907 KAR 1:479 & E

Incorporation by Reference

"Form MAP-9, Prior Authorization Form, February 2005 edition"

"Form MAP-1000, Certificate of Medical Necessity, February 2005 edition"

"Form MAP-1000B, Certificate of Medical Necessity, Metabolic Formulas and Food, February 2005 edition"

"Medicaid DME Program Fee Schedule, July 2006 edition"

Filed: _____

MAP-9 (Rev. 02/05)

COMMONWEALTH OF KENTUCKY
Cabinet for Health & Family Services
KENTUCKY MEDICAID PROGRAM
PRIOR AUTHORIZATION FOR HEALTH-SERVICES

Med. Assist. I.D. No. (Ten Digits)	2. Recipient Last Name:	3. First Name:	4. M.I.
5a: Provider Number (Eight Digits)	6a. Provider Name, Address, and Phone Number	7. Co. # of Recipient Residence:	
5b. Provider Number (Eight Digits)	6b. Provider Name, Address, and Phone Number	8. Date of Delivery (if already delivered)	

9. Primary Diagnosis:

10. Secondary Diagnosis:

11. Date of Birth ___ ___ ____ MM DD YYYY

Signature of Provider:

Date:

Caution: In order for you to receive payment, the recipient must be eligible on the date of service.

Check The Medicaid Card.

12. Line No.	13. Procedure/Supply Description	14. Procedure Supply Code	15. Units of Service	16. Usual and Customary Charges		17. Medicaid Action A=Approved D=Disapproved	18. Approved Amount*
01.							
02.							
03.							
04.							
05.							
06.							

19. HCB and Model Waiver Providers enter Approximate Total Monthly Charge:

$_____

DO NOT WRITE BELOW THIS LINE

20. Reason for Denial:

21. Other Comments:

22. Prior Authorization Number:

Mailroom Use:

*Not used by H.C.B. Waiver/Model Waiver

23. Approval Dates:

From: _____

Through: _____

24. Type of Service Authorized:

40_____DME
41_____MODEL WAIVER
45_____EPSDT/SPECIAL SERVICE
46_____HOME HEALTH
52_____H.C.B.
52&53_____H.C.B. & A.D.C.
72_____DENTAL
_____OTHER

Signature of Medicaid/Prior Authorization Representative:

Date:

MAP-1000
02/05

CERTIFICATE OF MEDICAL NECESSITY
Cabinet for Health & Family Services
Department of Medicaid Service
Durable Medical Equipment

SECTION A Certification Type/Date INITIAL ____/____/____ REVISED ____/____/____

Patient Name, Address, Telephone and HIC Number	Supplier Name, Address, Telephone and NSC Number
(_____)_____-_____ HICN	(_____)_____-_____ NSC#

Place of Service _____ Name and Address of Facility if Applicable (See Reverse)	HCPCS CODE	PT DOB ____/____/____; Sex ____(M/F); HT. ____(in.); WT. ____(lbs.) PHYSICIAN NAME, ADDRESS (Printed or Typed) PHYSICIAN'S UPIN:_____ PHYSICIAN'S TELEPHONE #: (_____)_____-_____

SECTION B PATIENT'S INFORMATION

(Information in this Section May Not Be Completed by the Supplier of the Items/Supplies.)

Est. Length of Need (# of Months): _____ 1-99 (99=Lifetime)

DIAGNOSIS WITH CODES, PROGNOSIS, GENERAL CONDITION: _____

Type of equipment ordered: _____

Duration of need: _____ month(s) Over 12 mos.: specify _____

Is patient confined to bed? No Yes - If yes, what % of the time is patient confined to the bed (circle one)? 50% 75% 100%

Is patient confined to the room? No Yes Ambulatory inside of home Ambulatory outside of home

Date patient last seen by the prescribing physician:

_____

Date equipment prescribed: _____

Is this equipment prescribed for use in the home? No Yes

Is patient disoriented? No Yes, occasionally Yes, most of the time

Is patient able to effectively and safely utilize equipment unassisted? No Yes

Name of person answering Section B questions, if other than physician (Please Print)

Name:_____ Title: _____ Employer:_____

CERTIFICATE OF MEDICAL NECESSITY
Department of Medicaid Service
Durable Medical Equipment

SECTION C — Narrative Description of Equipment And Cost

(1) Narrative description of all items, accessories and options ordered; **(2)** Supplier's charge; and **(3)** Medicare Fee Schedule Allowance for each item, accessory and option.

SECTION D — Physician Attestation and Signature/Date

I certify that I am the physician identified in Section A of this form. I have received Sections A, B and C of the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section B is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability

PHYSICIAN'S SIGNATURE _____ DATE ____/____/_____ (Signature And Date Stamps Are Not Acceptable)

MAP-1000B Rev. 02/05

CERTIFICATE OF MEDICAL NECESSITY

Cabinet for Health & Family Services
Department for Medicaid Services
Metabolic Formulas and Foods

Section A
Recipient Name: _____
MAID Number: _____
Recipient Address: _____
_____
_____
Phone Number: _____
Date of Birth: _____

Section B
Provider Name: _____
Provider Number: _____
Provider Address: _____
_____
_____
Phone Number: _____
Fax Number: _____

Section C Product prescribed:_____
_____
_____
_____
_____
_____
_____
_____

Section D
Prescriber Name: _____
Prescriber Address: _____
_____
_____
Prescriber Ky Medicaid Number: _____
Phone Number: _____
Fax Number: _____

Areas below must be completed by prescriber and not the supplier of the equipment/supply ordered.

Section E
Date of Request: _____
Initial CMN Request: _____ Date Last Seen by Prescriber: _____

Section F Primary Diagnosis: (Check applicable)
____Phenylketonuria____Hyperphenylalaninemia____Tyrosinemia (Types I, II, III)____
____Branched-chain Amino-Acid Disturbance,specify:_____
____Urea Cycle Disorder, specify:_____
____Methylmalonic acidemia
____Other, please specify:_____
_____

Section G Pertinent medical history, diagnostic tests, treatment plan.
_____
_____
_____
_____
_____
_____
How often will the client be seen?_____Date therapy initiated: _____

Section H
I certify that I am the prescriber identified in Section A of this form. I have received Sections A, B, C, and D of the Certificate of Medical Necessity (including charges for items ordered). I certify that I or my medical staff has completed Sections E, F, and G. This CMN and any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information in Section E, F, and G is true, accurate and complete, to the best of my knowledge, and **I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.**
Physician's printed name:_____Signature:_____
Date signed:_____(Signature and date stamps are not acceptable.)

Durable Medical Equipment,
Prosthetics, Orthotics, and Supplies
Durable Medical Equipment Program Fee Schedule 07/01/06
Red indicates new codes for 2006 or revisions
All Rentals require prior authorization.
The appearance of a code on this fee schedule does not guarantee coverage.

HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A4206	Syringe w/needle, sterile 1cc, each	Y/ 12 months	Yes > 125	per calendar month	NA		$0.31
A4207	Syringe with needle; sterile 2cc, each	Y/12 months	Yes > 10	per calendar month	NA		$0.31
A4208	Syringe with needle; sterile 3cc, each	Y/12 months	Yes > 10	per calendar month	NA		$0.31
A4209	Syringe with needle; sterile 5cc each	Y/12 months	Yes >10	per calendar month	NA		$0.31
A4210	Needle-free injection device, each	Y/ 12 months			NA		$36.67
A4213	Syringe, sterile, 20cc or greater, each	Y/12 months			NA		$1.67
A4215	Sterile needle only,any size, each	Y/ 12 months			NA		$0.97
A4217	Sterile water/saline , 500 ml	Y/3 months			NA		$2.13
A4218	Sterile Saline or H2O metered dose dispenser 10 ml	Y/12 months	YES		NA		M
A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NA		M
A4221	Supplies for maintenance of drug infusion catheter per week, drug	Y/ 12 months	YES		NA		$21.65
A4222	Supplies for external drug infusion pump per cassette or bag, drug	Y/ 12 months	YES		NA		$44.70
A4223	Infusion supplies not used with ext. infusion pump, per cassette or	Y/12 months	YES		NA		M
A4230	Infusion set for external insulin pump, non needle cannula type	Y/12 months	YES		NA		M
A4231	Infusion set for external insulin pump, needle type	Y/12 months	YES		NA		M
A4232	Syringe with needle for external insulin pump, sterile 3cc	Y/ 12 months	YES		NA		$2.54
A4233	Replacement battery , other than J cell home glucose mon. each	Y/12 months			NA		$6.30
A4234	Replacement battery , J cell, home glucose mon. each	Y/12 months			NA		$6.30
A4235	Replacement battery, lithium, home glucose mon. each	Y/12 months			NA		$6.30
A4236	Replacement battery, silver oxide, home glucose mon., each	Y/12 months			NA		$6.30
A4250	Urine test or reagent strips or tablets 100 tablets or strips=1 unit	Y/ 12 months	es > 1 unit	er calendar mont	NA		$15.00
A4253	Blood glucose test or reag. strips home blood glucose monitor, 50	Y/ 12 months	es > 2 unit	er calendar mont	NA		$35.76
A4256	Normal, low and high calibrator solution/chips	Y/ 12 months			NA		$10.52
A4258	Spring-powered device for lancet, each	Y/ 12 months			NA		$17.26
A4259	Lancets per box of 100 1 unit=100 lancets	Y/ 12 months	es > 1 unit	er calendar mont	NA		$12.19
A4261	Cervical Cap Contraceptive	Y/ 12 months			NA		$1.39
A4265	Paraffin	Y/ 12 months			NA		$3.24
A4280	Adhesive skin support attachment for use with external breast pros	Y/ 12 months			NA		$4.76
A4305	IV delivery system disposable 50 ml or greater per hour	Y/12 months	YES		NA		M
A4306	IV delivery system disposable 5 ml or less per hour	Y/12 months	YES		NA		M
A4310	Insert tray w/o bag/cath	Y/ 12 months	Yes > 1	er calendar mont	NA		$6.48
A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way l	Y/ 12 months	Yes > 1	er calendar mont	NA		$14.16
A4312	Cath w/o bag 2-way silicone	Y/ 12 months			NA		$16.88
A4313	With indwelling catheter, foley type, 3-way for continuous irrigatior	Y/ 12 months			NA		$17.67
A4314	Cath w/drainage 2-way latex	Y/ 12 months			NA		$24.12
A4315	Cath w/drainage 2-way silicone	Y/ 12 months			NA		$25.17
A4316	Cath w/drainage 3-way	Y/ 12 months			NA		$27.09
A4320	Irrigation tray	Y/ 12 months	Yes > 9	er calendar mont	NA		$5.08
A4322	Irrigation syringe, bulb or piston, each	Y/ 12 months	Yes >9	er calendar mont	NA		$2.85

M=Manual calculation of rate based on invoice price plus 20% not to exceed usual and customary.

HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A4326	Male external catheter	Y/ 12 months			NA		$10.29
A4327	Fem urinary collect dev cup	Y/ 12 months			NA		$42.56
A4328	Fem urinary collect pouch	Y/ 12 months			NA		$9.87
A4330	Stool collection pouch	Y/ 12 months			NA		$6.82
A4331	External drainage tubing for urinary leg bag or urostomy, each	Y/ 12 months			NA		$3.04
A4332	Lubricant, individual sterile, for insertion of urinary catheter, each	Y/ 12 months			NA		$0.12
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Y/ 12 months			NA		$2.10
A4334	Urinary catheter anchoring device, leg strap, each	Y/ 12 months			NA		$4.71
A4338	Indwelling catheter foley type, two-way latex with coating, each	Y/ 12 months	Yes > 1	er calendar mont	NA		$11.70
A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, ea	Y/ 12 months			NA		$26.07
A4344	Catheter indwelling, foley type, 2 way, all silicone, each	Y/ 12 months	Yes > 1	er calendar mont	NA		$15.28
A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, ea	Y/ 12 months			NA		$18.69
A4348	Male ext catheter with collection comp, ext wear	Y/ 12 months	Yes > 2	er calendar mont	NA		$26.55
A4349	Male ext. catheter w or w/o adhesive, disposable, each	Y/12 months	YES		NA		M
A4351	Intermittent urinary straight tip urine catheter, with or without coa	Y/ 12 months	Yes >4	er calendar mont	NA		$1.47
A4352	Intermittent urinary catheter, Coude tip, with or without coating	Y/ 12 months			NA		$5.20
A4353	Intermittent urinary cath	Y/ 12 months			NA		$6.67
A4354	Insertion tray with drainage bag but without catheter	Y/ 12 months	Yes > 1	er calendar mont	NA		$11.25
A4355	Bladder irrigation tubing set through a three-way indwelling foley c	Y/ 12 months			NA		$8.50
A4356	Ext ureth clmp or compr dvc	Y/ 12 months	Yes > 4	4 per year	NA		$43.52
A4357	Bedside drainage bag	Y/ 12 months	Yes > 1	er calendar mont	NA		$7.86
A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube w	Y/ 12 months			NA		$5.39
A4359	Urinary suspensory w/o leg bag	Y/ 12 months	Yes > 1	er calendar mont	NA		$28.86
A4361	Ostomy face plate	Y/ 12 months	Yes > 6	6 per year	NA		$17.52
A4362	Solid skin barrier	Y/ 12 months	Yes > 20	er calendar mont	NA		$3.03
A4363	Ostomy clamp, any type replacement only each	Y/12 months			NA		M
A4364	Adhesive, liquid or equal, any type, per ounce	Y/12 months			NA		$2.80
A4365	Ostomy adhesive remover wipe	Y/ 12 months			NA		$10.80
A4366	Ostomy vent, any type, each	Y/12 months	Yes>1	er calendar mont	NA		$12.91
A4367	Ostomy belt	Y/ 12 months	Yes > 1	er calendar mont	NA		$7.01
A4368	Ostomy filter	Y/ 12 months			NA		$0.25
A4369	Skin barrier liquid per oz	Y/ 12 months			NA		$2.30
A4371	Skin barrier powder per oz	Y/ 12 months			NA		$3.48
A4372	Ostomy Skin barrier solid 4x4 equiv	Y/ 12 months			NA		$3.98
A4373	Skin barrier with flange	Y/ 12 months			NA		$5.99
A4375	Drainable plastic pch w fcpl	Y/ 12 months			NA		$16.38
A4376	Drainable rubber pch w fcplt	Y/ 12 months			NA		$45.38
A4377	Drainable plstic pch w/o fp	Y/ 12 months			NA		$4.09
A4378	Drainable rubber pch w/o fp	Y/ 12 months			NA		$29.33
A4379	Urinary plastic pouch w fcpl	Y/ 12 months			NA		$14.33
A4380	Urinary plastic pouch w/o fp	Y/ 12 months			NA		$4.40
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Y/12 months			NA		$4.40
A4382	Urinary hvy pistc pch w/o fp	Y/ 12 months			NA		$23.48
A4383	Urinary rubber pouch w/o fp	Y/ 12 months			NA		$26.89
A4384	Ostomy facepit/silicone ring	Y/ 12 months			NA		$9.18
A4385	Ost skn barrier sld ext wear	Y/ 12 months			NA		$4.86
A4387	Ost clsd pouch w att st barr	Y/ 12 months			NA		$3.83
A4388	Drainable pch w ex wear barr	Y/ 12 months			NA		$4.16
A4389	Drainable pch w st wear barr	Y/ 12 months			NA		$5.93

M=Manual calculation of rate based on invoice price plus 20% not to exceed usual and customary.

HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A4390	Drainable pch ex wear convex	Y/ 12 months			NA		$9.17
A4391	Urinary pouch w ex wear barr	Y/ 12 months			NA		$6.74
A4392	Urinary pouch w st wear barr	Y/ 12 months			NA		$6.34
A4393	Urine pch w ex wear bar conv	Y/ 12 months			NA		$8.75
A4394	Ostomy pouch liq deodorant	Y/ 12 months			NA		$2.46
A4395	Ostomy pouch solid deodorant	Y/ 12 months			NA		$0.05
A4396	Ostomy belt with peristomal hernia support	Y/12 months			NA		$38.61
A4397	Irrigation supply sleeve	Y/ 12 months	Yes > 4	er calendar mont	NA		$3.88
A4398	Ostomy irrigation bag	Y/ 12 months	Yes > 4	4 per year	NA		$11.98
A4399	Ostomy irrig cone/cath w brs	Y/ 12 months	Yes > 4	4 per year	NA		$10.42
A4400	Ostomy irrigation set	Y/ 12 months	Yes > 1	er calendar mont	NA		$44.60
A4402	Lubricant per ounce	Y/ 12 months	Yes > 4	er calendar mont	NA		$1.29
A4404	Ostomy ring each	Y/ 12 months	Yes > 10	er calendar mont	NA		$1.42
A4405	Ostomy skin barrier, non-pectin based, paste, per oz	Y/12 months			NA		$3.27
A4406	Ostomy skin barrier, pectin based, per oz	Y/12 months			NA		$3.27
A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <	Y/12 months			NA		$6.41
A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >	Y/12months			NA		$6.41
A4409	Ostomy skin barrier with flange	Y/12 months			NA		$6.22
A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x	Y/12 months			NA		$6.41
A4411	Ostomy skin barrier, solid 4x4 or eq. ext. wear, built in convexity, ea	Y/12 months	YES		NA		M
A4412	Ostomy pouch, drainable, high otpt, use on barrier w/ o filter each	Y/12 months	YES		NA		M
A4413	Ostomy pouch, drainable, high otpt, use on barrier w/ fl with filter e	Y/12 months			NA		$5.50
A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <	Y/12 months			NA		$4.93
A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >	Y/12 months			NA		$6.00
A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each	Y/12 months	Yes >60	er calendar mont	NA		$2.75
A4417	Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1	Y/12 months	Yes>60	er calendar mont	NA		$3.72
A4418	Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each	Y/12 months	Yes>60	er calendar mont	NA		$1.81
A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2p	Y/12 months	Yes>60	er calendar mont	NA		$1.74
A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, each	Y/12 months	Yes>60	er calendar mont	NA		$1.86
A4421	Ostomy supply, miscellaneous	Y/12 months	Yes		NA		M
A4423	Ostomy pouch closed, 2 pc. Locking flange, each	Y/12 months	Yes>60	er calendar mont	NA		$1.49
A4424	Ostomy pouch, drainable,w/barrier 1 pc, each	Y/12 months	Yes>60	er calendar mont	NA		$3.80
A4425	Ostomy pouch drainable, non-locking flange 2 pc each	Y/12 months	Yes>60	er calendar mont	NA		$2.86
A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each	Y/12 months	Yes>60	er calendar mont	NA		$2.18
A4427	Ostomy pouch, drainable , use on barrier w/locking flange, w/filter	Y/12 months	Yes>60	er calendar mont	NA		$2.22
A4428	Otosmy pouch, urinary, extended wear faucet type tap, each	Y/12 months	Yes>60	er calendar mont	NA		$5.21
A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each	Y/12 months	Yes>60	er calendar mont	NA		$6.60
A4430	ostomy pouch urinary, ext. wear, convexity, faucet tap, each	Y/12 months	Yes>60	er calendar mont	NA		$6.82
A4431	ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.	Y/12 months	Yes>60	er calendar mont	NA		$4.98
A4432	ostomy pouch, urinary, non-locking flange, faucet type, ea.	Y/12 months	Yes>60	er calendar mont	NA		$2.87
A4433	ostomy pouch, urinary, w/locking flange, ea.	Y/12 months	Yes>60	er calendar mont	NA		$2.67
A4434	ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.	Y/12 months	Yes>60	er calendar mont	NA		$3.01
A4450	Tape, non-water proof, 18 sq inches	Y/12 months			NA		$0.09
A4452	Tape, water proof , 18 sq inches	Y/12 months			NA		$0.36
A4455	Adhesive remover per ounce	Y/ 12 months			NA		$1.16
A4462	Abd. drssng holder/binder	Y/ 12 months			NA		$3.13
A4481	Tracheostoma filter	Y/ 12 months			NA		$0.37
A4520	Incontinent garment any type, each NO COVERAGE AS OF 1/1/2005						

M=Manual calculation of rate based on invoice price plus 20% not to exceed usual and customary.

HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A4556	Electrodes, apnea monitor, per pair	Y/ 12 months			NA		$9.94
A4557	Lead wires, apnea monitor per pair	Y/ 12 months			NA		$20.19
A4558	Conductive paste or gel	Y/ 12 months			NA		$5.22
A4561	Pessary, rubber, any type	Y/12 months			NA		$16.82
A4562	Pessary, nonrubber, any type	Y/12 months			NA		$45.57
A4565	Slings	Y/ 12 months			NA		$4.35
A4595	TENS suppl 2 lead per month	Y/ 12 months			NA		$27.56
A4604	tubing with integrated heat use with pos. airway pressure device	Y/12 months			NA		M
A4605	Tracheal suction catheter, closed system, each	Y/12 months	YES		NA		M
A4606	Oximeter probe replacement	Y/12 months			NA		$27.00
A4608	Transtrachael oxygen catheter, each	Y/12 months			NA		$58.15
A4611	Heavy duty battery, Ventilator, replacement for patient owned	Y/ 12 months	YES		Y/ month	$17.43	$174.26
A4612	Battery cables	Y/ 12 months			NA		$65.00
A4613	Battery charger	Y/ 12 months			NA		$137.96
A4614	Hand-held PEFR meter	Y/ 12 months			NA		$22.75
A4618	Breathing circuits	Y/ 12 months			NA		$8.51
A4619	Face tent	Y/ 12 months			NA		$1.21
A4623	Tracheostomy inner cannula	Y/ 12 months	Yes>31	er calendar mont	NA		$5.31
A4624	Tracheal suction tube	Y/ 12 months	Yes > 91	er calendar mont	NA		$2.14
A4625	Trach care kit for new trach	Y/ 12 months	Yes > 1	er calendar mont	NA		$6.61
A4626	Tracheostomy cleaning brush	Y/ 12 months	Yes > 2	er calendar mont	NA		$2.59
A4627	Spacer, bag or reservoir for inhaler	Y/ 12 months			NA		$38.00
A4628	Oropharyngeal suction cath	Y/ 12 months			NA		$3.58
A4629	Tracheostomy care kit	Y/ 12 months			NA		$4.42
A4630	Repl bat t.e.n.s. own by pt	Y/ 12 months			NA		$5.98
A4632	replacement battery for external infusion pump, any type, each pt.	Y/12 months			NA		M
A4635	Underarm crutch pad	Y/ 12 months			NA		$4.89
A4636	Handgrip for cane etc	Y/ 12 months			NA		$4.02
A4637	Repl tip cane/crutch/walker	Y/ 12 months			NA		$2.04
A4640	Alternating pressure pad	Y/ 12 months			Y/ month	$6.06	$60.58
A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NA		M
A5051	Pouch clsd w barr attached	Y/ 12 months	Yes > 60	er calendar mont	NA		$2.21
A5052	Clsd ostomy pouch w/o barr	Y/ 12 months	Yes > 60	er calendar mont	NA		$1.35
A5053	Clsd ostomy pouch faceplate	Y/ 12 months	Yes > 60	er calendar mont	NA		$1.41
A5054	Clsd ostomy pouch w/flange	Y/ 12 months	Yes > 60	er calendar mont	NA		$1.42
A5055	Stoma cap	Y/ 12 months	Yes > 31	er calendar mont	NA		$1.37
A5061	Pouch drainable w barrier at	Y/ 12 months	Yes > 20	er calendar mont	NA		$2.58
A5062	Drnble ostomy pouch w/o barr	Y/ 12 months	Yes > 20	er calendar mont	NA		$2.12
A5063	Drain ostomy pouch w/flange	Y/ 12 months	Yes > 20	er calendar mont	NA		$2.13
A5071	Urinary pouch w/barrier	Y/ 12 months	Yes > 20	er calendar mont	NA		$4.15
A5072	Urinary pouch w/o barrier	Y/ 12 months	Yes > 20	er calendar mont	NA		$3.36
A5073	Urinary pouch on barr w/flng	Y/ 12 months	Yes >20	er calendar mont	NA		$3.04
A5081	Continent stoma plug	Y/ 12 months	Yes >31	er calendar mont	NA		$2.97
A5082	Continent stoma catheter	Y/ 12 months	Yes > 1	er calendar mont	NA		$9.64
A5093	Ostomy accessory convex inse	Y/ 12 months	Yes > 10	er calendar mont	NA		$1.86
A5102	Bedside drain btl w/wo tube	Y/ 12 months	Yes > 4	4 per year	NA		$21.53
A5105	Urinary suspensory	Y/ 12 months			NA		$33.88
A5112	Urinary leg bag	Y/ 12 months			NA		$33.02
A5113	Latex leg strap	Y/ 12 months			NA		$3.81

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A5114	Foam/fabric leg strap	Y/ 12 months	Yes > 1	er calendar mont	NA		$7.24
A5120	Skin barrier wipes or swabs , each	Y/12 months	YES		NA		M
A5121	Solid skin barrier 6x6	Y/ 12 months	Yes > 20	er calendar mont	NA		$7.12
A5122	Solid skin barrier 8x8	Y/ 12 months	Yes >20	er calendar mont	NA		$12.26
A5126	Disk/foam pad +or- adhesive	Y/ 12 months	Yes > 10	er calendar mont	NA		$1.07
A5131	Appliance cleaner	Y/ 12 months	Yes > 1	er calendar mont	NA		$15.11
A5200	Percutaneous catheter anchor	Y/ 12 months			NA		$10.78
A5500	Diabetic shoe for density insert	Y/ 12 months	YES		NA		$63.00
A5501	Diabetic custom molded shoe	Y/ 12 months	YES		NA		$189.00
A5503	Diabetic shoe w/roller/rocker	Y/ 12 months	YES		NA		$32.00
A5504	Diabetic shoe with wedge	Y/ 12 months	YES		NA		$32.00
A5505	Diabetic shoe w/metatarsal bar	Y/ 12 months	YES		NA		$32.00
A5506	Diabetic shoe w/offset heel	Y/ 12 months	YES		NA		$32.00
A5507	Modification to diabetic shoe	Y/ 12 months	YES		NA		$32.00
A5508	For diabetics only, deluxe feature of off the shelf depth-inlay or cus	Y/12 months	YES		NA		$32.00
A5510	For diabetics only, direct formed, compression molded, without he	Y/12 months	YES		NA		$32.00
A5512	Diabetic only insert mult. Density direct formed, each	Y/12 months	YES		NA		$32.00
A5513	Diabetic only insert mult. Density custom formed, each	Y/12 months	YES		NA		$32.00
A6010	Collagen based wound filler, dry form, per gram of collagen	Y/12 months			NA		$24.77
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Y/12 months			NA		$1.82
A6021	Collagen drsg, size 16 sq inches or less, each	Y/12 months			NA		$21.02
A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inc	Y/12 months			NA		$20.05
A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NA		$181.51
A6024	Collagen drsg wound filler, per 6 inches	Y/12 months			NA		$5.90
A6154	Wound pouch each	Y/ 12 months			NA		$13.71
A6196	Alginate dressing <=16 sq in	Y/ 3 months			NA		$7.01
A6197	Alginate drsg >16 <=48 sq in	Y/ 3 months			NA		$15.68
A6200	Compos drsg <=16 no border	Y/ 3 months			NA		$9.06
A6201	Compos drsg >16<=48 no bdr	Y/ 3 months			NA		$19.84
A6202	Compos drsg >48 no border	Y/ 3 months			NA		$33.27
A6203	Composite drsg <= 16 sq in	Y/ 3 months			NA		$3.19
A6204	Composite drsg >16<=48 sq in	Y/ 3 months			NA		$5.94
A6207	Contact layer >16<= 48 sq in	Y/3 months			NA		$7.00
A6209	Foam drsg <=16 sq in w/o bdr	Y/ 3 months			NA		$7.14
A6210	Foam drg >16<=48 sq in w/o b	Y/ 3 months			NA		$19.00
A6211	Foam drg > 48 sq in w/o brdr	Y/ 3 months			NA		$28.01
A6212	Foam drg <=16 sq in w/border	Y/ 3 months			NA		$9.25
A6214	Foam drg > 48 sq in w/border	Y/ 3 months			NA		$9.82
A6216	Non-sterile gauze<=16 sq in	Y/ 3 months	Yes > 60	er calendar mont	NA		$0.05
A6219	Gauze <= 16 sq in w/border	Y/ 6 months			NA		$0.91
A6220	Gauze >16 <=48 sq in w/bordr	Y/ 6 months			NA		$2.46
A6222	Gauze <=16 in no w/sal w/o b	Y/ 6 months			NA		$2.03
A6223	Gauze >16<=48 no w/sal w/o b	Y/ 6 months			NA		$2.30
A6224	Gauze > 48 in no w/sal w/o b	Y/ 6 months			NA		$3.44
A6229	Gauze >16<=48 sq in watr/sal	Y/ 6 months			NA		$3.44
A6231	Gauze, hydrogel, 16 sq in or less, each	Y/ 6 months			NA		$4.46
A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each	Y/6 months			NA		$6.57
A6233	Gauze, hydrogel, more than 48 sq inches, each	Y/6 months			NA		$18.30

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A6234	Hydrocolid drg <=16 w/o bdr	Y/6 months			NA		$6.24
A6235	Hydrocolid drg >16<=48 w/o b	Y/ 6 months			NA		$16.05
A6236	Hydrocolid drg > 48 in w/o b	Y/ 6 months			NA		$25.99
A6237	Hydrocolid drg <=16 in w/bdr	Y/ 6 months			NA		$7.54
A6238	Hydrocolid drg >16<=48 w/bdr	Y/ 6 months			NA		$21.74
A6240	Hydrocolid drg filler paste	Y/ 6 months			NA		$11.68
A6241	Hydrocolloid drg filler dry	Y/ 6 months			NA		$2.45
A6242	Hydrogel drg <=16 in w/o bdr	Y/ 6 months			NA		$5.79
A6243	Hydrogel drg >16<=48 w/o bdr	Y/ 3 months			NA		$11.75
A6244	Hydrogel drg >48 in w/o bdr	Y/ 3 months			NA		$37.46
A6245	Hydrogel drg <= 16 in w/bdr	Y/ 3 months			NA		$6.93
A6246	Hydrogel drg >16<=48 in w/b	Y/ 3 months			NA		$9.46
A6247	Hydrogel drg > 48 sq in w/b	Y/ 3 months			NA		$22.68
A6248	Hydrogel drsg gel filler	Y/ 3 months			NA		$15.49
A6251	Absorpt drg <=16 sq in w/o b	Y/ 3 months			NA		$1.90
A6252	Absorpt drg >16 <=48 w/o bdr	Y/ 6 months			NA		$3.10
A6253	Absorpt drg > 48 sq in w/o b	Y/ 6 months			NA		$6.05
A6254	Absorpt drg <=16 sq in w/bdr	Y/ 6 months			NA		$1.16
A6255	Absorpt drg >16<=48 in w/bdr	Y/ 6 months			NA		$2.89
A6257	Transparent film <= 16 sq in	Y/ 6 months			NA		$1.46
A6258	Transparent film >16<=48 in	Y/ 6 months			NA		$4.10
A6259	Transparent film > 48 sq in	Y/ 6 months			NA		$10.43
A6266	Impreg gauze no h20/sal/yard	Y/ 6 months			NA		$1.83
A6402	Sterile gauze <= 16 sq in	Y/ 6 months			NA		$0.12
A6403	Sterile gauze>16 <= 48 sq in	Y/ 6 months			NA		$0.41
A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd	Y/3 months			NA		$1.50
A6441	Padding bandg. Non-elast. >=3" and < 5", per yard	Y/3 months			NA		$0.54
A6442	Conforming bandg. Non-sterile, width <3", per yard	Y/3 months			NA		$0.14
A6443	Conforming bandg. Non-sterile, widtth >=3' and < 5", per yard	Y/3 months			NA		$0.23
A6444	Conforming bandg. Non-sterile, width >=5", per yard	Y/3 months			NA		$0.45
A6445	Conforming bandg. Sterile, width <3", per yard	Y/3 months			NA		$0.26
A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard	Y/3 months			NA		$0.33
A6447	Conforming bandg. Sterile, width >= 5 ",per yard	Y/3 months			NA		$0.54
A6448	Lt. Compression bandg. Width , 3", per yard	Y/3 months			NA		$0.93
A6449	Lt. Compression bandg. Width >= 3", < 5" per yard	Y/3 months			NA		$1.40
A6452	High compression bandg., width >=3 " and < 5", per yard	Y/3 months			NA		$4.73
A6453	Self-adherent bandg. Width <3", per yard	Y/3 months			NA		$0.49
A6454	Self-adherent bandg. Width >=3" and < 5", per yard	Y/3 months			NA		$0.62
A6455	Self-adherent bandg. Width >=5", per yard	Y/3 months			NA		$1.11
A6456	Zinc paste impregnated width >=3" and < 5", per yard	Y/3 months			NA		$1.02
A6457	Tubular drsg. W or w/o elastic any width, per linear yd.	Y/3 months			NA		$0.91
A6504	Compression burn garment, glove to wrist, custom fabricated	Y/6months	YES		NA		M
A6509	Compression burn vest, custom fabricated	Y/6 months	YES		NA		M
A6513	Compression burn mask, face and/or neck, plastic or equal, custom	Y/6 months	YES		NA		M
A6542	Gradient compression stocking, custom made	Y/6 months	YES		NA		$171.50
A6550	Drsg. Set for neg. pressure wound therapy	Y/6 months			NA		$21.94
A7000	Disposable canister for pump	Y/ 6 months			NA		$9.13
A7001	Nondisposable pump canister	Y/ 6 months			NA		$27.96

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
A7002	Tubing used w suction pump	Y/ 6 months			NA		$3.11
A7003	Nebulizer administration set	Y/ 6 months			NA		$2.60
A7004	Disposable nebulizer sml vol	Y/ 6 months			NA		$1.47
A7005	Nondisposable nebulizer set	Y/ 6 months			NA		$25.07
A7006	Filtered nebulizer admin set	Y/ 6 months			NA		$9.13
A7007	Lg vol nebulizer disposable	Y/ 6 months			NA		$4.16
A7008	Disposable nebulizer prefill	Y/ 6 months			NA		$8.94
A7009	Nebulizer reservoir bottle	Y/ 6 months			NA		$39.23
A7010	Disposable corrugated tubing	Y/ 6 months			NA		$19.18
A7012	Nebulizer water collec devic	Y/ 6 months			NA		$3.62
A7013	Disposable compressor filter	Y/ 6 months			NA		$0.67
A7014	Compressor nondispos filter	Y/ 6 months			NA		$4.29
A7015	Aerosol mask used w nebulize	Y/ 6 months			NA		$1.80
A7016	Nebulizer dome & mouthpiece	Y/ 6 months			NA		$6.53
A7017	Nebulizer not used w oxygen	Y/ 6 months	YES .		Y/ month	$12.82	$128.23
A7018	Water, distilled, nebulizer, 1000 ml	Y/ 6 months			NA		$0.31
A7030	Full face mask used with positive airway pressure device, each	Y/6months	YES	1 per year	NA		$188.64
A7031	Face mask interface, replacement for full face mask, each	Y/6 months	YES		NA		M
A7032	Replacement cushion for nasal application device, each	Y/6months	YES >	/calendar mont	NA		$23.33
A7033	Replacement pillows for nasal application device, each	Y/6months	YES >	12 per year	NA		$23.33
A7034	Nasal Interface(mask or cannula type) used with pos airway pressur	Y/6months	YES >	4 per year	NA		$76.89
A7035	Headgear used with positive airway pressure device	Y/6months	YES >	2 per year	NA		$34.84
A7036	Chinstrap used with positive airway pressure device	Y/6months	YES >	2 per year	NA		$14.90
A7037	Tubing used with positive airway presure device	Y/6months	YES >	/calendar mont	NA		$38.51
A7038	Filter, disposable, used with positive airway pressure device	Y/6months	YES>	/calendar mont	NA		$5.16
A7039	Filter, non disposable used with positive airway pressure device	Y/6months	YES >	2 per year	NA		$12.46
A7040	One way chest drain valve	Y/6months	YES		NA		M
A7043	Vac. Drainage bottle & tubing for implanted catheter	Y/6months	YES		NA		M
A7045	Exhalation port, w or w/o swivel used For positive airway replacem	Y/6months	YES		NA		M
A7046	Water chamber for humidifier, used with pos. airway pressure devic	Y/6 months	Yes>	?/calendar mont	NA		$15.61
A7501	Tracheostoma valve, including diaphram, each	Y/6 months			NA		$100.18
A7502	Replacement diaphram/faceplate for treacheostoma valve, each	Y/6 months			NA		$47.61
A7503	Filter holder, cap resuable, tracheostoma, each	Y/6 months			NA		$10.81
A7504	Filter, tracheostoma, heat and moisture exc, each	Y/6 months			NA		$0.64
A7505	Housing, reusuable without adhesive, tracheostoma, each	Y/6 months			NA		$4.46
A7506	Adhesive disc, tracheostoma valve, any type, each	Y/6 months			NA		$0.32
A7507	Filter holder and filter without adhesive, tracheostoma, each	Y/6 months			NA		$2.37
A7508	Housing with adhesive, tracheostoma, each	Y/6 months			NA		$2.74
A7509	Filter holder with filter, adhesive, tracheostoma, each	Y/6 months			NA		$1.34
A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each	Y/6 months			NA		$37.98
A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each	Y/6 months			NA		$37.64
A7522	Trach/laryn. Tube, stainless steel or equal, sterilizable and reuseable	Y/6 months	Yes>2	er calendar mont	NA		$36.13
A7524	Tracheostoma stent/stud/button, each	Y/6 months			NA		$61.92
A7525	Tracheostomy mask, each	Y/6 months	Yes>1	er calendar mont	NA		$1.66
A7526	Tracheostomy tube collar/holder, each	Y/6 months	Yes>31	er calendar mont	NA		$2.70
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Y/6months	YES		NA		M
B4034	Enteral Feed Supply Kit by Syringe ($5.60 per day)	Y/6 months	YES		NA		$168.00
B4035	Enteral Feed Supply Kit by Pump 1 box of 30 ($10.67 per day)	Y/ 6 months	YES		NA		$320.10

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
B4036	Enteral Feed Supply Kit Gravity Fed 1 box of 30 ($7.31 per day)	Y/ 6 months	YES		NA		$219.30
B4081	Enteral NG tubing w/stylet	Y/ 6 months			NA		$19.78
B4083	Enteral stomach tube levine	Y/ 6 months			NA		$3.60
B4086	Gastrostomy/JejunostomyTube	Y/6 months	YES		NA		$16.52
B4100	Thicket 240gm/8.53 oz	Y/6months	YES		NA		$4.58
B4100	Thicket, 900gm/32oz	Y/6 months	YES		NA		$12.88
B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1	Y/6 months	YES		NA		M
B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 m	Y/6 months	YES		NA		M
B4104	Additive for enteral formula e.g. fiber	Y/6 months	YES		NA		M
B4149	Enteral formula, blenderized natural foods, thru enteral feeding tub	Y/6 months	YES		NA		M
B4150	Ensure 8 oz bottle	Y/6months	YES		NA		$1.55
B4150	Ensure 8 oz can liquid	Y/ 6 months	YES		NA		$1.68
B4150	Ensure one quart can liquid	Y/ 6 months	YES		NA		$4.46
B4150	Ensure w/fiber	Y/ 6 months	YES		NA		$1.04
B4150	Ensure High Protein 237 cc	Y/6months	YES		NA		$2.33
B4150	Osmolite 8oz Can	Y/6months	YES		NA		$2.23
B4150	Osmolite isotonic 8 iz can liquid	Y/6months	YES		NA		$1.42
B4150	Osmolite one qt can liquid	Y/ 6 months	YES		NA		$5.01
B4150	Osmolite HN ready to hang 1000cc bag	Y/6 months	YES		NA		$15.19
B4150	Isomil Concentrate 13 oz can	Y/ 6 months	YES		NA		$2.17
B4150	Isomil Ready to Feed 32 oz can	Y/ 6 months	YES		NA		$3.20
B4150	Isocal HN 8oz can	Y/ 6 months	YES		NA		$2.81
B4150	Isocal Ready To Use 8 oz can	Y/6months	YES		NA		$1.30
B4150	Isocal HCN 8 oz can	Y/ 6 months	YES		NA		$1.52
B4150	Sustacal 8 oz can liquid	Y/ 6 months	YES		NA		$1.39
B4150	Isocal Ready to Use 12 oz can	Y/ 6 months	YES		NA		$1.71
B4150	Meritene Powder	Y/ 6 months	YES		NA		$8.84
B4150	Isocal Liquid 32 oz Can	Y/ 6 months	YES		NA		$4.63
B4150	NUTRAMIGEN 8 OZ BOTTLE	Y/ 6 months	YES		NA		$0.98
B4150	OSMOLITE HN 32 OZ CAN	Y/ 6 months	YES		NA		$5.34
B4150	Nutramigen 16 oz powder	Y/6months	YES		NA		$32.44
B4150	NUTRAMIGEN 32 OZ CAN	Y/ 6 months	YES		NA		$7.93
B4150	PORTAGEN POWDER 1LB CAN	Y/ 6 months	YES		NA		$17.93
B4150	ENSURE 14 OZ CAN POWDER	Y/ 6 months	YES		NA		$7.32
B4150	OSMOLITE HN 8 OZ CAN	Y/ 6 months	YES		NA		$2.33
B4150	RESOURCE 8 OZ 6 COUNT	Y/ 6 months	YES		NA		$1.44
B4150	JEVITY 8 OZ CAN	Y/ 6 months	YES		NA		$1.59
B4150	Jevity Plus	Y/ 6 months	YES		NA		$3.04
B4150	Pedisure with Fiber	Y/6months	YES		NA		$2.20
B4150	PEDISURE 8 OZ CAN	Y/6months	YES		NA		$2.15
B4150	Jevity with fiber	Y/ 6 months	YES		NA		$1.28
B4150	JEVITY 32 OZ CAN	Y/6months	YES		NA		$6.14
B4150	ISOSOURCE HN 8 OZ CAN	Y/ 6 months	YES		NA		$1.16
B4150	Isosource 8 oz can	Y/6 months	YES		NA		$2.94
B4150	SIMILAC 60 40 POWDER PD CANS	Y/ 6 months	YES		NA		$15.20
B4150	SIMILAC WITH IRON 8 OZ BOTTLE	Y/ 6 months	YES		NA		$1.65
B4150	Similac Advance w/Iron powder 365 gms	Y/6 months	YES		NA		$14.99
B4150	NUTRAMAGEN CONCENTRT/13 OZ	Y/ 6 months	YES		NA		$3.25

