	A	B	C	D	E	F	G	H	I	J
1	**MEDICAID PROGRAM DME FEE SCHEDULE**									
2										
3	**Fee Schedule 7/1/10; rev 8/1/10; rev 10/5/10; rev 11/3/10**									
4	**Red indicates new codes or changes for the most current revision date.**									
5	**PA required for rentals as indicated on the fee schedule.**									
6	**The appearance of a code on this fee schedule does not guarantee coverage.**									
7	**If a quantity limit is exceeded, a CMN & PA are required.**									
8	**By current regulation, any item $500 or over requires a PA.**									
9	**HCPCS**	**Description**	**CMN expiration date for purchase or rental**	**Purchase PA & CMN required**	**Limits**	**Rental**	**Rental PA& CMN required**	**Rental Price**	**Purchase Price**	**date updated**
10	A4206	Syringe w/needle, sterile , 1 cc or less, each	Y/ 12 months if PA required	YES > 125	per calendar month	NO			$0.31	Coverage will be through pharmacy for diagnosis codes related to diabetes, other dx through DME
11	A4207	Syringe with needle; sterile 2cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NO			$0.31	
12	A4208	Syringe with needle; sterile 3cc, each	Y/ 12 months if PA required	YES > 10	per calendar month	NO			$0.31	
13	A4209	Syringe with needle; sterile 5cc each	Y/ 12 months if PA required	YES >10	per calendar month	NO			$0.31	
14	A4210	Needle-free injection device, each		NO		NO			$36.67	remains a covered service through DME

	A	B	C	D	E	F	G	H	I	J
15	A4211	Supplies for self-administered injections--pen needles	Y/12 months	YES		NO			M	added to fee schedule 2/14/08
16	A4213	Syringe, sterile, 20cc or greater, each		NO		NO			$1.67	
17	A4215	Sterile needle only,any size, each		NO		NO			$0.97	
18	A4217	Sterile water/saline , 500 ml		NO		NO			$2.13	
19	A4218	Sterile Saline or H2O metered dose dispenser 10 ml	Y/12 months	YES		NO			M	
20	A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NO			M	
21	A4221	Supplies for maintenance of drug infusion catheter per week, drug separate		NO		NO			$21.65	
22	A4222	Supplies for external drug infusion pump per cassette or bag, drug separate		NO		NO			$44.70	rate set 01/01/2007
23	A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag		NO		NO			$4.83	rate set 01/01/2007
24	A4230	Infusion set for external insulin pump, non needle cannula type each	YES if PA required	YES>	16 per calendar month	NO			$11.55	rate set 01/01/2007; qty limit eff. 5/1/09
25	A4231	Infusion set for external insulin pump, needle type each	YES if PA required	YES>	16 per calendar month	NO			$7.33	rate set 01/01/2007; qty limit eff. 5/1/09
26	A4232	Syringe with needle for external insulin pump, sterile 3cc		NO		NO			$2.54	
27	A4233	Replacement battery , other than J cell home glucose mon. each		NO		NO			$0.72	rate set 08/01/2007; new rate to begin DOS 4/1/09
28	A4234	Replacement battery , J cell, home glucose mon. each		NO		NO			$3.27	rate set 08/01/2007
29	A4235	Replacement battery, lithium, home glucose mon. each		NO		NO			$2.11	rate set 08/01/2007
30	A4236	Replacement battery, silver oxide, home glucose mon., each		NO		NO			$1.50	rate set 08/01/2007

	A	B	C	D	E	F	G	H	I	J
31	A4250	Urine test or reagent strips or tablets 100 tablets or strips=1 unit	Y/ 12 months if PA required	YES > 2uni	per calendar month	NO			$15.00	Coverage will be through pharmacy 10/5/10 and after
32	A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NO			M	Coverage will be through pharmacy 10/5/10 and after
33	A4253	Blood glucose test or reag. strips blood glucose monitor, 50 strips=1unit	Y/ 12 months if PA required	YES> 4 uni	per calendar month	NO			$35.76	Coverage will be through pharmacy 10/5/10 and after
34	A4256	Normal, low and high calibrator solution/chips		NO		NO			$10.52	Coverage will be through pharmacy 10/5/10 and after
35	A4258	Spring-powered device for lancet, each		NO		NO			$17.26	Coverage will be through pharmacy 10/5/10 and after
36	A4259	Lancets per box of 100 1 unit=100 lancets	Y/ 12 months if PA required	YES> 2 uni	per calendar month	NO			$10.85	Coverage will be through pharmacy 10/5/10 and after
37	A4261	Cervical Cap Contraceptive		NO		NO			$1.39	
38	A4265	Paraffin		NO		NO			$3.24	
39	A4280	Adhesive skin support attachment for use with external breast prosthesis, each		NO		NO			$4.76	

	A	B	C	D	E	F	G	H	I	J
40	A4305	IV delivery system disposable 50 ml or greater per hour	Y/12 months	YES		NO			M	
41	A4306	IV delivery system disposable 5 ml or less per hour	Y/12 months	YES		NO			M	
42	A4310	Insert tray w/o bag/cath	Y/ 12 months if PA required	YES > 1	per calendar month	NO			$6.48	
43	A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex	Y/ 12 months if PA required	YES> 1	per calendar month	NO			$14.16	
44	A4312	Cath w/o bag 2-way silicone		NO		NO			$16.88	
45	A4313	With indwelling catheter, foley type, 3-way for continuous irrigation		NO		NO			$17.67	
46	A4314	Cath w/drainage 2-way latex		NO		NO			$24.12	
47	A4315	Cath w/drainage 2-way silicone		NO		NO			$25.17	
48	A4316	Cath w/drainage 3-way		NO		NO			$27.09	
49	A4320	Irrigation tray	Y/ 12 months if PA required	YES > 9	per calendar month	NO			$5.08	
50	A4322	Irrigation syringe, bulb or piston, each	Y/ 12 months if PA required	YES >9	per calendar month	NO			$2.85	
51	A4326	Male external catheter w/integral collection chamber, any type each, made of rubber or plastice, designed to be washed & reused.	Y/ 12 months if PA required	YES>2	per calendar month	NO			$10.29	
52	A4327	Fem urinary collect dev cup		NO		NO			$42.56	
53	A4328	Fem urinary collect pouch		NO		NO			$9.87	
54	A4330	Stool collection pouch		NO		NO			$6.82	
55	A4331	External drainage tubing for urinary leg bag or urostomy, each		NO		NO			$3.04	
56	A4332	Lubricant, individual sterile, for insertion of urinary catheter, each		NO		NO			$0.12	
57	A4333	Urinary catheter anchoring device, adhesive skin attachment, each		NO		NO			$2.10	

	A	B	C	D	E	F	G	H	I	J
58	A4334	Urinary catheter anchoring device, leg strap, each		NO		NO			$4.71	
59	A4338	Indwelling catheter foley type, two-way latex with coating, each	Y/ 12 months if PA required	YES >3 1	per calendar month	NO			$11.70	07/02/2007 limit change
60	A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, each		NO		NO			$26.07	
61	A4344	Catheter indwelling, foley type, 2 way, all silicone, each	Y/ 12 months if PA required	YES>3 1	per calendar month	NO			$15.28	07/02/2007 limit change
62	A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, each		NO		NO			$18.69	
63	A4349	Male ext. catheter w or w/o adhesive, disposable, each		NO		NO			$2.02	
64	A4351	Intermittent urinary straight tip urine catheter, with or without coating		NO		NO			$1.47	
65	A4352	Intermittent urinary catheter, Coude tip, with or without coating		NO		NO			$5.20	
66	A4353	Intermittent urinary cath sterile catheterization kit	Y/12 months if PA required	YES>124	per calendar month	NO			$6.67	04/02/2007 limit change
67	A4354	Insertion tray with drainage bag but without catheter		NO		NO			$11.25	
68	A4355	Bladder irrigation tubing set through a three-way indwelling foley catheter, each		NO		NO			$8.50	
69	A4356	Ext ureth clmp or compr dvc	Y/ 12 months if PA required	YES > 4	4 per year	NO			$43.52	
70	A4357	Bedside drainage bag	Y/ 12 months if PA required	YES > 1	per calendar month	NO			$7.86	
71	A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each		NO		NO			$5.39	

	A	B	C	D	E	F	G	H	I	J
72	A4359	Urinary suspensory w/o leg bag							CMS DC 1/07	1/2/2007
73	A4361	Ostomy face plate	Y/ 12 months if PA required	YES> 6	6 per year	NO			$18.37	rate change 8/1/2007
74	A4362	Solid skin barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$3.17	rate change 8/1/2007
75	A4363	Ostomy clamp, any type , each		NO		NO			$2.01	rate change 8/1/2007
76	A4364	Adhesive, liquid or equal, any type, per ounce		NO		NO			$2.93	rate change 8/1/2007
77	A4366	Ostomy vent, any type, each	Y/12 months if PA required	YES>1	per calendar month	NO			$1.30	rate change 8/1/2007
78	A4367	Ostomy belt	Y/12 months if PA required	YES> 1	per calendar month	NO			$7.35	rate change 8/1/2007
79	A4368	Ostomy filter		NO		NO			$0.26	rate change 8/1/2007
80	A4369	Skin barrier liquid per oz		NO		NO			$2.42	rate change 8/1/2007
81	A4371	Skin barrier powder per oz		NO		NO			$3.65	rate change 8/1/2007
82	A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NO			$4.18	rate change 8/1/2007
83	A4373	Skin barrier with flange		NO		NO			$6.28	rate change 8/1/2007
84	A4375	Drainable plastic pch w fcpl		NO		NO			$17.18	rate change 8/1/2007
85	A4376	Drainable rubber pch w fcplt		NO		NO			$47.58	rate change 8/1/2007
86	A4377	Drainable plstic pch w/o fp		NO		NO			$4.29	rate change 8/1/2007
87	A4378	Drainable rubber pch w/o fp		NO		NO			$30.75	rate change 8/1/2007

	A	B	C	D	E	F	G	H	I	J
88	A4379	Urinary plastic pouch w fcpl		NO		NO			$15.02	rate change 8/1/2007
89	A4380	Urinary plastic pouch w/o fp		NO		NO			$37.33	rate change 8/1/2007
90	A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		NO		NO			$4.61	rate change 8/1/2007
91	A4382	Urinary hvy plstc pch w/o fp		NO		NO			$24.62	rate change 8/1/2007
92	A4383	Urinary rubber pouch w/o fp		NO		NO			$28.19	rate change 8/1/2007
93	A4384	Ostomy faceplt/silicone ring		NO		NO			$9.62	rate change 8/1/2007
94	A4385	Ost skn barrier sld ext wear		NO		NO			$5.10	rate change 8/1/2007
95	A4387	Ost clsd pouch w att st barr		NO		NO			$3.83	rate change 8/1/2007
96	A4388	Drainable pch w ex wear barr		NO		NO			$4.36	rate change 8/1/2007
97	A4389	Drainable pch w st wear barr		NO		NO			$6.22	rate change 8/1/2007
98	A4390	Drainable pch ex wear convex		NO		NO			$9.61	rate change 8/1/2007
99	A4391	Urinary pouch w ex wear barr		NO		NO			$7.07	rate change 8/1/2007
100	A4392	Urinary pouch w st wear barr		NO		NO			$8.18	rate change 8/1/2007
101	A4393	Urine pch w ex wear bar conv		NO		NO			$9.04	rate change 8/1/2007
102	A4394	Ostomy pouch liq deodorant w/wo lubricant		NO		NO			$2.58	rate change 8/1/2007
103	A4395	Ostomy pouch solid deodorant		NO		NO			$0.05	
104	A4396	Ostomy belt with peristomal hernia support		NO		NO			$40.48	rate change 8/1/2007
105	A4397	Irrigation supply sleeve	Y/ 12 months if PA required	YES > 4	per calendar month	NO			$4.07	rate change 8/1/2007

