6 months	YES		NA		\$2.02	code changed by Ross 07/02/2007
522	B4158	Similac with iron 13 oz can	Y/6 months	YES		NA		\$3.85	code changed by Ross 07/02/2007
523	B4159	Enteral formula, peds, soy based adm. Thru enteral feeding tube	Y/6 months	YES		NA		M	
524	B4159	Isomil Concentrate 13 oz can	Y/6 months	YES		NA		\$2.17	code changed by Ross 07/02/2007
525	B4159	Isomil Ready to Feed 32 oz can	Y/6 months	YES		NA		\$3.20	code changed by Ross 07/02/2007
526	B4160	Enteral formula, peds, calorically dense, thru enteral feeding tube	Y/6 months	YES		NA		M	
527	B4160	Nutren Jr	Y/6 months	YES		NA		\$1.14	code changed from B4158 Nestle coding
528	B4160	Nutren Jr with Fiber	Y/6 months	YES		NA		\$1.35	code changed from B4158 Nestle coding
529	B4160	Pediasure with Fiber	Y/6 months	YES		NA		\$2.20	code changed by Ross 07/02/2007
530	B4160	Pediasure 8 oz can	Y/6 months	YES		NA		\$2.15	code changed by Ross 07/02/2007
531	B4160	Similac Neosure with iron	Y/6 months	YES		NA		\$14.21	code changed by Ross 07/02/2007
532	B4161	Enteral formula, peds, hydrolyzed amino acids thru enteral feeding tube	Y/6 months	YES		NA		M	

	A	B	C	D	E	F	G	H	I
533	B4161	ALIMENTUM 32 OZ CAN	Y/6 months	YES		NA		\$6.04	code changed by Ross 07/02/2007
534	B4161	Elecare Powder 14.1 oz	Y/6 months	YES		NA		\$35.02	code changed by Ross 07/02/2007
535	B4161	Peptamen JR	Y/6 months	YES		NA		\$10.51	
536	B4161	Vivonex Ped	Y/6months	YES		NA		\$5.74	code changed from B4153 Nestle coding
537	B4162	enteral formula, peds, spec. metabolic needs for inherited disease	Y/6 months	YES		NA		M	
538	B4162	Phenex 1 400 gm can, each pediatric use	Y/6 months	YES		NA		\$20.22	abbott coding for peds.
539	B4162	Phenex 2 400 gms can, pediatric use	Y/6 months	YES		NA		\$43.68	code added to fee schedule
540	B4185	parenteral nutrition solution, per 10 gms lipids	Y/6 months	YES		NA		\$9.09	rate set 07/02/2007
541	B4189	parenteral nutrition solution , any strength,10- 51 gms protein, premix	Y/6 months	YES		NA		\$143.76	rate set 07/02/2007
542	B4193	parenteral nutrition solution, any strength, 52- 73 gms protein, premix	Y/6 months	YES		NA		\$185.79	rate set 07/02/2007
543	B4197	parenteral nutrition solution, any strength, 74- 100 gms protein, premix	Y/6 months	YES		NA		\$226.19	rate set 07/02/2007
544	B4199	parenteral nutrition solution, any strength, over 100 gms protein, premix	Y/6 months	YES		NA		\$258.47	rate set 07/02/2007

	A	B	C	D	E	F	G	H	I
545	B4220	Parenteral supply kit 1 unit =31 kits	Y/6 mon. if PA required	YES>1	1 unit per month	NA		\$220.10	rate and # of units change 04/02/2007
546	B4222	Parenteral Nutrition Supply Kit Home Mix 1 unit=31 kits	Y/6 mon. if PA required	YES>1	1 unit per month	NA		\$243.87	rate and # of units change 04/02/2007
547	B4224	Parenteral administration kit 1 unit = 31 kits	Y/ 6 months	YES	1 unit per month	NA		\$687.89	rate and # of units change 04/02/2007
548	B9002	Enteral pump with alarm	Y/ 6 months	YES		YES	\$135.00	\$1,350.00	
549	B9004	Parenteral pump portable	Y/6 months	YES		YES	\$223.80	\$2,238.01	
550	B9006	Parenteral pump stationary	Y/6 months	YES		YES	\$223.80	\$2,238.01	
551	B9998	Enteral supplies, NOS	Y/6 months	YES		NA		M	
552	B9999	Parenteral supplies, NOS	Y/6 months	YES		NA		M	
553	E0100	Cane adjust/fixd with tip		NO		NA		\$17.14	
554	E0105	Cane adjust/fixd quad/3 pro		NO		NA		\$46.00	
555	E0110	Crutch forearm pair		NO		NA		\$71.57	
556	E0111	Crutch forearm each		NO		NA		\$43.31	
557	E0112	Crutch underarm pair wood		NO		NA		\$35.40	
558	E0113	Crutch underarm each wood		NO		NA		\$17.76	
559	E0114	Crutch underarm pair no wood		NO		NA		\$42.24	
560	E0116	Crutch underarm each no wood		NO		NA		\$22.75	
561	E0130	Walker rigid adjust/fixd ht		NO		NA		\$57.11	
562	E0135	Walker folding adjust/fixd		NO		NA		\$68.18	
563	E0140	Walker, w/trunk support, adj. Or fixed ht., any type	Y/12 months	YES		YES	\$32.46	\$324.64	rate set 01/02/2007
564	E0141	Rigid walker wheeled wo seat		NO		NA		\$98.55	
565	E0143	Walker folding wheeled w/o s		NO		NA		\$99.77	
566	E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	\$30.47	\$304.66	
567	E0148	Walker heavy duty, without wheels, any type, each		NO		NA		\$121.55	
568	E0149	Walker heavy duty, wheeled, any type, each		NO		NA		\$213.53	
569	E0153	Forearm crutch platform atta		NO		NA		\$66.38	
570	E0154	Walker platform attachment		NO		NA		\$67.45	

	A	B	C	D	E	F	G	H	I
571	E0155	Walker wheel attachment		NO		NA		\$30.20	
572	E0156	Walker seat attachment		NO		NA		\$25.10	
573	E0157	Walker crutch attachment		NO		NA		\$66.61	
574	E0158	Walker leg extenders set of 4		NO		NA		\$26.16	
575	E0159	Brake for wheeled walker		NO		NA		\$17.10	
576	E0160	Sitz type bath or equipment		NO		NA		\$26.88	
577	E0161	Sitz bath/equipment w/faucet		NO		NA		\$21.33	
578	E0162	Sitz bath chair		NO		NA		\$118.48	
579	E0163	Commode chair mobile or stationry fxd arms		NO		NA		\$102.61	07/02/2007 purchase only
580	E0165	Commode chair stationary or mobile detachable arms		NO		NA		\$177.70	07/02/2007 purchase only
581	E0167	Commode chair pail or pan replacement only		NO	1 per year	NA		\$9.76	
582	E0168	Commode chair, extra wide, heavy duty, any type each				NA		\$144.38	07/02/2007 purchase only
583	E0170	Commode chair w seat lift mech. Electric, any type	Y/6 months	YES		Y/month			07/02/2007 purchase only M
584	E0171	Commode chair w seat lift mech. Non-electric	Y/6 months	YES		Y/month		\$231.36	07/02/2007 purchase only. Rate set eff. 1/15/08; PA req. until system change
585	E0172	Seat lift mechanism placed over top of toilet, any type	Y/6 months	YES		Y/month			07/02/2007 purchase only M
586	E0175	Commode chair foot rest		NO		NA		\$63.36	
587	E0181	Powered Pressure reducing mattress alternating pump, heavy duty overlay/pad	Y/12 months	YES		Y/ month	\$23.04	\$230.40	description chg. 01/02/2007
588	E0182	Pressure pad alternating pump	Y/ 6 mon	YES		Y/ month	\$21.29	\$212.90	
589	E0184	Dry pressure mattress	Y/ 6 mon	YES		Y/ month	\$15.83	\$158.33	
590	E0185	Gel pressure mattress pad	Y/ 6 mon	YES		Y/ month	\$26.01	\$260.11	
591	E0186	Air pressure mattress	Y/ 6 mon	YES		Y/ month	\$16.51	\$165.10	
592	E0187	Water pressure mattress	Y/ 6 mon	YES		Y/ month	\$21.95	\$219.50	
593	E0188	Synthetic Sheepskin pad		NO		NA		\$26.43	
594	E0189	Lambswool sheepskin pad		NO		NA		\$47.96	
595	E0190	positioning cush/pillow/wedge any shape or size, incl. all components		NO		NA		\$26.47	

	A	B	C	D	E	F	G	H	I
596	E0191	Protector heel or elbow		NO		NA		\$9.56	
597	E0193	Powered air flotation bed	Y/ 6 mon ths	YES		Y/ month	\$864.34	\$8,643.40	
598	E0194	Air fluidized bed	Y/ 6 mon ths	YES		Y/ month	\$2,646.38	\$26,463.80	
599	E0196	Gel pressure mattress	Y/ 6 mon ths	YES		Y/ month	\$26.42	\$264.20	
600	E0197	Air pressure pad for mattres		NO		NA		\$180.18	08/01/2007 purchase only
601	E0198	Water pressure pad for mattr	Y/ 6 mon ths	YES		Y/ month	\$21.20	\$211.98	
602	E0199	Dry pressure pad for mattres				NA		\$30.66	
603	E0200	Heat lamp without stand	Y/6 months	YES		Y/ month	\$7.58	\$75.85	
604	E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	\$50.92	NA	
605	E0205	Heat lamp with stand	Y/6 months	YES		Y/ month	\$15.78	\$157.81	
606	E0210	Electric heat pad standard	Y/12 months if PA required	YES>1	1 per year	NA		\$26.54	
607	E0215	Electric heat pad moist	Y/12 months if PA required	YES>1	1 per year	NA		\$57.60	
608	E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	\$47.50	\$474.97	
609	E0220	Hot water bottle		NO		NA		\$6.89	
610	E0225	Hydrocollator unit	Y/ 6 months	YES		Y/ month	\$37.18	\$371.81	
611	E0230	Ice cap or collar		NO		NA		\$6.89	
612	E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	\$16.51	\$165.10	
613	E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	\$35.99	\$359.90	
614	E0238	Heat pad non-electric moist	Y/ if PA required	YES>1	1 per year	NA		\$25.87	
615	E0239	Hydrocollator unit portable	Y/ 6 months	YES		Y/ month	\$38.07	\$380.71	
616	E0247	transfer bench	Y/6 months	YES		NA		M	
617	E0249	Pad water circulating heat u		NO		NA		\$81.00	
618	E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	\$79.50	\$795.00	
619	E0251	Hosp bed fixd ht w/o mattres	Y/ 12 months	YES		Y/ month	\$60.24	\$602.40	
620	E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	\$96.28	\$962.80	
621	E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	\$67.78	\$677.80	
622	E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	\$139.24	\$1,392.40	
623	E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	\$111.36	\$1,113.60	
624	E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	\$169.92	\$1,699.20	
625	E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	\$162.04	\$1,620.40	
626	E0271	Mattress innerspring	Y/ 12 months	YES		Y/ month	\$19.51	\$195.15	
627	E0272	Mattress foam rubber	Y/ 12 months	YES		Y/ month	\$19.36	\$193.61	
628	E0275	Bed pan standard	Y/ 12 months if PA required	YES>1	1 per year	NA		\$14.64	

	A	B	C	D	E	F	G	H	I
629	E0276	Bed pan fracture	Y/ 12 months if PA required	YES>1	1 per year	NA		\$12.73	
630	E0277	Powered pres-redu air mattrs	Y/ 12 months	YES	1 per 5 years	Y/ month	\$711.85	\$7,118.50	
631	E0280	Bed cradle				NA		\$31.06	
632	E0290	Hosp bed fx ht w/o rails w/m	Y/ 12 months	YES		Y/ month	\$60.78	\$607.80	
633	E0291	Hosp bed fx ht w/o rail w/o	Y/ 12 months	YES		Y/ month	\$44.16	\$441.60	
634	E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	\$68.34	\$683.40	
635	E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	\$58.15	\$581.50	
636	E0294	Hosp bed semi-elect w/ matr	Y/ 12 months	YES		Y/ month	\$106.24	\$1,062.40	
637	E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	\$103.56	\$1,035.60	
638	E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/ month	\$133.53	\$1,335.30	
639	E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/ month	\$118.56	\$1,185.60	
640	E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	\$243.18	\$2,908.14	
641	E0304	Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	\$616.54	\$6,165.40	
642	E0305	Rails bed side half length	Y/12 months	YES		Y/ month	\$17.02	\$170.20	
643	E0310	Rails bed side full length	Y/ 12 months	YES		Y/ month	\$15.91	\$159.17	
644	E0315	Bed accessory brd/tbl/support		NO		NA		\$9.54	
645	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Y/12 months	YES		Y/ month	M	M	
646	E0325	Urinal male jug-type	Y/ 12 months if PA required	YES > 1	1 per year	NA		\$9.67	
647	E0326	Urinal female jug-type	Y/ 12 months if PA required	YES>1	1 per year	NA		\$10.05	
648	E0371	Nonpower mattress overlay	Y/ 12 months	YES		Y/ month	\$425.22	\$4,252.20	
649	E0372	Powered air mattress overlay	Y/ 12 months	YES		Y/ month	\$515.98	\$5,159.80	
650	E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	\$587.85	\$5,878.50	
651	E0424	Stationary compressed gas O2	Y/ 12 months	YES		Y/ month	\$199.28	NA	rate change 1/1/08
652	E0431	Portable gaseous O2	Y/ 12 months	YES		Y/ month	\$31.79	NA	rate change 1/1/07

	A	B	C	D	E	F	G	H	I
653	E0434	Portable liquid O2	Y/ 12 months	YES		Y/ month	\$31.79	NA	rate change 1/1/07
654	E0439	Stationary liquid O2	Y/ 12 months	YES		Y/ month	\$199.28	NA	rate change 1/1/08
655	E0445	Oximeter device for measuring blood oxygen levels	Y/12months	YES		Y/month	M	M	
656	E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	\$913.17	NA	
657	E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	\$170.00	\$1,700.00	
658	E0457	Chest shell	Y/ 12 months	YES		Y/ month	\$58.79	\$587.89	
659	E0459	Chest wrap	Y/ 12 months	YES		Y/ month	\$41.39	\$413.90	
660	E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	\$701.80	NA	
661	E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	\$278.78	\$2,787.80	
662	E0463	Pressure support ventilator, w/volume control, used with tracheostomy	Y/12 months	YES		Y/month	\$1,265.74	NA	rate set 08/01/2007
663	E0464	Pressure support ventilator, w/volume control, used with mask	Y/12 months	YES		Y/month	\$1,265.74	NA	rate set 08/01/2007
664	E0470	Respiratory assist dev. Bi-level pressure w/o backup rate,	Y/12 months	YES		Y/month	\$205.28	\$2,052.80	
665	E0471	Respiratory assist dev. Bi-level pressure w/ backup rate,	Y/12 months	YES		Y/month	\$513.74	NA	
666	E0472	Respiratory assist dev. Bi-level pressure w/backup rate, invasive interface	Y/12 months	YES		Y/month	\$513.74	NA	
667	E0480	Percussor elect/pneum home m	Y/ 12 months	YES		Y/ month	\$42.04	\$420.40	
668	E0482	Cough Stimulating device, alternating positive and negative airway pressure	Y/12 months	YES		Y/month	\$387.02	\$3,870.20	rate set 08/01/2007
669	E0483	High frequency chest wall oscillation air-pulse generator system, including hoses and vest	Y/12 months	YES		Y/month	\$956.82	NA	rate set 08/01/2007
670	E0484	Oscillatory PEP device non-electric		NO		NA		\$29.54	
671	E0485	Oral device/appliance used to reduce upper airway collapsability, pre fab	Y/12 months	YES		NA		M	code added 01/02/2007
672	E0486	Oral device/appliance used to reduce upper airway collapsability, custom	Y/12 months	YES		NA		M	code added 01/02/2007
673	E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	\$8.51	NA	rate set eff. 1/15/08

	A	B	C	D	E	F	G	H	I
674	E0561	Humidifier, non-heated for use with positive pressure airway device	Y/12 months	YES		Y/month	\$8.55	\$85.60	
675	E0562	Humidifier, heated used with positive airway pressure device	Y/12 months	YES		Y/month	\$28.82	\$240.98	
676	E0565	Compressor air power source	Y/ 12 months	YES		Y/ month	\$49.61	\$496.10	
677	E0570	Nebulizer with compression	Y/12 months if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained			\$128.88	08/01/2007 PA & RR removed \$180.00 former rate change eff. 1/15/08
678	E0571	Aerosol compressor, battery powered, use with sm nebulizer	Y/ 12 months if PA required	NO	1 per 4 years unless PA obtained			\$239.80	09/01/2007 PA & RR removed
679	E0572	Aerosol compressor, adj pressure, light duty, intermittent use	Y/12 months	YES		Y/month	\$30.47	\$304.70	
680	E0574	Ultrasonic generator with sm vol ultrasonic nebulizer	Y/12 months	YES		Y/month	\$32.21	\$322.10	
681	E0575	Nebulizer ultrasonic	Y/12 months	YES		Y/ month	\$98.32	\$983.20	
682	E0580	Nebulizer for use w/ regulat		NO		NA		\$128.23	
683	E0585	Nebulizer w/ compressor & he	Y/ 12 months	YES		Y/ month	\$33.55	\$335.50	
684	E0600	Respiratory Suction pump portab hom modl	Y/ 12 months	YES		Y/ month	\$37.23	\$372.30	
685	E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	\$106.58	\$1,065.80	
686	E0604	Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type	Y/12 months	YES		Y/month	\$82.50	NA	CMS description chg. 1/08
687	E0606	Drainage board postural				NA		\$213.60	
688	E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	1 per 4 years	NA		\$63.92	
689	E0617	AED	Y/12months	YES		Y/month	\$310.44	\$3,725.28	
690	E0618	Apnea monitor without recording feature	Y/ 12 months	YES		Y/ month	\$227.30	NA	
691	E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	\$227.30	NA	
692	E0621	Patient lift sling or seat		NO		NA		\$78.06	
693	E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	M	M	
694	E0627	Seat lift incorp lift-chair	Y/ 12 months	YES		Y/ month	\$32.28	\$322.72	
695	E0628	Seat lift for pt furn-electr	Y/ 12 months	YES		Y/ month	\$32.28	\$322.72	