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
B4150	SUSTACAL PUDDING 5 OZ CAN	Y/ 6 months	YES		NA		$1.21
B4150	ENSURE HN 8 OZ	Y/ 6 months	YES		NA		$1.35
B4150	ALIMENTUM 32 OZ CAN	Y/ 6 months	YES		NA		$6.04
B4150	Enfamil Lacto Free	Y/ 6 months	YES		NA		$3.67
B4150	Enfamil with iron	Y/6 months	YES		NA		$3.12
B4150	ENFAMIL 13 OZ CONCENTRATE	Y/6months	YES		NA		$2.02
B4150	NUTRAMIGEN 32OZ READY TO USE	Y/ 6 months	YES		NA		$4.45
B4150	SIMILAC SPECIAL CARE 4 OZ BTL	Y/ 6 months	YES		NA		$2.79
B4150	SIMILAC 32 FLUID OZ CAN	Y/ 6 months	YES		NA		$3.55
B4150	Similac with Neosure with iron	Y/ 6 months	YES		NA		$14.21
B4150	SIMILAC 13 OUNCE CAN	Y/6months	YES		NA		$2.02
B4150	Probalance 8oz	Y/ 6 months	YES		NA		$1.20
B4150	Fibersource 8oz can	Y/6months	YES		NA		$3.55
B4150	Fibersource HN 8oz can	Y/6months	YES		NA		$1.25
B4150	Similac with iron 13 oz cans	Y/6months	YES		NA		$3.85
B4150	Kindercal	Y/6months	YES		NA		$1.43
B4150	Ultracal	Y/6months	YES		NA		$2.74
B4150	Nutren 1.0 per can	Y/6months	YES		NA		$0.68
B4150	Nubasic 8.45 oz name change to Carnation Instant Breakfast Lactos	Y/6months	Yes		NA		$0.63
B4150	Osmolite HN Plus	Y/6months	YES		NA		$3.00
B4150	PROMOTE WITH FIBER 8 OZ CAN	Y.6months	YES		NA		$1.11
B4150	Comply 8 ozs	Y/6months	YES		NA		$2.92
B4150	Isomil Soy with fe 8 ozs	Y/6 months	YES		NA		$3.36
B4150	Boost High Protein	Y/6months	YES		NA		$2.68
B4150	Enfamil with fe 32 ozs	Y/6months	YES		NA		$7.82
B4150	Rehydralyte 240cc can	Y/6 months	YES		NA		$3.52
B4152	Respalor	Y/6months	YES		NA		$1.39
B4152	Resource Plus	Y/6months	YES		NA		$2.33
B4152	Complete Nutrition Plus Generic for Ensure Plus 8 ozs	Y/6months	YES		NA		$0.95
B4152	ENSURE PLUS 8 OZ CAN LIQUID	Y/ 6 months	YES		NA		$1.99
B4152	MAGNACAL EIGHT OZ BOTTLE	Y/ 6 months	YES		NA		$1.65
B4152	TWO CAL	Y/ 6 months	YES		NA		$1.60
B4152	Deliver 8 oz can (2.0) #	Y/ 6 months	YES		NA		$2.41
B4152	Boost Plus	Y/6months	YES		NA		$2.87
B4152	Boost	Y/6months	YES		NA		$1.02
B4152	Nubasic Plus name change to Carnation Instant Breakfast Lactose F	Y.6months	YES		NA		$0.73
B4152	Nutren 1.5	Y/6months	YES		NA		$2.66
B4152	Nutren 13 oz 2.0	Y/6months	YES		NA		$1.06
B4152	Isosource 1.5	Y/6months	YES		NA		$1.30
B4153	Subdue 8 oz. Per can pre-mixed	Y/6 months	YES		NA		$15.79
B4153	Phenyl Free 2 HP 454 gm can	Y/6months	YES		NA		$64.06
B4153	Peptinex dt 250ml	Y/6months	YES		NA		$7.80
B4153	Impact w/glutamine	Y/6months	YES		NA		$10.94
B4153	Optimental 8 ozs	Y/6months	YES		NA		$7.33
B4153	Pediatric E028	Y/6months	YES		NA		$4.89
B4153	Pepdite 1 powder/pk	Y/6months	YES		NA		$6.80
B4153	Vivonex Ped	Y/6months	YES		NA		$5.74
B4153	VIVONEX STANDARD	Y/6months	YES		NA		$6.62

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
B4153	VIVONEX HIGH NITROGEN	Y/ 6 months	YES		NA		$6.47
B4153	CRITICARE HN READY 8 OZ BOTTLE	Y/ 6 months	YES		NA		$4.57
B4153	VITAL HIGH NITROGEN	Y/ 6 months	YES		NA		$8.75
B4153	TRAVASORB 112.0 GM	Y/ 6 months	YES		NA		$5.41
B4153	Neocate One Liquid	Y/ 6 months	YES		NA		$3.99
B4153	Neocate Powder Can	Y/6months	YES		NA		$34.50
B4153	Neocate One Powder Pack	Y/6months	YES		NA		$8.40
B4153	Elecare Powder 14.1 oz	Y/6months	YES		NA		$35.02
B4153	Peptamen 1.5	Y/6months	YES		NA		$8.37
B4153	Phenex-1 400 gm can, each	Y/6months	YES		NA		$20.22
B4154	Phenylade 454 gm can of powder	Y/6 months	YES		NA		$42.94
B4154	Novasource Renal	Y/6months	YES		NA		$4.85
B4154	Lipisorb 8 ozs	Y/6months	YES		NA		$2.65
B4154	Choice DM per can	Y/6months	YES		NA		$2.84
B4154	Choice TF	Y/6months	YES		NA		$4.00
B4154	XP Manamun per can	Y/6months	YES		NA		$73.87
B4154	PREGESTIMIL 16 OZ CAN POWDER	Y/6months	YES		NA		$26.64
B4154	Pregestimil PDR 454gm	Y/ 6 months	YES		NA		$34.51
B4154	ENRICH LIQUID 8 OZ CAN	Y/6months	YES		NA		$1.54
B4154	NUTRIMENT 12 OZ CAN LIQUID	Y/ 6 months	YES		NA		$1.13
B4154	TRAOMACAL 8 OZ CAN	Y/ 6 months	YES		NA		$1.84
B4154	ENRICH 32 OZ CAN	Y/ 6 months	YES		NA		$5.45
B4154	PULMOCARE 8 OZ CAN	Y/ 6 months	YES		NA		$1.99
B4154	AMINAID	Y/ 6 months	YES		NA		$11.04
B4154	KDS PRE-ATTAIN 1000 ML BOTTLE	Y/ 6 months	YES		NA		$4.96
B4154	REABILAN HN	Y/ 6 months	YES		NA		$13.81
B4154	GLUCERNA/240 ML	Y/ 6 months	YES		NA		$2.40
B4154	SMA 13 OZ CONCENTRATE	Y/ 6 months	YES		NA		$2.00
B4154	HEPATIC AID II INST DRINK 93 GMS	Y/ 6 months	YES		NA		$20.38
B4154	Free Powder	Y/ 6 months	YES		NA		$8.09
B4154	Perative	Y.6months	YES		NA		$4.37
B4154	Suplena	Y/6months	YES		NA		$1.67
B4154	Vivonex Plus	Y/6months	Yes		NA		$3.47
B4154	Vivonex Ten	Y/6months	YES		NA		$7.03
B4154	Nepro	Y/6months	YES		NA		$3.79
B4154	Novasource	Y/6months	Yes		NA		$2.54
B4154	Diabetisource	Y/6months	YES		NA		$1.50
B4154	Protain-XL	Y/6monghs	YES		NA		$2.10
B4154	Periflex 454 gm/can	Y/6months	YES		NA		$43.13
B4154	Nutrivent	Y/6months	YES		NA		$1.49
B4154	Alkitraq 2.68 oz	Y/6months	YES		NA		$10.39
B4154	Pro-Peptide, 250cc	Y/6months	YES		NA		$4.33
B4154	Glytrol	Y/6 months	YES		NA		$1.18
B4155	Phenylade MTE 13 gm each	Y/6 months	YES		NA		$48.00
B4155	Casec 10 oz. Powder	Y/6 months	YES		NA		$18.32
B4155	Duocal 400 gm powder can	Y/6months	YES		NA		$26.26
B4155	Prosure 237ml	Y/6moths	YES		NA		$2.53
B4155	Microlipids	Y/6months	YES		NA		$3.14

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
B4155	RCF Ross Carbo Free Soy	Y/6months	YES		NA		$5.84
B4155	MCT OIL CALORIE ADDITIVE QT	Y/6months	YES		NA		$67.97
B4155	Polycose Liquid	Y/6months	YES		NA		$2.79
B4155	Polycose Powder	Y/ 6 months	YES		NA		$9.73
B4155	POLYCOSE 12.30 OZ CAN POWDER	Y/6months	YES		NA		$4.20
B4155	PROMOD POWDER PROTEIN SUPP	Y/ 6 months	YES		NA		$16.76
B4155	Moducal	Y/ 6 months	YES		NA		$5.99
B4157	Enteral Formula special metabolic need thru a enteral feeding tube	Y/6 months	YES		NA		M
B4158	Enteral formula, for peds, adm. Thru enteral feeding tube	Y/6 months	YES		NA		M
B4158	Nutren Jr	Y/6 months	YES		NA		$1.14
B4158	Nutren Jr with Fiber	Y/6 months	YES		NA		$1.35
B4159	Enteral formula, peds, soy based adm. Thru enteral feeding tube	Y/6 months	YES		NA		M
B4160	Enteral formula, peds, calorically dense, thru enteral feeding tube	Y/6 months	YES		NA		M
B4161	Enteral formula, peds, hydrolyzed amino acids thru enteral feeding	Y/6 months	YES		NA		M
B4161	Peptamen JR	Y/6 months	YES		NA		$10.51
B4162	enteral formula, peds, spec. metabolic needs for inherited disease	Y/6 months	YES		NA		M
B4185	parenteral nutrition solution, per 10 gms lipids	Y/6 months	YES		NA		M
B4220	Parenteral supply kit	Y/ 6 months	YES	1 per month	NA		$213.00
B4222	Parenteral Nutrition Supply Kit Home Mix	Y/6 months	YES	1 per month	NA		$236.00
B4224	Parenteral administration kit	Y/ 6 months	YES	1 per month	NA		$665.70
B9002	Enteral pump with alarm	Y/ 6 months	YES		YES	$135.00	$1,350.00
B9004	Parenteral pump portable	Y/6 months	YES		YES	$223.80	$2,238.01
B9006	Parenteral pump stationary	Y/6 months	YES		YES	$223.80	$2,238.01
B9998	Enteral supplies, NOS	Y/6 months	YES		NA		M
B9999	Parenteral supplies, NOS	Y/6 months	YES		NA		M
E0100	Cane adjust/fixed with tip	Y/6 months			NA		$17.14
E0105	Cane adjust/fixed quad/3 pro	Y/ 6 months			NA		$46.00
E0110	Crutch forearm pair	Y/ 6 months			NA		$71.57
E0111	Crutch forearm each	Y/ 6 months			NA		$43.31
E0112	Crutch underarm pair wood	Y/ 6 months			NA		$35.40
E0113	Crutch underarm each wood	Y/ 6 months			NA		$17.76
E0114	Crutch underarm pair no wood	Y/ 6 months			NA		$42.24
E0116	Crutch underarm each no wood	Y/ 6 months			NA		$22.75
E0130	Walker rigid adjust/fixed ht	Y/ 6 months			NA		$57.11
E0135	Walker folding adjust/fixed	Y/ 6 months			NA		$68.18
E0140	Walker, w/trunk support, adj. Or fixed ht., any type	Y/6 months	YES		Y/month	M	M
E0141	Rigid walker wheeled wo seat	Y/ 6 months			NA		$98.55
E0143	Walker folding wheeled w/o s	Y/ 6 months			NA		$99.77
E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	$30.47	$304.66
E0148	Walker heavy duty, without wheels, any type, each	Y/ 6 months			NA		$121.55
E0149	Walker heavy duty, wheeled, any type, each	Y/6 months	YES		NA		$213.53
E0153	Forearm crutch platform atta	Y/6 months			NA		$66.38
E0154	Walker platform attachment	Y/ 6 months			NA		$67.45
E0155	Walker wheel attachment	Y/ 6 months			NA		$30.20
E0156	Walker seat attachment	Y/ 6 months			NA		$25.10
E0157	Walker crutch attachment	Y/ 6 months			NA		$66.61
E0158	Walker leg extenders set of4	Y/ 6 months			NA		$26.16
E0159	Brake for wheeled walker	Y/ 6 months			NA		$17.10

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E0160	Sitz type bath or equipment	Y/ 6 months			NA		$26.88
E0161	Sitz bath/equipment w/faucet	Y/ 6 months			NA		$21.33
E0162	Sitz bath chair	Y/ 6 months			NA		$118.48
E0163	Commode chair stationry fxd	Y/ 6 months			Y/ month	$10.26	$102.61
E0164	Commode chair mobile fixed a	Y/ 6 months			Y/ month	$14.75	$147.52
E0165	Commode chair stationary detachable arms	Y/ 6 months	YES		Y/ month	$17.77	$177.70
E0166	Commode chair mobile detach	Y/ 6 months	YES		Y/ month	$27.94	$279.40
E0167	Commode chair pail or pan	Y/ 6 months		1 per year	NA		$9.76
E0168	Commode chair, extra wide, heavy duty, any type each	Y/ 6 months			NA		$144.38
E0170	Commode chair w seat lift mech. Electric, any type	Y/6 months	YES				M
E0171	Commmode chair w seat lift mech. Non-electric	Y/6 months	YES				M
E0172	Seat lift mechanism placed over top of toilet, any type	Y/6 months	YES				M
E0175	Commode chair foot rest	Y/6 months			NA		$63.36
E0180	Press pad alternating w pump	Y/ 6 months	YES		Y/ month	$20.78	$207.80
E0181	Pressure pad alternating pump, heavy duty	Y/ 6 months	YES		Y/ month	$23.04	$230.40
E0182	Pressure pad alternating pum	Y/ 6 months	YES		Y/ month	$21.29	$212.90
E0184	Dry pressure mattress	Y/ 6 months	YES		Y/ month	$15.83	$158.33
E0185	Gel pressure mattress pad	Y/ 6 months	YES		Y/ month	$26.01	$260.11
E0186	Air pressure mattress	Y/ 6 months	YES		Y/ month	$16.51	$165.10
E0187	Water pressure mattress	Y/ 6 months	YES		Y/ month	$21.95	$219.50
E0188	Synthetic Sheepskin pad	Y/ 6 months			NA		$26.43
E0189	Lambswool sheepskin pad	Y/ 6 months			NA		$47.96
E0190	cervical pillow	Y/6 months			NA		$26.47
E0191	Protector heel or elbow	Y/ 6 months			NA		$9.56
E0193	Powered air flotation bed	Y/ 6 months	YES		Y/ month	$864.34	$8,643.40
E0194	Air fluidized bed	Y/ 6 months	YES		Y/ month	$2,646.38	$26,463.80
E0196	Gel pressure mattress	Y/ 6 months	YES		Y/ month	$26.42	$264.20
E0197	Air pressure pad for mattres	Y/ 6 months	YES		Y/ month	$18.02	$180.18
E0198	Water pressure pad for mattr	Y/ 6 months	YES		Y/ month	$21.20	$211.98
E0199	Dry pressure pad for mattres	Y/ 6 months			Y/ month	$3.06	$30.66
E0200	Heat lamp without stand	Y/ 6 months			Y/ month	$7.58	$75.85
E0202	Phototherapy light w/ photom	Y/ 6 months	YES		Y/day	$50.92	NA
E0205	Heat lamp with stand	Y/ 1 month	YES		Y/ month	$15.78	$157.81
E0210	Electric heat pad standard	Y/ 6 months		1 per year	NA		$26.54
E0215	Electric heat pad moist	Y/ 6 months		1 per year	Y/ month	$5.76	$57.60
E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	$47.50	$474.97
E0220	Hot water bottle	Y/ 6 months			NA		$6.89
E0225	Hydrocollator unit	Y/ 6 months	YES		Y/ month	$37.18	$371.81
E0230	Ice cap or collar	Y/ 6 months			NA		$6.89
E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	$16.51	$165.10
E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	$35.99	$359.90
E0238	Heat pad non-electric moist	Y/ 6 months		1 per year	NA		$25.87
E0239	Hydrocollator unit portable	Y/ 6 months	YES		Y/ month	$38.07	$380.71
E0247	transfer bench	Y/6 months	YES				M
E0249	Pad water circulating heat u	Y/ 6 months			Y/ month	$8.10	$81.00
E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	$79.50	$795.00
E0251	Hosp bed fixd ht w/o mattres	Y/ 12 months	YES		Y/ month	$60.24	$602.40
E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	$96.28	$962.80
E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	$67.78	$677.80

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	$139.24	$1,392.40
E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	$111.36	$1,113.60
E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	$169.92	$1,699.20
E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	$162.04	$1,620.40
E0271	Mattress innerspring	Y/ 12 months	YES		Y/ month	$19.51	$195.15
E0272	Mattress foam rubber	Y/ 12 months	YES		Y/ month	$19.36	$193.61
E0275	Bed pan standard	Y/ 12 months	YES>1	1 per year	NA		$14.64
E0276	Bed pan fracture	Y/ 12 months	YES>1	1 per year	NA		$12.73
E0277	Powered pres-redu air mattrs	Y/ 12 months	Yes	1 per 5 years	Y/ month	$711.85	$7,118.50
E0280	Bed cradle	Y/ 12 months			NA		$31.06
E0290	Hosp bed fx ht w/o rails w/m	Y/ 12 months	YES		Y/ month	$60.78	$607.80
E0291	Hosp bed fx ht w/o rail w/o	Y/ 12 months	YES		Y/ month	$44.16	$441.60
E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	$68.34	$683.40
E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	$58.15	$581.50
E0294	Hosp bed semi-elect w/ mattr	Y/ 12 months	YES		Y/ month	$106.24	$1,062.40
E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	$103.56	$1,035.60
E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/ month	$133.53	$1,335.30
E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/ month	$118.56	$1,185.60
E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/	Y/12 months	YES		Y/month	$243.18	$2,908.14
E0304	Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattres	Y/12 months	YES		Y/month	$616.54	$6,165.40
E0305	Rails bed side half length	Y/12 months	YES		Y/ month	$17.02	$170.20
E0310	Rails bed side full length	Y/ 12 months	YES		Y/ month	$15.91	$159.17
E0315	Bed accessory brd/tbl/support	Y/ 12 months			NA		$9.54
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Y/12 months	YES		Y/ month	M	M
E0325	Urinal male jug-type	Y/ 12 months	Yes > 1	1 per year	NA		$9.67
E0326	Urinal female jug-type	Y/ 12 months	YES>1	1 per year	NA		$10.05
E0371	Nonpower mattress overlay	Y/ 12 months	YES		Y/ month	$425.22	$4,252.20
E0372	Powered air mattress overlay	Y/ 12 months	YES		Y/ month	$515.98	$5,159.80
E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	$587.85	$5,878.50
E0424	Stationary compressed gas 02	Y/ 12 months	YES		Y/ month	$200.41	NA
E0431	Portable gaseous 02	Y/ 12 months	YES		Y/ month	$30.57	NA
E0434	Portable liquid 02	Y/ 12 months	YES		Y/ month	$30.57	NA
E0439	Stationary liquid 02	Y/ 12 months	YES		Y/ month	$200.41	NA
E0445	Oximeter device for measuring blood oxygen levels	Y/12months	YES		Y/month	M	M
E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	$913.17	NA
E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	$170.00	$1,700.00
E0457	Chest shell	Y/ 12 months	YES		Y/ month	$58.79	$587.89
E0459	Chest wrap	Y/ 12 months	YES		Y/ month	$41.39	$413.90
E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	$701.80	NA
E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	$278.78	$2,787.80
E0463	Pressure support ventilator, w/volume control, used with tracheos	Y/12 months	YES		Y/month	M	NA
E0464	Pressure support ventilator, w/volume control, used with mask	Y/12 months	YES		Y/month	M	NA
E0470	Respiratory assist dev. Bi-level pressure w/o backup rate,	Y/12 months	YES		Y/month	$205.28	$2,052.80
E0471	Respiratory assist dev. Bi-level pressure w/ backup rate,	Y/12 months	YES		Y/month	$513.74	NA
E0472	Respiratory assist dev. Bi-level pressure w/backup rate, invasive inte	Y/12 months	YES		Y/month	$513.74	NA
E0480	Percussor elect/pneum home m	Y/ 12 months	YES		Y/ month	$42.04	$420.40
E0482	Cough Stimulating device, alternating positive and negative airway	Y/12 months	YES		Y/month	M	M
E0483	High frequency chest wall oscillation air-pulse generator system, in	Y/12 months	YES		Y/month	M	NA