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

	A	B	C	D	E	F	G	H	I	J
120	A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <		NO		NO			$4.93	
121	A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >		NO		NO			$6.00	
122	A4416	Ostomy pouch, closed, w/barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			$2.75	
123	A4417	Ostomy pouch,closed, w/barrier att.,w/built-in convexity, w/filter 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			$3.72	
124	A4418	Ostomy pouch,closed, w/o barrier att. W/filter 1 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			$1.81	
125	A4419	Ostomy pouch, closed, use on barrier w/non-lock flange,w/filter 2pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			$1.74	
126	A4420	Ostomy pouch, closed, use on barrier with lock flange 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			$1.86	
127	A4421	Ostomy supply, miscellaneous	Y/12 months if PA required	YES		NO			M	
128	A4423	Ostomy pouch closed, 2 pc. Locking flange, each	Y/12 months if PA required	YES>60	per calendar month	NO			$1.86	rate change 8/1/2007
129	A4424	Ostomy pouch, drainable,w/barrier 1 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			$4.75	rate change 8/1/2007
130	A4425	Ostomy pouch drainable, non-locking flange 2 pc each	Y/12 months if PA required	YES>60	per calendar month	NO			$3.58	rate change 8/1/2007
131	A4426	Ostomy pouch, drainable, with locking flange, 2 pc. Each	Y/12 months if PA required	YES>60	per calendar month	NO			$2.73	rate change 8/1/2007

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132	A4427	Ostomy pouch, drainable , use on barrier w/locking flange, w/filter 2 pc, each	Y/12 months if PA required	YES>60	per calendar month	NO			$2.78	rate change 8/1/2007
133	A4428	Otosmy pouch, urinary, extended wear faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			$6.51	rate change 8/1/2007
134	A4429	Ostomy pouch, urinary w/convexity, faucet type tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			$8.25	rate change 8/1/2007
135	A4430	ostomy pouch urinary, ext. wear, convexity, faucet tap, each	Y/12 months if PA required	YES>60	per calendar month	NO			$8.52	rate change 8/1/2007
136	A4431	ostomy pouch, urinary, w/barrier, faucet type tap, w/valve ea.	Y/12 months if PA required	YES>60	per calendar month	NO			$6.22	rate change 8/1/2007
137	A4432	ostomy pouch, urinary, non-locking flange, faucet type, ea.	Y/12 months if PA required	YES>60	per calendar month	NO			$3.59	rate change 8/1/2007
138	A4433	ostomy pouch, urinary, w/locking flange, ea.	Y/12 months if PA required	YES>60	per calendar month	NO			$3.34	rate change 8/1/2007
139	A4434	ostomy pouch, urinary, w/locking flange, w/faucet type tap ea.	Y/12 months if PA required	YES>60	per calendar month	NO			$3.76	rate change 8/1/2007
140	A4450	Tape, non-water proof, 18 sq inches		NO		NO			$0.09	
141	A4452	Tape, water proof , 18 sq inches		NO		NO			$0.36	
142	A4455	Adhesive remover per ounce	Y/12 months if PA required	YES>32		NO			$1.16	
143	A4456	Adhesive remover, wipes, any type, each		NO		NO			$0.26	CMS added 1/1/10
144	A4465	Non elastic binder for extremity	Y/12 months	YES		NO			M	11/16/2007
145	A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	Y/12 months	YES		NO			M	CMS added 1/1/10
146	A4481	Tracheostoma filter		NO		NO			$0.37	

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147	A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation, each	Y/12 months	YES		NO			M	added to fee schedule 4/14/08
148	A4520	**Incontinent garment any type, each NO COVERAGE THROUGH DME**								
149	A4556	Electrodes, apnea monitor, per pair		NO		NO			$9.94	
150	A4557	Lead wires, apnea monitor per pair		NO		NO			$20.19	
151	A4558	Conductive paste or gel for use with electrical device E.G. tens		NO		NO			$5.22	
152	A4561	Pessary, rubber, any type		NO		NO			$16.82	
153	A4562	Pessary, nonrubber, any type		NO		NO			$45.57	
154	A4565	Slings		NO		NO			$4.35	
155	A4595	TENS suppl 2 lead per month		NO		NO			$27.56	
156	A4600	sleeve for intmt. Limb compression device, replac. only	Y/12 months	YES		NO			M	1/2/2007
157	A4601	Lithium ion battery for non-prosthetic use, repl. Only	Y/12 months	YES		NO			M	1/2/2007
158	A4604	tubing with integrated heat use with pos. airway pressure device		NO		NO			$60.13	01/02/2007 rate set
159	A4605	Tracheal suction catheter, closed system, each		NO		NO			$14.76	01/02/2007 rate change
160	A4606	Oximeter probe replacement		NO		NO			$27.00	
161	A4608	Transtracheal oxygen catheter, each		NO		NO			$52.63	rate change per CMS
162	A4611	Heavy duty battery, Ventilator, replacement for patient owned		NO		NO			$174.26	
163	A4612	Battery cables		NO		NO			$65.00	
164	A4613	Battery charger		NO		NO			$137.96	
165	A4614	Hand-held PEFR meter		NO		NO			$22.75	
166	A4618	Breathing circuits		NO		NO			$8.51	
167	A4619	Face tent		NO		NO			$1.27	rate change per CMS

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168	A4623	Tracheostomy inner cannula	Y/ 12 months if PA required	YES>31	per calendar month	NO			$5.31	
169	A4624	Tracheal suction tube	Y/ 12 months if PA required	YES> 91	per calendar month	NO			$2.14	
170	A4625	Trach care kit for new trach	Y/ 12 months if PA required	YES> 1	per calendar month	NO			$6.61	
171	A4626	Tracheostomy cleaning brush	Y/ 12 months if PA required	YES > 2	per calendar month	NO			$2.59	
172	A4627	Spacer, bag or reservoir for inhaler		NO		NO			$38.00	
173	A4628	Oropharyngeal suction cath		NO		NO			$3.58	
174	A4629	Tracheostomy care kit		NO		NO			$4.42	
175	A4630	Repl bat t.e.n.s. own by pt		NO		NO			$5.98	
176	A4635	Underarm crutch pad		NO		NO			$4.89	
177	A4636	Handgrip for cane etc		NO		NO			$3.81	rate change from $4.02 eff. 3/1/10
178	A4637	Repl tip cane/crutch/walker		NO		NO			$1.93	rate change from $2.04 eff 3/1/10
179	A4640	Alternating pressure pad		NO		NO			$60.58	
180	A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NO			M	
181	A5051	Pouch clsd w barr attached	Y/ 12 months if PA required	YES>60	per calendar month	NO			$1.86	rate set 08/01/2007
182	A5052	Clsd ostomy pouch w/o barr	Y/ 12 months if PA required	YES > 60	per calendar month	NO			$1.35	
183	A5053	Clsd ostomy pouch faceplate	Y/ 12 months if PA required	YES> 60	per calendar month	NO			$1.41	

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184	A5054	Clsd ostomy pouch w/flange	Y/ 12 months if PA required	YES> 60	per calendar month	NO			$1.42	
185	A5055	Stoma cap	Y/ 12 months if PA required	YES > 31	per calendar month	NO			$1.37	
186	A5061	Pouch drainable w barrier at	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$3.70	1/16/09 rate change from $2.58
187	A5062	Drnble ostomy pouch w/o barr	Y/ 12 months if PA required	YES >20	per calendar month	NO			$2.12	
188	A5063	Drain ostomy pouch w/flange	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$2.29	rate change 02/14/2007
189	A5071	urinary pouch w/barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$4.15	
190	A5072	urinary pouch w/o barrier	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$3.36	
191	A5073	urinary pouch on barr w/flng	Y/ 12 months if PA required	YES >20	per calendar month	NO			$3.04	
192	A5081	Continent stoma plug	Y/ 12 months if PA required	YES>31	per calendar month	NO			$2.97	
193	A5082	Continent stoma catheter	Y/ 12 months if PA required	YES > 1	per calendar month	NO			$9.64	
194	A5083	Continent device, stoma absorptive cover for continent device, each		NO		NO			$0.50	eff. DOS 8-1-08 and after.
195	A5093	Ostomy accessory convex inse	Y/ 12 months if PA required	YES > 10	per calendar month	NO			$1.86	

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196	A5102	Bedside drain btl w/wo tube	Y/ 12 months if PA required	YES> 4	4 per year	NO			$21.53	
197	A5105	urinary suspensory with leg bag w/wo tube each		NO		NO			$33.88	CMS description chg. 1/08
198	A5112	urinary leg bag		NO		NO			$33.02	
199	A5113	Latex leg strap		NO		NO			$3.81	
200	A5114	Foam/fabric leg strap	Y/ 12 months if PA required	YES > 1	per calendar month	NO			$7.24	
201	A5120	Skin barrier wipes or swabs , each		NO		NO			$0.20	rate change 01/02/2007
202	A5121	Solid skin barrier 6x6	Y/ 12 months if PA required	YES > 20	per calendar month	NO			$7.12	
203	A5122	Solid skin barrier 8x8	Y/ 12 months if PA required	YES>20	per calendar month	NO			$12.26	
204	A5126	Disk/foam pad +or- adhesive	Y/ 12 months if PA required	YES > 10	per calendar month	NO			$1.07	
205	A5131	Appliance cleaner	Y/ 12 months if PA required	YES > 1	per calendar month	NO			$15.11	
206	A5200	Percutaneous catheter anchor		NO		NO			$10.78	
207	A5500	Diabetic shoe for density insert, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$55.72	rate change 08/01/2007; PA removed eff 8-1-10;
208	A5501	Diabetic custom molded shoe, per shoe	Y/ 12 months	YES		NO			$167.13	rate change 08/01/2007
209	A5503	Diabetic shoe w/roller/rocker, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$24.79	rate change 08/01/2007; PA removed eff 8-1-10;

	A	B	C	D	E	F	G	H	I	J
210	A5504	Diabetic shoe with wedge, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$24.79	rate change 08/01/2007; PA removed eff 8-1-10;
211	A5505	Diabetic shoe w/metatarsal bar, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$24.79	rate change 08/01/2007; PA removed eff 8-1-10;
212	A5506	Diabetic shoe w/offset heel, per shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$24.79	rate change 08/01/2007; PA removed eff 8-1-10;
213	A5507	Modification to diabetic shoe	Y/12 months	Yes>2 per calendar year	2 per calendar year	NO			$24.79	rate change 08/01/2007; PA removed eff 8-1-10;
214	A5508	For diabetics only, deluxe feature of off the shelf depth-inlay or custom-molded shoe, per shoe	Y/12 months	YES	2 per calendar year	NO			$32.00	PA removed eff. 8-1-10
215	A5510	For diabetics only, direct formed, compression molded, without heat, mul density insert prefab, per shoe	Y/12 months	YES	2 per calendar year	NO			$32.00	PA removed eff. 8-1-10
216	A5512	Diabetic only insert mult. Density direct formed, each	Y/12 months	Yes>6 per calendar year	6 per year	NO			$22.73	rate change 08/01/2007; PA removed eff 8-1-10;
217	A5513	Diabetic only insert mult. Density custom formed, each	Y/12 months	YES	6 per year	NO			$32.00	
218	A6010	Collagen based wound filler, dry form, per gram of collagen		NO		NO			$24.77	
219	A6011	Collagen based wound filler, gel/paste, per gram of collagen		NO		NO			$1.82	
220	A6021	Collagen drsg, size 16 sq inches or less, each		NO		NO			$21.02	
221	A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches		NO		NO			$20.05	