	A	B	C	D	E	F	G	H	I
696	E0629	Seat lift for pt furn-non-el	Y/ 12 months	YES		Y/ month	\$31.64	\$316.39	
697	E0630	Patient hydraulic or mechanical lift incl any seat, sling, strap (s), or pads (s)	Y/ 12 months	YES		Y/ month	\$88.22	\$882.20	CMS description chg. 1/08
698	E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month	\$117.06	\$1,170.60	
699	E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	M	M	
700	E0638	Standing frame, one position, incl. pediatric and w/wo wheels	Y/12 months	YES		NA		\$853.57	
701	E0639	Patient lift, moveable, includes all components/accessories	Y/12 months	YES		Y/month	M	M	
702	E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NA		M	
703	E0642	Standing frame system, mobile, incl. pediatric dynamic stander	Y/12 months	YES		NA		M	
704	E0650	Pneuma compressor non-segment	Y/ 12 months	YES		Y/ month	\$61.96	\$619.60	
705	E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	\$87.87	\$878.65	
706	E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	\$457.68	\$4,576.80	
707	E0655	Pneumatic appliance half arm	Y/ 12 months	YES		Y/ month	\$9.32	\$93.23	
708	E0660	Pneumatic appliance full leg	Y/ 12 months	YES		Y/ month	\$15.28	\$152.83	
709	E0665	Pneumatic appliance full arm	Y/ 12 months	YES		Y/ month	\$13.11	\$131.06	
710	E0666	Pneumatic appliance half leg	Y/ 12 months	YES		Y/ month	\$13.21	\$132.11	
711	E0667	Seg pneumatic appl full leg	Y/ 12 months	YES		Y/ month	\$30.97	\$309.75	
712	E0668	Seg pneumatic appl full arm	Y/ 12 months	YES		Y/ month	\$42.27	\$422.74	
713	E0669	Seg pneumatic appli half leg	Y/ 12 months	YES		Y/ month	\$17.49	\$174.86	
714	E0671	Pressure pneum appl full leg	Y/ 12 months	YES		Y/ month	\$39.74	\$397.36	
715	E0672	Pressure pneum appl full arm	Y/ 12 months	YES		Y/ month	\$30.88	\$308.75	
716	E0673	Pressure pneum appl half leg	Y/ 12 months	YES		Y/ month	\$25.66	\$256.56	
717	E0675	Pneumatic compression device, high press.for arterial insufficiency	Y/12 months	YES		Y/month	\$307.64	NA	\$257.59 former rate change eff. 1/15/08
718	E0676	Intmt. Limb compression device, includes all accessories, NOC	YES	YES		YES	M	M	code added 01/02/2007

	A	B	C	D	E	F	G	H	I
719	E0705	transfer device, any type each		NO		NO		\$52.73	CMS description chg. 1/08 removed board
720	E0720	Tens two lead	Y/ 12 months	YES		Y/ month	\$30.81	\$308.11	
721	E0730	Tens four or more lead	Y/ 12 months	YES		Y/month	\$32.14	\$321.42	
722	E0731	Conductive garment for tens	Y/ 12 months	YES		NA		\$341.24	
723	E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	\$87.60	\$876.00	
724	E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	\$85.64	\$856.40	
725	E0747	Elec osteogen stim not spine	Y/ 12 months	YES	1 per 5 years	N/A		\$2,850.30	
726	E0748	Elec osteogen stim spinal	Y/ 12 months	YES	1 per 5 years	N/A		\$3,352.50	
727	E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/ 12 months	YES	1 per 5 years	N/A		\$2,778.50	
728	E0762	transcutaneous elect. Joint stim. Device, incl. all accessories	Y/12 months	YES		NA		\$857.90	code added 04/02/2007; rate set 1/15/08
729	E0764	functional neuromusc. Stim. Transcutaneous spinal cord injury entire system	Y/12 months	YES		N/A		\$8,141.75	code added 04/02/2007
730	E0769	electrical stimulation or electromagnetic wound RX device NOC	Y/6 months	YES		Y/month	M	NA	
731	E0776	IV pole	Y/12 months	YES	1 per 5 years	Y/ month	\$11.64	\$116.42	
732	E0780	Ambulatory Infusion pump, reuseable < 8 hours		NO		NA		\$9.92	
733	E0781	External ambulatory infus pu	Y/ 12 months	YES	1 per 5 years	Y/ month	\$253.40	\$2,534.00	
734	E0782	Non-programmable infusion pump	Y/ 12 months	YES	1 per 5 years	Y/ month	\$369.97	\$3,699.70	
735	E0783	Infusion pump system, implantable, programable, all com	Y/12 months	YES		NA		\$7,337.00	covered only in a hospital that does not bill Medicaid
736	E0784	Ext amb infusn pump insulin	Y/ 12 months	YES	1 per 5 years	Y/ month	\$375.81	\$3,758.10	rate set 08/01/2007
737	E0791	Parenteral infusion pump sta	Y/ 12 months	YES		Y/ month	\$302.50	\$3,025.00	
738	E0840	Tract frame attach headboard		NO		NA		\$59.59	

	A	B	C	D	E	F	G	H	I
739	E0849	Traction equipment, cervical, free standing stand/frame pneumatic	Y/12 months	YES		Y/month	\$46.38	\$463.78	rate set 08/01/2007
740	E0850	Traction stand free standing		NO		NA		\$100.51	
741	E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	\$48.09	\$480.86	
742	E0856	Cervical traction device, cervical collar with inflatable air bladder	Y/12 months	YES		NA		\$123.22	CMS addition 1/08 rate set 8-1-08
743	E0860	Tract equip cervical tract		NO		NA		\$35.51	
744	E0870	Tract frame attach footboard		NO		NA		\$111.27	
745	E0880	Trac stand free stand extrem		NO		NA		\$120.10	
746	E0890	Traction frame attach pelvic		NO		NA		\$114.38	
747	E0900	Trac stand free stand pelvic		NO		NA		\$122.58	
748	E0910	Trapeze bar attached to bed	Y/12 months	YES		Y/ month	\$19.13	\$191.30	
749	E0911	Trapeze bar heavy duty wt. greater than 250#	Y/12 months	YES		Y/month	\$44.87	\$448.70	rate set 08/01/2007
750	E0912	Trapeze bar heavy duty wt. greater than 250# free standing	Y/12 months	YES		Y/month	\$103.02	\$1,030.20	rate set 08/01/2007
751	E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month	\$44.14	\$441.40	
752	E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	\$37.15	\$371.50	
753	E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	\$21.75	NA	
754	E0940	Trapeze bar free standing	Y/ 12 months	YES		Y/ month	\$29.55	\$295.50	
755	E0941	Gravity assisted traction de	Y/ 12 months	YES		Y/ month	\$41.53	\$415.30	
756	E0942	Cervical head harness/halter		NO		NA		\$18.99	
757	E0944	Pelvic belt/harness/boot		NO		NA		\$40.16	
758	E0945	Belt/harness extremity		NO		NA		\$42.41	
759	E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	\$48.11	\$481.10	
760	E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	\$58.02	\$580.20	
761	E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	\$56.12	\$561.19	
762	E0950	W/C tray	Y/12 months	YES		NA		\$99.45	
763	E0951	Loop, heel, each		NO		NA		\$15.80	
764	E0952	Loop tie		NO		NA		\$15.32	
765	E0955	W/C accessory, headrest, cushioned, prefab with mounting hardware, each	Y/6 months	YES		NA		MSRP-22%	
766	E0956	W/C accessory, lateral trunk or hip support, prefab with mounting hardware, each	Y/6 months	YES		NA		MSRP-22%	
767	E0957	W/C accessory, medial thigh support, prefab with mounting hardware, each	Y/6 months	YES		NA		MSRP-22%	
768	E0958	Whlchr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	\$41.74	\$417.40	

	A	B	C	D	E	F	G	H	I
769	E0959	Amputee adapter		NO		NA		\$39.79	rate set 08/01/2007
770	E0960	W/C accessory, houlder harness/straps or chest strap, incl. Mounting hardware	Y/6 months	YES		NA		MSRP-22%	
771	E0961	Wheelchair brake extension	Y/ 6 months	YES		Y/month	\$2.42	\$24.19	
772	E0966	Manual WC accessory-headrest extension	Y/6 months	YES		Y/month	\$6.22	\$62.17	
773	E0967	Wheelchair hand rims w/projections, any type	Y/6 months	YES		Y/ month	\$5.91	\$59.12	rate set 08/01/2007
774	E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	\$14.58	\$145.80	
775	E0969	Wheelchair narrowing device	Y/6 months	YES		Y/ month	\$14.84	\$148.35	
									Crosswalk codes are K0037 & K0042. E0970 will be removed from the fee schedule effective DOS 8-1-08 and after.
776	E0970	Wheelchair no. 2 footplates	Y/6 months	YES		Y/month	\$3.92	\$39.17	
777	E0971	Wheelchair anti-tipping device each	Y/ 6 months	YES		Y/month	\$3.96	\$39.59	rate set 08/01/2007
778	E0973	Wheelchair adjustabl height	Y/ 6 months	YES		Y/month	\$9.35	\$93.49	
779	E0974	Wheelchair grade-aid	Y/ 6 months	YES		Y/month	\$6.96	\$69.57	
780	E0978	Wheelchair belt w/airplane b		NO		NA		\$38.43	rate set 08/01/2007
781	E0980	Wheelchair safety vest		NO		NA		\$31.62	
782	E0981	W/C accessory, seat upholstery, replacement only, each, pt. owned		NO		NA		\$47.15	\$47.59 former rate change eff. 1/15/08
783	E0982	W/C accessory, back upholstery, replacement, only, patient owned		NO		NA		\$44.48	
784	E0985	W/C accessory, seat lift mechanism	Y/6 months	YES		Y/month	\$19.27	\$192.70	
785	E0986	Manual WC accessory-push activated power assist	Y/6 months			Y/month	M	M	code added effective 8/1/07
786	E0990	Wheelchair elevating leg res	Y/ 6 months	YES		Y/ month	\$11.24	\$112.35	
787	E0992	Wheelchair solid seat insert		NO		NA		\$79.18	
788	E0994	Wheelchair arm rest		NO		NA		\$16.87	
789	E0995	Wheelchair calf rest		NO		NA		\$26.56	
790	E1002	W/C accessory, power seating system, tilt only	Y/6 months	YES		NA		MSRP-22%	
791	E1003	W/C accessory, power seating system, recline only w/o shear reduction	Y/6 months	YES		NA		MSRP-22%	

	A	B	C	D	E	F	G	H	I
792	E1004	W/C accessory, power seating system, recline only, with shear reduction	Y/6 months	YES		NA		MSRP-22%	
793	E1005	W/C accessory, power seating system, recline only with power shear reduction	Y/6 months	YES		NA		MSRP-22%	
794	E1006	W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear reduction	Y/6 months	YES		NA		MSRP-22%	
795	E1007	W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear reduction	Y/6 months	YES		NA		MSRP-22%	
796	E1008	W/C accessory, power seating sys.,comb. Tilt/recline, w/power shear reduction	Y/6 months	YES		NA		MSRP-22%	
797	E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation system	Y/6 months	YES		NA		MSRP-22%	
798	E1010	W/C accessory, add. To power sys.,power leg elevation system	Y/6 months	YES		NA		MSRP-22%	
799	E1011	Modification to ped. W/C Width adj. pkg	Y/6 months	YES		NA		M	code added 07/02/2007
800	E1014	reclining back addt. To ped sizeWC	Y/6 months	YES		NA		\$292.11	code added 07/02/2007 rate set eff. 1/15/08
801	E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NA		MSRP-22%	
802	E1016	Shock absorber for power wheelchair	Y/6 months	YES		NA		\$118.18	code added 11/07/07
803	E1020	Residual Limb Support system for wheelchair	Y/6 months	YES		Y/ month	\$27.75	\$243.31	
804	E1028	W/C accessory, man. Swingaway, retr. Or remov. Hardware for	Y/6 months	YES		NA		MSRP-22%	
805	E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NA		MSRP-22%	
806	E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NA		MSRP-22%	
807	E1031	Rollabout chair with casters	Y/6 months	YES		Y/ month	\$41.07	\$410.70	
808	E1035	Mult. Positional transfer system, with integrated seat	Y/12 months	YES		Y/month	\$490.56	\$4,905.60	added to fee schedule 5/21/08 for DOS 4/30/08 and after
809	E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
810	E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
811	E1039	transport chair, adult size heavy duty, wt. > 250 lbs	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
812	E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	\$88.29	\$882.90	

	A	B	C	D	E	F	G	H	I
813	E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	\$120.61	\$1,206.10	
814	E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	\$252.86	\$2,528.60	
815	E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	\$104.78	\$1,047.80	
816	E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	\$75.33	\$753.30	
817	E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	\$93.85	\$938.50	
818	E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	\$66.21	\$662.10	
819	E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	\$80.40	\$804.00	
820	E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	\$102.88	\$1,028.80	
821	E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	\$122.60	\$1,226.00	
822	E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	\$97.74	\$977.40	
823	E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	\$128.27	\$1,282.70	
824	E1091	Wheelchair youth							Code not active with CMS
825	E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month	\$110.61	\$1,106.10	
826	E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month	\$90.01	\$900.10	
827	E1100	Whchr s-recl fxd arm leg res	Y/6 months	YES		Y/ month	\$84.42	\$844.20	
828	E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	\$82.66	\$826.60	
829	E1130	Whlchr stand fxd arm ft rest	Y/6 months	YES		Y/ month	\$44.11	\$441.10	
830	E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month	\$58.42	\$584.20	
831	E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month	\$67.71	\$677.10	
832	E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	\$54.43	\$544.30	
833	E1161	Wheelchair Manual Adult Size, includes tilt in space	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
834	E1170	Whlchr ampu fxd arm leg rest	Y/6 months	YES		Y/ month	\$85.45	\$854.50	
835	E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month	\$65.18	\$651.80	
836	E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	\$79.65	\$796.50	
837	E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	\$96.95	\$969.50	
838	E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	\$112.01	\$1,120.10	
839	E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	\$120.19	\$1,201.90	
840	E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	\$80.14	\$801.40	
841	E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	MSRP-15%	MSRP-15%	
842	E1221	Wheelchair spec size w foot	Y/6 months	YES		Y/ month	\$38.63	\$386.30	
843	E1222	Wheelchair spec size w/ leg	Y/6 months	YES		Y/ month	\$55.12	\$551.20	
844	E1223	Wheelchair spec size w foot	Y/6 months	YES		Y/ month	\$60.19	\$601.90	
845	E1224	Wheelchair spec size w/ leg	Y/6 months	YES		Y/ month	\$65.99	\$659.90	
846	E1225	Wheelchair spec sz semi-recl	Y/6 months	YES		Y/ month	\$43.24	\$432.40	
847	E1226	Wheelchair spec sz full-recl	Y/6 months	YES		Y/ month	\$52.20	\$522.01	
848	E1227	Wheelchair spec sz spec ht a	Y/6 months	YES		Y/ month	\$24.48	\$244.80	

	A	B	C	D	E	F	G	H	I
849	E1228	Wheelchair spec sz spec ht b	Y/6 months	YES		Y/ month	\$26.81	\$268.10	
850	E1229	Wheelchair, pediatric not otherwise classified	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
851	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
852	E1232	Wheelchair pediatric size, tilt-in space, folding, adjustable with seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
853	E1233	Wheelchair pediatric size, tilt-in space, rigid, adjustable without seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
854	E1234	Wheelchair pediatric size, tilt-in space, folding, adjustable without seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
855	E1235	Wheelchair pediatric size, tilt-in space, rigid, adjustable with seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
856	E1236	Wheelchair pediatric size, folding, adjustable with seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
857	E1237	Wheelchair pediatric size, rigid, adjustable without seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
858	E1238	Wheelchair pediatric size, folding, adjustable without seating system	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%	
859	E1240	Whchr litwt det arm leg rest	Y/6 months	YES		Y/ month	\$83.77	\$837.70	
860	E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	\$61.80	\$618.00	
861	E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month	\$75.79	\$757.90	
862	E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month	\$72.25	\$722.50	
863	E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month	\$125.58	\$1,255.80	
864	E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	\$98.07	\$980.70	
865	E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month	\$114.02	\$1,140.20	
866	E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	\$98.78	\$987.80	
867	E1296	Wheelchair special seat heigth	Y/6 months	YES		Y/ month	\$39.98	\$399.82	
868	E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month	\$9.61	\$95.95	
869	E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	\$40.53	\$405.30	
870	E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	M	M	
871	E1340	Repair for DME per 15 min	Y/6 months if PA	YES >\$300		NA		\$10.00	
872	E1355	Oxygen supplies stand/rack		NO		NA		\$34.44	
873	E1372	Oxy suppl heater for nebuliz	Y/6 months	YES		Y/month	\$14.10	\$140.99	
874	E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	\$199.28	NA	rate change 1/1/08