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E0485	Oral device/appliance used to reduce upper airway collapsability, pr	Y/12 months	YES		NA		M
E0486	Oral device/appliance used to reduce upper airway collapsability, cu	Y/12 months	YES		NA		M
E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	M	NA
E0561	Humidifier, non-heated for use with positive pressure airway device	Y/12 months	YES		Y/month	$8.55	$85.60
E0562	Humidifier, heated used with positive airway pressure device	Y/12 months	Yes		Y/month	$28.82	$240.98
E0565	Compressor air power source	Y/ 12 months	YES		Y/ month	$49.61	$496.10
E0570	Nebulizer with compression	Y/ 12 months	YES		Y/ month	$18.00	$180.00
E0571	Aerosol compressor, battery powered, use with sm nebulizer	Y/ 12 months	YES		Y/month	$23.98	$239.80
E0572	Aerosol compressor, adj pressure, light duty, intermittent use	Y/12 months	YES		Y/month	$30.47	$304.70
E0574	Ultrasonic generator with sm vol ultrasonic nebulizer	Y/12 months	YES		Y/month	$32.21	$322.10
E0575	Nebulizer ultrasonic	Y/12 months	YES		Y/ month	$98.32	$983.20
E0580	Nebulizer for use w/ regulat	Y/ 12 months	YES		NA		$128.23
E0585	Nebulizer w/ compressor & he	Y/ 12 months	YES		Y/ month	$33.55	$335.50
E0600	Respiratory Suction pump portab hom modl	Y/ 12 months	YES		Y/ month	$37.23	$372.30
E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	$106.58	$1,065.80
E0604	Breast pump, heavy duty, hospital grade, AC and/ or DC	Y/12 months	YES		Y/month	$82.50	NA
E0606	Drainage board postural	Y/ 12 months	YES		Y/ month	$21.36	$213.60
E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	1 per 4 years	NA		$63.92
E0617	AED	Y/12months	YES		Y/month	$310.44	$3,725.28
E0618	Apnea monitor without recording feature	Y/ 12 months	YES		Y/ month	$227.30	NA
E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	$227.30	NA
E0621	Patient lift sling or seat	Y/ 12 months			Y/ month	$7.81	$78.06
E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	M	M
E0627	Seat lift incorp lift-chair	Y/ 12 months	YES		Y/ month	$32.28	$322.72
E0628	Seat lift for pt furn-electr	Y/ 12 months	YES		Y/ month	$32.28	$322.72
E0629	Seat lift for pt furn-non-el	Y/ 12 months	YES		Y/ month	$31.64	$316.39
E0630	Patient hydraulic lift with seat or sling	Y/ 12 months	YES		Y/ month	$88.22	$882.20
E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month	$117.06	$1,170.60
E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	M	M
E0639	Patient lift, moveable, includes all components/accessories	Y/12 months	YES		Y/month	M	M
E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NA		M
E0642	Standing frame system,mobile, incl. pediatric dynamic stander	Y/12 months	Y ES		NA		M
E0650	Pneuma compresor non-segment	Y/ 12 months	YES		Y/ month	$61.96	$619.60
E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	$87.87	$878.65
E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	$457.68	$4,576.80
E0655	Pneumatic appliance half arm	Y/ 12 months	YES		Y/ month	$9.32	$93.23
E0660	Pneumatic appliance full leg	Y/ 12 months	YES		Y/ month	$15.28	$152.83
E0665	Pneumatic appliance full arm	Y/ 12 months	YES		Y/ month	$13.11	$131.06
E0666	Pneumatic appliance half leg	Y/ 12 months	YES		Y/ month	$13.21	$132.11
E0667	Seg pneumatic appl full leg	Y/ 12 months	YES		Y/ month	$30.97	$309.75
E0668	Seg pneumatic appl full arm	Y/ 12 months	YES		Y/ month	$42.27	$422.74
E0669	Seg pneumatic appli half leg	Y/ 12 months	YES		Y/ month	$17.49	$174.86
E0671	Pressure pneum appl full leg	Y/ 12 months	YES		Y/ month	$39.74	$397.36
E0672	Pressure pneum appl full arm	Y/ 12 months	YES		Y/ month	$30.88	$308.75
E0673	Pressure pneum appl half leg	Y/ 12 months	YES		Y/ month	$25.66	$256.56
E0675	Pneumatic compression device, high press.for arterial insufficiency	Y/12 months	YES		Y/month	$257.59	NA
E0705	transfer board or device, any type each	Y/12 months					$52.73
E0720	Tens two lead	Y/ 12 months	YES		Y/ month	$30.81	$308.11

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E0730	Tens four lead	Y/ 12 months	YES		Y/month	$32.14	$321.42
E0731	Conductive garment for tens	Y/ 12 months	YES		NA		$341.24
E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	$87.60	$876.00
E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	$85.64	$856.40
E0747	Elec osteogen stim not spine	Y/ 12 months	YES	1 per 5 years	N/A		$2,850.30
E0748	Elec osteogen stim spinal	Y/ 12 months	YES	1 per 5 years	N/A		$3,352.50
E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/ 12 months	YES	1 per 5 years	N/A		$2,778.50
E0762	transcutaneous elect. Joint stim. Device, incl. all accessories	Y/12 months	YES		NA		M
E0764	functional neuromusc. Stim. Transcutaneous spinal cord injury enti	Y/12 months	YES		N/A		$8,141.75
E0769	electrical stimulation or electromagnetic wound RX device NOC	Y/6 months	YES		Y/month	M	NA
E0776	IV pole	Y/12 months	YES	1 per 5 years	Y/ month	$11.64	$116.42
E0781	External ambulatory infus pu	Y/ 12 months	YES	1 per 5 years	Y/ month	$253.40	$2,534.00
E0782	Non-programmable infusion pump	Y/ 12 months	YES	1 per 5 years	Y/ month	$369.97	$3,699.70
E0783	Infustion pump system, implantable, programable, all com	Y/12 months	YES		NA		$7,337.00
E0784	Ext amb infusn pump insulin	Y/ 12 months	YES	1 per 5 years	Y/ month	$597.43	$5,974.35
E0791	Parenteral infusion pump sta	Y/ 12 months	YES		Y/ month	$302.50	$3,025.00
E0840	Tract frame attach headboard	Y/ 12 months	YES		Y/ month	$5.96	$59.59
E0849	Traction equipment, cervical, free standing stand/frame pneumatic	Y/12 months	YES		Y/month	M	NA
E0850	Traction stand free standing	Y/ 12 months	YES		Y/ month	$10.05	$100.51
E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	$48.09	$480.86
E0860	Tract equip cervical tract	Y/ 12 months			Y/ month	$3.55	$35.51
E0870	Tract frame attach footboard	Y/ 12 months	YES		Y/ month	$11.13	$111.27
E0880	Trac stand free stand extrem	Y/ 12 months	YES		Y/ month	$12.01	$120.10
E0890	Traction frame attach pelvic	Y/ 12 months	YES		Y/ month	$11.44	$114.38
E0900	Trac stand free stand pelvic	Y/ 12 months	YES		Y/ month	$12.26	$122.58
E0910	Trapeze bar attached to bed	Y/ 12 months	YES		Y/ month	$19.13	$191.30
E0911	Trapeze bar heavy duty wt. greater than 250#	Y/12 months	YES		Y/month	M	M
E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month	$44.14	$441.40
E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	$37.15	$371.50
E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	$21.75	NA
E0940	Trapeze bar free standing	Y/ 12 months	YES		Y/ month	$29.55	$295.50
E0941	Gravity assisted traction de	Y/ 12 months	YES		Y/ month	$41.53	$415.30
E0942	Cervical head harness/halter	Y/ 12 months			NA		$18.99
E0944	Pelvic belt/harness/boot	Y/ 12 months			NA		$40.16
E0945	Belt/harness extremity	Y/ 12 months			NA		$42.41
E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	$48.11	$481.10
E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	$58.02	$580.20
E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	$56.12	$561.19
E0950	W/C tray	Y/12 months	YES		NA		$99.45
E0951	Loop, heel, each	Y/12 months			NA		$15.80
E0952	Loop tie	Y/ 12 months			NA		$15.32
E0955	W/C accessory, headrest, cushioned, prefab with mounting hardwa	Y/6 months	YES		NA		MSRP-22%
E0956	W/C accessory, lateral trunk or hip support, prefab with mounting h	Y/6 months	YES		NA		MSRP-22%
E0957	W/C accessory, medial thigh support, prefab with mounting hardwa	Y/6 months	YES		NA		MSRP-22%
E0958	Whichr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	$41.74	$417.40
E0959	Amputee adapter	Y/ 6 months			NA		$84.59
E0960	W/C accessory, houlder harness/straps or chest strap, incl. Mountin	Y/6 months	YES		NA		MSRP-22%
E0961	Wheelchair brake extension	Y/ 6 months	YES		Y/month	$2.42	$24.19

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E0967	Wheelchair hand rims	Y/ 6 months	YES		Y/ month	$11.82	$118.19
E0968	Wheelchair commode seat	Y/ 6 months	YES		Y/ month	$14.58	$145.80
E0969	Wheelchair narrowing device	Y/ 6 months	YES		Y/ month	$14.84	$148.35
E0970	Wheelchair no. 2 footplates	Y/ 6 months	YES		NA		$39.17
E0971	Wheelchair anti-tipping device each	Y/ 6 months	YES		Y/month	$6.29	$62.90
E0973	Wheelchair adjustabl height	Y/ 6 months	YES		Y/month	$9.35	$93.49
E0974	Wheelchair grade-aid	Y/ 6 months	YES		NA		$69.57
E0977	Wheelchair wedge cushion	Y/ 6 months	YES		NA		$62.58
E0978	Wheelchair belt w/airplane b	Y/ 6 months	YES		Y/month	$4.28	$42.81
E0980	Wheelchair safety vest	Y/ 6 months	YES		NA		$31.62
E0981	W/C accessory, seat upholstery, replacement only, each	Y/6 months	YES		NA		$47.59
E0982	W/C accessory, back upholstery, replacement, only	Y/6 months	YES		NA		$44.48
E0985	W/C accessory, seat lift mechanism	Y/6 months	YES		NA		$192.70
E0990	Wheelchair elevating leg res	Y/ 6 months	YES		Y/ month	$11.24	$112.35
E0992	Wheelchair solid seat insert	Y/ 6 months	YES		NA		$79.18
E0994	Wheelchair arm rest	Y/ 6 months	YES		NA		$16.87
E0995	Wheelchair calf rest	Y/ 6 months	YES		NA		$26.56
E0997	Wheelchair caster w/ a fork	Y/ 6 months	YES		NA		$54.09
E0998	Wheelchair caster w/o a fork	Y/ 6 months	YES		Y/ month	$3.11	$31.13
E0999	Wheelchr pneumatic tire w/wh	Y/ 6 months	YES		Y/ month	$11.00	$109.99
E1002	W/C accessory, power seating system, tilt only	Y/6 months	YES		NA		MSRP-22%
E1003	W/C accessory, power seating system, recline only w/o shear reduc	Y/6 months	YES		NA		MSRP-22%
E1004	W/C acessory, power seating system, recline only, with shear reduc	Y/6 months	YES		NA		MSRP-22%
E1005	W/C acessory, power seating system, recline only with power shear	Y/6 months	YES		NA		MSRP-22%
E1006	W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear red	Y/6 months	YES		NA		MSRP-22%
E1007	W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shea	Y/6 months	YES		NA		MSRP-22%
E1008	W/C accessory, power seating sys.,comb. Tilt/recline, w/power shea	Y/6 months	YES		NA		MSRP-22%
E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation syster	Y/6 months	YES		NA		MSRP-22%
E1010	W/C accessory, add. To power sys.,power leg elevation system	Y/6 months	YES		NA		MSRP-22%
E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NA		MSRP-22%
E1020	Residual Limb Support system for wheelchair	Y/6months	YES		Y/ month	$27.75	$243.31
E1028	W/C accessory, man. Swingaway,retr. Or remov. Hardware for	Y/6 months	YES		NA		MSRP-22%
E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NA		MSRP-22%
E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NA		MSRP-22%
E1031	Rollabout chair with casters	Y/ 6 months	YES		Y/ month	$41.07	$410.70
E1037	Transport Chair, pediatric size	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1038	Transport Chair, adult size	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1039	transport chair, adult size heavy duty, wt. > 250 lbs	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1050	Wheelchr fxd full length arms	Y/ 6 months	YES		Y/ month	$88.29	$882.90
E1060	Wheelchair detachable arms	Y/ 6 months	YES		Y/ month	$120.61	$1,206.10
E1065	Wheelchair power attachment	Y/ 6 months	YES		Y/ month	$252.86	$2,528.60
E1070	Wheelchair detachable foot r	Y/ 6 months	YES		Y/ month	$104.78	$1,047.80
E1083	Hemi-wheelchair fixed arms	Y/ 6 months	YES		Y/ month	$75.33	$753.30
E1084	Hemi-wheelchair detachable a	Y/ 6 months	YES		Y/ month	$93.85	$938.50
E1085	Hemi-wheelchair fixed arms	Y/ 6 months	YES		Y/ month	$66.21	$662.10
E1086	Hemi-wheelchair detachable a	Y/ 6 months	YES		Y/ month	$80.40	$804.00
E1087	Wheelchair lightwt fixed arm	Y/ 6 months	YES		Y/ month	$102.88	$1,028.80
E1088	Wheelchair lightweight det a	Y/ 6 months	YES		Y/ month	$122.60	$1,226.00

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E1089	Wheelchair lightwt fixed arm	Y/ 6 months	YES		Y/ month	$97.74	$977.40
E1090	Wheelchair lightweight det a	Y/ 6 months	YES		Y/ month	$128.27	$1,282.70
E1091	Wheelchair youth	Y/ 6 months	YES		Y/ month	$79.76	$797.60
E1092	Wheelchair wide w/ leg rests	Y/ 6 months	YES		Y/ month	$110.61	$1,106.10
E1093	Wheelchair wide w/ foot rest	Y/ 6 months	YES		Y/ month	$90.01	$900.10
E1100	Whchr s-recl fxd arm leg res	Y/ 6 months	YES		Y/ month	$84.42	$844.20
E1110	Wheelchair semi-recl detach	Y/ 6 months	YES		Y/ month	$82.66	$826.60
E1130	Whlchr stand fxd arm ft rest	Y/ 6 months	YES		Y/ month	$44.11	$441.10
E1140	Wheelchair standard detach a	Y/ 6 months	YES		Y/ month	$58.42	$584.20
E1150	Wheelchair standard w/ leg r	Y/ 6 months	YES		Y/ month	$67.71	$677.10
E1160	Wheelchair fixed arms	Y/ 6 months	YES		Y/ month	$54.43	$544.30
E1161	Wheelchair Manual Adult Size, includes tilt in space	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1170	Whlchr ampu fxd arm leg rest	Y/ 6 months	YES		Y/ month	$85.45	$854.50
E1171	Wheelchair amputee w/o leg r	Y/ 6 months	YES		Y/ month	$65.18	$651.80
E1172	Wheelchair amputee detach ar	Y/ 6 months	YES		Y/ month	$79.65	$796.50
E1180	Wheelchair amputee w/ foot r	Y/ 6 months	YES		Y/ month	$96.95	$969.50
E1190	Wheelchair amputee w/ leg re	Y/ 6 months	YES		Y/ month	$112.01	$1,120.10
E1195	Wheelchair amputee heavy dut	Y/ 6 months	YES		Y/ month	$120.19	$1,201.90
E1200	Wheelchair amputee fixed arm	Y/ 6 months	YES		Y/ month	$80.14	$801.40
E1220	Wheelchair Specially sized or constructed	Y/6months	YES		Y/ month	MSRP-15%	MSRP-15%
E1221	Wheelchair spec size w foot	Y/ 6 months	YES		Y/ month	$38.63	$386.30
E1222	Wheelchair spec size w/ leg	Y/ 6 months	YES		Y/ month	$55.12	$551.20
E1223	Wheelchair spec size w foot	Y/ 6 months	YES		Y/ month	$60.19	$601.90
E1224	Wheelchair spec size w/ leg	Y/ 6 months	YES		Y/ month	$65.99	$659.90
E1225	Wheelchair spec sz semi-recl	Y/ 6 months	YES		Y/ month	$43.24	$432.40
E1226	Wheelchair spec sz full-recl	Y/ 6 months	YES		Y/ month	$52.20	$522.01
E1227	Wheelchair spec sz spec ht a	Y/ 6 months	YES		Y/ month	$24.48	$244.80
E1228	Wheelchair spec sz spec ht b	Y/ 6 months	YES		Y/ month	$26.81	$268.10
E1229	Wheelchair, pediatric not otherwise classified	Y/6 months	YES		Y/month	MSRP-15%	MSRP-15%
E1230	Power operated vehicle	Y/ 6 months	YES		Y/ month	$210.35	$2,103.50
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatir	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1232	Wheelchair pediatric size, tilt-in space, folding, adjustable with seat	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1233	Wheelchair pediatric size, tilt-in space, rigid, adjustable without sea	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1234	Wheelchair pediatric size, tilt-in space, folding, adjustable without s	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1235	Wheelchair pediatric size, tilt-in space, rigid, adjustable with seating	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1236	Wheelchair pediatric size, folding, adjustable with seating system	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1237	Wheelchair pediatric size, rigid, adjustable without seating system	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1238	Wheelchair pediatric size, folding, adjustable without seating syster	Y/6months	YES		Y/month	MSRP-15%	MSRP-15%
E1240	Whchr litwt det arm leg rest	Y/ 6 months	YES		Y/ month	$83.77	$837.70
E1250	Wheelchair lightwt fixed arm	Y/ 6 months	YES		Y/ month	$61.80	$618.00
E1260	Wheelchair lightwt foot rest	Y/ 6 months	YES		Y/ month	$75.79	$757.90
E1270	Wheelchair lightweight leg r	Y/ 6 months	YES		Y/ month	$72.25	$722.50
E1280	Whchr h-duty det arm leg res	Y/ 6 months	YES		Y/ month	$125.58	$1,255.80
E1285	Wheelchair heavy duty fixed	Y/ 6 months	YES		Y/ month	$98.07	$980.70
E1290	Wheelchair hvy duty detach a	Y/ 6 months	YES		Y/ month	$114.02	$1,140.20
E1295	Wheelchair heavy duty fixed	Y/ 6 months	YES		Y/ month	$98.78	$987.80
E1296	Wheelchair special seat heig	Y/ 6 months	YES		Y/ month	$39.98	$399.82
E1297	Wheelchair special seat dept	Y/ 6 months	YES		Y/ month	$9.61	$95.95