	A	B	C	D	E	F	G	H	I	J
222	A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NO			$181.51	
223	A6024	Collagen drsg wound filler, per 6 inches		NO		NO			$5.90	
224	A6154	Wound pouch each		NO		NO			$13.71	
225	A6196	alginate dressing <=16 sq in, each		NO		NO			$7.01	
226	A6197	alginate drsg >16 <=48 sq in, each		NO		NO			$15.68	
227	A6203	Composite drsg <= 16 sq in, each		NO		NO			$3.19	
228	A6204	Composite drsg >16<=48 sq in, each		NO		NO			$5.94	
229	A6207	Contact layer >16<= 48 sq in, each		NO		NO			$7.00	
230	A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NO			$7.14	
231	A6210	Foam drg >16<=48 sq in w/o b, each		NO		NO			$19.00	
232	A6211	Foam drg > 48 sq in w/o brdr, each		NO		NO			$28.01	
233	A6212	Foam drg <=16 sq in w/border, each		NO		NO			$9.25	
234	A6214	Foam drg > 48 sq in w/border, each		NO		NO			$9.82	
235	A6216	Non-sterile gauze<=16 sq in, each		NO		NO			$0.05	07/02/2007 limit removed
236	A6217	Non-sterile gauze>16 sq in <= 48", w/o adhesive border, each		YES		NO			M	added to fee schedule March 09
237	A6219	Gauze <= 16 sq in w/border, each		NO		NO			$0.91	
238	A6220	Gauze >16 <=48 sq in w/border, each		NO		NO			$2.46	
239	A6222	Gauze <=16 in no w/sal w/o b, each		NO		NO			$2.03	
240	A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NO			$2.30	
241	A6224	Gauze > 48 in no w/sal w/o b, each		NO		NO			$3.44	
242	A6229	Gauze >16<=48 sq in watr/sal, each		NO		NO			$3.44	
243	A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NO			$4.46	
244	A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each		NO		NO			$6.57	
245	A6233	Gauze, hydrogel, more than 48 sq inches, each		NO		NO			$18.30	
246	A6234	Hydrocolld drg <=16 w/o bdr, each		NO		NO			$6.24	
247	A6235	Hydrocolld drg >16<=48 w/o b, each		NO		NO			$16.05	
248	A6236	Hydrocolld drg > 48 in w/o b, each		NO		NO			$25.99	
249	A6237	Hydrocolld drg <=16 in w/bdr, each		NO		NO			$7.54	

	A	B	C	D	E	F	G	H	I	J
250	A6238	Hydrocolld drg >16<=48 w/bdr, each		NO		NO			$21.74	
251	A6240	Hydrocolld drg filler paste, each		NO		NO			$11.68	
252	A6241	Hydrocolloid drg filler dry, each		NO		NO			$2.45	
253	A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NO			$5.79	
254	A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NO			$11.75	
255	A6244	Hydrogel drg >48 in w/o bdr, each		NO		NO			$37.46	
256	A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NO			$6.93	
257	A6246	Hydrogel drg >16<=48 in w/b, each		NO		NO			$9.46	
258	A6247	Hydrogel drg > 48 sq in w/b, each		NO		NO			$22.68	
259	A6248	Hydrogel drsg gel filler per fl. oz		NO		NO			$15.49	
260	A6251	Absorpt drg <=16 sq in w/o b, each		NO		NO			$1.90	
261	A6252	Absorpt drg >16 <=48 w/o bdr, each		NO		NO			$3.10	
262	A6253	Absorpt drg > 48 sq in w/o b, each		NO		NO			$6.05	
263	A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NO			$1.16	
264	A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NO			$2.89	
265	A6257	Transparent film <= 16 sq in, each		NO		NO			$1.46	
266	A6258	Transparent film >16<=48 in, each		NO		NO			$4.10	
267	A6259	Transparent film > 48 sq in, each		NO		NO			$10.43	
268	A6266	Impreg gauze no h20/sal/yard,		NO		NO			$1.83	
269	A6402	Sterile gauze <= 16 sq in, each		NO		NO			$0.12	
270	A6403	Sterile gauze>16 <= 48 sq in, each		NO		NO			$0.41	
271	A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd		NO		NO			$1.50	
272	A6410	Eye pad, sterile, each		NO		NO			$0.41	added 5/1/10
273	A6441	Padding bandg. Non-elast. >=3" and < 5", per yard		NO		NO			$0.54	
274	A6442	Conforming bandg. Non-sterile, width <3", per yard		NO		NO			$0.14	
275	A6443	Conforming bandg. Non-sterile, widtth >=3' and < 5", per yard		NO		NO			$0.23	
276	A6444	Conforming bandg. Non-sterile, width >=5", per yard		NO		NO			$0.45	
277	A6445	Conforming bandg. Sterile, width <3", per yard		NO		NO			$0.26	
278	A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard		NO		NO			$0.33	

	A	B	C	D	E	F	G	H	I	J
279	A6447	Conforming bandg. Sterile, width >= 5 ",per yard		NO		NO			$0.54	
280	A6448	Lt. Compression bandg. Width , 3", per yard		NO		NO			$0.93	
281	A6449	Lt. Compression bandg. Width >= 3", < 5" per yard		NO		NO			$1.40	
282	A6452	High compression bandg., width >=3 " and < 5", per yard		NO		NO			$4.73	
283	A6453	Self-adherent bandg. Width <3", per yard		NO		NO			$0.49	
284	A6454	Self-adherent bandg. Width >=3" and < 5", per yard		NO		NO			$0.62	
285	A6455	Self-adherent bandg. Width >=5", per yard		NO		NO			$1.11	
286	A6456	Zinc paste impregnated width >=3" and < 5", per yard		NO		NO			$1.02	
287	A6457	Tubular drsg. W or w/o elastic any width, per linear yd.		NO		NO			$0.91	
288	A6503	Compression burn garment, facial hood, custom	Y/6 months	YES		NO			M	added for DOS 4/1/09 and after
289	A6504	Compression burn garment, glove to wrist, custom fabricated	Y/6months	YES		NO			M	
290	A6505	Compression burn garment glove to elbow sleeve custom	Y/6 months	YES		NO			M	code added 07/02/2007
291	A6506	Compression burn garment glove to axilla, custom fab., each	Y/6 months	YES		NO			M	code added 4-1-08
292	A6507	Compression burn garment, foot to thigh length-custom fab., each	Y/6 months	YES		NO			M	code effective as of 8/1/07
293	A6509	Compression burn vest, custom fabricated, each	Y/6 months	YES		NO			M	code added 04/02/2007
294	A6510	Compression burn garment, trunk incl. arms down to leg openings (leotard) custom fabricated, each	Y/6 months	YES		NO			M	code added to fee schedule 8/21/09
295	A6511	Compression burn garment, lower trunk including leg openings, custom, each	Y/6 months	YES		NO			M	code added 07/02/2007

	A	B	C	D	E	F	G	H	I	J
296	A6512	Compression burn garment NOC	Y/6 months	YES		NO			M	code added 07/02/2007
297	A6513	Compression burn mask, face and/or neck, plastic or equal, custom	Y/6 months	YES		NO			M	code added 04/02/2007
298	A6530	Gradient compression stocking below knee, 18-30mm Hg, each	Y/12 months	YES		NO			M	code added 8/30/07, clarification 9/08
299	A6531	Gradient compression stocking below knee, 30-40mmg Hg, each	Y/12 months	YES		NO			$38.94	code added 8/30/07
300	A6532	Gradient compression stocking below knee, 40-50mmg Hg, each	Y/12 months	YES		NO			M	code added 1/9/09 for effective date of
301	A6534	Gradient compression stocking, thigh length, 30-44 mm Hg, each	Y/12 months	YES		NO			M	code added 12/07
302	A6549	Gradient compression stocking/sleeve, NOC	Y/12 months	YES		NO			M	code eff. 1/1/2010; added 4/30/10
303	A6550	Drsg. Set for neg. pressure wound therapy		NO		NO			$21.94	
304	A7000	Disposable canister for pump		NO		NO			$8.63	rate change from $9.13 effective 3/1/10
305	A7001	Nondisposable pump canister		NO		NO			$27.96	
306	A7002	Tubing used w suction pump		NO		NO			$3.11	
307	A7003	Nebulizer administration set		NO		NO			$2.60	
308	A7004	Disposable nebulizer sml vol		NO		NO			$1.47	
309	A7005	Nondisposable nebulizer set		NO		NO			$25.07	
310	A7006	Filtered nebulizer admin set		NO		NO			$9.13	
311	A7007	Lg vol nebulizer disposable		NO		NO			$4.16	
312	A7008	Disposable nebulizer prefill		NO		NO			$8.94	
313	A7009	Nebulizer reservoir bottle		NO		NO			$39.23	
314	A7010	Disposable corrugated tubing		NO		NO			$19.18	
315	A7012	Nebulizer water collec devic		NO		NO			$3.62	
316	A7013	Disposable compressor filter		NO		NO			$0.67	
317	A7014	Compressor nondispos filter		NO		NO			$4.29	
318	A7015	Aerosol mask used w nebulize		NO		NO			$1.80	

	A	B	C	D	E	F	G	H	I	J
319	A7016	Nebulizer dome & mouthpiece		NO		NO			$6.53	
320	A7017	Nebulizer not used w oxygen		NO		NO			$128.23	
321	A7018	Water, distilled, nebulizer, 1000 ml		NO		NO			$0.31	
322	A7027	Comb. Oral/nasal mask, used with CPAP, each	Y/12 months	YES		NO			$167.87	CMS code addition 1/08
323	A7028	Oral cushion for A7027, replacement only, each	Y/12 months	YES		NO			$44.59	CMS code addition 1/08
324	A7029	nasal pillows for A7027, replacement only, each	Y/12 months	YES		NO			$18.22	CMS code addition 1/08
325	A7030	Full face mask used with positive airway pressure device, each	y/6 months if PA required	YES>1	1 per year	NO			$170.72	new rate eff.DOS 4/1/09; former rate $188.64
326	A7031	Face mask interface, replacement for full face mask, each	y/6 months if PA required	YES>1	1 per month	NO			$62.79	
327	A7032	Replacement cushion for nasal application device, each	y/6 months if PA required	YES >2	2 /cal. month	NO			$32.42	$23.33 former rate change eff. 1/15/08
328	A7033	Replacement pillows for nasal application device, each	y/6 months if PA required	YES >12	12 per year	NO			$23.33	
329	A7034	nasal Interface(mask or cannula type) used with pos airway pressure device with or without head strap	y/6 months if PA required	YES >4	4 per year	NO			$94.11	$76.89 former rate change eff. 1/15/08
330	A7035	Headgear used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			$32.97	rate change from $34.84 effective 3/1/10.
331	A7036	Chinstrap used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			$14.10	rate change from $14.90 effective 3/1/10
332	A7037	Tubing used with positive airway presure device	y/6 months if PA required	YES >1	1 /cal. month	NO			$36.43	rate change from $38.51 effective 3/1/10

	A	B	C	D	E	F	G	H	I	J
333	A7038	Filter, disposable, used with positive airway pressure device	y/6 months if PA required	YES>2	2 /cal. month	NO			$4.88	rate change from $5.16 effective 3/1/10
334	A7039	Filter, non disposable used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			$11.79	rate change from $12.46 eff. 3/1/10
335	A7040	One way chest drain valve		NO		NO			$34.18	
336	A7043	Vac. Drainage bottle & tubing for implanted catheter		NO		NO			$24.30	
337	A7044	oral interface used with positive pressure airway device, ea.		NO		NO			$96.73	rate effective 1/15/08 PA req. removed eff. 1/15/08.
338	A7045	Exhalation port, w or w/o swivel used For positive airway		NO		NO			$17.52	
339	A7046	Water chamber for humidifier, used with pos. airway pressure device, replac. Each	Y/6 months if PA required	YES>2	2/cal. month	NO			$15.61	
340	A7501	Tracheostoma valve, including diaphram, each		NO		NO			$100.18	
341	A7502	Replacement diaphram/faceplate for tracheostoma valve, each		NO		NO			$47.61	
342	A7503	Filter holder, cap resuable, tracheostoma, each		NO		NO			$10.81	
343	A7504	Filter, tracheostoma, heat and moisture exc, each		NO		NO			$0.64	
344	A7505	Housing, reusuable without adhesive, tracheostoma, each		NO		NO			$4.46	
345	A7506	Adhesive disc, tracheostoma valve, any type, each		NO		NO			$0.32	
346	A7507	Filter holder and filter without adhesive, tracheostoma, each		NO		NO			$2.49	rate change eff 5-1-08.
347	A7508	Housing with adhesive, tracheostoma, each		NO		NO			$2.74	