	A	B	C	D	E	F	G	H	I
875	E1391	O2 concentrator, dual del. Port, 85% or >O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	\$199.28	NA	rate change 1/1/08
876	E1392	portable O2 concentrator , rental	Y/12 months	YES		Y/month	\$51.63	NA	rate change 1/1/07
877	E1399	Miscellaneous DME	Y/12 months	YES		NA		M	
878	E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	\$210.12	NA	rate change 08/01/2007
879	E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	\$193.06	NA	rate change 08/01/2007
880	E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	\$32.99	\$329.91	
881	E1701	Repl cushions for jaw motion		NO		NA		\$10.15	
882	E1702	Repl measr scales jaw motion		NO		NA		\$20.92	
883	E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	\$94.78	\$947.80	
884	E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	\$97.27	\$972.70	
885	E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	\$94.90	\$949.00	
886	E1812	Dynamic knee ext/flex. Device with active resistance control	Y/ 6 months	YES		Y/month	\$77.39	NA	rate set 08/01/2007
887	E1815	Adjust ankle ext/flex device	Y/ 6 months	YES		Y/ month	\$97.27	\$972.70	
888	E1820	Soft interface material		NO		NA		\$78.20	
889	E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	\$97.27	\$972.70	
890	E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	\$97.27	\$972.70	
891	E1841	Static progressive stretch shoulder device,w/woROM adj.,incl. all components & access., each	Y/6months	YES		Y/month	\$407.70	NA	rate set 08/01/2007 CMS description change 1/08
892	E2000	Gastric suction pump, home model, portable or stationary, electric	Y/6months	YES		Y/ month	\$37.23	\$372.30	
893	E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/ 6 months	YES	1 per 4 years	NA		\$615.33	
894	E2201	Man. W/C non-standard seat frame, width >=20" and < 24"	Y/6 months	YES		NA		MSRP-22%	
895	E2202	Man. W/C non-standard seat frame, width 24-27"	Y/6 months	YES		NA		MSRP-22%	
896	E2203	Man. W/C nonstandard seat frame depth 20 to < 22"	Y/6 months	YES		NA		MSRP-22%	
897	E2204	Man. W/C nonstandard seat frame depth 22 to 25"	Y/6 months	YES		NA		MSRP-22%	

	A	B	C	D	E	F	G	H	I
898	E2205	Manual W/C access. Handrim w/o projections any type, replacement only, includes ergonomic or contoured , each		NO		NA		\$32.67	CMS description change 1/08
899	E2206	manual W/C accessory, wheel lock assembly, complete, each		NO		NA		\$40.68	
900	E2207	W/C accessory, cane/crutch holder	Y/6 months	YES		Y/month	\$4.15	\$41.47	correction to fee schedule as to requiring PA 8/1/08
901	E2208	W/C access. Cylinder tank carrier, each	Y/6months	YES		Y/month	\$11.36	\$113.64	
902	E2209	W/C access. Arm trough, w/wo hand support each	Y/6months	YES		Y/month	\$10.25	\$102.52	
903	E2210	W/C access. , bearings, any type, replacement only, each, pt. owned		NO		NA		\$6.27	
904	E2211	Man. W/C access. Pneumatic propulsion tire, any size each,		NO		NA		\$39.14	
905	E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NA		\$5.63	
906	E2213	Man. W/C access. Insert for pneumatic propulsion tire, removable, any size, each,		NO		NA		\$29.10	
907	E2214	Man. W/C access. Pneumatic caster tire, any size each		NO		NA		\$29.27	
908	E2215	Man. W/C access. Tube for pneumatic caster tire, any size each		NO		NA		\$9.19	
909	E2216	Man. W/C access. Foam filled propulsion tire, any size, each	Y/6 months	YES		NA		M	
910	E2217	Man. W/C access. Foam filled tire, any size each	Y/6 months	YES		NA		M	
911	E2218	Man. W/C access. Foam propulsion tire, any size each	Y/6 months	YES		NA		M	
912	E2219	Man. W/C access. Foam caster tire, any size each		NO		NA		\$34.03	
913	E2220	Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, each		NO		NA		\$23.19	

	A	B	C	D	E	F	G	H	I
914	E2221	Man. W/C access. Solid (rubber/plastic) tire removable any size, each		NO		NA		\$24.44	
915	E2222	Man. WC solid caster tire (rubber or plastic) w/wheel any size, each		NO		NA		\$18.95	
916	E2223	Man. WC valve, any type replacement only, each		NO		NA		\$5.05	
917	E2224	Man. WC propulsion wheel, exc. Tire, each		NO		NA		\$79.74	
918	E2225	Man. WC access. Caster wheel excl. tire, any size, replacement only, each		NO		NA		\$15.66	
919	E2226	Man. WC access. Caster fork, any size, replacement only, each		NO		NA		\$34.15	
920	E2227	Manual W/C accessory, gear reduction drive wheel, each	Y/12 months	YES		NA		\$1,255.30	CMS code addition 1/08 rate set 8-1-08
921	E2228	Manual W/C accessory, wheel braking system and lock, complete, each	Y/12 months	YES		NA		\$749.01	CMS code addition 1/08 rate set 8-1-08
922	E2291	Back, planar, for ped. W/C includes fixed attaching hardware	Y/6months	YES		Y/month	M		M
923	E2292	Seat, planar, for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	M		M
924	E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6months	YES		Y/month	M		M
925	E2294	Seat , countoured for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	M		M
926	E2300	Power W/C access., power seat elevation	Y/6 months	YES		NA		MSRP-22%	
927	E2301	Power W/C access. Power standing system	Y/6 months	YES		NA		MSRP-22%	
928	E2310	Power W/C access. Electronic conn. Between 1 motor	Y/6 months	YES		NA		MSRP-22%	
929	E2311	Power W/C access. Elect. Conn. Between 2 motors	Y/6 months	YES		NA		MSRP-22%	
930	E2312	Power W/C accessory, hand or chin control interface, mini-proportional remote joystick proportional, including fixed mounting hardware	Y/12 months	YES		NA			CMS code addition M 1/08

	A	B	C	D	E	F	G	H	I
931	E2313	Power W/C accessory, harness for upgrade to expandable controller, including all fasteners, connectors, and mounting hardware, each	Y/12 months	YES		NA			CMS code addition M 1/08
932	E2321	Power W/C access. Hand control interface	Y/6 months	YES		NA		MSRP-22%	
933	E2322	Power W/C access. Hand control mult. Mech. Switches	Y/6 months	YES		NA		MSRP-22%	
934	E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NA		MSRP-22%	
935	E2324	Power W/C chin cup for chin control	Y/6 months	YES		NA		MSRP-22%	
936	E2325	Power W/C Access. Sip and puff interface	Y/6 months	YES		NA		MSRP-22%	
937	E2326	Power W/C breath tube kit for sip and puff	Y/6 months	YES		NA		MSRP-22%	
938	E2327	Power W/C access. Head control interface	Y/6 months	YES		NA		MSRP-22%	
939	E2328	Power W/C access. Head or extremity control	Y/6 months	YES		NA		MSRP-22%	
940	E2329	Power W/C access. Head control contact switch	Y/6 months	YES		NA		MSRP-22%	
941	E2330	Power W/C access. Head control proximity switch	Y/6 months	YES		NA		MSRP-22%	
942	E2331	Attendant control, power w/c access., proportional incl. all related electronic & fixed mounting hardware, each	Y/6 months	YES		NA			code added for M coverage 7/8/08
943	E2340	Power W/C access. Nonstandard seat frame width 20-23"	Y/6 months	YES		NA		MSRP-22%	
944	E2341	Power W/C access. Nonstandard seat frame width 24-27"	Y/6 months	YES		NA		MSRP-22%	
945	E2342	Power W/C access. Nonstandard seat frame depth 20 or 21"	Y/6 months	YES		NA		MSRP-22%	
946	E2343	Power W/C access. Nonstandard seat frame depth 22-25"	Y/6 months	YES		NA		MSRP-22%	
947	E2351	Power W/C access. Electronic interface for speech gen.	Y/6 months	YES		NA		\$558.90	
948	E2360	Power W/C access. 22 NF non-sealed lead acid battery, each		NO		NA		\$107.48	
949	E2361	Power W/C access. 22NF sealed lead acid battery, each		NO		NA		\$132.49	

	A	B	C	D	E	F	G	H	I
950	E2362	Power W/C access. Group 24 non-sealed lead acid battery ea.		NO		NA		\$87.38	
951	E2363	Power W/C access. Group 24 sealed lead acid battery each		NO		NA		\$176.70	
952	E2364	Power W/C accessory, U-1 non-sealed lead acid battery, ea.		NO		NA		\$101.10	
953	E2365	Power W/C access. U-1 sealed lead acid battery, each		NO		NA		\$106.56	
954	E2366	Power W/C access. Battery charger, single mode, each		NO		NA		\$252.20	
955	E2367	Power W/C access. Battery charger dual mode, each	Y/6 months	YES		NA		\$400.93	
956	E2368	Power W/C component, motor, replacement, only	Y/6months	YES		NA		\$464.91	rate change 01/02/2007
957	E2369	Power W/C component, gear box, replacement only	Y/6months	YES		NA		\$404.14	rate set 08/01/2007
958	E2370	Power W/C component, motor and gear box combination, replacement only	Y/6months	YES		NA		\$722.56	rate change 01/02/2007
959	E2371	Power WC access. Group 27 sealed lead acid battery each		NO		NA		\$135.67	
960	E2372	Power WC access. Group 27 non-sealed lead acid battery each	Y/6 months	YES		NA		M	
961	E2373	power WC access., hand or chin control interface, compact remote joystick, proportional, incl. fixed mounting hardware	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007 CMS description change 1/08
962	E2374	Power WC hand or chin control, standard remote joystick, replacement only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
963	E2375	Power WC, non-exp. Controller, replacement only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
964	E2376	Power WC expandable controller, replacement only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
965	E2377	Power WC expandable controller, initial upgrade only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
966	E2381	Power WC pneumatic drive wheel tire, any size, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
967	E2382	Power WC tube for pneumatic drive drive wheel tire any size, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007

	A	B	C	D	E	F	G	H	I
968	E2383	Power WC insert for pneumatic drive wheelany type, any size, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
969	E2384	Power WC pneumatic caster tire, any size, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
970	E2385	Power WC tube for pneumatic tire, any size, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
971	E2386	Power WC foam filled drive wheel, any sz. Replac. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
972	E2387	Pwr. WC foam filled caster tire, any sz. Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
973	E2388	Pwr. WC foam foam drive tire, any sz. Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
974	E2389	Pwr. WC foam caster tire, any sz, repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
975	E2390	Pwr. WC solid drive wheel, rubber/plastic, any sz. Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
976	E2391	Pwr. WC solid caster wheel, rubber/plastic, any sz.removable Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
977	E2392	Pwr. WC solid caster wheel, rubber/plastic,w/ integ. wheel any sz.removable Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
978	E2393	Pwr. WC valve for pneumatic tire tube, any type repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
979	E2394	Pwr WC access. Drive wheel excl. tires, any size repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
980	E2395	Pwr. WC caster wheel exc. Tire, any sz. Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
981	E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES		NA		MSRP-22%	code added to fee schedule 02/01/2007
982	E2397	Power W/C accessory, Lithium based battery, each	Y/12 months	YES		NA		MSRP-22%	CMS code addition 1/08
983	E2399	Power W/C accessory, noc	Y/12 months	YES		NA	NA	MSRP-22%	

	A	B	C	D	E	F	G	H	I
984	E2402	Negative pressure wound therapy pump	Y/12 months	YES		YES	\$1,373.17		Policy clarification 7/17/08. Rental only no purchase option.
985	E2500	speech gen. device <=8 min. recording time	Y/12 months	YES		YES	\$31.29	\$312.85	
986	E2502	Speech gen. device >8 min but <=20 min. recording time	Y/12 months	YES		YES	\$95.67	\$956.54	
987	E2504	Speech gen. device >20 min but<=40 min. recording time	Y/12 months	YES		YES	\$126.19	\$1,261.94	
988	E2506	Speech gen. device -dig. Speech	Y/12 months	YES		YES	\$185.04	\$1,850.37	
989	E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	\$286.13	\$2,861.29	
990	E2510	Speech gen. device synth. Speech, multiple methods of messaging	Y/12 months	YES		YES	\$647.51	\$6,475.12	
991	E2512	accessory for speech gen. device	Y/12 months	YES		YES	M	M	
992	E2599	Accessory for speech gen. device NOC	Y/12 months	YES		YES	M	M	
993	E2601	Gen. Use W/C cushion width<22", any depth	Y/12 months	YES		NA	NA	MSRP-22%	
994	E2602	Gen. Use W/C cushion width 22" or >, any depth	Y/12 months	YES		NA	NA	MSRP-22%	
995	E2603	Skin protection W/C cushion width <22" any depth	Y/12 months	YES		NA	NA	MSRP-22%	
996	E2604	Skin protection W/C cushion width 22" or > any depth	Y/12 months	YES		NA	NA	MSRP-22%	
997	E2605	Positioning W/C cushion width <22" any depth	Y/12 months	YES		NA	NA	MSRP-22%	
998	E2606	Positioning W/C cushion width>22" any depth	Y/12 months	YES		NA	NA	MSRP-22%	
999	E2607	Skin protection & positioning seat cushion, width < 22", any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	

	A	B	C	D	E	F	G	H	I
1000	E2608	Skin protection & positioning seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1001	E2609	Custom fabricated W/C seat cushion, any size	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1002	E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1003	E2611	Gen. Use W/C back cushion, width < 22", any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1004	E2612	Gen. Use W/C back cushion, width 22" or >, any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1005	E2613	Positioning W/C back cushion, posterior, Width <22", any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1006	E2614	Positioning W/C back cushion, posterior, Width 22" or >, any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1007	E2615	Positioning W/C back cushion,post/lateral, Width <22", any ht, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1008	E2616	Positioning W/C back cushion, post/lat, width 22" or>, any ht.,Incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1009	E2617	Custom fabricated W/C back cushion, any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1010	E2618	W/C accessory, solid seat support base, manual or lwt. Power incl. Mounting Hdw.						CMS DC	1/08
1011	E2619	Replacement cover for W/C seat cushion or back cushion, each	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1012	E2620	Positioning W/C back cushion, planar with lateral supp., width<22", Incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1013	E2621	Positioning W/C back cushion, planar with lateral supp., width22"or >, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%	
1014	E8000	Gait trainer, ped. Size, posterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	M		M
1015	E8001	Gait trainer, ped. Size, upright support, incl. All Accessories and components	Y/12 months	YES		Y/month	M		M

	A	B	C	D	E	F	G	H	I
1016	E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	M	M	
1017	K0001	Standard wheelchair	Y/6months	YES		Y/ month	\$47.69	\$476.90	
1018	K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	\$78.28	\$782.80	
1019	K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	\$72.86	\$728.60	
1020	K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	\$124.81	\$1,248.10	
1021	K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	\$176.86	\$1,768.60	
1022	K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	\$107.22	\$1,072.20	
1023	K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	\$170.77	\$1,707.70	
1024	K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	MSRP-15%	MSRP-15%	
1025	K0015	Detach non-adjus hght armrst	Y/ 6 months	YES		Y/ month	\$17.38	\$173.83	
1026	K0017	Detach adjust armrest base	Y/ 6 months	YES		Y/ month	\$4.89	\$48.90	
1027	K0018	Detach adjust armrst upper	Y/ 6 months	YES		Y/ month	\$2.73	\$27.31	
1028	K0019	Arm pad each	Y/ 6 months	YES		Y/ month	\$1.64	\$16.43	
1029	K0020	Fixed adjust armrest pair	Y/ 6 months	YES		Y/ month	\$4.44	\$44.44	
1030	K0037	high mount foot rest	Y/6 months	YES		Y/month	\$3.92	\$39.17	
1031	K0038	Leg strap each		NO		NA		\$23.21	
1032	K0039	Leg strap h style each		NO		NA		\$51.54	
1033	K0040	Adjustable angle footplate	Y/ 6 months	YES		Y/month	\$7.14	\$71.43	
1034	K0041	Large size footplate each	Y/ 6 months	YES		Y/month	\$5.06	\$50.62	
1035	K0042	Standard size footplate each	Y/ 6 months	YES		Y/month	\$3.21	\$32.13	
1036	K0043	Ftrst lower extension tube		NO		NA		\$18.69	
1037	K0044	Ftrst upper hanger bracket		NO		NA		\$15.92	
1038	K0045	Footrest complete assembly		NO		NA		\$54.16	
1039	K0046	Elevat legrst low extension		NO		NA		\$18.69	
1040	K0047	Elevat legrst up hangr brack		NO		NA		\$73.17	
1041	K0050	Ratchet assembly		NO		NA		\$31.09	
1042	K0051	Cam relese assem frst/lgrst		NO		NA		\$50.33	
1043	K0052	Swingaway detach footrest	Y/6 months	YES		Y/month	\$8.84	\$88.43	
1044	K0053	Elevate footrest articulate		NO		NA		\$97.59	
1045	K0056	Seat ht <17 or >=21 ltwt wc	Y/6 months	YES		Y/month	\$9.10	\$90.98	
1046	K0065	Spoke protectors		NO		NA		\$42.54	
1047	K0069	Rear whl complete solid tire		NO		NA		\$95.59	
1048	K0070	Rear whl compl pneum tire		NO		NA		\$175.23	
1049	K0071	Front castr compl pneum tire		NO		NA		\$104.51	
1050	K0072	Frnt cstr cmlpl sem-pneum tir		NO		NA		\$62.91	
1051	K0073	Caster pin lock each		NO		NA		\$33.29	
1052	K0077	Front caster assem complete		NO		NA		\$56.30	