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E1298	Wheelchair spec seat depth/w	Y/ 6 months	YES		Y/ month	$40.53	$405.30
E1300	Whirlpool portable, tub type	Y/ 6 months	YES		Y/ month	M	M
E1340	Repair for DME per 15 min	Y/ 6 months	YES		NA		$10.00
E1355	Oxygen supplies stand/rack	Y/ 6 months			NA		$34.44
E1372	Oxy suppl heater for nebuliz	Y/12 months	YES		Y/ month	$14.10	$140.99
E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	$200.41	NA
E1391	O2 concentrator, dual del. Port, 85% or >O2 concentration at presc.	Y/12 months	Yes		Y/month	$200.41	NA
E1392	portable O2 concentrator , rental	Y/12 months	YES		Y/month	$30.57	NA
E1399	Miscellaneous DME	Y/12 months	YES		NA		M
E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	$235.48	NA
E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	$216.52	NA
E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	$32.99	$329.91
E1701	Repl cushions for jaw motion	Y/ 6 months			NA		$10.15
E1702	Repl measr scales jaw motion	Y/ 6 months			NA		$20.92
E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	$94.78	$947.80
E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	$97.27	$972.70
E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	$94.90	$949.00
E1812	Dynamic knee ext/flex. Device with active resistance control	Y/ 6 months	YES		NA		M
E1815	Adjust ankle ext/flex device	Y/ 6 months	YES		Y/ month	$97.27	$972.70
E1820	Soft interface material	Y/ 6 months			Y/ month	$7.82	$78.20
E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	$97.27	$972.70
E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	$97.27	$972.70
E1841	Multi directional stretch shoulder device, w/ROM incl. Cuffs	Y/6months	YES		Y/month	M	M
E2000	Gastric suction pump, home model, portable or stationary, electric	Y/6months	YES		Y/ month	$37.23	$372.30
E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/ 6 months	YES	1 per 4 years	NA		$615.33
E2201	Man. W/C non-standard seat frame, width >=20" and < 24"	Y/6 months	YES		NA		MSRP-22%
E2202	Man. W/C non-standard seat frame, width 24-27"	Y/6 months	YES		NA		MSRP-22%
E2203	Man. W/C nonstandard seat frame depth 20 to < 22"	Y/6 months	YES		NA		MSRP-22%
E2204	Man. W/C nonstandard seat frame depth 22 to 25"	Y/6 months	YES		NA		MSRP-22%
E2205	Manual W/C access. Handrim w/o projections any type, replacement	Y/6months	YES		Y/month	$3.27	$32.67
E2206	manual W/C accessory, wheel lock assembly, complete, each	Y/6months	YES		Y/month	$4.06	$40.68
E2208	W/C access. Cylinder tank carrier, each	Y/6months	YES		Y/month	$11.36	$113.64
E2209	W/C access. Arm trough, each	Y/6months	YES		Y/month	$10.25	$102.52
E2210	W/C access. , bearings, any type, replacement only, each	Y/6months	YES		NA		$6.27
E2211	Man. W/C access. Pneumatic propulsion tire, any size each	Y/6months	YES		NA		$39.14
E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each	Y/6months	YES		NA		$5.63
E2213	Man. W/C access. Insert for pneumatic propulsion tire, removable, a	Y/6months	YES		NA		$29.10
E2214	Man. W/C access. Pneumatic caster tire, any size each	Y/6months	YES		NA		$29.27
E2215	Man. W/C access. Tube for pneumatic caster tire, any size each	Y/6 months	YES		NA		$9.19
E2216	Man. W/C access. Foam filled propulsion tire, any size, each	Y/6 months	YES		NA		M
E2217	Man. W/C access. Foam filled tire, any size each	Y/6 months	YES		NA		M
E2218	Man. W/C access. Foam propulsion tire, any size each	Y/6 months	YES		NA		M
E2219	Man. W/C access. Foam caster tire, any size each	Y/6 months	YES		NA		$34.03
E2220	Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, ea	Y/6 months	YES		NA		$23.19
E2221	Man. W/C access. Solid (rubber/plastic) tire removable any size, each	Y/6 months	YES		NA		$24.44
E2222	Man. WC solid caster tire (rubber or plastic) w/wheel any size, each	Y/6 months	YES		NA		M
E2223	Man. WC valve, any type replacement only, each	Y/6 months	YES		NA		M
E2224	Man. WC propulsion wheel, exc. Tire, each	Y/6 months	YES		NA		$79.74

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E2225	Man. WC access. Caster wheel excl. tire, any size, replacement only,	Y/6 months	YES		NA		M
E2226	Man. WC access. Caster fork, any size, replacement only, each	Y/6 months	YES		NA		M
E2291	Back, planar, for ped. W/C includes fixed attaching hardware	Y/6months	YES		Y/month	M	M
E2292	Seat, planar, for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	M	M
E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6months	YES		Y/month	M	M
E2294	Seat , countoured for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	M	M
E2300	Power W/C access., power seat elevation	Y/6 months	YES		NA		MSRP-22%
E2301	Power W/C access. Power standing system	Y/6 months	YES		NA		MSRP-22%
E2310	Power W/C access. Electronic conn. Between 1 motor	Y/6 months	YES		NA		MSRP-22%
E2311	Power W/C access. Elect. Conn. Between 2 motors	Y/6 months	YES		NA		MSRP-22%
E2320	Power W/C access. Hand or chin control interface	Y/6 months	YES		NA		MSRP-22%
E2321	Power W/C access. Hand control interface	Y/6 months	YES		NA		MSRP-22%
E2322	Power W/C access. Hand control mult. Mech. Switches	Y/6 months	YES		NA		MSRP-22%
E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NA		MSRP-22%
E2324	Power W/C chin cup for chin control	Y/6 months	YES		NA		MSRP-22%
E2325	Power W/C Access. Sip and puff interface	Y/6 months	YES		NA		MSRP-22%
E2326	Power W/C breath tube kit for sip and puff	Y/6 months	YES		NA		MSRP-22%
E2327	Power W/C access. Head control interface	Y/6 months	YES		NA		MSRP-22%
E2328	Power W/C access. Head or extremity control	Y/6 months	YES		NA		MSRP-22%
E2329	Power W/C access. Head control contact switch	Y/6 months	YES		NA		MSRP-22%
E2330	Power W/C access. Head control proximity switch	Y/6 months	YES		NA		MSRP-22%
E2340	Power W/C access. Nonstandard seat frame width 20-23"	Y/6 months	YES		NA		MSRP-22%
E2341	Power W/C access. Nonstandard seat frame width 24-27"	Y/6 months	YES		NA		MSRP-22%
E2342	Power W/C access. Nonstandard seat frame depth 20 or 21"	Y/6 months	YES		NA		MSRP-22%
E2343	Power W/C access. Nonstandard seat frame depth 22-25"	Y/6 months	YES		NA		MSRP-22%
E2351	Power W/C access. Electronic interface for speech gen.	Y/6 months	YES		NA		$558.90
E2360	Power W/C access. 22 NF non-sealed lead acid battery, each	Y/6 months	No		NA		$107.48
E2361	Power W/C access. 22NF sealed lead acid battery, each	Y/6 months	No		NA		$132.49
E2362	Power W/C access. Group 24 non-sealed lead acid battery ea.	Y/6 months	No		NA		$87.38
E2363	Power W/C access. Group 24 sealed lead acid battery each	Y/6 months	No		NA		$176.70
E2364	Power W/C accessory, U-1 non-sealed lead acid battery, ea.	Y/6 months	No		NA		$101.10
E2365	Power W/C access. U-1 sealed lead acid battery, each	Y/6 months	No		NA		$106.56
E2366	Power W/C access. Battery charger, single mode, each	Y/6 months	YES		NA		$252.20
E2367	Power W/C access. Battery charger dual mode, each	Y/6 months	YES		NA		$400.93
E2368	Power W/C component, motor, replacement, only	Y/6months	YES		NA		M
E2369	Power W/C component, gear box, replacement only	Y/6months	YES		NA		M
E2370	Power W/C component, motor and gear box combination, replacen	Y/6months	YES		NA		M
E2371	Power WC access. Group 27 sealed lead acid battery each	Y/6 months	YES		NA		M
E2372	Power WC access. Group 27 non-sealed lead acid battery each	Y/6 months	YES		NA		M
E2399	Power W/C Access. Not otherwise class.	Y/6 months	YES		NA		MSRP-22%
E2402	Negative pressure wound therapy pump	Y/6 months	YES		Y/month	$1,373.17	NA
E2500	Speech generating device, pre-recorded messages <= 8 min.	Y/12 months	YES		Y/month	$31.29	$312.85
E2502	Speech generating device, pre-recorded messages >8 min <=20 min	Y/12 months	YES		Y/month	$95.67	$956.54
E2504	Speech generating device, pre-recorded messages >20 min.<=40 mi	Y/12 months	YES		Y/month	$126.19	$1,261.94
E2506	Speech generating device, pre-recorded messages > 40 min.	Y/12 months	YES		Y/month	$185.04	$1,850.37
E2508	Speech generating device, synthesized , req. spelling & physical con	Y/12 months	YES		Y/month	$286.13	$2,861.29
E2510	Speech generating device, synthesized , mutilple methods of formu	Y/12 months	YES		Y/month	$647.51	$6,475.12
E2512	Accessory for speech generating device, mounting system	Y/12 months	YES		Y/month	M	M

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
E2599	Speech device accessory-not otherwise classified	Y/12 months	YES		Y/month	M	M
E2601	Gen. Use W/C seat cushion, width <22", any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2602	Gen. Use W/C seat cushion, width 22"or >, any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2603	Skin protection W/C seat cushion, width <22", any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2604	Skin Protection W/C seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2605	Positioning W/C seat cushion, width <22", any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2606	Positioning W/C seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2607	Skin protection & positioning seat cushion, width < 22", any depth	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2608	Skin protection & positioning seat cushion, width 22" or >, any dep	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2609	Custom fabricated W/C seat cushion, any size	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2611	Gen. Use W/C back cushion, width < 22", any ht. Incl. Mounting hard	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2612	Gen. Use W/C back cushion, width 22" or >, any ht. Incl. Mounting ha	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2613	Positioning W/C back cushion, posterior, Width <22", any ht. Incl. M	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2614	Positioning W/C back cushion, posterior, Width 22" or >, any ht. Incl	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2615	Positioning W/C back cushion,post/lateral, Width <22", any ht, Incl.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2616	Positioning W/C back cushion, post/lat, width 22" or>, any ht.,Incl.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2617	Custom fabricated W/C back cushion, any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2618	W/C accessory, solid seat support base, manual or ltwt. Power incl.	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2619	Replacement cover for W/C seat cushion or back cushion, each	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2620	Positioning W/C back cushion, planar with lateral supp., width<22",	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E2621	Positioning W/C back cushion, planar with lateral supp., width22"or	Y/12 months	YES		Y/month	MSRP-22%	MSRP-22%
E8000	Gait trainer, ped. Size, posterior support, incl. All Accessories and c	Y/12 months	YES		Y/month	M	M
E8001	Gait trainer, ped. Size, upright support, incl. All Accessories and co	Y/12 months	YES		Y/month	M	M
E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and co	Y/12 months	YES		Y/month	M	M
K0001	Standard wheelchair	Y/6months	YES		Y/ month	$47.69	$476.90
K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	$78.28	$782.80
K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	$72.86	$728.60
K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	$124.81	$1,248.10
K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	$176.86	$1,768.60
K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	$107.22	$1,072.20
K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	$170.77	$1,707.70
K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	MSRP-15%	MSRP-15%
K0010	Stnd wt frame power whlchr	Y/ 6 months	YES		Y/ month	$346.42	$3,464.20
K0011	Stnd wt pwr whlchr w control	Y/ 6 months	YES		Y/ month	$506.72	$5,067.20
K0012	Ltwt portbl power whlchr	Y/ 6 months	YES		Y/ month	$310.84	$3,108.40
K0014	other power whlchr base	Y/ 6 months	YES		Y/ month	MSRP-15%	MSRP-15%
K0015	Detach non-adjus hght armrst	Y/ 6 months	YES		Y/ month	$17.38	$173.83
K0017	Detach adjust armrest base	Y/ 6 months	YES		NA		$48.90
K0018	Detach adjust armrst upper	Y/ 6 months	YES		NA		$27.31
K0019	Arm pad each	Y/ 6 months	YES		NA		$16.43
K0020	Fixed adjust armrest pair	Y/ 6 months	YES		NA		$44.44
K0037	high mount foot rest	Y/6 months	YES		Y/month	$3.92	$39.17
K0038	Leg strap each	Y/ 6 months	YES		NA		$23.21
K0039	Leg strap h style each	Y/ 6 months	YES		NA		$51.54
K0040	Adjustable angle footplate	Y/ 6 months	YES		Y/month	$7.14	$71.43
K0041	Large size footplate each	Y/ 6 months	YES		NA		$50.62
K0042	Standard size footplate each	Y/ 6 months	YES		NA		$32.13

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
K0043	Ftrst lower extension tube	Y/ 6 months	YES		NA		$18.69
K0044	Ftrst upper hanger bracket	Y/ 6 months	YES		NA		$15.92
K0045	Footrest complete assembly	Y/ 6 months	YES		NA		$54.16
K0046	Elevat legrst low extension	Y/ 6 months	YES		NA		$18.69
K0047	Elevat legrst up hangr brack	Y/ 6 months	YES		NA		$73.17
K0050	Ratchet assembly	Y/ 6 months	YES		NA		$31.09
K0051	Cam relese assem ftrst/lgrst	Y/ 6 months	YES		NA		$50.33
K0052	Swingaway detach footrest	Y/ 6 months	YES		NA		$88.43
K0053	Elevate footrest articulate	Y/ 6 months	YES		NA		$97.59
K0056	Seat ht <17 or >=21 ltwt wc	Y/ 6 months	YES		Y/month	$9.10	$90.98
K0065	Spoke protectors	Y/ 6 months	YES		NA		$42.54
K0069	Rear whl complete solid tire	Y/ 6 months	YES		NA		$95.59
K0070	Rear whl compl pneum tire	Y/ 6 months	YES		NA		$175.23
K0071	Front castr compl pneum tire	Y/ 6 months	YES		NA		$104.51
K0072	Frnt cstr cmpl sem-pneum tir	Y/ 6 months	YES		NA		$62.91
K0073	Caster pin lock each	Y/ 6 months	YES		NA		$33.29
K0077	Front caster assem complete	Y/ 6 months	YES		NA		$56.30
K0090	Rear tire power wheelchair	Y/ 6 months	YES		NA		$72.88
K0091	Rear tire tube power whlchr	Y/ 6 months	YES		NA		$19.87
K0092	Rear assem cmplt powr whlchr	Y/ 6 months	YES		NA		$232.60
K0093	Rear zero pressure tire tube	Y/ 6 months	YES		NA		$145.30
K0094	Wheel tire for power base	Y/ 6 months	YES		NA		$47.35
K0095	Wheel tire tube each base	Y/ 6 months	YES		NA		$47.35
K0096	Wheel assem powr base complt	Y/ 6 months	YES		NA		$262.41
K0097	Wheel zero presure tire tube	Y/ 6 months	YES		NA		$60.35
K0098	Drive belt power wheelchair	Y/ 6 months	YES		NA		$26.03
K0099	Pwr wheelchair front caster	Y/ 6 months	YES		NA		$77.40
K0105	IV hanger	Y/ 6 months	YES		NA		$95.12
K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NA		MSRP-22%
K0195	Elevating whlchair leg rests	Y/ 6 months	YES		Y/ month	$20.16	$201.60
K0455	Pump uninterrupted infusion	Y/ 6 months	YES		Y/ month	$253.40	NA
K0552	Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each	Y/3 months	YES		NA		$2.12
K0669	Replacement cover W/C seat/back cushion,NOS	Y/12 months	YES		NA		MSRP-22%
K0730	Controlled Dose Inhalation del. System effective 7/1/05	Y/12 months	YES		YES	M	M
K0733	Battery for power chair 12-24 amp new 7/1/06	Y/12 months	YES		NA		M
K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		YES	MSRP-22%	MSRP-22%
K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		YES	MSRP-22%	MSRP-22%
K0736	W/C cushion adj. <22" width new 7/1/06	Y/12 months	YES		YES	MSRP-22%	MSRP-22%
K0737	W/C cushion adj. >22" width new 7/1/06	Y/12 months	YES		YES	MSRP-22%	MSRP-22%
L0100	Cerv craniosten helmet mold	Y/12 months	YES		NA		$436.83
L0110	Cerv craniostenosis hel non-	Y/ 12 months			NA		$128.88
L0120	Cerv flexible non-adjustable	Y/ 12 months			NA		$21.60
L0130	Flex thermoplastic collar mo	Y/ 12 months	YES		NA		$156.19
L0140	Cervical semi-rigid adjustab	Y/ 12 months			NA		$53.90
L0150	Cerv semi-rig adj molded chn	Y/ 12 months			NA		$89.88
L0160	Cerv semi-rig wire occ/mand	Y/ 12 months			NA		$127.96
L0170	Cervical collar molded to pt	Y/ 12 months	YES		NA		$541.49
L0172	Cerv col thermplas foam 2 piece	Y/ 12 months			NA		$109.80

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L0174	Cerv col foam 2 piece w thor	Y/ 12 months	YES		NA		$197.24
L0180	Cer post col occ/man sup adj	Y/ 12 months	YES		NA		$268.26
L0190	Cerv collar supp adj cerv ba	Y/ 12 months	YES		NA		$403.80
L0200	Cerv col supp adj bar & thor	Y/ 12 months	YES		NA		$370.78
L0210	Thoracic rib belt	Y/ 12 months			NA		$38.48
L0220	Thor rib belt custom fabrica	Y/ 12 months			NA		$87.94
L0430	Spinal orthosis, Dewall posture protector CODE REACTIVATED 1/1/0	Y/12 months	YES		NA		$1,073.89
L0450	TLSO flexible, provides trunk support, uper thoracic region, prefab	Y/12 months			NA		$145.17
L0452	TLSO flexible, provides trunk support, uper thoracic region, custom	Y/12 months	YES		NA		$271.28
L0454	TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-	Y/12 months	YES		NA		$188.81
L0456	TLSO, flexible thoracic region, prefab	Y/12 months	YES		NA		$256.15
L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NA		$962.52
L0466	TLSO Sagittal control, prefab	Y/12 months	YES		NA		$295.09
L0468	TLSO sagittal-coronal control, rigid posterior frame	Y/12 months	YES		NA		$295.09
L0470	TLSO triplanar control	Y/12 months	YES		NA		$369.97
L0472	TLSO, triplanar control, hyperextension prefab	Y/12 months	YES		NA		$330.63
L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NA		M
L0482	TLSO, triplanar, custom fabricated, one piece rigid plastic shell, each	Y/12 months	YES		NA		$1,073.89
L0484	TLSO, triplanar control, two piece	Y/12 months	YES		NA		$1,366.56
L0486	TLSO, triplanar control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NA		$1,353.74
L0488	TLSO triplanar, one piece, prefab	Y/12 months	YES		NA		$1,172.02
L0490	TLSO sagittal coronal control one piece prefab	Y/12 months	YES		NA		$875.81
L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NA		M
L0492	TLSO 3 rigid plastic shells, pre fab	Y/12 months	YES		NA		M
L0621	Sacroiliac orthosis, flexible, pre fab	Y/12 months			NA		M
L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NA		M
L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months			NA		M
L0624	Sacroiliac orthosis, rigid or semi-rigid, custom	Y/12 months	YES		NA		M
L0625	Lumbar orthosis, flexible, pre fab	Y/12 months			NA		M
L0626	Lumbar orthosis, sagittal control, pre fab	Y/12 months			NA		M
L0627	Lumbar orthosis, sagittal control with rigid ant./post. Panels, pre fa	Y/12 months	YES		NA		M
L0628	Lumbar-sacral orthosis, flexible, pre fab	Y/12 months			NA		M
L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NA		M
L0630	Lumbar-sacral orthosis, sag. Control, pre fab	Y/12 months			NA		M
L0631	Lumbar-sacral orthosis, sagittal control, pre fab	Y/12 months	YES		NA		M
L0632	Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom	Y/12 months	YES		NA		M
L0633	Lumbar-sacral orthosis, sag. Control, rigid post., pre fab	Y/12 months			NA		M
L0634	Lumbar-sacral orthosis, sag. Control, rigid post., custom	Y/12 months	YES		NA		M
L0635	Lumbar-sacral orthosis, sag-coronal control, prefab	Y/12 months	YES		NA		M
L0636	Lumbar-sacral orthosis, sag-coronal control, custom	Y/12 months	YES		NA		M
L0637	Lumbar-sacral orthosis, sag-coronal control, rigid ant/post., prefab	Y/12 months	YES		NA		M
L0638	Lumbar-sacral orthosis, sag-coronal control, rigid ant./post., custo	Y/12 months	YES		NA		M
L0639	Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab	Y/12 months	YES		NA		M
L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom	Y/12 months	YES		NA		M
L0700	Ctlso a-p-l control molded	Y/ 12 months	YES		NA		$1,662.23
L0710	Ctlso a-p-l control w/ inter	Y/ 12 months	YES		NA		$1,814.43
L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NA		$1,927.56
L0820	Halo cervical into body jack	Y/ 12 months	YES		NA		$1,559.32