	A	B	C	D	E	F	G	H	I	J
348	A7509	Filter holder with filter, adhesive, tracheostoma, each		NO		NO			$1.34	
349	A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each		NO		NO			$47.48	rate change eff. 5-1-08
350	A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each		NO		NO			$37.64	
351	A7522	Trach/laryn. Tube, stainless steel or equal, sterilizable and reuseable, each	y/6 months if PA required	YES>2	2 per cal. month	NO			$36.13	
352	A7524	Tracheostoma stent/stud/button, each		NO		NO			$61.92	
353	A7525	Tracheostomy mask, each	y/6 months if PA required	YES>1	1per cal. month	NO			$1.66	
354	A7526	Tracheostomy tube collar/holder, each	y/6 months if PA required	YES>31	31 per cal. month	NO			$2.70	
355	A7527	Tracheostomy/laryngectomy tube plug/stop, each		NO		NO			$3.22	rate change 01/02/2007
356	A8000	helmet protective, soft prefab includes all components & accessories	Y/12 months	YES		NO			$161.02	code added 01/02/2007; pricing set 3/1/10
357	A8001	Helmet, protective, hard, prefab, includes all components & acessories	Y/12 months	YES		NO			$161.02	code added 01/02/2007; pricing set 3/1/10
358	A8002	Helmet, protective, soft, custom fab, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
359	A8003	Helmet, protective hard, custom fabricated, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
360	A8004	Soft interface for helmet, replacement only	Y/12 months	YES		NO			M	code added 01/02/2007

	A	B	C	D	E	F	G	H	I	J
361	A9276	Sensor; invasive, disposable, for use with continuous glucose monitoring system, 1 unit= 10 sensors	Y/12 months	YES		NO			M	code added 6/1/08; unit qty change eff. 12/11/09; this code does not move to pharmacy
362	A9277	Transmitter; external, for use with continuous glucose monitoring system	Y/12 months	YES		NO			M	code added 6/1/08; this code does not move to pharmcy
363	A9278	Receiver; monitor, external, for use with continuous glucose monitoring system	Y/12 months	YES		NO			M	code added 6/1/08; this code does not move to pharmcy
364	A9999	Misc. DME supply or accessory not other wise classified	Y/12 months	YES		NO			M	code added 01/02/2007;
365	B4034	Enteral Feed Supply Kit Syringe Fed, per day 1 unit = 31 kits		NO	1 unit per calendar month	NO			$173.60	rate change 04/02/2007 descrip. Change 7/1/08
366	B4035	Enteral Feed Supply Kit by Pump 1 unit=31 kits	Y/ 12 months	YES		NO			$330.77	rate change 04/02/2007
367	B4036	Enteral Feed Supply Kit Gravity Fed 1 unit=31 kits		NO	1 unit per calendar month	NO			$226.61	rate change 04/02/2007
368	B4081	Enteral NG tubing w/stylet		NO		NO			$19.78	
369	B4082	Nasogastric tubing without stylet, each		NO		NO			$14.73	code added 4/08

	A	B	C	D	E	F	G	H	I	J
370	B4083	Enteral stomach tube levine		NO		NO			$2.39	$3.60 former rate change eff. 1/15/08; new rate eff. DOS 4/1/09; former rate $2.57
371	B4087	Gastrostomy/JejunostomyTube, standard, any material, any type, each	Y/12 months	YES		NO			$30.58	CMS code addition 1/08 rate set eff.1/3/08
372	B4088	Gastrostomy/JejunostomyTube, low-profile, any material, any type, each	Y/12 months	YES		NO			$30.58	CMS code addition 1/08 rate set eff.1/3/08
373	B4100	Food thickener, administered orally, per oz.	Y/12 months	YES		NO			M	
374	B4102	Enteral formula , adult use, to replace fluids & electrolytes 500 ml=1 unit	Y/12 months	YES		NO			M	CMN length chg. Eff. 12/1/08
375	B4103	Enteral formula , pediatric use, to replace fluids & electrolytes 500 ml=1 unit	Y/12 months	YES		NO			M	CMN length chg. Eff. 12/1/08
376	B4104	Additive for enteral formula e.g. fiber	Y/12 months	YES		NO			M	CMN length chg. Eff. 12/1/08
377	B4149	Enteral formula, blenderized Natural foods, thru enteral feeding tube 100 cal.=1 unit	Y/12 months	YES		NO			$1.52	CMN length chg. Eff. 12/1/08; rate set 6/1/09
378	B4150	enteral formula,nutritionally complete with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 calories=1 unit	Y/12 months	YES		NO			$0.65	rate eff. 6/1/09

	A	B	C	D	E	F	G	H	I	J
379	B4152	Enteral formula, nutritionally complete, calorically dense,(equal to or > than 1.5 kcal/ml) with intact nutrients incl.proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit	Y/12 months	YES		NO			$0.54	rate eff. 6/1/09
380	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids & peptide chain), incl. fats, carbohydrates, vitamins & minerals,may incl. fiber, adm through an enteral feeding tube, 100 cal.=1 unit	Y/12 months	YES		NO			$1.85	rate eff. 6/1/09
381	B4154	enteral formula, nutritionally complete, for special metabolic needs, excl. inherited disease of metabolism, incl. altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may incl fiber, adm through an enteral feeding tube, 100 cal.= 1 unit	Y/12 months	YES		NO			$1.18	rate eff. 6/1/09
382	B4155	enteral formula, nutritionally incomplete/modular nutrients, incl. specific nutrients, carbohydrates, (e.g. glucose polymers), proteins/amino acid (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, adm thorugh an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			$0.92	rate eff. 6/1/09

	A	B	C	D	E	F	G	H	I	J
383	B4157	enteral formula, nutritionally complete, for special metabolic needs, for inherited disease of metabolism, incl. proteins, fats, carbohydrates, vitamins and minerals, may incl fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
384	B4158	Enteral formula, for peds, nutritionally complete with intact nutrients, incl. protein, fats, carbohydrates, vitamins and minerals, may incl. fiber and/or iron, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
385	B4159	Enteral formula, for peds, nutritionally complete soy based with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber and/or iron, adm through enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
386	B4160	Enteral formula, for peds, nutritionally complete, calorically dense(equal to or > than 0.7 kcal/ml) with intact nutrients, incl. proteins, fats, carbohydrates, vitamins & minerals,may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
387	B4161	Enteral formula, for peds, hydrolyzed/amino acids and peptide chain proteins, incl. fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	

	A	B	C	D	E	F	G	H	I	J
388	B4162	enteral formula, for peds, special metabolic needs for inherited disease of metabolism, incl proteins, fats, carbohydrates, vitamins & minerals, may incl. fiber, adm through an enteral feeding tube, 100 cal = 1 unit	Y/12 months	YES		NO			M	
389	B4185	parenteral nutrition solution, per 10 gms lipids	Y/12 months	YES		NO			$9.09	rate corrected 7/6/09-Manual pricing is not
390	B4189	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 10-51 gms of protein, premix	Y/12 months	YES		NO			$193.80	rate eff. 6/1/09
391	B4193	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 52-73 gms of protein, premix	Y/12 months	YES		NO			$250.44	rate eff. 6/1/09
392	B4197	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, 74-100 gms of protein, premix	Y/12 months	YES		NO			$304.89	rate eff. 6/1/09
393	B4199	parenteral nutrition solution , compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,any strength, over 100 gms of protein, premix	Y/12 months	YES		NO			$348.40	rate eff. 6/1/09

	A	B	C	D	E	F	G	H	I	J
394	B4220	Parenteral supply kit 1 unit =31 kits	Y/12 mon. if PA required	YES>1	1 unit per month	NO			$220.10	rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08
395	B4222	Parenteral Nutrition Supply Kit Home Mix 1 unit=31 kits	Y/12 mon. if PA required	YES>1	1 unit per month	NO			$243.87	rate and # of units change 04/02/2007; CMN length chg.
396	B4224	Parenteral administration kit 1 unit = 31 kits	Y/ 12 months	YES	1 unit per month	NO			$687.89	units change 04/02/2007; CMN length chg. Eff. 12/1/08
397	B9002	Enteral pump with alarm	Y/ 12 months	YES		YES	YES	$118.80	$1,188.74	Eff. 12/1/08; new rate eff. DOS 4/1/09 former rates RR $135.00 Purchase $1,350.00
398	B9004	Parenteral pump portable	Y/ 12 months	YES		YES	YES	$223.80	$2,238.01	CMN length chg. Eff. 12/1/08
399	B9006	Parenteral pump stationary	Y/ 12 months	YES		YES	YES	$223.80	$2,238.01	CMN length chg. Eff. 12/1/08
400	B9998	Enteral supplies, NOS	Y/ 12 months	YES		NO			M	CMN length chg. Eff. 12/1/08
401	B9999	Parenteral supplies, NOS	Y/ 12 months	YES		NO			M	CMN length chg. Eff. 12/1/08
402	E0100	Cane adjust/fixed with tip		NO		NO			$17.14	
403	E0105	Cane adjust/fixed quad/3 pro		NO		NO			$46.00	
404	E0110	Crutch forearm pair		NO		NO			$71.57	
405	E0111	Crutch forearm each		NO		NO			$43.31	
406	E0112	Crutch underarm pair wood		NO		NO			$35.40	
407	E0113	Crutch underarm each wood		NO		NO			$17.76	
408	E0114	Crutch underarm pair no wood		NO		NO			$42.24	
409	E0116	Crutch underarm each no wood		NO		NO			$22.75	

	A	B	C	D	E	F	G	H	I	J
410	E0117	Crutch, underarm, articulating, spring assisted, each	Y/6 months	NO		NO			$154.17	PA removed eff 12-1-09.
411	E0118	Crutch substitute, lower leg platform w/wo whells each	YES	YES		NO			M	added 1/1/09 for DOS 1/1/08 and after.
412	E0130	Walker rigid adjust/fixed ht		NO		NO			$54.03	new rate eff. DOS 4/1/09 former rate $57.11
413	E0135	Walker folding adjust/fixed		NO		NO			$64.50	new rate eff. DOS 4/1/09; former rate $68.18
414	E0140	Walker, w/trunk support, adj. Or fixed ht., any type		NO	1 per 4 years	NO			$324.64	rate set 01/02/2007; PA & RR removed eff. With reg change
415	E0141	Rigid walker wheeled wo seat		NO		NO			$93.23	new rate eff. DOS 4/1/09; former rate $98.55
416	E0143	Walker folding wheeled w/o s		NO		NO			$94.37	new rate eff. DOS 4/1/0; former rate $99.77
417	E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	YES	$28.82	$288.20	rate change from $304.66 /RR $30.47 effective 3/1/10
418	E0147	Heavy duty walker, mult. Braking system, variable wheel resistance	Y/12 months	YES		NO			M	added DOS 8/1/10 and after
419	E0148	Walker heavy duty, without wheels, any type, each		NO		NO			$114.98	new rate eff. DOS 4/1/09; former rate $121.55

	A	B	C	D	E	F	G	H	I	J
420	E0149	Walker heavy duty, wheeled, any type, each		NO		NO			$202.00	new rate eff.DOS 4/1/09; former rate $213.53
421	E0153	Forearm crutch platform atta		NO		NO			$66.38	
422	E0154	Walker platform attachment, each		NO		NO			$63.81	new rate eff. DOS 4/1/09; former rate $67.45
423	E0155	Walker wheel attachment, per pair		NO		NO			$28.56	new rate eff.DOS 4/1/09; former rate $30.20
424	E0156	Walker seat attachment		NO		NO			$23.75	new rate eff. DOS 4/1/09; former rate $25.10
425	E0157	Walker crutch attachment		NO		NO			$63.02	rate change from $66.61 effective 3/1/10
426	E0158	Walker leg extenders set of4		NO		NO			$24.75	rate change from $26.16 effective 3/1/10
427	E0159	Brake for wheeled walker		NO		NO			$16.17	rate change from $17.10 effective 3/1/10
428	E0160	Sitz type bath or equipment		NO		NO			$26.88	
429	E0161	Sitz bath/equipment w/faucet		NO		NO			$21.33	
430	E0162	Sitz bath chair		NO		NO			$118.48	
431	E0163	Commode chair mobile or stationary fxd arms		NO		NO			$102.61	07/02/2007 purchase only
432	E0165	Commode chair stationary or mobile detachable arms		NO		NO			$177.70	07/02/2007 purchase only
433	E0167	Commode chair pail or pan replacement only		NO	1 per year	NO			$9.76	