	A	B	C	D	E	F	G	H	I
1053	K0098	Drive belt power wheelchair D						\$26.03	
1054	K0105	IV hanger	Y/6 months	YES		NA	\$9.51	\$95.12	
1055	K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NA		MSRP-22%	
1056	K0195	Elevating whlchair leg rests	Y/ 6 months	YES		Y/ month	\$20.16	\$201.60	
1057	K0455	Pump uninterrupted infusion	Y/ 6 months	YES		Y/ month	\$253.40	NA	
1058	K0462	Temporary replacement item for pt. owned equipment	Y/6 months	YES		Y/month	M	NA	code added to fee schedule 01/01/2007
1059	K0552	Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each		NO		NA		\$2.12	
1060	K0553	Combination oral/nasal mask used with continous positive airway pressure device, each						CMS DC	1/08
1061	K0554	Oral cushion for K0553 replacement only						CMS DC	1/08
1062	K0555	Nasal pillows for K0553 replacement only						CMS DC	1/08
1063	K0606	AED with integrated EKG analysis, garment, each	Y/12 months	YES		Y/month	\$2,268.20	NA	1/2/08 code added to fee schedule
1064	K0669	W/C accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Y/12 months	YES		NA		MSRP-22%	description updated 7/7/08
1065	K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Y/12 months	YES		NA			code activated by M CMS 4-1-08
1066	K0730	Controlled Dose Inhalation del. System effective 7/1/05	Y/12 months	YES		NA		\$155.16	rate set 08/01/2007
1067	K0733	Battery for power chair 12-24 amp new 7/1/06	Y/12 months	YES		NA		\$27.19	rate set 08/01/2007
1068	K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		Y/ month	MSRP-22%	MSRP-22%	
1069	K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		Y/ month	MSRP-22%	MSRP-22%	
1070	K0736	W/C cushion adj. <22" width new 7/1/06	Y/12 months	YES		Y/ month	MSRP-22%	MSRP-22%	
1071	K0737	W/C cushion adj. >22" width new 7/1/06	Y/12 months	YES		Y/ month	MSRP-22%	MSRP-22%	
1072	K0738	Prt. O2 home compressor to fill prt. Tanks incl. all supplies	Y/12 months	YES		Y/ month	\$51.63	NA	code added to fee schedule 01/01/2007
1073	K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	\$116.35	\$1,163.49	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I
1074	K0801	POV Grp. 1 Hvy Duty. Pt. wt 301-450 lbs.	Y/12 months	YES		Y/ month	\$187.58	\$1,875.80	code added to fee schedule 01/01/2007
1075	K0802	POV Grp. 1 Very Hvy Duty pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$212.28	\$2,122.79	code added to fee schedule 01/01/2007
1076	K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	\$140.75	\$1,407.52	code added to fee schedule 01/01/2007
1077	K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	\$213.58	\$2,135.75	code added to fee schedule 01/01/2007
1078	K0808	POV, Grp. 2,Very Hvy. Duty 451-600 lbs.	Y/12 months	YES		Y/ month	\$330.44	\$3,304.44	code added to fee schedule 01/01/2007
1079	K0812	POV, NOC	Y/12 months	YES		Y/ month	M	M	code added to fee schedule 01/01/2007
1080	K0813	Pwr. WC Grp. 1, stand., port. Sling/solid seat & back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$200.55	\$2,005.47	code added to fee schedule 01/01/2007
1081	K0814	Pwr. WC Grp. 1 stand. Port. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$252.68	\$2,526.84	code added to fee schedule 01/01/2007
1082	K0815	Pwr. WC Grp 1 stand.sling/sol. Seat & back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	\$310.42	\$3,104.19	code added to fee schedule 01/01/2007
1083	K0816	Pwr. WC Grp 1 stand. captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$296.29	\$2,962.89	code added to fee schedule 01/01/2007
1084	K0820	Pwr. WC Grp 2 stand. Port. Sling/solid seat/back <=300 lbs.	Y/12 months	YES		Y/ month	\$225.86	\$2,258.64	code added to fee schedule 01/01/2007
1085	K0821	Pwr. WC Grp 2 stand. Port. Captain's chair, pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$248.18	\$2,481.84	code added to fee schedule 01/01/2007
1086	K0822	Pwr. WC Grp 2 stand. Sling/solid seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$352.17	\$3,521.70	code added to fee schedule 01/01/2007
1087	K0823	Pwr. WC Grp 2 stand. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$355.37	\$3,553.65	code added to fee schedule 01/01/2007
1088	K0824	Pwr. WC Grp 2 Hvy duty sling/solid seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$428.31	\$4,283.10	code added to fee schedule 01/01/2007
1089	K0825	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$355.68	\$3,556.80	code added to fee schedule 01/01/2007
1090	K0826	Pwr. WC Grp 2, very hvy duty, sling/solid seat/back pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$556.71	\$5,567.13	code added to fee schedule 01/01/2007
1091	K0827	Pwr. WC, Grp. 2 very hvy duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$425.31	\$4,253.13	code added to fee schedule 01/01/2007
1092	K0828	Pwr. WC, Grp. 2 xhvy duty, sling/solid seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	\$614.20	\$6,141.96	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I
1093	K0829	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 601 > lbs.	Y/12 months	YES		Y/ month	\$506.14	\$5,061.42	code added to fee schedule 01/01/2007
1094	K0830	Pwr. WC Grp. 2 stand. Seat elev. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$398.33	\$3,983.31	code added to fee schedule 01/01/2007
1095	K0831	Pwr. WC Grp. 2 stand. Seat elev. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$398.33	\$3,983.31	code added to fee schedule 01/01/2007
1096	K0835	Pwr. WC Grp. 2, stand. Single pwr. Opt. sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$364.48	\$3,644.82	code added to fee schedule 01/01/2007
1097	K0836	Pwr. WC Grp. 2 stand. Single pwr. Opt. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$371.16	\$3,711.60	code added to fee schedule 01/01/2007
1098	K0837	Pwr. WC Grp. 2 hvy. Duty, single pwr opt. sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$428.31	\$4,283.10	code added to fee schedule 01/01/2007
1099	K0838	Pwr. WC Grp. 2 hvy. duty, single pwr opt. Captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$386.51	\$3,865.14	code added to fee schedule 01/01/2007
1100	K0839	Pwr. WC, Grp. 2, very hvy. Duty single pwr. Opt.,sling/solid back, pt. wt. 401-600 lbs.	Y/12 months	YES		Y/ month	\$556.71	\$5,567.13	code added to fee schedule 01/01/2007
1101	K0840	Pwr. WC, Grp. 2, xhvy. Duty, single pwr. Opt. pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	\$751.55	\$7,515.54	code added to fee schedule 01/01/2007
1102	K0841	Pwr. WC Grp. 2 stand.multi-pwr. Opt. sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$409.64	\$4,096.35	code added to fee schedule 01/01/2007
1103	K0842	Pwr. WC, Grp. 2, multi-pwr., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$409.64	\$4,096.35	code added to fee schedule 01/01/2007
1104	K0843	Pwr. WC, Grp. 2, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back,pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$457.94	\$4,579.38	code added to fee schedule 01/01/2007
1105	K0848	Pwr. WC Grp. 3, stand. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$465.58	\$4,655.79	code added to fee schedule 01/01/2007
1106	K0849	Pwr. WC, Grp. 3, stand., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$447.49	\$4,474.89	code added to fee schedule 01/01/2007
1107	K0850	Pwr. WC, Grp. 3, hvy. Duty, sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$516.79	\$5,167.89	code added to fee schedule 01/01/2007
1108	K0851	Pwr. WC, Grp. 3, hvy. Duty, captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$496.73	\$4,967.28	code added to fee schedule 01/01/2007
1109	K0852	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$627.39	\$6,273.90	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I
1110	K0853	Pwr. WC, very hvy. Duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$644.76	\$6,447.60	code added to fee schedule 01/01/2007
1111	K0854	Pwr. WC, Grp. 3 xhvy. Duty, sling/solid seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	\$820.40	\$8,204.04	01/01/2007 wt limit corrected 7/2/07
1112	K0855	Pwr. WC, Grp. 3, xhvy duty, captain's chair, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	\$767.28	\$7,672.77	01/01/2007 wt limit corrected 7/2/07
1113	K0856	Pwr. WC, Grp. 3, stand., single pwr. Opt. sling/solid seat back, pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	\$500.52	\$5,005.17	code added to fee schedule 01/01/2007
1114	K0857	Pwr. WC, Grp. 3, stand., single pwr. Opt. capt. chair pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	\$466.78	\$4,667.76	code added to fee schedule 01/01/2007
1115	K0858	Pwr. WC, Grp. 3, hvy. Duty, single pwr. Opt., sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$623.36	\$6,233.58	code added to fee schedule 01/01/2007
1116	K0859	Pwr. WC, Grp. 3, single pwr. Opt., capt. Chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$583.45	\$5,834.52	code added to fee schedule 01/01/2007
1117	K0860	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$876.07	\$8,760.69	code added to fee schedule 01/01/2007
1118	K0861	Pwr. WC, Grp. 3 stand., multi-pwr. Opt.,sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	\$501.31	\$5,013.09	code added to fee schedule 01/01/2007
1119	K0862	Pwr. WC, Grp. 3, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	\$623.36	\$6,233.58	code added to fee schedule 01/01/2007
1120	K0863	Pwr. WC, Grp. 3, very hvy. Duty,multi-pwr.sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	\$876.07	\$8,760.69	code added to fee schedule 01/01/2007
1121	K0864	Pwr. WC, Grp. 3, xhvy duty, multi-pwr.opt.,sling/solid seat/back , pt. wt.600> lbs.	Y/12 months	YES		Y/ month	\$1,042.50	\$10,424.97	code added to fee schedule 01/01/2007
1122	K0890	PWR. WC. Grp.5, ped. Sling/solid seat back pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	M	M	code added to fee schedule 01/01/2007
1123	K0891	Pwr. WC Grp. 5, ped.multi-pwr, sling/solid seat/back, pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	M	M	code added to fee schedule 01/01/2007
1124	K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	M	M	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I
1125	L0120	Cerv flexible non-adjustable		NO		NA		\$21.60	
1126	L0130	Flex thermoplastic collar molded to patient	Y/12 months	YES		NA		\$156.19	
1127	L0140	Cervical semi-rigid adjustab		NO		NA		\$53.90	
1128	L0150	Cerv semi-rig adj molded chn		NO		NA		\$89.88	
1129	L0160	Cerv semi-rig wire occ/mand		NO		NA		\$127.96	
1130	L0170	Cervical collar molded to pt	Y/ 12 months	YES		NA		\$541.49	
1131	L0172	Cerv col thermplas foam 2 piece		NO		NA		\$109.80	
1132	L0174	Cerv col foam 2 piece w thor		NO		NA		\$197.24	
1133	L0180	Cer post col occ/man sup adj		NO		NA		\$268.26	
1134	L0190	Cerv collar supp adj cerv ba	Y/ 12 months	YES		NA		\$403.80	
1135	L0200	Cerv col supp adj bar & thor	Y/ 12 months	YES		NA		\$370.78	
1136	L0210	Thoracic rib belt		NO		NA		\$38.48	
1137	L0220	Thor rib belt custom fabrica	Y/12 months	YES		NA		\$87.94	
1138	L0430	Spinal orthosis, Dewart posture protector CODE REACTIVATED 1/1/05	Y/12 months	YES		NA		\$1,073.89	
1139	L0450	TLSO flexible, provides trunk support, upper thoracic region, prefab		NO		NA		\$145.17	
1140	L0452	TLSO flexible, provides trunk support, upper thoracic region, customized	Y/12 months	YES		NA		\$271.28	

	A	B	C	D	E	F	G	H	I
1141	L0454	TLSO, Flexible, provides trunk support, sacrococcygeal junction to T-9, prefab		NO		NA		\$188.81	
1142	L0456	TLSO, flexible thoracic region, prefab		YES		NA		\$755.69	ratechange 8/1/2007
1143	L0460	TLSO, triplanar control prefab	Y/12 months	YES		NA		\$762.71	added to fee schedule 8/13/2007
1144	L0462	TLSO, triplanar control, prefab	Y/12 months	YES				\$909.58	rate set 01/02/2007
1145	L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NA		\$962.52	
1146	L0466	TLSO Sagittal control, prefab		NO		NA		\$295.09	
1147	L0468	TLSO sagittal-coronal control, rigid posterior frame	Y/12 months	YES		NA		\$332.39	\$295.09 former rate change eff. 1/15/08; PA required
1148	L0470	TLSO triplanar control	Y/12 months	YES		NA		\$369.97	
1149	L0472	TLSO, triplanar control, hyperextension prefab	Y/12 months	YES		NA		\$330.63	
1150	L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NA		\$964.69	rate set 01/02/2007

	A	B	C	D	E	F	G	H	I
1151	L0482	TLSO, triplanar, custom fabricated, one piece rigid plastic shell, each	Y/12 months	YES		NA		\$1,073.89	
1152	L0484	TLSO, triplanar control, two piece	Y/12 months	YES		NA		\$1,366.56	
1153	L0486	TLSO, triplanar control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NA		\$1,353.74	
1154	L0488	TLSO triplanar, one piece, prefab	Y/12 months	YES		NA		\$1,172.02	
1155	L0490	TLSO sagittal coronal control one piece prefab	Y/12 months	YES		NA		\$214.93	rate change 08/01/2007
1156	L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NA		\$621.62	
1157	L0492	TLSO 3 rigid plastic shells, pre fab	Y/12 months	YES		NA		\$402.87	
1158	L0621	Sacroiliac orthosis, flexible, pre fab		NO		NA		\$72.17	
1159	L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NA		\$195.70	
1160	L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NA		M	
1161	L0624	Sacroiliac orthosis, rigid or semi-rigid, custom	Y/12 months	YES		NA		M	
1162	L0625	Lumbar orthosis, flexible, pre fab M pricing until 9/1/06		NO		NA		\$44.60	
1163	L0626	Lumbar orthosis, sagittal control, pre fab M pricing until 9/1/06		NO		NA		\$63.10	
1164	L0627	Lumbar orthosis, sagittal control with rigid ant./post. Panels, pre fab M pricing until 9/1/06	Y/12 months	YES		NA		\$332.72	
1165	L0628	Lumbar-sacral orthosis, flexible, pre fab M pricing until 9/1/06		NO		NA		\$67.89	

	A	B	C	D	E	F	G	H	I
1166	L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NA		M	
1167	L0630	Lumbar-sacral orthosis, sag. Control, pre fab M pricing until 9/1/06		NO		NA		\$131.07	
1168	L0631	Lumbar-sacral orthosis, sagittal control, pre fab M pricing until 9/1/06	Y/12 months	YES		NA		\$830.92	
1169	L0632	Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom	Y/12 months	YES		NA		M	
1170	L0633	Lumbar-sacral orthosis, sag. Control, rigid post., pre fab M pricing until 9/1/06		NO		NA		\$232.10	
1171	L0634	Lumbar-sacral orthosis, sag. Control, rigid post., custom	Y/12 months	YES		NA		M	
1172	L0635	Lumbar-sacral orthosis, sag-coronal control, prefab m pricing until 9/1/06	Y/12 months	YES		NA		\$688.57	
1173	L0636	Lumbar-sacral orthosis, sag-coronal control, custom	Y/12 months	YES		NA		\$1,143.02	
1174	L0637	Lumbar-sacral orthosis, sag-coronal control, rigid ant/post., prefab M pricing until 9/1/06	Y/12 months	YES		NA		\$1,101.92	
1175	L0638	Lumbar-sacral orth, sag-coronal control, rigid ant./post., custom M pricing until 9/1/06	Y/12 months	YES		NA		\$1,067.55	
1176	L0639	Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab M pricing until 9/1/06	Y/12 months	YES		NA		\$1,101.92	
1177	L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06	Y/12 months	YES		NA		\$846.98	
1178	L0700	CtIso a-p-l control molded	Y/ 12 months	YES		NA		\$1,662.23	
1179	L0710	CtIso a-p-l control w/ inter	Y/ 12 months	YES		NA		\$1,814.43	
1180	L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NA		\$1,927.56	
1181	L0820	Halo cervical into body jack	Y/ 12 months	YES		NA		\$1,559.32	
1182	L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NA		\$2,251.49	
1183	L0960	Post surgical support pads						CMS DC	1/08

	A	B	C	D	E	F	G	H	I
1184	L0970	Tlso corset front		NO		NA		\$82.06	
1185	L0972	Lso corset front		NO		NA		\$83.88	
1186	L0974	Tlso full corset		NO		NA		\$171.40	
1187	L0976	Lso full corset		NO		NA		\$153.07	
1188	L0978	Axillary crutch extension		NO		NA		\$138.21	
1189	L0980	Peroneal straps pair		NO		NA		\$12.53	
1190	L0982	Stocking supp grips set of 4		NO		NA		\$13.66	
1191	L0984	Protective body sock each		NO		NA		\$43.58	
1192	L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NA		M	
1193	L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NA		\$1,457.71	
1194	L1001	Cervical TLSO, infant, prefab	YES	YES		NA	NA	M	code added 01/02/2007
1195	L1010	Ctlso axilla sling		NO		NA		\$58.70	
1196	L1020	Kyphosis pad		NO		NA		\$80.20	
1197	L1025	Kyphosis pad floating		NO		NA		\$91.15	
1198	L1030	Lumbar bolster pad		NO		NA		\$60.90	
1199	L1040	Lumbar or lumbar rib pad		NO		NA		\$73.31	
1200	L1050	Sternal pad		NO		NA		\$63.48	
1201	L1060	Thoracic pad		NO		NA		\$71.59	
1202	L1070	Trapezius sling		NO		NA		\$73.19	
1203	L1080	Outrigger		NO		NA		\$50.71	
1204	L1085	Outrigger bil w/ vert extens		NO		NA		\$140.90	
1205	L1090	Lumbar sling		NO		NA		\$65.82	
1206	L1100	Ring flange plastic/leather		NO		NA		\$116.18	
1207	L1110	Ring flange plas/leather molded to patient	Y/12 months	YES		NA		\$176.79	\$196.79 former rate change effective 1/15/08
1208	L1120	Covers for upright each		NO		NA		\$31.35	
1209	L1200	Furnsh initial orthosis only	Y/ 12 months	YES		NA		\$1,247.80	
1210	L1210	Lateral thoracic extension		NO		NA		\$187.88	
1211	L1220	Anterior thoracic extension		NO		NA		\$159.06	
1212	L1230	Milwaukee type superstructur	Y/ 12 months	YES		NA		\$408.15	
1213	L1240	Lumbar derotation pad		NO		NA		\$70.25	
1214	L1250	Anterior asis pad		NO		NA		\$69.16	
1215	L1260	Anterior thoracic derotation pad		NO		NA		\$71.07	
1216	L1270	Abdominal pad		NO		NA		\$70.97	
1217	L1280	Rib gusset (elastic) each		NO		NA		\$63.28	
1218	L1290	Lateral trochanteric pad		NO		NA		\$71.74	