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NA		$2,251.49
L0960	Post surgical support pads	Y/ 12 months			NA		$66.13
L0970	Tlso corset front	Y/ 12 months			NA		$82.06
L0972	Lso corset front	Y/ 12 months			NA		$83.88
L0974	Tlso full corset	Y/ 12 months	YES		NA		$171.40
L0976	Lso full corset	Y/ 12 months	YES		NA		$153.07
L0978	Axillary crutch extension	Y/ 12 months			NA		$138.21
L0980	Peroneal straps pair	Y/ 12 months			NA		$12.53
L0982	Stocking supp grips set of 4	Y/ 12 months			NA		$13.66
L0984	Protective body sock each	Y/ 12 months			NA		$43.58
L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NA		M
L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NA		$1,457.71
L1010	Ctlso axilla sling	Y/ 12 months			NA		$58.70
L1020	Kyphosis pad	Y/ 12 months			NA		$80.20
L1025	Kyphosis pad floating	Y/ 12 months			NA		$91.15
L1030	Lumbar bolster pad	Y/ 12 months			NA		$60.90
L1040	Lumbar or lumbar rib pad	Y/ 12 months			NA		$73.31
L1050	Sternal pad	Y/ 12 months			NA		$63.48
L1060	Thoracic pad	Y/ 12 months			NA		$71.59
L1070	Trapezius sling	Y/ 12 months			NA		$73.19
L1080	Outrigger	Y/ 12 months			NA		$50.71
L1085	Outrigger bil w/ vert extens	Y/ 12 months			NA		$140.90
L1090	Lumbar sling	Y/ 12 months			NA		$65.82
L1100	Ring flange plastic/leather	Y/ 12 months			NA		$116.18
L1110	Ring flange plas/leather mol	Y/ 12 months	YES		NA		$196.79
L1120	Covers for upright each	Y/ 12 months			NA		$31.35
L1200	Furnsh initial orthosis only	Y/ 12 months	YES		NA		$1,247.80
L1210	Lateral thoracic extension	Y/ 12 months	YES		NA		$187.88
L1220	Anterior thoracic extension	Y/ 12 months	YES		NA		$159.06
L1230	Milwaukee type superstructur	Y/ 12 months	YES		NA		$408.15
L1240	Lumbar derotation pad	Y/ 12 months			NA		$70.25
L1250	Anterior asis pad	Y/ 12 months			NA		$69.16
L1260	Anterior thoracic derotation pad	Y/ 12 months			NA		$71.07
L1270	Abdominal pad	Y/ 12 months			NA		$70.97
L1280	Rib gusset (elastic) each	Y/ 12 months			NA		$63.28
L1290	Lateral trochanteric pad	Y/ 12 months			NA		$71.74
L1300	Body jacket mold to patient	Y/ 12 months	YES		NA		$1,199.37
L1310	Post-operative body jacket	Y/ 12 months	YES		NA		$1,234.16
L1499	Spinal orthosis NOS	Y/ 12 months	YES		NA		M
L1500	Thkao mobility frame	Y/ 12 months	YES		NA		$1,363.83
L1510	Thkao standing frame	Y/ 12 months	YES		NA		$862.81
L1520	Thkao swivel walker	Y/ 12 months	YES		NA		$2,049.32
L1600	Abduct hip flex frejka w cvr	Y/ 12 months			NA		$92.52
L1610	Abduct hip flex frejka covr	Y/ 12 months			NA		$31.52
L1620	Abduct hip flex pavlik harne	Y/ 12 months			NA		$103.81
L1630	Abduct control hip semi-flex	Y/ 12 months			NA		$123.87
L1640	Pelv band/spread bar thigh c	Y/ 12 months	YES		NA		$331.31
L1650	HO abduction hip adjustable	Y/ 12 months	YES		NA		$175.69

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L1660	HO abduction static plastic	Y/ 12 months			NA		$122.87
L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NA		$1,010.22
L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NA		$1,065.95
L1686	HO post-op hip abduction	Y/ 12 months	YES		NA		$715.11
L1690	Combination bilateral HO	Y/ 12 months	YES		NA		$1,492.95
L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NA		$1,242.04
L1710	Legg perthes orth newington	Y/ 12 months	YES		NA		$1,459.94
L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NA		$1,078.46
L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NA		$813.69
L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NA		$1,184.31
L1800	Knee orthosis elas w stays	Y/ 12 months			NA		$63.68
L1810	KO elastic with joints	Y/ 12 months			NA		$93.48
L1815	Elastic with condylar pads	Y/ 12 months			NA		$85.66
L1820	KO elas w/ condyle pads & jo	Y/ 12 months			NA		$93.09
L1825	KO elastic knee cap	Y/ 12 months			NA		$41.50
L1830	KO immobilizer canvas longit	Y/ 12 months			NA		$77.88
L1831	KO locking knee joint pre fab incl. Fitting and adj.	Y/12 months	YES		NA		$190.58
L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NA		$582.03
L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NA		$684.74
L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NA		$719.78
L1843	KO single upright custom fit	Y/ 12 months	YES		NA		$692.73
L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NA		$1,200.34
L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NA		$723.15
L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NA		$906.34
L1847	KO adjustable w air chambers	Y/ 12 months	YES		NA		$444.06
L1850	KO swedish type	Y/ 12 months	YES		NA		$206.67
L1855	KO plas doub upright jnt mol	Y/ 12 months	YES		NA		$884.36
L1858	KO polycentric pneumatic pad	Y/ 12 months	YES		NA		$971.92
L1860	KO supracondylar socket mold	Y/ 12 months	YES		NA		$801.59
L1870	KO doub upright lacers molde	Y/ 12 months	YES		NA		$823.80
L1880	KO doub upright cuffs/lacers	Y/ 12 months	YES		NA		$508.20
L1900	AFO sprng wir drsflx calf bd	Y/ 12 months	YES		NA		$217.15
L1902	AFO ankle gauntlet	Y/ 12 months			NA		$58.97
L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NA		$337.64
L1906	AFO multiligamentus ankle su	Y/ 12 months			NA		$98.67
L1907	supramalleolar w/straps w/wo interface/pads, custom fabricated	Y/12 months	Yes		NA		$364.37
L1910	AFO sing bar clasp attach sh	Y/ 12 months	YES		NA		$192.01
L1920	AFO sing upright w/ adjust s	Y/ 12 months	YES		NA		$251.01
L1930	AFO plastic or other material, includes fitting & adjustment	Y/ 12 months	YES		NA		$169.85
L1932	AFO, rigid anterior tibial section,pre fab, incl. Fitting & adj.	Y/12 months	YES		NA		M
L1940	AFO, plastic or other material custom	Y/ 12 months	YES		NA		$383.85
L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NA		$704.90
L1950	AFO spiral molded to pt plas	Y/ 12 months	YES		NA		$534.80
L1951	spiral, IRM type, plastic or other material prefab, incl. Fitting and adj	Y/12 months	YES		NA		$543.82
L1960	AFO pos solid ank plastic mo	Y/ 12 months	YES		NA		$397.98
L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NA		$588.64
L1971	plastic or other material w/ankle joint, prefab, incl. Fitting and adj.	Y/12 months	YES		NA		$303.52
L1980	AFO sing solid stirrup calf	Y/ 12 months	YES		NA		$263.51

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L1990	AFO doub solid stirrup calf	Y/ 12 months	YES		NA		$338.57
L2000	KAFO using fre stirr thi/calf	Y/ 12 months	YES		NA		$728.26
L2005	KAFO any material, single or dbl. Upright includes ankle joint custon	Y/12 months	YES		NA		M
L2010	KAFO single upright, free ankle, solid stirrup	Y/ 12 months	YES		NA		$663.87
L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NA		$838.37
L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NA		$727.36
L2034	KAFO full plastic, single upright, w/wo free motion knee,custom fab	Y/12 months	YES		NA		M
L2035	KAFO plastic pediatric size	Y/ 12 months			NA		$133.74
L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NA		$1,332.12
L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NA		$1,227.64
L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NA		$1,026.55
L2040	Hkafo torsion bil rot straps	Y/ 12 months			NA		$131.12
L2050	Hkafo torsion cable hip pelv	Y/ 12 months	YES		NA		$349.21
L2060	Hkafo torsion ball bearing j	Y/ 12 months	YES		NA		$448.19
L2070	Hkafo torsion unilat rot str	Y/ 12 months			NA		$128.74
L2080	Hkafo unilat torsion cable	Y/ 12 months	YES		NA		$274.55
L2090	Hkafo unilat torsion ball br	Y/ 12 months	YES		NA		$338.43
L2106	AFO tib fx cast plaster mold	Y/ 12 months	YES		NA		$488.18
L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NA		$767.15
L2112	AFO tibial fracture soft	Y/ 12 months	YES		NA		$364.26
L2114	AFO tib fx semi-rigid	Y/ 12 months	YES		NA		$416.75
L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NA		$549.09
L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NA		$976.95
L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NA		$1,231.18
L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NA		$579.19
L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NA		$694.43
L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NA		$849.11
L2180	Plas shoe insert w ank joint	Y/ 12 months			NA		$84.08
L2182	Drop lock knee	Y/ 12 months			NA		$65.81
L2184	Limited motion knee joint	Y/ 12 months			NA		$118.59
L2186	Adj motion knee jnt lerman t	Y/ 12 months			NA		$131.41
L2188	Quadrilateral brim	Y/ 12 months	YES		NA		$286.72
L2190	Waist belt	Y/ 12 months			NA		$74.47
L2192	Pelvic band & belt thigh fla	Y/ 12 months	YES		NA		$256.01
L2200	Limited ankle motion ea jnt	Y/ 12 months			NA		$34.14
L2210	Dorsiflexion assist each joi	Y/ 12 months			NA		$55.40
L2220	Dorsi & plantar flex ass/res	Y/ 12 months			NA		$63.60
L2230	Split flat caliper stirr & p	Y/ 12 months			NA		$55.09
L2232	Addt. To lower extremity orthosis, rocker bottom, custom fabricate	Y/12 months	Yes		NA		M
L2240	Addt. To lower extremity orthosis, round caliper & plate attachment	Y/ 12 months			NA		$60.04
L2250	Foot plate molded stirrup at	Y/ 12 months	YES		NA		$255.13
L2260	Reinforced solid stirrup	Y/ 12 months			NA		$143.93
L2265	Long tongue stirrup	Y/ 12 months			NA		$84.55
L2270	Varus/valgus strap padded/li	Y/ 12 months			NA		$38.56
L2275	Plastic mod low ext pad/line	Y/ 12 months			NA		$93.82
L2280	Molded inner boot	Y/ 12 months	YES		NA		$348.55
L2300	Abduction bar jointed adjust	Y/ 12 months	YES		NA		$196.75
L2310	Abduction bar-straight	Y/ 12 months			NA		$88.33

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L2320	Non-molded lacer	Y/ 12 months			NA		$147.73
L2330	Lacer molded to patient mode	Y/ 12 months	YES		NA		$281.93
L2335	Anterior swing band	Y/ 12 months	YES		NA		$165.85
L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NA		$391.38
L2350	Prosthetic type socket molde	Y/ 12 months	YES		NA		$639.78
L2360	Extended steel shank	Y/ 12 months			NA		$37.15
L2370	Patten bottom	Y/ 12 months	YES		NA		$184.32
L2375	Torsion ank & half solid sti	Y/ 12 months			NA		$81.13
L2380	Torsion straight knee joint	Y/ 12 months			NA		$88.39
L2385	Straight knee joint heavy du	Y/ 12 months			NA		$96.17
L2390	Offset knee joint each	Y/ 12 months			NA		$78.59
L2395	Offset knee joint heavy duty	Y/ 12 months			NA		$120.00
L2397	Suspension sleeve lower ext	Y/ 12 months			NA		$84.16
L2405	Knee joint drop lock ea jnt	Y/ 12 months			NA		$67.32
L2415	Knee joint cam lock each joi	Y/ 12 months			NA		$93.78
L2425	Knee disc/dial lock/adj flex	Y/ 12 months			NA		$110.66
L2430	Knee jnt ratchet lock ea jnt	Y/ 12 months			NA		$110.66
L2492	Knee lift loop drop lock rin	Y/ 12 months			NA		$73.22
L2500	Thi/glut/ischia wgt bearing	Y/ 12 months	YES		NA		$226.51
L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NA		$606.45
L2520	Th/wght bear quad-lat brim c	Y/ 12 months	YES		NA		$330.77
L2525	Th/wght bear nar m-l brim mo	Y/ 12 months	YES		NA		$1,134.81
L2526	Th/wght bear nar m-l brim cu	Y/ 12 months	YES		NA		$611.66
L2530	Thigh/wght bear lacer non-mo	Y/ 12 months	YES		NA		$168.70
L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NA		$303.55
L2550	Thigh/wght bear high roll cu	Y/ 12 months	YES		NA		$206.21
L2570	Hip clevis type 2 posit jnt	Y/ 12 months	YES		NA		$455.98
L2580	Pelvic control pelvic sling	Y/ 12 months	YES		NA		$432.25
L2600	Hip clevis/thrust bearing fr	Y/ 12 months			NA		$147.46
L2610	Hip clevis/thrust bearing lo	Y/ 12 months	YES		NA		$174.37
L2620	Pelvic control hip heavy dut	Y/ 12 months	YES		NA		$191.98
L2622	Hip joint adjustable flexion	Y/ 12 months	YES		NA		$220.18
L2624	Hip adj flex ext abduct cont	Y/ 12 months	YES		NA		$299.33
L2627	Plastic mold recipro hip & c	Y/ 12 months	YES		NA		$1,233.21
L2628	Metal frame recipro hip & ca	Y/ 12 months	YES		NA		$1,448.65
L2630	Pelvic control band & belt u	Y/ 12 months	YES		NA		$177.79
L2640	Pelvic control band & belt b	Y/ 12 months	YES		NA		$241.29
L2650	Pelv & thor control gluteal	Y/ 12 months			NA		$86.17
L2660	Thoracic control thoracic ba	Y/ 12 months			NA		$133.82
L2670	Thorac cont paraspinal uprig	Y/ 12 months			NA		$122.48
L2680	Thorac cont lat support upri	Y/ 12 months			NA		$112.36
L2750	Plating chrome/nickel pr bar	Y/ 12 months			NA		$60.02
L2755	Addt. Lower ext.,high strength, custom fab. Only	Y/ 12 months			NA		$100.89
L2760	Extension per extension per	Y/ 12 months			NA		$43.62
L2770	Low ext orthosis per bar/jnt	Y/ 12 months			NA		$44.33
L2780	Non-corrosive finish per bar	Y/ 12 months			NA		$51.60
L2785	Drop lock retainer each	Y/ 12 months			NA		$30.34
L2795	Knee control full kneecap	Y/ 12 months			NA		$61.01

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L2800	Knee cap medial or lateral p	Y/ 12 months			NA		$76.58
L2810	Knee control condylar pad	Y/ 12 months			NA		$56.08
L2820	Soft interface below knee se	Y/ 12 months			NA		$62.35
L2830	Soft interface above knee se	Y/ 12 months			NA		$70.11
L2840	Tibial length sock fx or equ	Y/ 12 months			NA		$39.13
L2850	Femoral lgth sock fx or equa	Y/ 12 months			NA		$44.46
L2860	Addition to lower extremity joint, knee or ankle concentric adjustab	Y/12 months	YES		NA		M
L2999	Lower extremity orthosis NOS	Y/ 12 months	YES		NA		M
L3000	foot insert Berkeley shell, each	Y/ 12 months	YES		NA		$247.24
L3001	foot insert Spenco, each *fee corrected 3/28/05	Y/12 months	YES		NA		$112.44
L3002	foot insert, Plastazote , each * fee corrected 3/28/05	Y/12 months	YES		NA		$137.31
L3003	foot insert, Silicone gel , each * fee corrected 3/28/05	Y/12 months	YES		NA		$148.14
L3010	Longitudinal Arch support each	Y/ 12 months			NA		$122.12
L3020	Foot longitud/metatarsal supp	Y/12 months	YES		NA		$139.06
L3030	Foot arch support remov prem	Y/ 12 months	YES		NA		$53.49
L3040	Foot arch support remov premolded longitudinal, each	Y/12 months	YES		NA		$31.99
L3100	Hallus-valgus night dynamic splint	Y/ 12 months			NA		$30.31
L3140	Abduction rotation bar shoe	Y/ 12 months			NA		$60.69
L3150	Abduction rotation bar w/o shoe	Y/ 12 months			NA		$55.49
L3160	Shoe styled postioning device	Y/ 12 months	YES		NA		$159.84
L3170	Foot plastic heel stablizer	Y/ 12 months			NA		$34.69
L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NA		$51.28
L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NA		$80.00
L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NA		$73.47
L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NA		$67.08
L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NA		$72.41
L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES		NA		$76.66
L3208	Surgical boot, each infant	Y/ 12 months	YES		NA		$54.31
L3209	Surgical boot, each child	Y/ 12 months	YES		NA		$28.75
L3211	Surgical boot, each junior	Y/ 12 months	YES		NA		$35.60
L3212	Benesch boot pair infant	Y/ 12 months	YES		NA		$56.43
L3213	Benesch boot pair child	Y/ 12 months	YES		NA		$61.75
L3214	Benesch boot pair junior	Y/ 12 months	YES		NA		$67.08
L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NA		$78.94
L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NA		$118.67
L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NA		$92.40
L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NA		$90.80
L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NA		$151.75
L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NA		$111.86
L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NA		$42.22
L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NA		$48.57
L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NA		$308.31
L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NA		$231.77
L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NA		$280.14
L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NA		$210.21
L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NA		$99.94
L3254	Orth foot non-std size/w	Y/ 12 months	YES		NA		$149.07
L3255	Orth foot non-std size/w	Y/ 12 months	YES		NA		$42.59