	A	B	C	D	E	F	G	H	I	J
434	E0168	Commode chair, extra wide, heavy duty, any type each		NO		NO			$144.38	07/02/2007 purchase only
435	E0170	Commode chair w seat lift mech. Electric, any type	Y/6 months	YES		NO			M	07/02/2007 purchase only
436	E0171	Commmode chair w seat lift mech. Non-electric		NO		NO			$231.36	07/02/2007 purchase only. Rate set eff. 1/15/08; PA removed 10/08
437	E0172	Seat lift mechanism placed over top of toilet, any type	Y/6 months	YES					M	07/02/2007 purchase only
438	E0175	Commode chair foot rest		NO		NO			$63.36	
439	E0181	Powered Pressure reducing mattress alternating pump, heavy duty overlay/pad		NO		NO			$230.40	description chg. 01/02/2007; PA & RR removed eff. With reg change
440	E0182	Pressure pad alternating pump		NO		NO			$212.90	PA and RR removed eff. With reg change
441	E0184	Dry pressure mattress		NO		NO			$158.33	PA removed and rental ended eff 12-1-09
442	E0185	Gel pressure mattress pad		NO		NO			$260.11	PA removed and rental ended eff 12-1-09
443	E0186	Air pressure mattress		NO		NO			$165.10	PA removed and rental ended eff 12-1-09

	A	B	C	D	E	F	G	H	I	J
444	E0187	Water pressure mattress		NO		NO			$219.50	PA removed and rental ended eff 12-1-09
445	E0188	Synthetic Sheepskin pad		NO		NO			$26.43	
446	E0189	Lambswool sheepskin pad		NO		NO			$47.96	
447	E0190	positioning cush/pillow/wedge any shape or size, incl. all components		NO		NO			$26.47	
448	E0191	Protector heel or elbow		NO		NO			$9.56	
449	E0193	Powered air flotation bed	Y/ 6 mon ths	YES		Y/ month	YES	$817.63	$8,167.30	new rate eff. DOS 4/1/09; former rates purchase $8,643.40, RR $864.34
450	E0194	Air fluidized bed	Y/ 6 mon ths	YES		Y/ month	YES	$2,646.38	$26,463.80	
451	E0196	Gel pressure mattress		NO		NO			$264.20	PA & RR removed eff. With reg change
452	E0197	Air pressure pad for mattres		NO		NO			$180.18	08/01/2007 purchase only
453	E0198	Water pressure pad for mattr		NO		NO			$211.98	PA & RR removed eff. With reg change
454	E0199	Dry pressure pad for mattres		NO		NO			$30.66	
455	E0200	Heat lamp without stand		NO	1 per 5 years	NO			$75.85	PA removed eff. With reg change; no RR
456	E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	YES	$50.92	NA	
457	E0205	Heat lamp with stand		NO	1 per 5 years	NO			$157.81	PA removed eff. 8/1/10; no RR

	A	B	C	D	E	F	G	H	I	J
458	E0210	Electric heat pad standard	Y/12 months if PA required	YES>1	1 per year	NO			$26.54	
459	E0215	Electric heat pad moist	Y/12 months if PA required	YES>1	1 per year	NO			$57.60	
460	E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	YES	$47.50	$474.97	
461	E0220	Hot water bottle		NO		NO			$6.89	
462	E0225	Hydrocollator unit		NO	1 per 4 year	Y/month	NO	$37.18	$371.81	removal of PA & PA for RR eff. 8/1/10
463	E0230	Ice cap or collar		NO		NO			$6.89	
464	E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	YES	$16.51	$165.10	
465	E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	YES	$35.99	$359.90	
466	E0238	Heat pad non-electric moist	Y/ if PA requi	YES>1	1 per year	NO			$25.87	
467	E0239	Hydrocollator unit portable	Y/ 6 months	NO	1 per 4 year	Y/month	NO	$38.07	$380.71	removal of PA & PA for RR eff. 8/1/10
468	E0247	transfer bench	Y/6 months	YES		NO			M	
469	E0248	transfer bench, heavy dty, for tub/toilet w/wo commmode opening, each	Y/6 months	YES		NO			M	added 8/18/08 for DOS 4/28/08 and after
470	E0249	Pad water circulating heat u		NO		NO			$81.00	
471	E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	YES	$75.20	$752.00	new rate eff. DOS 4/1/09; former rate purchase $795.00, RR $79.50

	A	B	C	D	E	F	G	H	I	J
472	E0251	Hosp bed fixd ht w/o mattres	Y/ 12 months	YES		Y/ month	YES	$56.98	$569.80	new rate eff. DOS 4/1/09; former rate purchase $602.40 RR $60.24
473	E0255	Hospital bed var ht w/ mattr	Y/ 12 months	YES		Y/ month	YES	$91.07	$910.70	new rate eff. DOS 4/1/09; former rates purchase $962.80 RR $96.28
474	E0256	Hospital bed var ht w/o matt	Y/ 12 months	YES		Y/ month	YES	$64.12	$641.02	new rate eff. DOS 4/1/09; former rates purchase $677.80, RR $67.78
475	E0260	Hosp bed semi-electr w/ matt	Y/ 12 months	YES		Y/ month	YES	$127.12	$1,271.20	new rate eff. DOS 4/1/09; former rates purchase $1392.40, RR $139.24
476	E0261	Hosp bed semi-electr w/o mat	Y/ 12 months	YES		Y/ month	YES	$105.34	$1,053.40	new rate eff. DOS 4/1/09; former rates purchase $1113.60, RR $111.36
477	E0265	Hosp bed total electr w/ mat	Y/ 12 months	YES		Y/ month	YES	$160.74	$1,607.40	new rate eff. DOS 4/1/09; former rates purchase $1699.20, RR $169.92

	A	B	C	D	E	F	G	H	I	J
478	E0266	Hosp bed total elec w/o matt	Y/ 12 months	YES		Y/ month	YES	$153.29	$1,532.90	new rate eff. DOS 4/1/09; former rates purchase $1620.40 RR $162.04
479	E0271	Mattress innerspring		NO		NO			$184.61	new rate eff. DOS 4/1/09; former rates purchase $195.15, RR $19.51; PA & rental ended eff 12-1-09
480	E0272	Mattress foam rubber		NO		NO			$183.14	new rate eff. DOS 4/1/09; former rates purchase $193.61 RR $19.36; PA & rental ended 12-1-09
481	E0275	Bed pan standard	Y/ 12 months if PA required	YES>1	1 per year	NO			$14.64	
482	E0276	Bed pan fracture	Y/ 12 months if PA required	YES>1	1 per year	NO			$12.73	
483	E0277	Powered pres-redu air mattrs	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	$636.62	$6,366.20	new rate eff. DOS 4/1/09; former rates purchase $7118.50, RR $711.85

	A	B	C	D	E	F	G	H	I	J
484	E0280	Bed cradle		NO		NO			$29.38	rate change from $31.06 effective 3/1/10
485	E0290	Hosp bed fx ht w/o rails w/m	Y/ 12 months	YES		Y/ month	YES	$57.49	$574.90	new rate eff.DOS 4/1/09; former rates purchase $607.80, RR $60.78
486	E0291	Hosp bed fx ht w/o rail w/o		NO		Y/ month	NO	$41.77	$417.70	PA removed for purchase and RR eff.8/1/10
487	E0292	Hosp bed var ht w/o rail w/o	Y/ 12 months	YES		Y/ month	YES	$64.65	$646.50	new rate eff. DOS 4/1/09; former rates purchase $683.40, RR $68.34
488	E0293	Hosp bed var ht w/o rail w/	Y/ 12 months	YES		Y/ month	YES	$55.01	$550.10	new rate eff. DOS 4/1/09; former rates purchase $581.50, RR $58.15
489	E0294	Hosp bed semi-elect w/ mattr	Y/ 12 months	YES		Y/ month	YES	$100.50	$1,005.00	new rate eff. DOS 4/1/09; former rates purchase $1062.40, RR $106.24

	A	B	C	D	E	F	G	H	I	J
490	E0295	Hosp bed semi-elect w/o matt	Y/ 12 months	YES		Y/ month	YES	$97.96	$979.60	new rate eff. DOS 4/1/09; former rates purchase $1035.60, RR $103.56
491	E0296	Hosp bed total elect w/ matt	Y/ 12 months	YES		Y/ month	YES	$126.31	$1,263.10	new rate eff.DOS 4/1/09; former ratespurchase $1335.30, RR $133.53
492	E0297	Hosp bed total elect w/o mat	Y/ 12 months	YES		Y/ month	YES	$112.16	$1,121.60	new rate eff.DOS 4/1/09; former rates purchase $1185.60, RR $118.56
493	E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	$243.18	$2,908.14	
494	E0304	Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	$616.54	$6,165.40	
495	E0305	Rails bed side half length		NO		Y/month	NO	$16.10	$161.10	new rate eff.DOS 4/1/09; former rates purchase $170.20, RR $17.02; PA for purchase & rental removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
496	E0310	Rails bed side full length		NO		Y/month	NO	$15.06	$150.56	new rate eff.DOS 4/1/09; former rates purchase $159.17, RR $15.91; PA for purchase & rental removed eff. 8/1/10
497	E0315	Bed accessory brd/tbl/support		NO		NO			$9.54	
498	E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Y/12 months	YES		Y/ month	YES	M	M	
499	E0325	Urinal male jug-type	Y/ 12 months if PA required	YES > 1	1 per year	NO			$9.67	
500	E0326	Urinal female jug-type	Y/ 12 months if PA required	YES>1	1 per year	NO			$10.05	
501	E0371	Nonpower mattress overlay	Y/ 12 months	YES		Y/ month	YES	$402.25	$4,022.50	rate change eff. DOS 4/1/09; former rates purchase $4,252.20 RR $425.22
502	E0372	Powered air mattress overlay	Y/ 12 months	YES		Y/ month	YES	$488.10	$4,881.00	rate change eff.4/1/09; former rates purchase $5159.80, RR $515.98

	A	B	C	D	E	F	G	H	I	J
503	E0373	Nonpowered pressure mattress	Y/ 12 months	YES		Y/ month	YES	$472.69	$4,726.90	rate change eff. DOS 4/1/09; former rates purchase $5,878.50, RR $587.85; rate adjusted eff. 3/1/10 former rate $556.10RR/$5,561.00 purchase
504	E0424	Stationary compressed gas 02	Y/ 12 months	YES		Y/ month	YES	$173.17	NA	Rate change 1/1/09; rate change 3/1/10
505	E0431	Portable gaseous 02	Y/ 12 months	YES		Y/ month	YES	$28.77	NA	Rate change 1/1/09
506	E0434	Portable liquid 02	Y/ 12 months	YES		Y/ month	YES	$28.77	NA	Rate change 1/1/09
507	E0439	Stationary liquid 02	Y/ 12 months	YES		Y/ month	YES	$173.17	NA	1/1/09; rate change 3/1/10 from $175.79
508	E0445	Oximeter device for measuring blood oxygen levels	Y/12months	YES		Y/month	YES	M	M	
509	E0450	Volume vent stationary/porta	Y/ 12 months	YES		Y/ month	YES	$913.17	NA	
510	E0455	Oxygen tent excl croup tent or ped	Y/ 12 months	YES		Y/ month	YES	$170.00	$1,700.00	
511	E0457	Chest shell	Y/ 12 months	YES		Y/ month	YES	$58.79	$587.89	
512	E0459	Chest wrap	Y/ 12 months	YES		Y/ month	YES	$41.39	$413.90	
513	E0460	Neg press vent portabl/statn	Y/ 12 months	YES		Y/ month	YES	$701.80	NA	
514	E0462	Rocking bed w/ or w/o side r	Y/ 12 months	YES		Y/ month	YES	$278.78	$2,787.80	
515	E0463	Pressure support ventilator, w/volume control, used with tracheostomy	Y/12 months	YES		Y/month	YES	$1,265.74	NA	rate set 08/01/2007
516	E0464	Pressure support ventilator, w/volume control, used with mask	Y/12 months	YES		Y/month	YES	$1,265.74	NA	rate set 08/01/2007