	A	B	C	D	E	F	G	H	I
1219	L1300	Body jacket mold to patient	Y/ 12 months	YES		NA		\$1,199.37	
1220	L1310	Post-operative body jacket	Y/ 12 months	YES		NA		\$1,234.16	
1221	L1499	Spinal orthosis NOS	Y/ 12 months	YES		NA			M
1222	L1500	Thkao mobility frame	Y/ 12 months	YES		NA		\$1,363.83	
1223	L1510	Thkao standing frame	Y/ 12 months	YES		NA		\$862.81	
1224	L1520	Thkao swivel walker	Y/ 12 months	YES		NA		\$2,049.32	
1225	L1600	Abduct hip flex frejka w cvr		NO		NA		\$92.52	
1226	L1610	Abduct hip flex frejka covr		NO		NA		\$31.52	
1227	L1620	Abduct hip flex pavlik harne		NO		NA		\$103.81	
1228	L1630	Abduct control hip semi-flex		NO		NA		\$123.87	
1229	L1640	Pelv band/spread bar thigh c	Y/ 12 months	YES		NA		\$331.31	
1230	L1650	HO abduction hip adjustable		NO		NA		\$175.69	
1231	L1660	HO abduction static plastic		NO		NA		\$122.87	
1232	L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NA		\$1,010.22	
1233	L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NA		\$1,065.95	
1234	L1686	HO post-op hip abduction	Y/ 12 months	YES		NA		\$715.11	
1235	L1690	Combination bilateral HO	Y/ 12 months	YES		NA		\$1,492.95	
1236	L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NA		\$1,242.04	
1237	L1710	Legg perthes orth newington	Y/ 12 months	YES		NA		\$1,459.94	
1238	L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NA		\$1,078.46	
1239	L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NA		\$813.69	
1240	L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NA		\$1,184.31	
1241	L1800	Knee orthosis elas w stays		NO		NA		\$63.68	
1242	L1810	KO elastic with joints		NO		NA		\$93.48	
1243	L1815	Elastic with condylar pads		NO		NA		\$85.66	
1244	L1820	KO elas w/ condyle pads & jo		NO		NA		\$93.09	
1245	L1825	KO elastic knee cap		NO		NA		\$41.50	
1246	L1830	KO immobilizer canvas longit		NO		NA		\$77.88	
1247	L1831	KO locking knee joint pre fab incl. Fitting and adj.	Y/12 months	NO		NA		\$190.58	
1248	L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NA		\$582.03	
1249	L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NA		\$684.74	
1250	L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NA		\$719.78	
1251	L1843	KO single upright custom fit	Y/ 12 months	YES		NA		\$692.73	
1252	L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NA		\$1,200.34	
1253	L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NA		\$723.15	
1254	L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NA		\$906.34	
1255	L1847	KO adjustable w air chambers	Y/ 12 months	YES		NA		\$444.06	

	A	B	C	D	E	F	G	H	I
1256	L1850	KO swedish type		NO		NA		\$206.67	
1257	L1855	KO plas doub upright jnt mol						CMS DC	1/08
1258	L1858	KO polycentric pneumatic pad						CMS DC	1/08
1259	L1860	KO supracondylar socket mold	Y/ 12 months	YES		NA		\$801.59	
1260	L1870	KO doub upright lacers molde						CMS DC	1/08
1261	L1880	KO doub upright cuffs/lacers						CMS DC	1/08
1262	L1900	AFO sprng wir drsflx calf bd		NO		NA		\$217.15	
1263	L1901	ankle orthosis , elastic prefab		NO		NA		\$14.94	code added 07/02/2007
1264	L1902	AFO ankle gauntlet		NO		NA		\$58.97	
1265	L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NA		\$337.64	
1266	L1906	AFO multiligamentus ankle su		NO		NA		\$98.67	
1267	L1907	supramalleolar w/straps w/wo interface/pads, custom fabricated	Y/12 months	YES		NA		\$364.37	
1268	L1910	AFO sing bar clasp attach sh		NO		NA		\$192.01	
1269	L1920	AFO sing upright w/ adjust s		NO		NA		\$251.01	
1270	L1930	AFO plastic or other material, includes fitting & adjustment		NO		NA		\$169.85	
1271	L1932	AFO, rigid anterior tibial section,pre fab, incl. Fitting & adj.	Y/12 months	YES		NA		\$650.05	rate change 01/02/2007
1272	L1940	AFO, plastic or other material custom	Y/ 12 months	YES		NA		\$383.85	
1273	L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NA		\$704.90	
1274	L1950	AFO spiral molded to pt plas	Y/ 12 months	YES		NA		\$534.80	
1275	L1951	spiral, IRM type, plastic or other material prefab, incl. Fitting and adj.	Y/12 months	YES		NA		\$543.82	
1276	L1960	AFO pos solid ank plastic mo	Y/ 12 months	YES		NA		\$397.98	
1277	L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NA		\$588.64	
1278	L1971	plastic or other material w/ankle joint, prefab, incl. Fitting and adj.	Y/12 months	YES		NA		\$303.52	
1279	L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NA		\$263.51	
1280	L1990	AFO doub solid stirrup calf	Y/ 12 months	YES		NA		\$338.57	
1281	L2000	KAFO using fre stirr thi/calf	Y/ 12 months	YES		NA		\$728.26	
1282	L2005	KAFO any material, single or dbl. Upright includes ankle joint custom fabricated	Y/12 months	YES		NA		\$2,985.10	rate change 01/02/2007
1283	L2010	KAFO single upright, free ankle, solid stirrup	Y/ 12 months	YES		NA		\$663.87	
1284	L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NA		\$838.37	

	A	B	C	D	E	F	G	H	I
1285	L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NA		\$727.36	
1286	L2034	KAFO full plastic, single upright, w/wo free motion knee,custom fabricated	Y/12 months	YES		NA		\$1,560.11	rate set 08/01/2007
1287	L2035	KAFO plastic pediatric size		NO		NA		\$133.74	
1288	L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NA		\$1,332.12	
1289	L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NA		\$1,227.64	
1290	L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NA		\$1,026.55	
1291	L2040	Hkafo torsion bil rot straps		NO		NA		\$131.12	
1292	L2050	Hkafo torsion cable hip pelv	Y/ 12 months	YES		NA		\$349.21	
1293	L2060	Hkafo torsion ball bearing j	Y/ 12 months	YES		NA		\$448.19	
1294	L2070	Hkafo torsion unilat rot str		NO		NA		\$128.74	
1295	L2080	Hkafo unilat torsion cable	Y/ 12 months	YES		NA		\$274.55	
1296	L2090	Hkafo unilat torsion ball br	Y/ 12 months	YES		NA		\$338.43	
1297	L2106	AFO tib fx cast plaster mold	Y/ 12 months	YES		NA		\$488.18	
1298	L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NA		\$767.15	
1299	L2112	AFO tibial fracture soft	Y/ 12 months	YES		NA		\$364.26	
1300	L2114	AFO tib fx semi-rigid	Y/ 12 months	YES		NA		\$416.75	
1301	L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NA		\$549.09	
1302	L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NA		\$976.95	
1303	L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NA		\$1,231.18	
1304	L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NA		\$579.19	
1305	L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NA		\$694.43	
1306	L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NA		\$849.11	
1307	L2180	Plas shoe insert w ank joint		NO		NA		\$84.08	
1308	L2182	Drop lock knee		NO		NA		\$65.81	
1309	L2184	Limited motion knee joint		NO		NA		\$118.59	
1310	L2186	Adj motion knee jnt lerman t		NO		NA		\$131.41	
1311	L2188	Quadrilateral brim		NO		NA		\$286.72	
1312	L2190	Waist belt		NO		NA		\$74.47	
1313	L2192	Pelvic band & belt thigh fla		NO		NA		\$256.01	
1314	L2200	Limited ankle motion ea jnt		NO		NA		\$34.14	
1315	L2210	Dorsiflexion assist each joi		NO		NA		\$55.40	
1316	L2220	Dorsi & plantar flex ass/res		NO		NA		\$63.60	
1317	L2230	Split flat caliper stirr & p		NO		NA		\$55.09	
1318	L2232	Addt. To lower extremity orthosis, rocker bottom, custom fabricated only	Y/12 months	YES		NA		\$70.38	rate set 04/02/2007
1319	L2240	Addt. To lower extremity orthosis, round caliper & plate attachment		NO		NA		\$60.04	

	A	B	C	D	E	F	G	H	I
1320	L2250	Foot plate molded stirrup at	Y/12months	YES		NA		\$255.13	
1321	L2260	Reinforced solid stirrup		NO		NA		\$143.93	
1322	L2265	Long tongue stirrup		NO		NA		\$84.55	
1323	L2270	Varus/valgus strap padded/li		NO		NA		\$38.56	
1324	L2275	Plastic mod low ext pad/line		NO		NA		\$93.82	
1325	L2280	Molded inner boot	Y/ 12 months	YES		NA		\$348.55	
1326	L2300	Abduction bar jointed adjust		NO		NA		\$196.75	
1327	L2310	Abduction bar-straight		NO		NA		\$88.33	
1328	L2320	Non-molded lacer		NO		NA		\$147.73	
1329	L2330	Lacer molded to patient	Y/12 months	YES		NA		\$281.93	
1330	L2335	Anterior swing band		NO		NA		\$165.85	
1331	L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NA		\$391.38	
1332	L2350	Prosthetic type socket molde	Y/ 12 months	YES		NA		\$639.78	
1333	L2360	Extended steel shank		NO		NA		\$37.15	
1334	L2370	Patten bottom		NO		NA		\$184.32	
1335	L2375	Torsion ank & half solid sti		NO		NA		\$81.13	
1336	L2380	Torsion straight knee joint		NO		NA		\$88.39	
1337	L2385	Straight knee joint heavy du		NO		NA		\$96.17	
1338	L2386	Addt. Orthotic side bar	Y/12 months	YES		NA		M	code added 01/02/2007
1339	L2390	Offset knee joint each		NO		NA		\$78.59	
1340	L2395	Offset knee joint heavy duty		NO		NA		\$120.00	
1341	L2397	Suspension sleeve lower ext		NO		NA		\$84.16	
1342	L2405	Knee joint drop lock ea jnt		NO		NA		\$67.32	
1343	L2415	Knee joint cam lock each joi		NO		NA		\$93.78	
1344	L2425	Knee disc/dial lock/adj flex		NO		NA		\$110.66	
1345	L2430	Knee jnt ratchet lock ea jnt		NO		NA		\$110.66	
1346	L2492	Knee lift loop drop lock rin		NO		NA		\$73.22	
1347	L2500	Thi/glut/ischia wgt bearing		NO		NA		\$226.51	
1348	L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NA		\$606.45	
1349	L2520	Th/wght bear quad-lat brim c	Y/ 12 months	YES		NA		\$330.77	
1350	L2525	Th/wght bear nar m-l brim mo	Y/ 12 months	YES		NA		\$1,134.81	
1351	L2526	Th/wght bear nar m-l brim cu	Y/ 12 months	YES		NA		\$611.66	
1352	L2530	Thigh/wght bear lacer non-mo		NO		NA		\$168.70	
1353	L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NA		\$303.55	
1354	L2550	Thigh/wght bear high roll cu		NO		NA		\$206.21	
1355	L2570	Hip clevis type 2 posit jnt	Y/ 12 months	YES		NA		\$455.98	

	A	B	C	D	E	F	G	H	I
1356	L2580	Pelvic control pelvic sling	Y/ 12 months	YES		NA		\$432.25	
1357	L2600	Hip clevis/thrust bearing fr		NO		NA		\$147.46	
1358	L2610	Hip clevis/thrust bearing lo		NO		NA		\$174.37	
1359	L2620	Pelvic control hip heavy dut		NO		NA		\$191.98	
1360	L2622	Hip joint adjustable flexion		NO		NA		\$220.18	
1361	L2624	Hip adj flex ext abduct cont		NO		NA		\$299.33	
1362	L2627	Plastic mold recipro hip & c	Y/ 12 months	YES		NA		\$1,233.21	
1363	L2628	Metal frame recipro hip & ca	Y/ 12 months	YES		NA		\$1,448.65	
1364	L2630	Pelvic control band & belt u		NO		NA		\$177.79	
1365	L2640	Pelvic control band & belt b		NO		NA		\$241.29	
1366	L2650	Pelv & thor control gluteal		NO		NA		\$86.17	
1367	L2660	Thoracic control thoracic ba		NO		NA		\$133.82	
1368	L2670	Thorac cont paraspinal uprig		NO		NA		\$122.48	
1369	L2680	Thorac cont lat support upri		NO		NA		\$112.36	
1370	L2750	Plating chrome/nickel pr bar		NO		NA		\$60.02	
1371	L2755	Addt. Lower ext.,high strength, custom fab. Only		NO		NA		\$100.89	
1372	L2760	Extension per extension per		NO		NA		\$43.62	
1373	L2770	Low ext orthosis per bar/jnt		NO		NA		\$44.33	
1374	L2780	Non-corrosive finish per bar		NO		NA		\$51.60	
1375	L2785	Drop lock retainer each		NO		NA		\$30.34	
1376	L2795	Knee control full kneecap		NO		NA		\$61.01	
1377	L2800	Knee cap medial or lateral p		NO		NA		\$76.58	
1378	L2810	Knee control condylar pad		NO		NA		\$56.08	
1379	L2820	Soft interface below knee se		NO		NA		\$62.35	
1380	L2830	Soft interface above knee se		NO		NA		\$70.11	
1381	L2840	Tibial length sock fx or equ		NO		NA		\$39.13	
1382	L2850	Femoral lgth sock fx or equa		NO		NA		\$44.46	
1383	L2860	Addition to lower extremity joint, knee or ankle concentric adjustable torsion style mechanism, each	Y/12 months	YES		NA			M
1384	L2999	Lower extremity orthosis NOS	Y/12 months	YES		NA			M
1385	L3000	foot insert Berkeley shell, each	Y/12 months	YES		NA		\$247.24	
1386	L3001	foot insert Spenco, each	Y/12 months	YES		NA		\$101.20	rate change 08/01/2007
1387	L3002	foot insert, Plastazote , each	Y/12 months	YES		NA		\$122.72	rate change 08/01/2008

	A	B	C	D	E	F	G	H	I
1388	L3003	foot insert, Silicone gel , each	Y/12 months	YES		NA		\$132.38	rate change 08/01/2009
1389	L3010	Longitudinal Arch support each				NA		\$122.12	
1390	L3020	Foot longitud/metatarsal supp	Y/12 months	YES		NA		\$139.06	
1391	L3030	Foot arch support remov prem	Y/12 months	YES		NA		\$53.49	
1392	L3040	Foot arch support remov premolded longitudinal, each	Y/12 months	YES		NA		\$31.99	
1393	L3060	Foot arch support, removable, premolded, longitudinal & horizontal, each	Y/12 months	YES		NA		\$53.73	rate set 01/02/2007
1394	L3100	Hallus-valgus night dynamic splint		NO		NA		\$30.31	
1395	L3140	Abduction rotation bar shoe		NO		NA		\$60.69	
1396	L3150	Abduction rotation bar w/o shoe		NO		NA		\$55.49	
1397	L3160	Shoe styled postioning device	Y/ 12 months	YES		NA		\$159.84	
1398	L3170	Foot plastic heel stablizer		NO		NA		\$34.69	
1399	L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NA		\$51.28	
1400	L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NA		\$80.00	
1401	L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NA		\$73.47	
1402	L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NA		\$67.08	
1403	L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NA		\$72.41	
1404	L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES		NA		\$76.66	
1405	L3208	Surgical boot, each infant	Y/ 12 months	YES		NA		\$54.31	
1406	L3209	Surgical boot, each child	Y/ 12 months	YES		NA		\$28.75	
1407	L3211	Surgical boot, each junior	Y/ 12 months	YES		NA		\$35.60	
1408	L3212	Benesch boot pair infant	Y/ 12 months	YES		NA		\$56.43	
1409	L3213	Benesch boot pair child	Y/ 12 months	YES		NA		\$61.75	
1410	L3214	Benesch boot pair junior	Y/ 12 months	YES		NA		\$67.08	
1411	L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NA		\$78.94	
1412	L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NA		\$118.67	
1413	L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NA		\$92.40	
1414	L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NA		\$90.80	
1415	L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NA		\$151.75	
1416	L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NA		\$111.86	
1417	L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NA		\$42.22	
1418	L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NA		\$48.57	
1419	L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NA		\$308.31	
1420	L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NA		\$231.77	
1421	L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NA		\$280.14	