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L3257	Orth foot add charge split	Y/ 12 months	YES		NA		$95.83
L3260	Ambulatory surgical boot each	Y/ 12 months			NA		$22.03
L3265	Plastazole sandal each	Y/ 12 months			NA		$25.00
L3300	Lift, Elevation Heel, Tapered to Metata	Y/12 months			NA		$44.00
L3310	Shoe lift elev heel/sole neo	Y/ 12 months	YES		NA		$19.00
L3320	shoe lift elev heel/sole cor	Y/ 12 months	YES		NA		$67.38
L3332	Shoe inside tapered up to 1/2 inch	Y/ 12 months	YES		NA		$45.00
L3340	shoe wedge sach	Y/12months	YES		NA		$59.73
L3350	shoe sole wedge	Y/ 12 months	YES		NA		$16.05
L3360	shoe sole wedge outside sole	Y/ 12 months	YES		NA		$24.96
L3370	shoe sole wedge between sole	Y/ 12 months	YES		NA		$34.77
L3380	shoe clubfoot wedge	Y/ 12 months	YES		NA		$34.77
L3390	shoe outflare wedge	Y/ 12 months	YES		NA		$39.04
L3400	shoe metarsal bar wedge	Y/ 12 months	YES		NA		$28.53
L3410	shoe metarsal bar between	Y/ 12 months	YES		NA		$65.07
L3420	full sole/heel wedge btween	Y/ 12 months	YES		NA		$38.33
L3430	shoe heel count plast reinforc	Y/ 12 months	YES		NA		$112.32
L3440	heel leather reinforced	Y/ 12 months	YES		NA		$53.49
L3450	shoe heel sach cushion type	Y/ 12 months	YES		NA		$73.99
L3455	shoe heel new leather standard	Y/ 12 months	YES		NA		$32.04
L3460	shoe heel new rubber standard	Y/ 12 months	YES		NA		$27.02
L3465	shoe heel thomas with wedge	Y/ 12 months	YES		NA		$41.01
L3470	shoe heel thomas extend to B	Y/ 12 months	YES		NA		$43.68
L3480	shoe heel pad &depress for	Y/ 12 months	YES		NA		$43.68
L3485	shoe heel pad removeable for	Y/ 12 months	YES		NA		$19.00
L3500	ortho shoe add leather insol	Y/ 12 months	YES		NA		$20.50
L3510	orthopedic shoe add rub insl	Y/ 12 months	YES		NA		$20.50
L3520	ortho shoe add felt w leather insol	Y/ 12 months	YES		NA		$22.29
L3530	ortho shoe add half sole	Y/ 12 months	YES		NA		$22.29
L3540	ortho shoe add full sole	Y/ 12 months	YES		NA		$35.66
L3550	ortho shoe add standard toe tap	Y/ 12 months	YES		NA		$7.01
L3560	ortho shoe add horseshoe toe tap	Y/ 12 months	YES		NA		$18.02
L3570	ortho shoe add instep extension	Y/ 12 months	YES		NA		$67.06
L3580	ortho shoe add instep velcro clos	Y/ 12 months	YES		NA		$51.04
L3590	ortho shoe convert firm to soft count	Y/ 12 months	YES		NA		$42.04
L3595	ortho shoe add march bar	Y/ 12 months	YES		NA		M
L3600	Trans shoe calip plate exist	Y/ 12 months			NA		$60.06
L3610	Trans shoe caliper plate new	Y/ 12 months			NA		$79.08
L3620	Trans shoe solid stirrup existing	Y/ 12 months			NA		$60.06
L3630	Trans shoe solid stirrup new	Y/ 12 months			NA		$79.08
L3640	Shoe Dennis Browne splint both	Y/ 12 months			NA		$34.03
L3649	orthopedic shoe modification NOS	Y/ 12 months	YES		NA		M
L3650	Shlder fig 8 abduct restrain	Y/ 12 months			NA		$42.06
L3660	Abduct restrainer canvas&web	Y/ 12 months			NA		$72.21
L3670	Acromio/clavicular canvas&we	Y/ 12 months			NA		$100.66
L3675	Canvas vest SO	Y/ 12 months			NA		$123.30
L3700	Elbow orthosis elas w stays	Y/ 12 months			NA		$49.04
L3710	Elbow elastic with metal joi	Y/ 12 months			NA		$101.87

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NA		$508.23
L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NA		$669.04
L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NA		$751.88
L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and ad	Y/ 12 months	YES		NA		$335.71
L3762	Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/a	Y/12 months	YES		NA		$63.37
L3800	Whfo short opponen no attach	Y/ 12 months			NA		$140.49
L3805	Whfo long opponens no attach	Y/ 12 months	YES		NA		$224.79
L3807	WHFO w/o joints, prefab includes fitting and adjustments any type	Y/ 12 months	YES		NA		$175.69
L3810	Whfo thumb abduction bar	Y/ 12 months			NA		$45.53
L3815	Whfo second m.p. abduction a	Y/ 12 months			NA		$42.27
L3820	Whfo ip ext asst w/ mp ext s	Y/ 12 months			NA		$72.60
L3825	Whfo m.p. extension stop	Y/ 12 months			NA		$51.55
L3830	Whfo m.p. extension assist	Y/ 12 months			NA		$59.48
L3835	Whfo m.p. spring extension a	Y/ 12 months			NA		$64.48
L3840	Whfo spring swivel thumb	Y/ 12 months			NA		$44.16
L3845	Whfo thumb ip ext ass w/ mp	Y/ 12 months			NA		$57.04
L3850	Action wrist w/ dorsiflex as	Y/ 12 months			NA		$81.47
L3855	Whfo adj m.p. flexion contro	Y/ 12 months			NA		$88.05
L3860	Whfo adj m.p. flex ctrl & i.	Y/ 12 months			NA		$119.72
L3890	Addition to Upper Extremity Joint, Wrist	Y/ 12 months	YES		NA		$272.51
L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NA		$1,097.63
L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NA		$1,230.73
L3902	Whfo ext power compress gas	Y/ 12 months	YES		NA		$1,893.96
L3904	Whfo electric custom fitted	Y/ 12 months	YES		NA		$2,505.44
L3906	Wrist gauntlet molded to pt	Y/ 12 months	YES		NA		$296.41
L3907	Whfo wrst gauntlt thmb spica	Y/ 12 months	YES		NA		$398.90
L3908	Wrist cock-up non-molded	Y/ 12 months			NA		$42.10
L3910	Whfo swanson design	Y/ 12 months	YES		NA		$311.00
L3912	Flex glove w/elastic finger	Y/ 12 months			NA		$67.55
L3914	WHO wrist extension cock-up	Y/ 12 months			NA		$68.01
L3916	Whfo wrist extens w/ outrigg	Y/ 12 months			NA		$89.23
L3917	hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and	Y/ 12 months			NA		$62.25
L3918	HFO knuckle bender	Y/ 12 months			NA		$60.34
L3920	Knuckle bender with outrigge	Y/ 12 months			NA		$71.94
L3922	Knuckle bend 2 seg to flex j	Y/ 12 months			NA		$82.53
L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj	Y/ 12 months			NA		$27.35
L3924	Oppenheimer	Y/ 12 months			NA		$88.20
L3926	Thomas suspension	Y/ 12 months			NA		$72.53
L3928	Finger extension w/ clock sp	Y/ 12 months			NA		$42.83
L3930	Finger extension with wrist	Y/ 12 months			NA		$44.24
L3932	Safety pin spring wire	Y/ 12 months			NA		$38.36
L3934	Safety pin modified	Y/ 12 months			NA		$33.85
L3936	Palmer	Y/ 12 months			NA		$62.59
L3938	Dorsal wrist	Y/ 12 months			NA		$65.83
L3940	Dorsal wrist w/ outrigger at	Y/ 12 months			NA		$75.53
L3942	Reverse knuckle bender	Y/ 12 months			NA		$52.24
L3944	Reverse knuckle bend w/ outr	Y/ 12 months			NA		$86.03
L3946	HFO composite elastic	Y/ 12 months			NA		$70.60

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L3948	Finger knuckle bender	Y/ 12 months			NA		$47.27
L3950	Oppenheimer w/ knuckle bend	Y/ 12 months			NA		$111.30
L3952	Oppenheimer w/ rev knuckle 2	Y/ 12 months			NA		$123.35
L3954	Spreading hand	Y/ 12 months			NA		$77.59
L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NA		$579.15
L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NA		$603.04
L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	$59.42	$594.21
L3965	Arm supp att to wc rancho ty	Y/ 12 months	YES		Y/ month	$94.82	$948.19
L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month	$63.21	$632.12
L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month	$87.87	$878.65
L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	$63.21	$632.12
L3970	Elevat proximal arm support	Y/ 12 months	YES		Y/ month	$25.29	$252.86
L3971	SEHWO, shoulder cap design, custom fabricated	Y/12 months	YES				M
L3972	Offset/lat rocker arm w/ ela	Y/ 12 months	YES		Y/ month	$16.08	$160.79
L3974	Mobile arm support supinator	Y/ 12 months			Y/ month	$12.86	$128.59
L3980	Upp ext fx orthosis humeral	Y/ 12 months	YES		NA		$217.21
L3982	Upper ext fx orthosis rad/ul	Y/ 12 months	YES		NA		$268.36
L3984	Upper ext fx orthosis wrist	Y/ 12 months	YES		NA		$286.46
L3985	Forearm hand fx orth w/ wr h	Y/ 12 months	YES		NA		$425.12
L3986	Humeral rad/ulna wrist fx or	Y/ 12 months	YES		NA		$491.66
L3995	Sock fracture or equal each	Y/ 12 months			NA		$24.05
L3999	Upper limb orthosis, not otherwise specified	Y/ 12 months	YES		NA		M
L4000	Repl girdle milwaukee orth	Y/ 12 months	YES		NA		$936.66
L4002	Replacement strap, any orthosis, includes all components, any lgth.	Y/12months	YES		NA		M
L4010	Replace trilateral socket brim	Y/ 12 months	YES		NA		$527.10
L4020	Replace quadlat socket brim	Y/ 12 months	YES		NA		$658.39
L4030	Replace socket brim cust fit	Y/ 12 months	YES		NA		$362.50
L4040	Replace molded thigh lacer	Y/ 12 months	YES		NA		$293.09
L4045	Replace non-molded thigh lac	Y/ 12 months	YES		NA		$235.52
L4050	Replace molded calf lacer	Y/ 12 months	YES		NA		$296.42
L4055	Replace non-molded calf lace	Y/ 12 months	YES		NA		$191.94
L4060	Replace high roll cuff	Y/ 12 months	YES		NA		$228.18
L4070	Replace prox & dist upright	Y/ 12 months	YES		NA		$217.71
L4080	Repl met band kafo-afo prox	Y/ 12 months			NA		$76.74
L4090	Repl met band kafo-afo calf/	Y/ 12 months			NA		$67.93
L4100	Repl leath cuff kafo prox th	Y/ 12 months			NA		$76.62
L4110	Repl leath cuff kafo-afo cal	Y/ 12 months			NA		$60.89
L4130	Replace pretibial shell	Y/ 12 months	YES		NA		$419.07
L4205	Repair orthotic device per 15 min	Y/ 12 months			NA		$10.00
L4210	repair or replace minor parts	Y/ 12 months			NA		$32.03
L4350	Pneumatic ankle cntrl splint	Y/ 12 months			NA		$75.50
L4360	Pneumatic walking splint	Y/ 12 months	YES		NA		$211.22
L4370	Pneumatic full leg splint	Y/ 12 months			NA		$135.55
L4380	Pneumatic knee splint	Y/ 12 months			NA		$83.11
L4386	Non-pneumatic walking boot	Y/12months			NA		$83.11
L4394	Replacement Foot Drop Splint	Y/ 12 months			NA		$13.13
L4396	Static AFO	Y/ 12 months			NA		$129.57
L4398	Foot drop splint recumbent	Y/ 12 months			NA		$59.63

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NA		$404.82
L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NA		$977.72
L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NA		$1,660.43
L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NA		$1,836.74
L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NA		$2,112.77
L5100	Molded socket shin sach foot	Y/ 12 months	YES		NA		$1,840.79
L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NA		$2,657.36
L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NA		$2,686.23
L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NA		$2,921.76
L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NA		$2,797.99
L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NA		$1,856.19
L5220	No knee joint with artic ali	Y/ 12 months	YES		NA		$2,109.89
L5230	Fem focal defic constant fri	Y/ 12 months	YES		NA		$2,909.97
L5250	Hip canad sing axi cons fric	Y/ 12 months	YES		NA		$3,968.93
L5270	Tilt table locking hip sing	Y/ 12 months	YES		NA		$3,951.32
L5280	Hemipelvect canad sing axis	Y/ 12 months	YES		NA		$3,921.05
L5301	Below Knee molded socket, shin each foot, endosketal system	Y/ 12 months	YES		NA		$2,205.98
L5311	Knee disarticulation , molded socket, external knee joints, shin,sach	Y/ 12 months	YES		NA		$3,730.09
L5321	Above Knee, molded socket, open end, sach foot, endoskelttal syste	Y/ 12 months	YES		NA		$3,197.63
L5331	Hip disarticulation, Canadian type, molded socket endoskeletal syst	Y/ 12 months	YES		NA		$4,833.11
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal hip jo	Y/ 12 months	YES		NA		$4,992.48
L5400	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NA		$1,041.72
L5410	Postop dsg bk ea add cast ch	Y/ 12 months	YES		NA		$319.61
L5420	Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NA		$1,276.60
L5430	Postop dsg ak ea add cast ch	Y/ 12 months	YES		NA		$384.93
L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NA		$313.15
L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NA		$417.21
L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NA		$982.44
L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NA		$1,358.73
L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NA		$1,113.65
L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NA		$1,100.03
L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NA		$1,321.24
L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NA		$1,279.19
L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NA		$1,384.52
L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NA		$1,486.72
L5570	Prep AK ischial direct form	Y/ 12 months	YES		NA		$1,545.67
L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NA		$1,804.46
L5585	Prep AK ischial open end	Y/ 12 months	YES		NA		$2,220.69
L5590	Prep AK ischial laminated	Y/ 12 months	YES		NA		$1,838.87
L5595	Hip disartic sach thermopls	Y/ 12 months	YES		NA		$3,248.61
L5600	Hip disart sach laminat mold	Y/ 12 months	YES		NA		$3,492.11
L5610	Above knee hydracadence	Y/ 12 months	YES		NA		$1,583.72
L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NA		$1,232.45
L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NA		$1,926.89
L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NA		$1,305.33
L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NA		$1,041.28
L5617	AK/BK self-aligning unit ea	Y/ 12 months	YES		NA		$432.81
L5618	Test socket symes	Y/ 12 months	YES		NA		$228.97

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L5620	Test socket below knee	Y/ 12 months	YES		NA		$212.67
L5622	Test socket knee disarticula	Y/ 12 months	YES		NA		$277.31
L5624	Test socket above knee	Y/ 12 months	YES		NA		$278.10
L5626	Test socket hip disarticulat	Y/ 12 months	YES		NA		$364.71
L5628	Test socket hemipelvectomy	Y/ 12 months	YES		NA		$389.97
L5629	Below knee acrylic socket	Y/ 12 months	YES		NA		$243.10
L5630	Syme typ expandabl wall sckt	Y/ 12 months	YES		NA		$343.30
L5631	Ak/knee disartic acrylic soc	Y/ 12 months	YES		NA		$336.10
L5632	Symes type ptb brim design s	Y/ 12 months	YES		NA		$187.58
L5634	Symes type poster opening so	Y/ 12 months	YES		NA		$232.68
L5636	Symes type medial opening so	Y/ 12 months	YES		NA		$194.91
L5637	Below knee total contact	Y/ 12 months	YES		NA		$220.98
L5638	Below knee leather socket	Y/ 12 months	YES		NA		$384.95
L5639	Below knee wood socket	Y/ 12 months	YES		NA		$857.64
L5640	Knee disarticulat leather so	Y/ 12 months	YES		NA		$489.13
L5642	Above knee leather socket	Y/ 12 months	YES		NA		$473.93
L5643	Hip flex inner socket ext fr	Y/ 12 months	YES		NA		$1,190.58
L5644	Above knee wood socket	Y/ 12 months	YES		NA		$451.81
L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NA		$610.34
L5646	Below knee air cushion socket	Y/ 12 months	YES		NA		$419.12
L5647	Below knee suction socket	Y/ 12 months	YES		NA		$608.48
L5648	Above knee air cushion socket	Y/ 12 months	YES		NA		$503.62
L5649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NA		$1,824.88
L5650	Tot contact ak/knee disart s	Y/ 12 months	YES		NA		$373.43
L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NA		$918.63
L5652	Suction susp ak/knee disart	Y/ 12 months	YES		NA		$333.50
L5653	Knee disart expand wall sock	Y/ 12 months	YES		NA		$445.19
L5654	Socket insert symes	Y/ 12 months	YES		NA		$253.68
L5655	Socket insert below knee	Y/ 12 months	YES		NA		$214.98
L5656	Socket insert knee articulat	Y/ 12 months	YES		NA		$288.41
L5658	Socket insert above knee	Y/ 12 months	YES		NA		$278.13
L5661	Multi-durometer symes	Y/ 12 months	YES		NA		$465.50
L5665	Multi-durometer below knee	Y/ 12 months	YES		NA		$391.67
L5666	Below knee cuff suspension	Y/ 12 months			NA		$53.55
L5668	Socket insert w/o lock lower	Y/ 12 months			NA		$86.37
L5670	Bk molded supracondylar susp	Y/ 12 months	YES		NA		$207.57
L5671	Addition to lower extremity, below knee/above knee suspension lo	Y/ 12 months	YES		NA		$207.57
L5672	Bk removable medial brim sus	Y/ 12 months	YES		NA		$228.10
L5673	below knee/above knee socket insert, silicone gel or elastomeric w	Y/ 12 months	YES		NA		$456.19
L5676	Bk knee joints single axis p	Y/ 12 months	YES		NA		$277.19
L5677	Bk knee joints polycentric p	Y/ 12 months	YES		NA		$377.16
L5678	Bk joint covers pair	Y/ 12 months			NA		$30.37
L5679	below knee/above knee socket insert, silicone gel or elastomeric nc	Y/ 12 months	YES		NA		$380.15
L5680	Bk thigh lacer non-molded	Y/ 12 months	YES		NA		$253.53
L5681	below knee/above knee, custom fab. Socket inset initial only for co	Y/ 12 months	YES		NA		$853.43
L5682	Bk thigh lacer glut/ischia m	Y/ 12 months	YES		NA		$478.39
L5683	below knee/above knee, custom fab, socket inset, initial only not cc	Y/ 12 months	YES		NA		$853.43
L5684	Bk fork strap	Y/ 12 months			NA		$36.81

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L5685	Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any r	Y/12 months	YES		NA		M
L5686	below knee back check extension control	Y/ 12 months			NA		$39.08
L5688	Bk waist belt webbing	Y/ 12 months			NA		$46.72
L5690	Bk waist belt padded and lin	Y/ 12 months			NA		$74.85
L5692	Ak pelvic control belt light	Y/ 12 months			NA		$101.64
L5694	Ak pelvic control belt pad/l	Y/ 12 months			NA		$138.77
L5695	Ak sleeve susp neoprene/equa	Y/ 12 months			NA		$128.11
L5696	Ak/knee disartic pelvic join	Y/ 12 months			NA		$141.54
L5697	Ak/knee disartic pelvic band	Y/ 12 months			NA		$61.41
L5698	Ak/knee disartic silesian ba	Y/ 12 months			NA		$100.41
L5699	Shoulder harness	Y/ 12 months	YES		NA		$180.89
L5700	Replace socket below knee	Y/ 12 months	YES		NA		$2,191.70
L5701	Replace socket above knee	Y/ 12 months	YES		NA		$2,632.07
L5702	Replace socket hip	Y/ 12 months	YES		NA		$3,329.96
L5704	Custom shape covr below knee	Y/ 12 months	YES		NA		$410.01
L5705	Custom shape cover above knee	Y/ 12 months	YES		NA		$732.61
L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NA		$718.17
L5707	Custom shape cover hip disart	Y/ 12 months	YES		NA		$946.80
L5710	Kne-shin exo sng axi mnl loc	Y/ 12 months	YES		NA		$286.07
L5711	Knee-shin exo mnl lock ultra	Y/ 12 months	YES		NA		$399.82
L5712	Knee-shin exo frict swg & st	Y/ 12 months	YES		NA		$335.03
L5714	Knee-shin exo variable frict	Y/ 12 months	YES		NA		$344.12
L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NA		$557.52
L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NA		$696.84
L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NA		$736.18
L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NA		$1,154.61
L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NA		$1,330.67
L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NA		$1,820.17
L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NA		$875.78
L5785	Exoskeletal bk ultralt mater	Y/ 12 months	YES		NA		$492.30
L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NA		$550.01
L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NA		$1,095.08
L5810	Endoskel knee-shin mnl lock	Y/ 12 months	YES		NA		$372.42
L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NA		$557.88
L5812	Endo knee-shin frct swg & st	Y/ 12 months	YES		NA		$432.41
L5814	Endo knee-shin hydral swg ph	Y/ 12 months	YES		NA		$2,872.88
L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NA		$654.45
L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NA		$734.59
L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NA		$1,302.61
L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NA		$1,173.08
L5826	Miniature knee joint	Y/ 12 months	YES		NA		$2,415.72
L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NA		$2,160.14
L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NA		$1,451.50
L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NA		$2,683.82
L5845	Knee-shin sys stance flexion	Y/ 12 months	YES		NA		$1,386.49
L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NA		$697.65
L5850	Endo ak/hip knee extens assi	Y/ 12 months			NA		$97.86
L5855	Mech hip extension assist	Y/ 12 months	YES		NA		$262.95