	A	B	C	D	E	F	G	H	I	J
517	E0470	Respiratory assist dev. Bi-level pressure w/o backup rate,	Y/12 months	YES		Y/month	YES	$205.28	$2,052.80	
518	E0471	Respiratory assist dev. Bi-level pressure w/ backup rate,	Y/12 months	YES		Y/month	YES	$513.74	NO	
519	E0472	Respiratory assist dev. Bi-level pressure w/backup rate, invasive interface	Y/12 months	YES		Y/month	YES	$513.74	NA	
520	E0480	Percussor elect/pneum home m		NO	1 per 5 years	Y/ month	NO	$42.04	$420.40	PA removed for purchase and RR eff. 8/1/10
521	E0482	Cough Stimulating device, alternating positive and negative airway pressure	Y/12 months	YES		Y/month	YES	$387.02	$3,870.20	rate set 08/01/2007
522	E0483	High frequency chest wall oscillation air-pulse generator system, including hoses and vest	Y/12 months	YES		Y/month	YES	$1,435.23	$14,352.30	purchase rate set 1/09; RR rate adjustment eff 8-1-10
523	E0484	Oscillatory PEP device non-electric		NO		NO			$29.54	
524	E0485	Oral device/appliance used to reduce upper airway collapsability, pre fab	Y/12 months	YES		NO			M	code added 01/02/2007
525	E0486	Oral device/appliance used to reduce upper airway collapsability, custom	Y/12 months	YES		NO			M	code added 01/02/2007
526	E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	YES	$8.51	NA	rate set eff. 1/15/08
527	E0561	Humidifier, non-heated for use with positive pressure airway device		NO		Y/month	NO	$8.55	$85.60	PA for purchase & RR PA removed eff. 8/1/10
528	E0562	Humidifier, heated used with positive airway pressure device		NO		Y/month	NO	$28.82	$240.98	PA for purchase & RR PA removed eff. 8/1/10
529	E0565	Compressor air power source	Y/ 12 months	YES		Y/ month	YES	$49.61	$496.10	

	A	B	C	D	E	F	G	H	I	J
530	E0570	Nebulizer with compression	Y/12 months if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained				$128.88	08/01/2007 PA & RR removed $180.00 former rate change eff. 1/15/08
531	E0571	Aerosol compressor, battery powered, use with sm nebulizer	Y/ 12 months if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained	NO			$239.80	09/01/2007 PA & RR removed
532	E0572	Aerosol compressor, adj pressure, light duty, intermittent use		NO	1 per 4 years	NO			$304.70	PA for purchase and RR removed eff. 8/1/10
533	E0574	Ultrasonic generator with sm vol ultrasonic nebulizer		NO	1 per 4 years	NO			$322.10	PA for purchase and RR removed eff. 8/1/10
534	E0575	Nebulizer ultrasonic	Y/12 months	YES	1 per 4 years	Y/ month	YES	$98.32	$983.20	
535	E0580	Nebulizer for use w/ regulat		NO	1 per 4 years	NO			$121.31	rate change eff.DOS 4/1/09; former rate purchase $128.23
536	E0585	Nebulizer w/ compressor & heater		NO	1 per 4 years	NO			$335.50	PA for purchase and RR removed eff. 8/1/10
537	E0600	Respiratory Suction pump portab home model		NO	1 per 4 years	NO			$372.30	PA for purchase and RR removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
538	E0601	Cont airway pressure device	Y/ 12 months	YES		Y/ month	YES	$100.82	$1,008.20	rate change eff. DOS 4/1/09; former rates purchase $1,065.80, RR $106.58
539	E0604	Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type	Y/12 months	YES		Y/month	YES	$82.50	NA	CMS description chg. 1/08
540	E0606	Drainage board postural		NO		NO			$213.60	
541	E0607	Blood glucose monitor home	Y/ 12 months	Yes > 1	1 per 4 years	NO			$63.92	Coverage will be through pharmacy 10/5/10 and after
542	E0617	AED	Y/12months	YES		Y/month	YES	$310.44	$3,725.28	
543	E0618	Apnea monitor without recording feature	Y/ 12 months	YES		Y/ month	YES	$227.30	NA	
544	E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	YES	$227.30	NA	
545	E0621	Patient lift sling or seat		NO		NO			$78.06	
546	E0625	Patient lift bathroom, shower, or toilet	Y/ 12 months	YES		Y/ month	YES	M	M	
547	E0627	Seat lift incorp lift-chair		NO		NO			$322.72	PA for purchase removed and RR ended eff.8/1/10
548	E0628	Seat lift for pt furn-electr		NO		NO			$322.72	PA for purchase removed and RR ended eff.8/1/10
549	E0629	Seat lift for pt furn-non-el		NO		NO			$316.39	PA for purchase removed and RR ended eff.8/1/10

	A	B	C	D	E	F	G	H	I	J
550	E0630	Patient hydraulic or mechanical lift incl any seat, sling, strap (s), or pads (s)	Y/ 12 months	YES		Y/ month	YES	$88.22	$882.20	CMS description chg. 1/08
551	E0635	Patient electric lift, with seat or sling	Y/ 12 months	YES		Y/ month	YES	$117.06	$1,170.60	
552	E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	YES	M	M	
553	E0638	Standing frame, one position, incl. pediatric and w/wo wheels	Y/12 months	YES		NO			$853.57	
554	E0639	Patient lift, moveable, includes all components/accessories	Y/12 months	YES		Y/month	YES	M	M	
555	E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NO			M	
556	E0642	Standing frame system,mobile, incl. pediatric dynamic stander	Y/12 months	YES		NO			M	
557	E0650	Pneuma compresor non-segment	Y/ 12 months	YES		Y/ month	YES	$61.96	$619.60	
558	E0651	Pneum compressor segmental	Y/ 12 months	YES		Y/ month	YES	$87.87	$878.65	
559	E0652	Pneum compres w/cal pressure	Y/ 12 months	YES		Y/ month	YES	$457.68	$4,576.80	
560	E0655	Pneumatic appliance half arm		NO		NO			$93.23	PA for purchase and RR endated removed eff. 8/1/10
561	E0656	segmental, pneumatic appliance for use with compressor, trunk	Y/ 12 months	YES		Y/ month	YES	M	M	CMS addition 1/1/09
562	E0657	segmental pneumatic appliance for use with compressor, chest	Y/ 12 months	YES		Y/ month	YES	M	M	CMS addition 1/1/09
563	E0660	Pneumatic appliance full leg		NO		NO			$152.83	PA for purchase and RR endated removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
564	E0665	Pneumatic appliance full arm		NO		NO			$131.06	PA for purchase and RR endated removed eff. 8/1/10
565	E0666	Pneumatic appliance half leg		NO		NO			$132.11	PA for purchase and RR endated removed eff. 8/1/10
566	E0667	Seg pneumatic appl full leg		NO		NO			$309.75	PA for purchase and RR endated removed eff. 8/1/10
567	E0668	Seg pneumatic appl full arm		NO		NO			$422.74	PA for purchase and RR endated removed eff. 8/1/10
568	E0669	Seg pneumatic appli half leg		NO		NO				PA for purchase and RR endated removed eff. 8/1/10
569	E0671	Pressure pneum appl full leg		NO		NO			$397.36	PA for purchase and RR endated removed eff. 8/1/10
570	E0672	Pressure pneum appl full arm		NO		NO			$308.75	PA for purchase and RR endated removed eff. 8/1/10
571	E0673	Pressure pneum appl half leg		NO		NO			$256.56	PA for purchase and RR endated removed eff. 8/1/10
572	E0675	Pneumatic compression device, high press.for arterial insufficiency	Y/12 months	YES		Y/month	YES	$307.64	NA	$257.59 former rate change eff. 1/15/08

	A	B	C	D	E	F	G	H	I	J
573	E0676	Intmt. Limb compression device, includes all accessories, NOC	YES	YES		Y/month	YES	M	M	code added 01/02/2007
574	E0705	transfer device, any type each		NO		NO			$52.73	CMS description chg. 1/08 removed board
575	E0720	Tens two lead	Y/ 12 months	YES		Y/ month	YES	$30.81	$308.11	
576	E0730	Tens four or more lead	Y/ 12 months	YES		Y/month	YES	$32.14	$321.42	
577	E0731	Conductive garment for tens	Y/ 12 months	YES		NA			$341.24	
578	E0744	Neuromuscular stim for scoli	Y/ 12 months	YES		Y/ month	YES	$87.60	$876.00	
579	E0745	Neuromuscular stim for shock	Y/ 12 months	YES		Y/ month	YES	$85.64	$856.40	
580	E0747	Elec osteogen stim not spine	Y/ 12 months	YES	1 per 5 years	NA			$2,850.30	
581	E0748	Elec osteogen stim spinal	Y/ 12 months	YES	1 per 5 years	NA			$3,352.50	
582	E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/ 12 months	YES	1 per 5 years	NA			$2,778.50	
583	E0762	transcutaneous elect. Joint stim. Device, incl. all accessories	Y/12 months	YES		NA			$857.90	code added 04/02/2007; rate set 1/15/08
584	E0764	functional neuromusc. Stim. Transcutaneous spinal cord injury entire system	Y/12 months	YES		NA			$8,141.75	code added 04/02/2007
585	E0769	electrical stimulation or electromagnetic wound RX device NOC	Y/6 months	YES		Y/month	YES	M	NA	
586	E0770	functional electrical stimulator, transcutaneous, any type, compete system, NOC	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
587	E0776	IV pole	Y/12 months	NO	1 per 5 years	Y/month	NO	$11.64	$116.42	PA for purchase and RR endated removed eff. 8/1/10
588	E0780	Ambulatory Infusion pump, reuseable < 8 hours		NO		NA			$9.92	
589	E0781	External ambulatory infus pu	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	$253.40	$2,534.00	

	A	B	C	D	E	F	G	H	I	J
590	E0782	Non-programmable infusion pump	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	$369.97	$3,699.70	
591	E0783	Infustion pump system, implantable, programable, all com	Y/12 months	YES		NA			$7,337.00	covered only in a hospital that does not bill Medicaid
592	E0784	Ext amb infusn pump insulin	Y/ 12 months	YES	1 per 5 years	Y/ month	YES	$400.00	$4,000.00	rate set 08/01/2007; rate change 4-1-09 from$375.81 RR and purchase $3758.10
593	E0791	Parenteral infusion pump sta	Y/ 12 months	YES		Y/ month	YES	$302.50	$3,025.00	
594	E0840	Tract frame attach headboard		NO		NA			$59.59	
595	E0849	Traction equipment, cervical, free standing stand/frame pneumatic	Y/12 months	YES		Y/month	YES	$46.38	$463.78	rate set 08/01/2007
596	E0850	Traction stand free standing		NO		NO			$100.51	
597	E0855	Cervical traction equipment	Y/ 12 months	YES		Y/ month	YES	$48.09	$480.86	
598	E0856	Cervical traction device, cervical collar with inflatable air bladder		NO		NO			$123.22	CMS addition 1/08 rate set 8-1-08. PA removed eff. DOS 8-1-08 and after.
599	E0860	Tract equip cervical tract		NO		NO			$35.51	
600	E0870	Tract frame attach footboard		NO		NO			$111.27	
601	E0880	Trac stand free stand extrem		NO		NO			$120.10	
602	E0890	Traction frame attach pelvic		NO		NO			$114.38	
603	E0900	Trac stand free stand pelvic		NO		NO			$122.58	