	A	B	C	D	E	F	G	H	I
1422	L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NA		\$210.21	
1423	L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NA		\$99.94	
1424	L3254	Orth foot non-std size/w	Y/ 12 months	YES		NA		\$149.07	
1425	L3255	Orth foot non-std size/w	Y/ 12 months	YES		NA		\$42.59	
1426	L3257	Orth foot add charge split	Y/ 12 months	YES		NA		\$95.83	
1427	L3260	Ambulatory surgical boot each		NO		NA		\$22.03	
1428	L3265	Plastazole sandal each		NO		NA		\$25.00	
1429	L3300	Lift, Elevation Heel, Tapered to Metata		NO		NA		\$44.00	
1430	L3310	Shoe lift elev heel/sole neo	Y/12 months	YES		NA		\$61.84	rate change 08/01/2007
1431	L3320	shoe lift elev heel/sole cor	Y/12 months	YES		NA		\$67.38	
1432	L3332	Shoe inside tapered up to 1/2 inch	Y/12 months	YES		NA		\$51.16	former rate \$45.00 change eff. 1/15/08
1433	L3340	shoe wedge sach	Y/12 months	YES		NA		\$59.73	
1434	L3350	shoe sole wedge	Y/12 months	YES		NA		\$16.05	
1435	L3360	shoe sole wedge outside sole	Y/12 months	YES		NA		\$24.96	
1436	L3370	shoe sole wedge between sole	Y/12 months	YES		NA		\$34.77	
1437	L3380	shoe clubfoot wedge	Y/12 months	YES		NA		\$34.77	
1438	L3390	shoe outflare wedge	Y/12 months	YES		NA		\$39.04	
1439	L3400	shoe metatarsal bar wedge	Y/12 months	YES		NA		\$28.53	
1440	L3410	shoe metatarsal bar between	Y/12 months	YES		NA		\$65.07	
1441	L3420	full sole/heel wedge btween	Y/12 months	YES		NA		\$38.33	
1442	L3430	shoe heel count plast reinforc	Y/12 months	YES		NA		\$112.32	
1443	L3440	heel leather reinforced	Y/12 months	YES		NA		\$53.49	
1444	L3450	shoe heel sach cushion type	Y/12 months	YES		NA		\$73.99	
1445	L3455	shoe heel new leather standard	Y/12 months	YES		NA		\$32.04	
1446	L3460	shoe heel new rubber standard	Y/12 months	YES		NA		\$27.02	
1447	L3465	shoe heel thomas with wedge	Y/12 months	YES		NA		\$41.01	
1448	L3470	shoe heel thomas extend to B	Y/12 months	YES		NA		\$43.68	
1449	L3480	shoe heel pad &depress for	Y/12 months	YES		NA		\$43.68	
1450	L3485	shoe heel pad removeable for	Y/12 months	YES		NA		\$19.00	
1451	L3500	ortho shoe add leather insol	Y/12 months	YES		NA		\$20.50	
1452	L3510	orthopedic shoe add rub insl	Y/12 months	YES		NA		\$20.50	
1453	L3520	ortho shoe add felt w leather insol	Y/12 months	YES		NA		\$22.29	
1454	L3530	ortho shoe add half sole	Y/12 months	YES		NA		\$22.29	
1455	L3540	ortho shoe add full sole	Y/12 months	YES		NA		\$35.66	
1456	L3550	ortho shoe add standard toe tap	Y/12 months	YES		NA		\$7.01	
1457	L3560	ortho shoe add horseshoe toe tap	Y/12 months	YES		NA		\$18.02	

	A	B	C	D	E	F	G	H	I
1458	L3570	ortho shoe add instep extension	Y/12 months	YES		NA		\$67.06	
1459	L3580	ortho shoe add instep velcro clos	Y/12 months	YES		NA		\$51.04	
1460	L3590	ortho shoe convert firm to soft count	Y/12 months	YES		NA		\$42.04	
1461	L3595	ortho shoe add march bar	Y/ 12 months	YES		NA		\$30.56	
1462	L3600	Trans shoe calip plate exist		NO		NA		\$60.06	
1463	L3610	Trans shoe caliper plate new		NO		NA		\$79.08	
1464	L3620	Trans shoe solid stirrup existing		NO		NA		\$60.06	
1465	L3630	Trans shoe solid stirrup new		NO		NA		\$79.08	
1466	L3640	Shoe Dennis Browne splint both		NO		NA		\$34.03	
1467	L3649	orthopedic shoe modification NOS	Y/12 months	YES		NA		M	
1468	L3650	Shlder fig 8 abduct restrain		NO		NA		\$42.06	
1469	L3651	single shoulder, elastic prefab		NO		NA		\$50.58	rate set 07/02/2007
1470	L3660	Abduct restrainer canvas&web		NO		NA		\$72.21	
1471	L3670	Acromio/clavicular canvas&we		NO		NA		\$100.66	
1472	L3671	Shoulder othosis, cap design w/o joints	YES	YES		NA		\$623.06	added to fee schedule7/26/07
1473	L3675	Canvas vest SO		NO		NA		\$123.30	
1474	L3700	Elbow orthosis elas w stays		NO		NA		\$49.04	
1475	L3701	elbow orthosis, elastic prefab		NO		NA		\$14.08	rate set 01/02/2007
1476	L3702	elbow orthosis w/o joints, may include soft interface, straps, custom fabricated incl. fitting & adj.	YES	YES		NA		M	added to fee schedule03/08 with effective DOS 5/1/07
1477	L3710	Elbow elastic with metal joi		NO		NA		\$101.87	
1478	L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NA		\$508.23	
1479	L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NA		\$669.04	
1480	L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NA		\$751.88	
1481	L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj	Y/ 12 months	YES		NA		\$335.71	
1482	L3762	Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/adj.		NO		NA		\$63.37	
1483	L3763	elbow wrist hand orthosis rigid w/o joints custom fab incl. fitting & adj.	Y/12 months	YES		NA		\$501.18	code added to fee schedule 10/12/07 former rate \$886.65 change eff. 1/15/08
1484	L3800	Whfo short opponen no attach						CMS DC	1/08
1485	L3805	Whfo long opponens no attach						CMS DC	1/08

	A	B	C	D	E	F	G	H	I
1486	L3806	WHFO, incl. 1 or more nontorsion joints. Custom	YES	YES		NA		\$517.69	code added to fee schedule 01/02/2007; rate set eff. 1/15/08 rate adj. 8/1/08 from \$286.74
1487	L3807	WHFO w/o joints, prefab includes fitting and adjustments any type		NO		NA		\$175.69	
1488	L3808	WHFO, rigid w/o joints, custom,	YES	YES		NA		\$488.89	rate set 08/01/2007; rate adj. 8/1/08 from \$195.15
1489	L3810	Whfo thumb abduction bar						CMS DC	1/08
1490	L3815	Whfo second m.p. abduction a						CMS DC	1/08
1491	L3820	Whfo ip ext asst w/ mp ext s						CMS DC	1/08
1492	L3825	Whfo m.p. extension stop						CMS DC	1/08
1493	L3830	Whfo m.p. extension assist						CMS DC	1/08
1494	L3835	Whfo m.p. spring extension a						CMS DC	1/08
1495	L3840	Whfo spring swivel thumb						CMS DC	1/08
1496	L3845	Whfo thumb ip ext ass w/ mp						CMS DC	1/08
1497	L3850	Action wrist w/ dorsiflex as						CMS DC	1/08
1498	L3855	Whfo adj m.p. flexion contro						CMS DC	1/08
1499	L3860	Whfo adj m.p. flex ctrl & i.						CMS DC	1/08
1500	L3890	Addition to Upper Extremity Joint, Wrist		NO		NA		\$272.51	
1501	L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NA		\$1,097.63	
1502	L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NA		\$1,230.73	
1503	L3904	Whfo electric custom fitted	Y/ 12 months	YES		NA		\$2,505.44	
1504	L3905	wrist/hand orthosis custom	Y/12 months	YES		NA		\$301.89	code added to fee schedule 04/02/2007 rate set 08/01/2007; rate adj. eff. 8/1/08 from \$685.74
1505	L3906	Wrist gauntlet molded to pt	Y/12 months	YES		NA		\$296.41	
1506	L3907	Whfo wrst gauntlt thmb spica						CMS DC	1/08
1507	L3908	Wrist cock-up non-molded		NO		NA		\$42.10	
1508	L3909	WO elastic prefab		NO		NA		\$10.87	rate set 07/02/2007
1509	L3910	Whfo swanson design						CMS DC	1/08
1510	L3911	WHFO elastic, pre fab		NO		NA		\$19.06	rate set 07/02/2007

	A	B	C	D	E	F	G	H	I
1511	L3912	Flex glove w/elastic finger		NO		NA		\$67.55	
1512	L3915	WHFO, rigid with 1 or more joints, prefab,	YES	YES		NA		\$367.58	code added to fee schedule 01/02/2007 rate set 08/01/2007
1513	L3916	Whfo wrist extens w/ outrigg						CMS DC	1/08
1514	L3917	hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and adj.		NO		NA		\$62.25	
1515	L3918	HFO knuckle bender						CMS DC	1/08
1516	L3920	Knuckle bender with outrigge						CMS DC	1/08
1517	L3922	Knuckle bend 2 seg to flex j						CMS DC	1/08
1518	L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj		NO		NA		\$54.91	former rate \$27.35 change eff. 1/15/08
1519	L3924	Oppenheimer						CMS DC	1/08
1520	L3925	Finger orthosis, PIP/DIP, non-torsion joint/spring, ext./flex., pre-fab, incl fitting & adj., each		NO		NA		\$33.35	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1521	L3926	Thomas suspension						CMS DC	1/08
1522	L3927	Finger orthosis, PIP/DIP, non-torsion w/o joint/spring, ext./flex., pre-fab, incl fitting & adj., each	Y/12 months	YES		NA		\$22.09	CMS code addition 1/08; rate set 8/1/08
1523	L3928	Finger extension w/ clock sp						CMS DC	1/08
1524	L3929	Hand finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/spring, straps, pre-fab, incl. fitting & adj., each		NO		NA		\$53.14	CMS code addition 1/08 rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1525	L3930	Finger extension with wrist						CMS DC	1/08
1526	L3931	Wrist, hand, finger orthosis, incl. 1 or more nontorsion joints,turnbuckles, elastic bands/springs, straps, pre-fab, incl. fitting & adj., each		NO		NA		\$128.55	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1527	L3932	Safety pin spring wire						CMS DC	1/08

	A	B	C	D	E	F	G	H	I
1528	L3934	Safety pin modified						CMS DC	1/08
1529	L3936	Palmer						CMS DC	1/08
1530	L3938	Dorsal wrist						CMS DC	1/08
1531	L3940	Dorsal wrist w/ outrigger at						CMS DC	1/08
1532	L3942	Reverse knuckle bender						CMS DC	1/08
1533	L3944	Reverse knuckle bend w/ outr						CMS DC	1/08
1534	L3946	HFO composite elastic						CMS DC	1/08
1535	L3948	Finger knuckle bender						CMS DC	1/08
1536	L3950	Oppenheimer w/ knuckle bend						CMS DC	1/08
1537	L3952	Oppenheimer w/ rev knuckle 2						CMS DC	1/08
1538	L3954	Spreading hand						CMS DC	1/08
1539	L3956	addt. Of joint to upper ext orth. any material, per joint	Y/12 months	YES		NA		M	4/2/2007
1540	L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NA		\$579.15	
1541	L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NA		\$603.04	
1542	L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	\$59.42	\$594.21	
1543	L3965	Arm supp att to wc rancho ty	Y/ 12 months	YES		Y/ month	\$94.82	\$948.19	
1544	L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month	\$63.21	\$632.12	
1545	L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month	\$87.87	\$878.65	
1546	L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	\$63.21	\$632.12	
1547	L3970	Elevat proximal arm support		NO		NA		\$252.86	
1548	L3971	SEHWO, shoulder cap design, custom fabricated	Y/12 months	YES		NA		\$1,248.33	code added to fee schedule01/02/2007
1549	L3972	Offset/lat rocker arm w/ ela		NO		NA		\$160.79	
1550	L3974	Mobile arm support supinator		NO		NA		\$128.59	
1551	L3980	Upp ext fx orthosis humeral		NO		NA		\$217.21	
1552	L3982	Upper ext fx orthosis rad/ul		NO		NA		\$268.36	
1553	L3984	Upper ext fx orthosis wrist		NO		NA		\$286.46	
1554	L3985	Forearm hand fx orth w/ wr h						CMS DC	1/08
1555	L3986	Humeral rad/ulna wrist fx or						CMS DC	1/08
1556	L3995	Add. To upper ext. sock, fracture, or equal, each		NO		NA		\$24.05	
1557	L3999	Upper limb orthosis, not otherwise specified	Y/ 12 months	YES		NA		M	
1558	L4000	Repl girdle milwaukee orth	Y/ 12 months	YES		NA		\$936.66	
1559	L4002	Replacement strap, any orthosis, includes all components, any lgth., any type	Y/12months	YES		NA		M	

	A	B	C	D	E	F	G	H	I
1560	L4010	Replace trilateral socket brim	Y/ 12 months	YES		NA		\$527.10	
1561	L4020	Replace quadlat socket brim	Y/ 12 months	YES		NA		\$658.39	
1562	L4030	Replace socket brim cust fit	Y/ 12 months	YES		NA		\$362.50	
1563	L4040	Replace molded thigh lacer	Y/ 12 months	YES		NA		\$293.09	
1564	L4045	Replace non-molded thigh lac		NO		NA		\$235.52	
1565	L4050	Replace molded calf lacer	Y/ 12 months	YES		NA		\$296.42	
1566	L4055	Replace non-molded calf lace		NO		NA		\$191.94	
1567	L4060	Replace high roll cuff		NO		NA		\$228.18	
1568	L4070	Replace prox & dist upright		NO		NA		\$217.71	
1569	L4080	Repl met band kafo-af0 prox		NO		NA		\$76.74	
1570	L4090	Repl met band kafo-af0 calf/		NO		NA		\$67.93	
1571	L4100	Repl leath cuff kafo prox th		NO		NA		\$76.62	
1572	L4110	Repl leath cuff kafo-af0 cal		NO		NA		\$60.89	
1573	L4130	Replace pretibial shell	Y/ 12 months	YES		NA		\$419.07	
1574	L4205	Repair orthotic device per 15 min labor		YES > \$300		NA		\$10.00	
1575	L4210	repair or replace minor parts		YES > \$300		NA		\$32.03	
1576	L4350	Pneumatic ankle cntrl splint		NO		NA		\$75.50	
1577	L4360	Pneumatic walking splint		NO		NA		\$211.22	
1578	L4370	Pneumatic full leg splint		NO		NA		\$135.55	
1579	L4380	Pneumatic knee splint		NO		NA		\$83.11	
1580	L4386	Non-pneumatic walking boot		NO		NA		\$109.98	former rate \$83.11 change eff. 1/15/08
1581	L4394	Replacement Foot Drop Splint		NO		NA		\$13.13	
1582	L4396	Static AFO		NO		NA		\$129.57	
1583	L4398	Foot drop splint recumbent		NO		NA		\$59.63	
1584	L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NA		\$404.82	
1585	L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NA		\$977.72	
1586	L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NA		\$1,660.43	
1587	L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NA		\$1,836.74	
1588	L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NA		\$2,112.77	
1589	L5100	Molded socket shin sach foot	Y/ 12 months	YES		NA		\$1,840.79	
1590	L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NA		\$2,657.36	
1591	L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NA		\$2,686.23	
1592	L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NA		\$2,921.76	
1593	L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NA		\$2,797.99	
1594	L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NA		\$1,856.19	
1595	L5220	No knee joint with artic ali	Y/ 12 months	YES		NA		\$2,109.89	
1596	L5230	Fem focal defic constant fri	Y/ 12 months	YES		NA		\$2,909.97	

	A	B	C	D	E	F	G	H	I
1597	L5250	Hip canad sing axi cons fric	Y/ 12 months	YES		NA		\$3,968.93	
1598	L5270	Tilt table locking hip sing	Y/ 12 months	YES		NA		\$3,951.32	
1599	L5280	Hemipelvect canad sing axis	Y/ 12 months	YES		NA		\$3,921.05	
1600	L5301	Below Knee molded socket, shin each foot, endoskeletal system	Y/ 12 months	YES		NA		\$2,205.98	
1601	L5311	Knee disarticulation , molded socket, external knee joints, shin,sach foot endo	Y/ 12 months	YES		NA		\$2,964.15	rate change 08/01/2007
1602	L5321	Above Knee, molded socket, open end, sach foot, endoskelttal system, single axis knee	Y/ 12 months	YES		NA		\$3,197.63	
1603	L5331	Hip disarticulation, Canadian type, molded socket endoskeletal system, hip joint, single	Y/ 12 months	YES		NA		\$3,824.67	rate change 08/01/2007
1604	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal hip joint single axis knee	Y/ 12 months	YES		NA		\$3,981.49	rate change 08/01/2007
1605	L5400	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NA		\$1,041.72	
1606	L5410	Postop dsg bk ea add cast ch	Y/ 12 months	YES		NA		\$319.61	
1607	L5420	Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NA		\$1,276.60	
1608	L5430	Postop dsg ak ea add cast ch	Y/ 12 months	YES		NA		\$384.93	
1609	L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NA		\$313.15	
1610	L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NA		\$417.21	
1611	L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NA		\$982.44	
1612	L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NA		\$1,358.73	
1613	L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NA		\$1,113.65	
1614	L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NA		\$1,100.03	
1615	L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NA		\$1,321.24	
1616	L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NA		\$1,279.19	
1617	L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NA		\$1,384.52	
1618	L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NA		\$1,486.72	
1619	L5570	Prep AK ischial direct form	Y/ 12 months	YES		NA		\$1,545.67	
1620	L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NA		\$1,804.46	
1621	L5585	Prep AK ischial open end	Y/ 12 months	YES		NA		\$2,220.69	
1622	L5590	Prep AK ischial laminated	Y/ 12 months	YES		NA		\$1,838.87	
1623	L5595	Hip disartic sach thermopls	Y/ 12 months	YES		NA		\$3,248.61	
1624	L5600	Hip disart sach laminat mold	Y/ 12 months	YES		NA		\$3,492.11	
1625	L5610	Above knee hydracadence	Y/ 12 months	YES		NA		\$1,583.72	
1626	L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NA		\$1,232.45	