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L5856	Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. S	Y/12 months	YES		NA		M
L5857	Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, i	Y/12 months	YES		NA		M
L5858	Addt. To lower ext. prosth, knee shin sys.,micro, incl. Sens , stance p	Y/12 months	YES		NA		M
L5910	Addt. Endoskeleton, below knee, alignable system	Y/ 12 months	YES		NA		$277.04
L5920	Endo ak/hip alignable system	Y/ 12 months	YES		NA		$405.87
L5925	Above knee manual lock	Y/ 12 months	YES		NA		$342.70
L5930	High activity knee frame	Y/ 12 months	YES		NA		$2,603.69
L5940	Endo bk ultra-light material	Y/ 12 months	YES		NA		$383.70
L5950	Endo ak ultra-light material	Y/ 12 months	YES		NA		$599.95
L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NA		$737.43
L5962	Below knee flex cover system	Y/ 12 months	YES		NA		$485.31
L5964	Above knee flex cover system	Y/ 12 months	YES		NA		$716.39
L5966	Hip flexible cover system	Y/ 12 months	YES		NA		$912.85
L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NA		$2,811.03
L5970	Foot external keel sach foot	Y/ 12 months	YES		NA		$155.35
L5972	Flexible keel foot	Y/ 12 months	YES		NA		$290.18
L5974	Foot single axis ankle/foot	Y/ 12 months	YES		NA		$178.25
L5975	Combo ankle/foot prosthesis	Y/ 12 months	YES		NA		$358.62
L5976	Energy storing foot	Y/ 12 months	YES		NA		$428.39
L5978	Ft prosth multiaxial ankl/ft	Y/ 12 months	YES		NA		$223.23
L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NA		$1,745.41
L5980	Flex foot system	Y/ 12 months	YES		NA		$2,836.17
L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NA		$2,291.24
L5982	Exoskeletal axial rotation u	Y/ 12 months	YES		NA		$442.22
L5984	Endoskeletal axial rotation	Y/ 12 months	YES		NA		$435.77
L5985	Lwr ext dynamic prosth pylon	Y/ 12 months	YES		NA		$218.43
L5986	Multi-axial rotation unit	Y/ 12 months	YES		NA		$484.73
L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NA		$5,564.74
L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NA		$1,545.31
L5999	Lowr extremity prothesis NOS	Y/ 12 months	YES		NA		M
L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NA		$1,016.37
L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NA		$1,131.05
L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NA		$1,054.53
L6050	Wrst MLd sck fix hng tri pad	Y/ 12 months	YES		NA		$1,453.10
L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NA		$2,025.24
L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NA		$1,472.21
L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NA		$1,561.53
L6120	Elbow mold doub split soc ste	Y/ 12 months	YES		NA		$1,819.73
L6130	Elbow stump activated lock h	Y/ 12 months	YES		NA		$1,980.21
L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NA		$2,086.82
L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NA		$2,785.58
L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NA		$2,186.51
L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NA		$2,849.88
L6310	Shoulder passive restor comp	Y/ 12 months	YES		NA		$2,460.73
L6320	Shoulder passive restor cap	Y/ 12 months	YES		NA		$1,344.26
L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NA		$2,996.21
L6360	Thoracic passive restor comp	Y/ 12 months	YES		NA		$2,694.62
L6370	Thoracic passive restor cap	Y/ 12 months	YES		NA		$1,612.38

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NA		$934.33
L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NA		$1,405.68
L6384	Postop dsg cast chg shider/t	Y/ 12 months	YES		NA		$1,944.59
L6386	Postop ea cast chg & realign	Y/ 12 months	YES		NA		$307.19
L6388	Postop applicat rigid dsg on	Y/ 12 months	YES		NA		$336.28
L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NA		$1,774.96
L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NA		$2,371.31
L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NA		$2,480.88
L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NA		$2,982.06
L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NA		$3,348.04
L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NA		$1,278.22
L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NA		$1,157.71
L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NA		$1,815.60
L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NA		$1,699.10
L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NA		$2,232.58
L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NA		$2,120.63
L6600	Polycentric hinge pair	Y/ 12 months			NA		$143.48
L6605	Single pivot hinge pair	Y/ 12 months			NA		$141.67
L6610	Flexible metal hinge pair	Y/ 12 months			NA		$136.06
L6615	Disconnect locking wrist uni	Y/ 12 months			NA		$146.60
L6616	Disconnect insert locking wr	Y/ 12 months			NA		$54.32
L6620	Flexion-friction wrist unit	Y/ 12 months	YES		NA		$234.55
L6623	Spring-asst. rot wrst w/ latch	Y/ 12 months	YES		NA		$654.24
L6625	Rotation wrst w/ cable lock	Y/ 12 months	YES		NA		$464.86
L6628	Quick disconn hook adapter o	Y/ 12 months	YES		NA		$366.44
L6629	Lamination collar w/ couplin	Y/ 12 months			NA		$111.91
L6630	Stainless steel any wrist	Y/ 12 months	YES		NA		$164.86
L6632	Latex suspension sleeve each	Y/ 12 months			NA		$57.26
L6635	Lift assist for elbow	Y/ 12 months			NA		$134.73
L6637	Nudge control elbow lock	Y/ 12 months	YES		NA		$287.38
L6640	Shoulder abduction joint pai	Y/ 12 months	YES		NA		$255.30
L6641	Excursion amplifier pulley t	Y/ 12 months			NA		$122.71
L6642	Excursion amplifier lever ty	Y/ 12 months	YES		NA		$166.33
L6645	Shoulder flexion-abduction j	Y/ 12 months	YES		NA		$307.03
L6650	Shoulder universal joint	Y/ 12 months	YES		NA		$318.77
L6655	Standard control cable extra	Y/ 12 months			NA		$62.66
L6660	Heavy duty control cable	Y/ 12 months			NA		$70.21
L6665	Teflon or equal cable lining	Y/ 12 months			NA		$35.23
L6670	Hook to hand cable adapter	Y/ 12 months			NA		$38.95
L6672	Harness chest/shlder saddle	Y/ 12 months	YES		NA		$154.58
L6675	Harness figure of 8 sing con	Y/ 12 months			NA		$91.86
L6676	Harness figure of 8 dual con	Y/ 12 months			NA		$106.19
L6680	Test sock wrist disart/bel e	Y/ 12 months	YES		NA		$177.47
L6682	Test sock elbw disart/above	Y/ 12 months	YES		NA		$196.22
L6684	Test socket shldr disart/tho	Y/ 12 months	YES		NA		$266.63
L6686	Suction socket	Y/ 12 months	YES		NA		$602.12
L6687	Frame typ socket bel elbow/w	Y/ 12 months	YES		NA		$441.23
L6688	Frame typ sock above elb/dis	Y/ 12 months	YES		NA		$438.57

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NA		$525.45
L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NA		$572.59
L6691	Removable insert each	Y/ 12 months	YES		NA		$265.03
L6692	Silicone gel insert or equal	Y/ 12 months	YES		NA		$427.78
L6693	Locking elbow forearm cntrbal	Y/ 12 months	YES		NA		$2,196.10
L6694	Add. To upper ext. pros.,for use with locking mechanism	Y/ 12 months	YES		NA		M
L6695	Add. To upper ext. pros., not for use with locking mechanism	Y/ 12 months	YES		NA		M
L6696	Add. To upper ext. pros., congenital or atypical traumatic amputees	Y/ 12 months	YES		NA		M
L6697	Add. To upper ext. pros., other than congenital or traumatic amput	Y/ 12 months	YES		NA		M
L6698	Add. To upper ext. pros., lock mechanism, excludes socket insert	Y/ 12 months	YES		NA		M
L6700	terminal device, hook, model 3 Dorrance or equal	Y/ 12 months	YES		NA		$396.80
L6705	Terminal device model #5	Y/ 12 months	YES		NA		$232.95
L6710	Terminal device model #5x	Y/ 12 months	YES		NA		$264.01
L6715	Terminal device model #5xa	Y/ 12 months	YES		NA		$262.24
L6720	Terminal device model #6	Y/ 12 months	YES		NA		$652.58
L6725	Terminal device model #7	Y/ 12 months	YES		NA		$315.94
L6730	Terminal device model #7lo	Y/ 12 months	YES		NA		$520.47
L6735	Terminal device model #8	Y/ 12 months	YES		NA		$227.93
L6740	Terminal device model #8x	Y/ 12 months	YES		NA		$323.89
L6745	Terminal device model #88x	Y/ 12 months	YES		NA		$284.34
L6750	Terminal device model #10p	Y/ 12 months	YES		NA		$285.18
L6755	Terminal device model #10x	Y/ 12 months	YES		NA		$285.91
L6765	Terminal device model #12p	Y/ 12 months	YES		NA		$302.09
L6770	Terminal device model #99x	Y/ 12 months	YES		NA		$286.59
L6775	Terminal device model#555	Y/ 12 months	YES		NA		$320.31
L6780	Terminal device model #ss555	Y/ 12 months	YES		NA		$358.39
L6790	Hooks-accu hook or equal	Y/ 12 months	YES		NA		$345.65
L6795	Hooks-2 load or equal	Y/ 12 months	YES		NA		$964.89
L6800	Hooks-apri vc or equal	Y/ 12 months	YES		NA		$775.05
L6805	Modifier wrist flexion unit	Y/ 12 months	YES		NA		$260.26
L6806	Trs grip vc or equal	Y/ 12 months	YES		NA		$1,251.08
L6807	Term device grip1/2 or equal	Y/ 12 months	YES		NA		$1,008.00
L6808	Term device infant or child	Y/ 12 months	YES		NA		$860.72
L6809	Trs super sport passive	Y/ 12 months	YES		NA		$302.10
L6810	Pincher tool otto bock or eq	Y/ 12 months			NA		$147.53
L6825	Hands dorrance vo	Y/ 12 months	YES		NA		$869.04
L6830	Hand apri vc	Y/ 12 months	YES		NA		$1,035.87
L6835	Hand sierra vo	Y/ 12 months	YES		NA		$902.35
L6840	Hand becker imperial	Y/ 12 months	YES		NA		$658.36
L6845	Hand becker lock grip	Y/ 12 months	YES		NA		$625.74
L6850	Term dvc-hand becker plylite	Y/ 12 months	YES		NA		$567.69
L6855	Hand robin-aids vo	Y/ 12 months	YES		NA		$670.35
L6860	Hand robin-aids vo soft	Y/ 12 months	YES		NA		$510.23
L6865	Hand passive hand	Y/ 12 months	YES		NA		$278.75
L6867	Hand detroit infant hand	Y/ 12 months	YES		NA		$745.23
L6868	Passive inf hand steeper/hos	Y/ 12 months	YES		NA		$183.39
L6870	Hand child mitt	Y/ 12 months	YES		NA		$181.81
L6872	Hand nyu child hand	Y/ 12 months	YES		NA		$720.43

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L6873	Hand mech inf steeper or equ	Y/ 12 months	YES		NA		$357.83
L6875	Hand bock vc	Y/ 12 months	YES		NA		$594.55
L6880	Hand bock vo	Y/ 12 months	YES		NA		$385.72
L6890	Production glove	Y/ 12 months			NA		$130.10
L6895	Custom glove	Y/ 12 months	YES		NA		$478.63
L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NA		$1,365.87
L6905	Hand restoration multiple fi	Y/ 12 months	YES		NA		$1,358.12
L6910	Hand restoration no fingers	Y/ 12 months	YES		NA		$1,161.34
L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NA		$585.52
L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NA		$5,105.00
L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NA		$6,872.21
L6930	Below elbow switch control	Y/ 12 months	YES		NA		$5,136.66
L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NA		$6,978.86
L6940	Elbow disarticulation switch	Y/ 12 months	YES		NA		$6,711.38
L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NA		$8,200.51
L6950	Above elbow switch control	Y/ 12 months	YES		NA		$7,628.42
L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NA		$9,136.08
L6960	Shldr disartic switch contro	Y/ 12 months	YES		NA		$10,246.43
L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NA		$10,928.19
L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NA		$11,387.37
L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NA		$12,454.12
L7010	Hand otto back steeper/eq sw	Y/ 12 months	YES		NA		$2,793.83
L7015	Hand sys teknik village swit	Y/ 12 months	YES		NA		$4,439.61
L7020	Electronic greifer switch ct	Y/ 12 months	YES		NA		$2,603.00
L7025	Electron hand myoelectronic	Y/ 12 months	YES		NA		$2,626.83
L7030	Hand sys teknik vill myoelec	Y/ 12 months	YES		NA		$4,016.84
L7035	Electron greifer myoelectro	Y/ 12 months	YES		NA		$2,690.18
L7040	Prehensile actuator hosmer s	Y/ 12 months	YES		NA		$2,156.50
L7045	Electron hook child michigan	Y/ 12 months	YES		NA		$1,236.40
L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NA		$5,692.81
L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NA		$24,740.96
L7181	electronic elbow, sim. Control of elbow and terminal device	Y/12 months	YES		NA		M
L7185	electronic elbow, sim. Variety Village or equal switch control	Y/ 12 months	YES		NA		$5,621.74
L7186	Electron elbow child switch	Y/ 12 months	YES		NA		$6,766.31
L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NA		$5,904.74
L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NA		$7,070.40
L7260	Electron wrist rotator otto	Y/ 12 months	YES		NA		$1,505.42
L7261	Electron wrist rotator utah	Y/ 12 months	YES		NA		$2,740.44
L7266	Servo control steeper or equ	Y/ 12 months	YES		NA		$1,009.80
L7272	Analogue control unb or equa	Y/ 12 months	YES		NA		$1,748.68
L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NA		$4,393.50
L7360	Six volt bat otto bock/eq ea	Y/ 12 months	YES		NA		$182.53
L7362	Battery chrgr six volt otto	Y/ 12 months	YES		NA		$191.65
L7364	Twelve volt battery utah/equ	Y/ 12 months	YES		NA		$304.81
L7366	Battery chrgr 12 volt utah/e	Y/ 12 months	YES		NA		$410.59
L7368	Lithium battery charger	Y/12 months	YES		NA		M
L7400	Addt. To upper ext. prosth. Ultralight material	Y/12 months	YES		NA		M
L7403	Addt. To upper ext. prosth. acrylic material	Y/12 months	YES		NA		M

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L7499	Upper extremity prosthesis NOS	Y/ 12 months	YES		NA		M
L7500	Prosthetic dvc repair hourly	Y/ 12 months			NA		$58.00
L7510	Prosthetic device repair minor parts	Y/ 12 months	YES > $150		NA		$32.03
L7520	Repair prosthetic device per 15 min	Y/ 12 months	YES >$150		NA		$10.00
L7900	Vacuum erection system	Y/ 12 months	YES		NA		$418.65
L8000	Mastectomy bra	Y/ 12 months	Yes > 5	5 per year	NA		$33.65
L8001	Breast prosthesis , masectomy bra with integrated breast prothesis	Y/ 12 months	YES		NA		M
L8002	Breast prosthesis, masectomy bra with integrated breast prothesis	Y/12 months	YES		NA		M
L8010	Mastectomy sleeve	Y/12 months			NA		$47.84
L8015	Ext breast prosthesis garment	Y/ 12 months			NA		$46.36
L8020	Mastectomy form	Y/ 12 months	YES	5 per year	NA		$174.40
L8030	Breast prosthesis silicone/e	Y/ 12 months	YES		NA		$252.26
L8035	Custom breast prosthesis	Y/ 12 months	YES		NA		$2,834.00
L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NA		M
L8040	Nasal prothesis, provided by a non-physician	Y/12 months	YES		NA		$491.73
L8041	Midfacial prothesis, provided by a non-physician	Y/ 12 months	YES		NA		$592.68
L8042	Orbital prothesis, provided by a non-physician	Y/ 12 months	YES		NA		$665.93
L8043	Upper facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NA		$745.84
L8044	Hemi-facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NA		$825.76
L8046	Partial facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NA		$532.74
L8047	Nasal septal prosthesis, provided by a non-physician	Y/ 12 months	YES		NA		$273.03
L8048	Unspecified Maxillofacial Prosthesis, by a non-physician	Y/12 months	YES		NA		$20.92
L8049	Repair or modification of maxillofacial prosthesis, by a non-physicia	Y/ 12 months			NA		$20.92
L8300	Truss single w/ standard pad	Y/12 months			NA		$74.50
L8310	Truss double w/ standard pad	Y/ 12 months			NA		$114.54
L8320	Truss addition to std pad wa	Y/ 12 months			NA		$50.05
L8330	Truss add to std pad scrotal	Y/ 12 months			NA		$49.59
L8400	Sheath below knee	Y/ 12 months			NA		$14.49
L8410	Sheath above knee	Y/ 12 months			NA		$16.49
L8415	Sheath upper limb	Y/ 12 months			NA		$16.40
L8417	Prosthetic sheath/sock, incl. gel cushion layer, below knee or above	Y/12 months			NA		$58.17
L8420	Prosthetic sock multi ply BK	Y/ 12 months			NA		$19.17
L8430	Prosthetic sock multi ply AK	Y/ 12 months			NA		$21.08
L8435	Pros sock multi ply upper lm	Y/ 12 months			NA		$18.93
L8045	Prosthetic External Ear	Y/12months			NA		M
L8440	Shrinker below knee	Y/ 12 months			NA		$40.11
L8460	Shrinker above knee	Y/ 12 months			NA		$55.81
L8465	Shrinker upper limb	Y/ 12 months			NA		$49.75
L8470	Pros sock single ply BK	Y/ 12 months			NA		$5.11
L8480	Pros sock single ply AK	Y/ 12 months			NA		$7.04
L8485	Pros sock single ply upper l	Y/ 12 months			NA		$8.50
L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NA		MSRP-22%
L8501	Tracheostomy speaking valve	Y/ 12 months			NA		$112.12
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type	Y/12 months			NA		$27.18
L8509	Tracheo-esophageal voice prosthesis, inst. by lic. Health care provid	Y/12 months			NA		$70.86
L8510	Voice Amplifier	Y/12 months	YES		NA		$163.95
L8511	Insert for Indwelling T/E prosthesis with or W/O valve replacement	Y/12 months			NA		$47.19
L8512	Gelatin capsules or equ. use with T/E prosthesis replacement only	Y/12 months			NA		$1.42

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HCPCS	Description	CMN/ Frequency	PA	Limits	Rental	Rental Price	Purchase Price
L8513	Cleaning device used with T/E prosthesis replacement only each	Y/12 months			NA		$3.38
L8514	T/E puncture dilator replacement only each	Y/12 months			NA		$61.19
L8515	gelatin capsule application device for use with TE voice prosthesis,	Y/12 months	YES		NA		M
L8615	Headset/Headpiece for use with cochlear implant device, replacem	Y/12 months	YES		NA		M
L8616	microphone for use with cochlear implant device, replacement	Y/12 months	YES		NA		M
L8617	transmitting coil for use with cochlear implant device, replacement	Y/12 months	YES		NA		M
L8618	transmitter cable for use with cochlear implant device, replacemen	Y/12 months	YES		NA		M
L8619	cochlear implant external speech processor replacement	Y/ 12 months	YES		NA		$6,281.98
L8621	Zinc air battery for use with cochlear implant device, replacement,	Y/12 months	YES		NA		M
L8622	Alkaline batt. For use with coch. Imp. Device, any size,replacement,	Y/12 months	YES		NA		M
L8623	Lithium ion battery coch. imp. Device sp proc.other than Ear level,	Y/12 months	YES		NA		M
L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, re	Y/12 months	YES		NA		M
L8630	Metacarpophalangeal joint implant	Y/ 12 months	YES		NA		$257.72
L8641	Metatarsal joint implant	Y/ 12 months	YES		NA		$279.70
L8642	Hallux implant	Y/ 12 months	YES		NA		$229.59
L8658	Interphalangeal Joint Implant	Y/12 months	YES		NA		$239.96
L8670	Vascular Graft Material, Synthetic Implant	Y/12 months	YES		NA		$425.80
S1040	Cranial remolding orthosis, rigid with soft interface, incl. fitting/adj	Y/12 months	YES		NA		M
V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NA		$686.64
V2624	Polishing/Resurfacing of Ocular Prosthesis	Y/12 months	YES		NA		$46.57
V2625	Enlargement of Ocular Prosthesis	Y/12 months	YES		NA		$301.62
V2626	Reduction of Ocular Prosthesis	Y/12 months	YES		NA		$191.36
V2627	Scleral Cover Shell	Y/12 months	YES		NA		$1,095.59
V2628	Fabrication and Fitting of Ocular confor	Y/12 months	YES		NA		$250.49
V2629	Eye Prosthetic,other type	Y/12months	YES		NA		$125.00
	"M" = Manually Priced (manufacturer's invoice + 20%)						
	"MSRP-22%" manufacturer's suggested retail price -22%						
	"MSRP-15%" manufacturer's suggested retail price - 15%						
	CMN=Certificate of Medical Necessity						
	Accepted CMN's are Medicare's or Medicaid MAP1000 & MAP1000B						
	"PA" = Prior Authorization						
	PA, MAP-9, and CMN faxed to NHS/SHPS at 1-502-429-5233 or 1-800-807-7840						
	Regulation, Fee Schedule, MAP-9, MAP-1000 , & MAP 1000B are						
	located on the Web site www.chfs.ky.gov/dms						
	It is the responsibility of the provider to check eligibility.						
	Limitation Over-rides must be medically necessary and require PA.						

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