	A	B	C	D	E	F	G	H	I	J
604	E0910	Trapeze bar attached to bed		NO		Y/ month	NO	$18.10	$181.10	rate change eff. DOS 4/1/09; former rates purchase $191.30, RR $19.13; PA for purchase and PA for RR removed eff. 8/1/10
605	E0911	Trapeze bar heavy duty wt. greater than 250#		NO		Y/month	NO	$44.87	$448.70	rate set 08/01/2007;PA for purchase and PA for RR removed eff. 8/1/10
606	E0912	Trapeze bar heavy duty wt. greater than 250# free standing	Y/12 months	YES		Y/month	YES	$103.02	$1,030.20	rate set 08/01/2007;
607	E0920	Fracture frame attached to b	Y/ 12 months	YES		Y/ month	YES	$44.14	$441.40	
608	E0930	Fracture frame free standing	Y/ 12 months	YES		Y/ month	YES	$37.15	$371.50	
609	E0935	Exercise device passive moti	Y/ 12 months	YES	21 days	Y/ day	YES	$21.75	NA	
610	E0940	Trapeze bar free standing		NO		Y/ month	NO	$27.96	$279.60	rate change eff. DOS 4/1/09; former rates purchase $295.50, RR $29.55; PA for purchase and PA for RR removed eff. 8/1/10
611	E0941	Gravity assisted traction de		NO		Y/ month	NO	$41.53	$415.30	PA for purchase and RR removed eff. 8/1/10
612	E0942	Cervical head harness/halter		NO		NO			$18.99	

	A	B	C	D	E	F	G	H	I	J
613	E0944	Pelvic belt/harness/boot		NO		NO			$40.16	
614	E0945	Belt/harness extremity		NO		NO			$42.41	
615	E0946	Fracture frame dual w cross	Y/ 12 months	YES		Y/ month	YES	$48.11	$481.10	
616	E0947	Fracture frame attachmnts pe	Y/ 12 months	YES		Y/ month	YES	$58.02	$580.20	
617	E0948	Fracture frame attachmnts ce	Y/ 12 months	YES		Y/ month	YES	$56.12	$561.19	
618	E0950	W/C tray		NO		NO			$94.07	rate change eff. DOS 4/1/09; former rate purchase $99.45; PA ended 12-1-09
619	E0951	Loop, heel, each		NO		NO			$15.09	rate change eff. DOS 4/1/09; former rate purchase $15.80
620	E0952	Loop tie		NO		NO			$14.48	rate change eff. DOS 4/1/09; former rate purchase $15.32
621	E0955	W/C accessory, headrest, cushioned, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
622	E0956	W/C accessory, lateral trunk or hip support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
623	E0957	W/C accessory, medial thigh support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
624	E0958	Whlchr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	YES	$41.74	$417.40	
625	E0959	Amputee adapter		NO		NO			$39.79	rate set 08/01/2007
626	E0960	W/C accessory, houlder harness/straps or chest strap, incl. Mounting hardware	Y/6 months	YES		NO			MSRP-22%	
627	E0961	Wheelchair brake extension		NO		Y/month	NO	$2.42	$24.19	PA for purchase and PA for RR removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
628	E0966	Manual WC accessory-headrest extension		NO		Y/month	NO	$6.22	$62.17	PA for purchase and PA for RR removed eff. 8/1/10
629	E0967	Wheelchair hand rims w/projections, any type		NO		Y/ month	NO	$5.91	$59.12	rate set 08/01/2007; PA for purchase and and PA for RR removed eff. 8/1/10
630	E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	YES	$14.58	$145.80	
631	E0969	Wheelchair Narrowing device		NO		Y/ month	NO	$14.84	$148.35	PA for purchase and PA for RR removed eff. 8/1/10
632	E0970	Wheelchair no. 2 footplates		NO		Y/month	NO	$3.92	$39.17	Crosswalk codes are K0037 & K0042. E0970 will be removed from the fee schedule effective DOS 8-1-08 and after. PA for purchase and PA for RR removed eff 8/1/10
633	E0971	Wheelchair anti-tipping device each		NO		Y/month	NO	$3.96	$39.59	rate set 08/01/2007; PA for purchase and PA for RR removed eff with reg change

	A	B	C	D	E	F	G	H	I	J
634	E0973	Wheelchair adjustable height		NO		Y/month	NO	$8.42	$84.20	rate change to begin DOS 4/1/09 purchase $88.44, RR $8.84; rate change 3/1/10 ; PA for purchase and PA for RR removed eff. 8/1/10
635	E0974	Wheelchair grade-aid		NO		Y/month	NO	$6.96	$69.57	PA for purchase and PA for RR removed eff. 8/1/10
636	E0978	Wheelchair belt w/airplane b		NO		NO			$38.43	rate set 08/01/2007; PA for purchase removed eff 8/1/10
637	E0980	Wheelchair safety vest		NO		NO			$31.62	PA for purchase and removed eff. 8/1/10
638	E0981	W/C accessory, seat upholstery, replacement only, each, pt. owned		NO		NO			$42.67	$47.59 former rate change eff. 1/15/08; rate change eff. DOS 4/1/09; former rate purchase $47.15
639	E0982	W/C accessory, back upholstery, replacement, only, patient owned		NO		NO			$44.48	
640	E0983	manual WC access., power add-on to convert manual WC to motorized, joystick control	Y/ 6 months	YES		Y/month	YES	$262.43	$2,624.30	added eff. 1-1-09

	A	B	C	D	E	F	G	H	I	J
641	E0985	W/C accessory, seat lift mechanism		NO		Y/month	NO	$19.27	$192.70	PA for purchase and PA for RR removed eff. 8/1/10
642	E0986	Manual WC accessory-push activated power assist	Y/6 months	YES		Y/month	YES	M	M	code added effective 8/1/07
643	E0990	Wheelchair elevating leg res		NO		Y/ month	NO	$10.63	$106.27	rate change eff.DOS 4/1/09; former rates purchase $112.35, RR $11.24; PA for purchase and PA for RR removed eff. 8/1/10
644	E0992	Wheelchair solid seat insert		NO		NO			$79.18	
645	E0994	Wheelchair arm rest		NO		NO			$16.87	
646	E0995	Wheelchair calf rest		NO		NO			$25.12	rate change eff. DOS 4/1/09; former rate purchse $26.56
647	E1002	W/C accessory, power seating system, tilt only	Y/6 months	YES		NO			MSRP-22%	
648	E1003	W/C accessory, power seating system, recline only w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	
649	E1004	W/C acessory, power seating system, recline only, with shear reduction	Y/6 months	YES		NO			MSRP-22%	
650	E1005	W/C acessory, power seating system, recline only with power shear reduction	Y/6 months	YES		NO			MSRP-22%	
651	E1006	W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	

	A	B	C	D	E	F	G	H	I	J
652	E1007	W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear reduction	Y/6 months	YES		NO			MSRP-22%	
653	E1008	W/C accessory, power seating sys.,comb. Tilt/recline, w/power shear reduction	Y/6 months	YES		NO			MSRP-22%	
654	E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation system	Y/6 months	YES		NO			MSRP-22%	
655	E1010	W/C accessory, add. To power sys.,power leg elevation system	Y/6 months	YES		NO			MSRP-22%	
656	E1011	Modification to ped. W/C Width adj. pkg	Y/6 months	YES		NO			M	code added 07/02/2007
657	E1014	reclining back addt. To ped sizeWC		NO		NO			$292.11	code added 07/02/2007 rate set eff. 1/15/08; PA for purchase removed eff. 8/1/10
658	E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NO			MSRP-22%	
659	E1016	Shock absorber for power wheelchair		NO		NO			$118.18	code added 11/07/07; PA ended eff. 12-1-09
660	E1018	Heavy duty Shock absorber for heavy dty or extra-heavy dty power wheelchair, each	Y/6 months	YES		NO			M	code added 5/10

	A	B	C	D	E	F	G	H	I	J
661	E1020	Residual Limb Support system for wheelchair		NO		Y/ month	NO	$22.02	$220.29	rate change eff. DOS 4/1/09; former rates purchase $243.31, RR $27.75; PA for purchase and PA for rental removed eff 8/1/10
662	E1028	W/C accessory, man. Swingaway,retr. Or remov. Hardware for	Y/6 months	YES		NO			MSRP-22%	
663	E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NO			MSRP-22%	
664	E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NO			MSRP-22%	
665	E1031	Rollabout chair with casters	Y/6 months	YES		Y/ month	YES	$41.07	$410.70	
666	E1035	Mult. Positional transfer system, with integrated seat	Y/12 months	YES		Y/month	YES	$490.56	$4,905.60	added to fee schedule 5/21/08 for DOS 4/30/08 and after
667	E1036	multi-positioNOl transfer system w/integrated seat, x-wide, member wt >300#	Y/12 months	YES		Y/month	YES	M	M	CMS added 1/1/10
668	E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
669	E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
670	E1039	transport chair, adult size heavy duty, wt. > 250 lbs	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
671	E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	YES	$88.29	$882.90	
672	E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	YES	$120.61	$1,206.10	
673	E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	YES	$252.86	$2,528.60	
674	E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	YES	$104.78	$1,047.80	
675	E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	$75.33	$753.30	
676	E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	$93.85	$938.50	
677	E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	$66.21	$662.10	
678	E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	$80.40	$804.00	

	A	B	C	D	E	F	G	H	I	J
679	E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	$102.88	$1,028.80	
680	E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	YES	$122.60	$1,226.00	
681	E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	$97.74	$977.40	
682	E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		$128.27	$1,282.70	
683	E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month	YES	$110.61	$1,106.10	
684	E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month	YES	$90.01	$900.10	
685	E1100	Whchr s-recl fxd arm leg res	Y/6 months	YES		Y/ month	YES	$84.42	$844.20	
686	E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	YES	$82.66	$826.60	
687	E1130	Whlchr stand fxd arm ft rest		NO		Y/ month	NO	$44.11	$441.10	PA removed for purchase and RR eff. 8/1/10
688	E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month	YES	$58.42	$584.20	
689	E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month	YES	$67.71	$677.10	
690	E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	$54.43	$544.30	
691	E1161	Wheelchair Manual Adult Size, includes tilt in space	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
692	E1170	Whlchr ampu fxd arm leg rest	Y/6 months	YES		Y/ month	YES	$85.45	$854.50	
693	E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month	YES	$65.18	$651.80	
694	E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	YES	$79.65	$796.50	
695	E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	YES	$96.95	$969.50	
696	E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	YES	$112.01	$1,120.10	
697	E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	YES	$120.19	$1,201.90	
698	E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	YES	$80.14	$801.40	
699	E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
700	E1221	Wheelchair with fixed arms w footrests		NO		Y/ month	NO	$38.63	$386.30	description chg. 9/9/08; PA for purchase and RR removed eff. 8/1/10
701	E1222	Wheelchair w/fixed arm w elevating leg rests	Y/6 months	YES		Y/ month	YES	$55.12	$551.20	description chg. 9/9/08
702	E1223	Wheelchair detachable arms w footrests	Y/6 months	YES		Y/ month	YES	$60.19	$601.90	description chg. 9/9/08
703	E1224	Wheelchair detachable arms w/ elevating leg rests	Y/6 months	YES		Y/ month	YES	$65.99	$659.90	description chg. 9/9/08