	A	B	C	D	E	F	G	H	I
1627	L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NA		\$1,926.89	
1628	L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NA		\$1,305.33	
1629	L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NA		\$1,041.28	
1630	L5617	AK/BK self-aligning unit ea	Y/ 12 months	YES		NA		\$432.81	
1631	L5618	Test socket symes	Y/12 months	YES		NA		\$228.97	PA required until a system change can be made to remove it
1632	L5620	Test socket below knee		NO		NA		\$212.67	
1633	L5622	Test socket knee disarticula		NO		NA		\$277.31	
1634	L5624	Test socket above knee		NO		NA		\$278.10	
1635	L5626	Test socket hip disarticulat	Y/ 12 months	YES		NA		\$364.71	
1636	L5628	Test socket hemipelvectomy	Y/ 12 months	YES		NA		\$389.97	
1637	L5629	Below knee acrylic socket		NO		NA		\$243.10	
1638	L5630	Syme typ expandabl wall sckt	Y/ 12 months	YES		NA		\$343.30	
1639	L5631	Ak/knee disartic acrylic soc	Y/ 12 months	YES		NA		\$336.10	
1640	L5632	Symes type ptb brim design s		NO		NA		\$187.58	
1641	L5634	Symes type poster opening so		NO		NA		\$232.68	
1642	L5636	Symes type medial opening so		NO		NA		\$194.91	
1643	L5637	Below knee total contact		NO		NA		\$220.98	
1644	L5638	Below knee leather socket	Y/ 12 months	YES		NA		\$384.95	
1645	L5639	Below knee wood socket	Y/ 12 months	YES		NA		\$857.64	
1646	L5640	Knee disarticulat leather so	Y/ 12 months	YES		NA		\$489.13	
1647	L5642	Above knee leather socket	Y/ 12 months	YES		NA		\$473.93	
1648	L5643	Hip flex inner socket ext fr	Y/ 12 months	YES		NA		\$1,190.58	
1649	L5644	Above knee wood socket	Y/ 12 months	YES		NA		\$451.81	
1650	L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NA		\$610.34	
1651	L5646	Below knee air cushion socket	Y/ 12 months	YES		NA		\$419.12	
1652	L5647	Below knee suction socket	Y/ 12 months	YES		NA		\$608.48	
1653	L5648	Above knee air cushion socket	Y/ 12 months	YES		NA		\$503.62	
1654	L5649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NA		\$1,824.88	
1655	L5650	Tot contact ak/knee disart s	Y/ 12 months	YES		NA		\$373.43	
1656	L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NA		\$918.63	
1657	L5652	Suction susp ak/knee disart	Y/ 12 months	YES		NA		\$333.50	
1658	L5653	Knee disart expand wall sock	Y/ 12 months	YES		NA		\$445.19	
1659	L5654	Socket insert symes		NO		NA		\$253.68	
1660	L5655	Socket insert below knee		NO		NA		\$214.98	
1661	L5656	Socket insert knee articulat		NO		NA		\$288.41	

	A	B	C	D	E	F	G	H	I
1662	L5658	Socket insert above knee		NO		NA		\$278.13	
1663	L5661	Multi-durometer symes	Y/ 12 months	YES		NA		\$465.50	
1664	L5665	Multi-durometer below knee	Y/ 12 months	YES		NA		\$391.67	
1665	L5666	Below knee cuff suspension	Y/ 12 months	NO		NA		\$53.55	
1666	L5668	Socket insert w/o lock lower		NO		NA		\$86.37	
1667	L5670	Bk molded supracondylar susp	Y/12 months	YES		NA		\$207.57	
1668	L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism	Y/12 months	YES		NA		\$432.87	rate change 08/01/2007 PA req. corrected 11/6/07
1669	L5672	Bk removable medial brim sus	Y/12 months	YES		NA		\$228.10	
1670	L5673	below knee/above knee socket insert, silicone gel or elastomeric w/locking mech	Y/ 12 months	YES		NA		\$456.19	
1671	L5676	Bk knee joints single axis p	Y/ 12 months	YES		NA		\$277.19	
1672	L5677	Bk knee joints polycentric p	Y/ 12 months	YES		NA		\$377.16	
1673	L5678	Bk joint covers pair	Y/ 12 months	NO		NA		\$30.37	
1674	L5679	below knee/above knee socket insert, silicone gel or elastomeric no locking mech	Y/ 12 months	YES		NA		\$380.15	
1675	L5680	Bk thigh lacer non-molded		NO		NA		\$253.53	
1676	L5681	below knee/above knee, custom fab. Socket inset initial only for cong. Or atypical	Y/12 months	YES		NA		\$853.43	
1677	L5682	Bk thigh lacer glut/ischia m	Y/ 12 months	YES		NA		\$478.39	
1678	L5683	below knee/above knee, custom fab, socket inset, initial only not cong.or atypical	Y/ 12 months	YES		NA		\$853.43	
1679	L5684	Bk fork strap		NO		NA		\$36.81	
1680	L5685	Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any mat. Each		NO		NA		\$93.48	rate set 01/02/2007
1681	L5686	below knee back check extension control		NO		NA		\$39.08	
1682	L5688	Bk waist belt webbing		NO		NA		\$46.72	
1683	L5690	Bk waist belt padded and lin		NO		NA		\$74.85	
1684	L5692	Ak pelvic control belt light		NO		NA		\$101.64	
1685	L5694	Ak pelvic control belt pad/l		NO		NA		\$138.77	
1686	L5695	Ak sleeve susp neoprene/equa		NO		NA		\$128.11	
1687	L5696	Ak/knee disartic pelvic join		NO		NA		\$141.54	
1688	L5697	Ak/knee disartic pelvic band		NO		NA		\$61.41	
1689	L5698	Ak/knee disartic silesian ba		NO		NA		\$100.41	

	A	B	C	D	E	F	G	H	I
1690	L5699	Shoulder harness		NO		NA		\$180.89	
1691	L5700	Replace socket below knee	Y/ 12 months	YES		NA		\$2,191.70	
1692	L5701	Replace socket above knee	Y/ 12 months	YES		NA		\$2,632.07	
1693	L5702	Replace socket hip	Y/ 12 months	YES		NA		\$3,329.96	
1694	L5704	Custom shape covr below knee	Y/ 12 months	YES		NA		\$410.01	
1695	L5705	Custom shape cover above knee	Y/ 12 months	YES		NA		\$732.61	
1696	L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NA		\$718.17	
1697	L5707	Custom shape cover hip disart	Y/ 12 months	YES		NA		\$946.80	
1698	L5710	Knee-shin exo sng axi mnl loc	Y/ 12 months	YES		NA		\$286.07	
1699	L5711	Knee-shin exo mnl lock ultra	Y/ 12 months	YES		NA		\$399.82	
1700	L5712	Knee-shin exo frict swg & st	Y/ 12 months	YES		NA		\$335.03	
1701	L5714	Knee-shin exo variable frict	Y/ 12 months	YES		NA		\$344.12	
1702	L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NA		\$557.52	
1703	L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NA		\$696.84	
1704	L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NA		\$736.18	
1705	L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NA		\$1,154.61	
1706	L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NA		\$1,330.67	
1707	L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NA		\$1,820.17	
1708	L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NA		\$875.78	
1709	L5782	Addt. To lower leg prosth. Vacuum	Y/12 months	YES		NA		\$3,211.21	added to fee schedule 01/02/2007 rate set 08/01/2007
1710	L5785	Exoskeletal bk ultralt mater	Y/ 12 months	YES		NA		\$492.30	
1711	L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NA		\$550.01	
1712	L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NA		\$1,095.08	
1713	L5810	Endoskel knee-shin mnl lock	Y/ 12 months	YES		NA		\$372.42	
1714	L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NA		\$557.88	
1715	L5812	Endo knee-shin frct swg & st	Y/ 12 months	YES		NA		\$432.41	
1716	L5814	Endo knee-shin hydral swg ph	Y/ 12 months	YES		NA		\$2,872.88	
1717	L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NA		\$654.45	
1718	L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NA		\$734.59	
1719	L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NA		\$1,302.61	
1720	L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NA		\$1,173.08	
1721	L5826	Miniature knee joint	Y/ 12 months	YES		NA		\$2,415.72	
1722	L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NA		\$2,160.14	
1723	L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NA		\$1,451.50	
1724	L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NA		\$2,683.82	
1725	L5845	Knee-shin sys stance flexion	Y/ 12 months	YES		NA		\$1,386.49	

	A	B	C	D	E	F	G	H	I
1726	L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NA		\$818.60	rate change 08/01/2007
1727	L5850	Endo ak/hip knee extens assi		NO		NA		\$97.86	
1728	L5855	Mech hip extension assist	Y/12 months	NO		NA		\$262.95	
1729	L5856	Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. Sensor , any type	Y/12 months	PA YES Requires Department Review		NA		\$17,521.83	
1730	L5857	Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, incl. Sensor , any type	Y/12 months	PA YES Requires Department Review		NA		\$6,217.38	
1731	L5858	Addt. To lower ext. prosth, knee shin sys.,micro, incl. Sens , stance phase	Y/12 months	PA YES Requires Department Review		NA		\$13,565.30	
1732	L5910	Addt. Endoskeleton, below knee, alignable system		NO		NA		\$277.04	
1733	L5920	Endo ak/hip alignable system	Y/ 12 months	YES		NA		\$405.87	
1734	L5925	Above knee manual lock	Y/ 12 months	YES		NA		\$342.70	
1735	L5930	High activity knee frame	Y/ 12 months	YES		NA		\$2,603.69	
1736	L5940	Endo bk ultra-light material	Y/ 12 months	YES		NA		\$383.70	
1737	L5950	Endo ak ultra-light material	Y/ 12 months	YES		NA		\$599.95	
1738	L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NA		\$737.43	
1739	L5962	Below knee flex cover system	Y/ 12 months	YES		NA		\$485.31	
1740	L5964	addt. Endoskeleton above knee, flexible protective outer surface	Y/ 12 months	YES		NA		\$643.61	code active 8/1/07 rate set 1/15/08
1741	L5966	Hip flexible cover system	Y/ 12 months	YES		NA		\$912.85	
1742	L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NA		\$2,811.03	
1743	L5970	Foot external keel sach foot		NO		NA		\$155.35	
1744	L5972	Flexible keel foot		NO		NA		\$290.18	
1745	L5974	Foot single axis ankle/foot		NO		NA		\$178.25	
1746	L5975	Combo ankle/foot prosthesis	Y/ 12 months	YES		NA		\$358.62	
1747	L5976	Energy storing foot	Y/ 12 months	YES		NA		\$428.39	
1748	L5978	Ft prosth multiaxial ankl/ft		NO		NA		\$223.23	
1749	L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NA		\$1,745.41	
1750	L5980	Flex foot system	Y/ 12 months	YES		NA		\$2,836.17	
1751	L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NA		\$2,291.24	

	A	B	C	D	E	F	G	H	I
1752	L5982	Exoskeletal axial rotation u	Y/ 12 months	YES		NA		\$442.22	
1753	L5984	Endoskeletal axial rotation	Y/ 12 months	YES		NA		\$435.77	
1754	L5985	Lwr ext dynamic prosth pylon		NO		NA		\$218.43	
1755	L5986	Multi-axial rotation unit	Y/ 12 months	YES		NA		\$484.73	
1756	L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NA		\$5,564.74	
1757	L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NA		\$1,545.31	
1758	L5990	addt. To lower ext. user adj. ht	Y/12 months	YES		NA		\$1,381.13	07/02/2007 code added rate set 08/01/2007
1759	L5993	Addt. To lower ext. prosthesis, hvy duty, pt. wt >300 lbs.	YES	YES		NA		M	code added to fee schedule 01/02/2007
1760	L5994	addt. To lower ext. prosthesis, hvy duty,knee only pt. wt >300 lbs.	YES	YES		NA		M	code added to fee schedule 01/02/2007
1761	L5995	Addt. To lower ext. prosthesis, other than foot or knee, pt. wt. < 300#	YES	YES		NA		M	code added to fee schedule 09/01/2007
1762	L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NA		\$1,016.37	
1763	L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NA		\$1,131.05	
1764	L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NA		\$1,054.53	
1765	L6050	Wrst MLd sck flx hng tri pad	Y/ 12 months	YES		NA		\$1,453.10	
1766	L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NA		\$2,025.24	
1767	L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NA		\$1,472.21	
1768	L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NA		\$1,561.53	
1769	L6120	Elbow mold doub splt soc ste	Y/ 12 months	YES		NA		\$1,819.73	
1770	L6130	Elbow stump activated lock h	Y/ 12 months	YES		NA		\$1,980.21	
1771	L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NA		\$2,086.82	
1772	L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NA		\$2,785.58	
1773	L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NA		\$2,186.51	
1774	L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NA		\$2,849.88	
1775	L6310	Shoulder passive restor comp	Y/ 12 months	YES		NA		\$2,460.73	
1776	L6320	Shoulder passive restor cap	Y/ 12 months	YES		NA		\$1,344.26	
1777	L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NA		\$2,996.21	
1778	L6360	Thoracic passive restor comp	Y/ 12 months	YES		NA		\$2,694.62	
1779	L6370	Thoracic passive restor cap	Y/ 12 months	YES		NA		\$1,612.38	
1780	L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NA		\$934.33	
1781	L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NA		\$1,405.68	
1782	L6384	Postop dsg cast chg shlder/t	Y/ 12 months	YES		NA		\$1,944.59	
1783	L6386	Postop ea cast chg & realign	Y/ 12 months	YES		NA		\$307.19	

	A	B	C	D	E	F	G	H	I
1784	L6388	Postop applicat rigid dsg on	Y/ 12 months	YES		NA		\$336.28	
1785	L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NA		\$1,774.96	
1786	L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NA		\$2,371.31	
1787	L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NA		\$2,480.88	
1788	L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NA		\$2,982.06	
1789	L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NA		\$3,348.04	
1790	L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NA		\$1,278.22	
1791	L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NA		\$1,157.71	
1792	L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NA		\$1,815.60	
1793	L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NA		\$1,699.10	
1794	L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NA		\$2,232.58	
1795	L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NA		\$2,120.63	
1796	L6600	Polycentric hinge pair		NO		NA		\$143.48	
1797	L6605	Single pivot hinge pair		NO		NA		\$141.67	
1798	L6610	Flexible metal hinge pair		NO		NA		\$136.06	
1799	L6611	Addt. To upper ext. prosthesis, ext. pwr switch addt.	Y/12 months	YES		NA	NA	\$286.13	01/02/2007 code added; rate set 08/01/2007; former rate 131.43; change eff. 1/15/08
1800	L6615	Disconnect locking wrist uni		NO		NA		\$146.60	
1801	L6616	Disconnect insert locking wr		NO		NA		\$54.32	
1802	L6620	Flexion-friction wrist unit		NO		NA		\$234.55	
1803	L6623	Spring-assst. rot wrst w/ latch	Y/ 12 months	YES		NA		\$654.24	
1804	L6624	Upper ext. addt. Flex. Ext rotation wrist	Y/12 months	YES		NA	NA	\$2,867.06	01/02/2007 code added rate set 08/01/2007
1805	L6625	Rotation wrst w/ cable lock	Y/ 12 months	YES		NA		\$464.86	
1806	L6628	Quick disconn hook adapter o	Y/ 12 months	YES		NA		\$366.44	
1807	L6629	Lamination collar w/ couplin		NO		NA		\$111.91	
1808	L6630	Stainless steel any wrist		NO		NA		\$164.86	
1809	L6632	Latex suspension sleeve each		NO		NA		\$57.26	
1810	L6635	Lift assist for elbow		NO		NA		\$134.73	
1811	L6637	Nudge control elbow lock	Y/12 months	YES		NA		\$287.38	
1812	L6638	upper ext addt. To prosth. Electric locking only for use with manually powered elbow	Y/12 months	YES		NA		\$1,903.77	01/02/2007 code added rate set 08/01/2007

	A	B	C	D	E	F	G	H	I
1813	L6639	Upper ext. addt. Hvy. Duty, any elbow	YES	YES		NA	NA	\$1,161.09	01/02/2007 code added rate set 08/01/2007
1814	L6640	Shoulder abduction joint pai	Y/ 12 months	YES		NA		\$255.30	
1815	L6641	Excursion amplifier pulley t		NO		NA		\$122.71	
1816	L6642	Excursion amplifier lever ty	Y/ 12 months	YES		NA		\$166.33	
1817	L6645	Shoulder flexion-abduction j	Y/ 12 months	YES		NA		\$307.03	
1818	L6650	Shoulder universal joint	Y/ 12 months	YES		NA		\$318.77	
1819	L6655	Standard control cable extra		NO		NA		\$62.66	
1820	L6660	Heavy duty control cable		NO		NA		\$70.21	
1821	L6665	Teflon or equal cable lining		NO		NA		\$35.23	
1822	L6670	Hook to hand cable adapter		NO		NA		\$38.95	
1823	L6672	Harness chest/shldr saddle		NO		NA		\$154.58	
1824	L6675	Harness figure of 8 sing con		NO		NA		\$91.86	
1825	L6676	Harness figure of 8 dual con		NO		NA		\$106.19	
1826	L6680	Test sock wrist disart/bel e		NO		NA		\$177.47	
1827	L6682	Test sock elbw disart/above		NO		NA		\$196.22	
1828	L6684	Test socket shldr disart/tho		NO		NA		\$266.63	
1829	L6686	Suction socket	Y/ 12 months	YES		NA		\$602.12	
1830	L6687	Frame typ socket bel elbow/w	Y/ 12 months	YES		NA		\$441.23	
1831	L6688	Frame typ sock above elb/dis	Y/ 12 months	YES		NA		\$438.57	
1832	L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NA		\$525.45	
1833	L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NA		\$572.59	
1834	L6691	Removable insert each		NO		NA		\$265.03	
1835	L6692	Silicone gel insert or equal	Y/ 12 months	YES		NA		\$427.78	
1836	L6693	Locking elbow forearm cntrbal	Y/ 12 months	YES		NA		\$2,196.10	
1837	L6694	Add. To upper ext. pros.,for use with locking mechanism	Y/ 12 months	YES		NA		\$513.22	rate change 01/02/2007
1838	L6695	Add. To upper ext. pros., not for use with locking mechanism	Y/ 12 months	YES		NA		\$427.67	rate change 01/02/2007
1839	L6696	Add. To upper ext. pros., congenital or atypical traumatic amputees, initial only	Y/ 12 months	YES		NA		\$960.11	rate change 01/02/2007
1840	L6697	Add. To upper ext. pros., other than congenital or traumatic amputees, initial only	Y/ 12 months	YES		NA		\$960.11	rate change 01/02/2007
1841	L6698	Add. To upper ext. pros., lock mechanism, excludes socket insert	Y/ 12 months	YES		NA		\$415.03	rate change 01/02/2007

	A	B	C	D	E	F	G	H	I
1842	L6703	term. Device, passive hand mitt, any material, any size	YES	YES		NA	NA	\$273.68	01/02/2007 rate set 08/01/2007
1843	L6704	term. Device, sport/rec/work, any material, any size	YES	YES		NA	NA	\$448.97	01/02/2007 rate set 08/01/2007
1844	L6706	term dev hook, mech vol opening, any material, any size	YES	YES		NA	NA	\$262.67	01/02/2007 rate set 08/01/2007
1845	L6707	term dev hook, mech vol closing, any material, any size, lined or unlined	YES	YES		NA	NA	\$968.16	01/02/2007 rate set 08/01/2007
1846	L6708	term dev, hand, mech vol opening, any material, any size	YES	YES		NA	NA	\$632.92	01/02/2007 rate set 08/01/2007
1847	L6709	term dev hand, mech vol. closing, any material, any size	YES	YES		NA	NA	\$912.05	01/02/2007 rate set 08/01/2007
1848	L6805	Modifier wrist flexion unit addt to terminal device		NO		NA		\$233.82	01/02/2007 code added; rate change 08/01/2007; former rate \$145.18; change eff. 1/15/08
1849	L6810	Addt to terminal device, precision pinch device		NO		NA		\$147.53	rate change 01/02/2007
1850	L6881	Automatic grasp, addt. To upper limb elect. Prosth. Terminal device	Y/12 months	YES		NA		\$3,112.30	01/02/2007 code added rate set 08/01/2007
1851	L6882	Microprocessor control feature, addt. To upper limb prosth. Terminal device	Y/12 months	YES		NA		\$2,360.84	02/01/2007 code added rate set 8/1/2007
1852	L6890	Production glove		NO		NA		\$130.10	
1853	L6895	Custom glove	Y/ 12 months	YES		NA		\$478.63	
1854	L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NA		\$1,365.87	
1855	L6905	Hand restoration multiple fi	Y/ 12 months	YES		NA		\$1,358.12	
1856	L6910	Hand restoration no fingers	Y/ 12 months	YES		NA		\$1,161.34	
1857	L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NA		\$585.52	
1858	L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NA		\$5,105.00	
1859	L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NA		\$6,872.21	
1860	L6930	Below elbow switch control	Y/ 12 months	YES		NA		\$5,136.66	
1861	L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NA		\$6,978.86	
1862	L6940	Elbow disarticulation switch	Y/ 12 months	YES		NA		\$6,711.38	
1863	L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NA		\$8,200.51	
1864	L6950	Above elbow switch control	Y/ 12 months	YES		NA		\$7,628.42	

	A	B	C	D	E	F	G	H	I
1865	L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NA		\$9,136.08	
1866	L6960	Shldr disartic switch contro	Y/ 12 months	YES		NA		\$10,246.43	
1867	L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NA		\$10,928.19	
1868	L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NA		\$11,387.37	
1869	L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NA		\$12,454.12	
1870	L7007	elect. Hand, myoelectric or switch, adult	YES	YES		NA		\$2,590.46	01/02/2007 code added rate set 08/01/2007
1871	L7008	elect. Hand, myoelectric or switch, ped	YES	YES		NA		\$4,077.12	01/02/2007 code added rate set 08/01/2007
1872	L7009	elect hook, switch or myoelect, adult	YES	YES		NA		\$2,643.09	01/02/2007 code added rate set 08/01/2007
1873	L7040	Prehensile actuator switch controlled	Y/ 12 months	YES		NA		\$2,156.50	rate change 01/02/2007
1874	L7045	Electric hook, switch or myoelectric controlled, pediatric	Y/ 12 months	YES		NA		\$1,236.40	
1875	L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NA		\$5,692.81	
1876	L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NA		\$24,740.96	
1877	L7181	electronic elbow, sim. Control of elbow and terminal device	Y/12 months	Requires DMS review YES		NA		\$29,245.58	rate change 01/02/2007
1878	L7185	electronic elbow, sim. Variety Village or equal switch control	Y/ 12 months	YES		NA		\$5,621.74	
1879	L7186	Electron elbow child switch	Y/ 12 months	YES		NA		\$6,766.31	
1880	L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NA		\$5,904.74	
1881	L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NA		\$7,070.40	
1882	L7260	Electron wrist rotator otto	Y/ 12 months	YES		NA		\$1,505.42	
1883	L7261	Electron wrist rotator utah	Y/ 12 months	YES		NA		\$2,740.44	
1884	L7266	Servo control stepper or equ	Y/ 12 months	YES		NA		\$1,009.80	
1885	L7272	Analogue control unb or equa	Y/ 12 months	YES		NA		\$1,748.68	
1886	L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NA		\$4,393.50	
1887	L7360	Six volt battery, each		NO		NA		\$182.53	CMS description change 1/08
1888	L7362	Battery charger, six volt, each		NO		NA		\$191.65	CMS description change 1/08

	A	B	C	D	E	F	G	H	I
1889	L7364	Twelve volt battery , each	Y/ 12 months	YES		NA		\$304.81	CMS description change 1/08
1890	L7366	Battery chrgr 12 volt utah/e	Y/ 12 months	YES		NA		\$410.59	
1891	L7367	lithium ion battery replacement	Y/12 months	YES		NA		\$296.38	01/02/2007 code added rate set 08/01/2007
1892	L7368	Lithium battery charger	Y/12 months	YES		NA		\$368.37	rate set 01/02/2007
1893	L7400	Addt. To upper ext. prosth. Ultralight material		NO		NA		\$223.71	rate set 01/02/2007
1894	L7401	Addt. To upper ext. prosthesis above elbow disart. Ultralight material	Y/12 months	YES		NA		\$261.21	02/01/2007 code added rate set 8/1/2007
1895	L7403	Addt. To upper ext. prosth. acrylic material				NA		\$268.11	rate set 01/02/2007
1896	L7404	addt. To upper ext prosth. Above elbow disart. Acrylic	Y/12 months	YES		NA		\$423.12	02/01/2007 code added rate set 8/1/2007
1897	L7499	Upper extremity prosthesis NOS	Y/ 12 months	YES		NA		M	
1898	L7500	Prosthetic dvc repair hourly		YES>\$300		NA		\$58.00	
1899	L7510	Prosthetic device repair minor parts		YES>\$300		NA		\$32.03	
1900	L7520	Repair prosthetic device per 15 min	Y/ 12 months	YES > \$300		NA		\$10.00	
1901	L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NA		M	2/1/2007
1902	L7611	Terminal device, hook, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each	Y/12 months	YES		NA		\$467.23	CMS added 1/08; rate set 8/1/08
1903	L7612	Terminal device, hook, vol. closing, any material, any size, lined or unlined, Pediatric, each	Y/12 months	YES		NA		\$860.28	CMS added 1/08; rate set 8/1/08
1904	L7613	Terminal device, hand, mechanical, vol. opening, any material, any size, Pediatric, each	Y/12 months	YES		NA		\$1,085.74	CMS added 1/08; rate set 8/1/08
1905	L7614	Terminal device, mechanical, vol. closing, any material, any size, Pediatric, each	Y/12 months	YES		NA		\$919.62	CMS added 1/08; rate set 8/1/08
1906	L7621	Terminal device, hook or hand, heavy duty, mechanical, vol.opening, any material, any size, lined or unlined, each	Y/12 months	YES		NA		\$1,634.55	CMS added 1/08; rate set 8/1/08

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1907	L7622	Terminal device, hook or hand, heavy duty, mechanical, vol. closing, any material, any size, lined or unlined, each	Y/12 months	YES		NA		\$1,409.09	CMS added 1/08; rate set 8/1/08
1908	L7900	Vacuum erection system	Y/ 12 months	YES		NA		\$418.65	
1909	L8000	Mastectomy bra	Y/ 12 months if PA required	YES>5	5 per year	NA		\$33.65	
1910	L8001	Breast prosthesis , masectomy bra with integrated breast prothesis form, unilateral	Y/ 12 months if PA required	YES>5	5 per year	NA		\$91.55	rate set 01/02/2007
1911	L8002	Breast prosthesis, masectomy bra with integrated breast prothesis form, bilateral	Y/ 12 months if PA required	YES>5	5 per year	NA		\$120.43	rate change 01/02/2007
1912	L8010	Mastectomy sleeve		NO		NA		\$47.84	
1913	L8015	Ext breast prosthesis garment		NO		NA		\$46.36	
1914	L8020	Mastectomy form	Y/12 months if PA required	YES >2	2 per year	NA		\$174.40	rate change 01/02/2007; qt corrected to >2 2/1/08
1915	L8030	Breast prosthesis silicone/e	Y/12 months if PA required	YES>2	2 per year	NA		\$252.26	rate change 01/02/2007; qt corrected to >2 2/1/08
1916	L8035	Custom breast prosthesis	Y/ 12 months	YES		NA		\$2,834.00	
1917	L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NA		M	
1918	L8040	Nasal prothesis, provided by a non-physician	Y/12 months	YES		NA		\$491.73	
1919	L8041	Midfacial prothesis, provided by a non-physician	Y/ 12 months	YES		NA		\$592.68	
1920	L8042	Orbital prothesis, provided by a non-physician	Y/ 12 months	YES		NA		\$665.93	
1921	L8043	Upper facial prothesis, provided by a non-physician	Y/ 12 months	YES		NA		\$745.84	
1922	L8044	Hemi-facial prothesis, provided by a non-physician	Y/ 12 months	YES		NA		\$825.76	
1923	L8045	Prosthetic External Ear provided by a non-physician		YES		NA		\$742.15	07/02/2007 rate corrected
1924	L8046	Partial facial prothesis, provided by a non-physician	Y/ 12 months	YES		NA		\$532.74	

	A	B	C	D	E	F	G	H	I
1925	L8047	Nasal septal prosthesis, provided by a non-physician	Y/ 12 months	YES		NA		\$273.03	
1926	L8048	Unspecified Maxillofacial Prosthesis, by a non-physician	Y/12 months	YES		NA		\$20.92	
1927	L8049	Repair or modification of maxillofacial prosthesis, by a non-physician		YES>\$300		NA		\$20.92	
1928	L8300	Truss single w/ standard pad		NO		NA		\$74.50	
1929	L8310	Truss double w/ standard pad		NO		NA		\$114.54	
1930	L8320	Truss addition to std pad wa		NO		NA		\$50.05	
1931	L8330	Truss add to std pad scrotal		NO		NA		\$49.59	
1932	L8400	Sheath below knee		NO		NA		\$14.49	
1933	L8410	Sheath above knee		NO		NA		\$16.49	
1934	L8415	Sheath upper limb		NO		NA		\$16.40	
1935	L8417	Prosthetic sheath/sock, incl. gel cushion layer, below knee or above knee, each		NO		NA		\$58.17	
1936	L8420	Prosthetic sock multi ply BK		NO		NA		\$19.17	
1937	L8430	Prosthetic sock multi ply AK		NO		NA		\$21.08	
1938	L8435	Pros sock multi ply upper lm		NO		NA		\$18.93	
1939	L8440	Shrinker below knee		NO		NA		\$40.11	
1940	L8460	Shrinker above knee		NO		NA		\$55.81	
1941	L8465	Shrinker upper limb		NO		NA		\$49.75	
1942	L8470	Pros sock single ply BK		NO		NA		\$5.11	
1943	L8480	Pros sock single ply AK		NO		NA		\$7.04	
1944	L8485	Pros sock single ply upper l		NO		NA		\$8.50	
1945	L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NA		MSRP-22%	
1946	L8500	artificial larynx	Y/12 months	YES		NA		\$529.27	rate set 01/02/2007
1947	L8501	Tracheostomy speaking valve		NO		NA		\$112.12	
1948	L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type		NO		NA		\$27.18	
1949	L8509	Tracheo-esophageal voice prosthesis, inst. by lic. Health care provider, any type		NO		NA		\$70.86	
1950	L8510	Voice Amplifier		NO		NA		\$163.95	
1951	L8511	Insert for Indwelling T/E prosthesis with or W/O valve replacement each		NO		NA		\$47.19	
1952	L8512	Gelatin capsules or equ. use with T/E prosthesis replacement only per 10		NO		NA		\$1.42	

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1953	L8513	Cleaning device used with T/E prosthesis replacement only each		NO		NA		\$3.38	
1954	L8514	T/E puncture dilator replacement only each		NO		NA		\$61.19	
1955	L8515	gelatin capsule application device for use with TE voice prosthesis, each	Y/12 months	YES		NA		\$48.05	rate set 08/01/2007
1956	L8615	Headset/Headpiece for use with cochlear implant device, replacement	Y/12 months	YES		NA		\$329.19	rate set 01/02/2007
1957	L8616	microphone for use with cochlear implant device, replacement		NO		NA		\$76.68	rate set 01/02/2007
1958	L8617	transmitting coil for use with cochlear implant device, replacement		NO		NA		\$66.97	rate set 01/02/2007
1959	L8618	transmitter cable for use with cochlear implant device, replacement		NO		NA		\$19.13	rate set 01/02/2007
1960	L8619	cochlear implant external speech processor replacement	Y/ 12 months	YES		NA		\$6,281.98	
1961	L8621	Zinc air battery for use with cochlear implant device, each		NO		NA		\$0.45	rate set 01/02/2007
1962	L8622	Alkaline batt. For use with coch. Imp. Device, any size,each		NO		NA		\$0.24	rate set 01/02/2007
1963	L8623	Lithium ion battery coch. imp. Device sp proc.other than Ear level, ea		NO		NA		\$47.21	rate set 01/02/2007
1964	L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, each		NO		NA		\$132.38	rate set 01/02/2007
1965	L8691	auditory osseointegrated dev, ext. sound replacer, repl only	YES	YES		NA		\$2,030.00	01/02/2007 code added rate set 08/01/2007
1966	L8695	ext recharging sys for battery(ext) for use with implantable neurostimulator	YES	YES		NA		\$12.69	01/02/2007 code added rate set 08/01/2007
1967	S1040	Cranial remolding orthosis, rigid with soft interface, incl. fitting/adjust. Custom fab. Pediatric	Y/12 months	YES		NA			M
1968	V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NA		\$686.64	
1969	V2624	Polishing/Resurfacing of Ocular Prosthesis		NO		NA		\$46.57	
1970	V2625	Enlargement of Ocular Prosthesis	Y/12 months	YES		NA		\$301.62	

	A	B	C	D	E	F	G	H	I
1971	V2626	Reduction of Ocular Prosthesis		NO		NA		\$191.36	
1972	V2627	Scleral Cover Shell	Y/12 months	YES		NA		\$1,095.59	
1973	V2628	Fabrication and Fitting of Ocular confor	Y/12 months	YES		NA		\$250.49	
1974	V2629	Eye Prosthetic,other type	Y/12 months	YES		NA		\$125.00	
1975									
1976		"M" = Manually Priced (manufacturer's invoice + 20%)							
1977		"MSRP-22%" manufacturer's suggested retail price -22%							
1978		"MSRP-15%" manufacturer's suggested retail price - 15%							
1979		RR indicates rental							
1980		CMN=Certificate of Medical Necessity required for prior authorized items							
1981		Accepted CMN's are Medicare applicable or Medicaid MAP1000 & MAP1000B	Medicare applicable CMN s must meet regulatory requirements						
1982		"PA" = Prior Authorization							
1983		PA, MAP-9, and CMN faxed to SHPS at 1-502-429-5233 or 1-800-807-7840							
1984		Regulation, Fee Schedule, MAP-9, MAP-1000 , MAP 1000B & MAP 1001 are located on the Web site www.chfs.ky.gov/dms							
1985		It is the responsibility of the provider to check eligibility.							
1986		Limitation Over-rides must be medically necessary and require PA.							

	A	B	C	D	E	F	G	H	I
1987		A prescriber's written order is required for those items not identified as requiring a CMN.							