	A	B	C	D	E	F	G	H	I	J
704	E1225	Wheelchair accessory manual semi-recl back recline>15 degrees but <80	Y/6 months	YES		Y/ month	YES	$43.24	$432.40	description chg. 9/9/08
705	E1226	Wheelchair accessory manual full-recl back recline >80 degrees	Y/6 months	YES		Y/ month	YES	$52.20	$522.01	description chg. 9/9/08
706	E1227	Spec ht arms for WC	Y/6 months	YES		Y/ month	YES	$24.48	$244.80	description chg. 9/9/08
707	E1228	Special back height for WC	Y/6 months	YES		Y/ month	YES	$26.81	$268.10	description chg. 9/9/08
708	E1229	Wheelchair, pediatric not otherwise classified	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
709	E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
710	E1232	Wheelchair pediatric size, tilt-in space, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
711	E1233	Wheelchair pediatric size, tilt-in space, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
712	E1234	Wheelchair pediatric size, tilt-in space, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
713	E1235	Wheelchair pediatric size, rigid, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	description corrected to remove tilt in space
714	E1236	Wheelchair pediatric size, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
715	E1237	Wheelchair pediatric size, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
716	E1238	Wheelchair pediatric size, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
717	E1240	Whchr litwt det arm leg rest	Y/6 months	YES		Y/ month	YES	$83.77	$837.70	
718	E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	$61.80	$618.00	
719	E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month	YES	$75.79	$757.90	
720	E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month	YES	$72.25	$722.50	

	A	B	C	D	E	F	G	H	I	J
721	E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month	YES	$125.58	$1,255.80	
722	E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	$98.07	$980.70	
723	E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month	YES	$114.02	$1,140.20	
724	E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	$98.78	$987.80	
725	E1296	Wheelchair special seat height	Y/6 months	YES		Y/ month	YES	$39.98	$399.82	
726	E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month	YES	$9.61	$95.95	
727	E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	YES	$40.53	$405.30	
728	E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	YES	M	M	
729	E1354	O2 accessory, wheeled cart for portable cylinder or concentrator, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
730	E1355	Oxygen supplies stand/rack		NO		NO			$22.40	rate chg. 1/1/09
731	E1356	O2 accessory, battery pack/cartridge for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
732	E1357	O2 accessory, battery charger, for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
733	E1358	O2 accessory, DC power adapter for portable concentrator, any type, each	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09
734	E1372	Oxy suppl heater for nebuliz		NO		NO			$140.99	PA for purchase removed and RR endeded eff. 8/1/10
735	E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	YES	$173.17	NO	rate chg. 1/1/09; rate change 3/1/10 from
736	E1391	O2 concentrator, dual del. Port, 85% or >O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	YES	$173.17	NO	rate chg. 1/1/09; rate change 3/1/10 from $175.79
737	E1392	portable O2 concentrator , rental	Y/12 months	YES		Y/month	YES	$51.63	NO	rate change 1/1/07
738	E1399	Miscellaneous DME	Y/12 months	YES		NO			M	
739	E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	YES	$212.61	NO	rate chg. 1/1/09
740	E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	YES	$192.71	NO	rate chg. 1/1/09

	A	B	C	D	E	F	G	H	I	J
741	E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	YES	$32.99	$329.91	
742	E1701	Repl cushions for jaw motion		NO		NO			$10.15	
743	E1702	Repl measr scales jaw motion		NO		NO			$20.92	
744	E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	YES	$94.78	$947.80	
745	E1802	Dynamic adjustable forearm pronation/supination device, incl soft interface material, ea.	Y/ 6 months	YES		NO			M	added to fee schedule for DOS 03/01/09 and after
746	E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	YES	$97.27	$972.70	
747	E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	YES	$94.90	$949.00	
748	E1812	Dynamic knee ext/flex. Device with active resistance control	Y/ 6 months	YES		Y/month	YES	$77.39	NO	rate set 08/01/2007
749	E1815	Adjust ankle ext/flex device	Y/ 6 months	YES		Y/ month	YES	$97.27	$972.70	
750	E1820	Soft interface material		NO		NO			$78.20	
751	E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	YES	$97.27	$972.70	
752	E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	YES	$97.27	$972.70	
753	E1840	Dynamic adjustable shoulder flexion/abduction rotation device, incl. soft interface	Y/6 months	YES		Y/month	YES	$401.85	NO	added to fee schedule for DOS 2/1/10 and after
754	E1841	Static progressive stretch shoulder device,w/woROM adj. incl. all components & access., each	Y/6months	YES		Y/month	YES	$407.70	NO	rate set 08/01/2007 CMS description change 1/08
755	E2000	Gastric suction pump, home model, portable or stationary, electric		NO		Y/ month	NO	$37.23	$372.30	PA removed for purchase and PA for RR removed eff. 8/1/10
756	E2100	Blood Glucose Monitor with integrated voice synthesizer	Y/ 6 months	YES	1 per 4 years	NO			$615.33	Coverage will be through pharmacy 10/5/10 and after

	A	B	C	D	E	F	G	H	I	J
757	E2201	Man. W/C non-standard seat frame, width >=20" and < 24"	Y/6 months	YES		NO			MSRP-22%	
758	E2202	Man. W/C non-standard seat frame, width 24-27"	Y/6 months	YES		NO			MSRP-22%	
759	E2203	Man. W/C nonstandard seat frame depth 20 to < 22"	Y/6 months	YES		NO			MSRP-22%	
760	E2204	Man. W/C nonstandard seat frame depth 22 to 25"	Y/6 months	YES		NO			MSRP-22%	
761	E2205	Manual W/C access. Handrim w/o projections any type, replacement only, includes ergonomic or contoured, each		NO		NO			$32.67	CMS description change 1/08
762	E2206	manual W/C accessory, wheel lock assembly, complete, each		NO		NO			$40.68	
763	E2207	W/C accessory, cane/crutch holder		NO		Y/month	NO	$4.15	$41.47	correction to fee schedule as to requiring PA 8/1/08; PA for purchase and PA for RR removed eff. 8/1/10
764	E2208	W/C access. Cylinder tank carrier, each	Y/6months	NO		Y/month	NO	$10.75	$107.50	rate change 3/1/10 from RR$11.36/$113.64; PA for purchase and PA for RR removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
765	E2209	W/C access. Arm trough, w/wo hand support each		NO		Y/month	NO	$9.70	$96.98	rate change eff. DOS 4/1/09; former rates purchase $102.52, RR $10.25; PA for purchase and PA for RR removed eff. 8/1/10
766	E2210	W/C access. , bearings, any type, replacement only, each, pt. owned		NO		NO			$5.93	rate change eff. DOS 4/1/09; former rate purchase $6.27
767	E2211	Man. W/C access. Pneumatic propulsion tire, any size each,		NO		NO			$39.14	
768	E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NO			$5.63	
769	E2213	Man. W/C access. Insert for pneumatic propulsion tire, removable, any size, each,		NO		NO			$29.10	
770	E2214	Man. W/C access. Pneumatic caster tire, any size each		NO		NO			$29.27	
771	E2215	Man. W/C access. Tube for pneumatic caster tire, any size each		NO		NO			$9.19	
772	E2216	Man. W/C access. Foam filled propulsion tire, any size, each	Y/6 months	YES		NO			M	
773	E2217	Man. W/C access. Foam filled tire, any size each	Y/6 months	YES		NO			M	
774	E2218	Man. W/C access. Foam propulsion tire, any size each	Y/6 months	YES		NO			M	
775	E2219	Man. W/C access. Foam caster tire, any size each		NO		NO			$34.03	

	A	B	C	D	E	F	G	H	I	J
776	E2220	Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, each		NO		NO			$23.19	
777	E2221	Man. W/C access. Solid (rubber/plastic) tire removable any size, each		NO		NO			$24.44	
778	E2222	Man. WC solid caster tire (rubber or plastic) w/wheel any size, each		NO		NO			$18.95	
779	E2224	Man. WC propulsion wheel, exc. Tire, each		NO		NO			$79.74	
780	E2225	Man. WC access. Caster wheel excl. tire, any size, replacement only, each		NO		NO			$15.66	
781	E2226	Man. WC access. Caster fork, any size, replacement only, each		NO		NO			$34.15	
782	E2227	Manual W/C accessory, gear reduction drive wheel, each	Y/12 months	YES		NO			$1,255.30	CMS code addition 1/08 rate set 8-1-08
783	E2228	Manual W/C accessory, wheel braking system and lock, complete, each	Y/12 months	YES		NO			$749.01	CMS code addition 1/08 rate set 8-1-08
784	E2230	manual wheelchair, accessory, manual standing system, each	Y/12 months	YES		YES	YES	M	M	CMS addition 1-1-09
785	E2231	manual wheelchair accessory, solid seat support base, replaces sling seet, incl. any type mounting hardware, each	Y/12 months	YES		YES	YES	M	M	CMS addition 1-1-09
786	E2291	Back, planar, for ped. W/C includes fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
787	E2292	Seat, planar, for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
788	E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
789	E2294	Seat , countoured for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	

	A	B	C	D	E	F	G	H	I	J
790	E2295	manual wheelchair accessory, for pediatric size chair, dynamic seating frame, allows coordinated movement of multiple positioning features	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1-1-09
791	E2300	Power W/C access., power seat elevation	Y/6 months	YES		NO			MSRP-22%	
792	E2301	Power W/C access. Power standing system	Y/6 months	YES		NO			MSRP-22%	
793	E2310	Power W/C access. Electronic conn. Between 1 motor	Y/6 months	YES		NO			MSRP-22%	
794	E2311	Power W/C access. Elect. Conn. Between 2 motors	Y/6 months	YES		NO			MSRP-22%	
795	E2312	Power W/C accessory, hand or chin control interface, mini-proportional remote joystick proportional, including fixed mounting hardware	Y/12 months	YES		NO			M	CMS code addition 1/08
796	E2313	Power W/C accessory, harness for upgrade to expandable controller, including all fasteners, connectors, and mounting hardware, each	Y/12 months	YES		NO			M	CMS code addition 1/08
797	E2321	Power W/C access. Hand control interface	Y/6 months	YES		NO			MSRP-22%	
798	E2322	Power W/C access. Hand control mult. Mech. Switches	Y/6 months	YES		NO			MSRP-22%	
799	E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NO			MSRP-22%	
800	E2324	Power W/C chin cup for chin control	Y/6 months	YES		NO			MSRP-22%	
801	E2325	Power W/C Access. Sip and puff interface	Y/6 months	YES		NO			MSRP-22%	
802	E2326	Power W/C breath tube kit for sip and puff	Y/6 months	YES		NO			MSRP-22%	
803	E2327	Power W/C access. Head control interface	Y/6 months	YES		NO			MSRP-22%	
804	E2328	Power W/C access. Head or extremity control	Y/6 months	YES		NO			MSRP-22%	
805	E2329	Power W/C access. Head control contact switch	Y/6 months	YES		NO			MSRP-22%	

	A	B	C	D	E	F	G	H	I	J
806	E2330	Power W/C access. Head control proximity switch	Y/6 months	YES		NO			MSRP-22%	
807	E2331	Attendant control, power w/c access., proportioNOl incl. all related electronic & fixed mounting hardware, each	Y/6 months	YES		NO			M	code added for coverage 7/8/08
808	E2340	Power W/C access. Nonstandard seat frame width 20-23"	Y/6 months	YES		NO			MSRP-22%	
809	E2341	Power W/C access. Nonstandard seat frame width 24-27"	Y/6 months	YES		NO			MSRP-22%	
810	E2342	Power W/C access. Nonstandard seat frame depth 20 or 21"	Y/6 months	YES		NO			MSRP-22%	
811	E2343	Power W/C access. Nonstandard seat frame depth 22-25"	Y/6 months	YES		NO			MSRP-22%	
812	E2351	Power W/C access. Electronic interface for speech gen.	Y/6 months	YES		NO			$558.90	
813	E2360	Power W/C access. 22 NF non-sealed lead acid battery, each		NO		NO			$107.48	
814	E2361	Power W/C access. 22NF sealed lead acid battery, each		NO		NO			$126.22	rate change eff. DOS 4/1/09; former rate purchase $132.49
815	E2362	Power W/C access. Group 24 non-sealed lead acid battery ea.		NO		NO			$87.38	
816	E2363	Power W/C access. Group 24 sealed lead acid battery each		NO		NO			$168.33	rate change eff. DOS 4/1/09; former rate purchase $176.70
817	E2364	Power W/C accessory, U-1 non-sealed lead acid battery, ea.		NO		NO			$101.10	

	A	B	C	D	E	F	G	H	I	J
818	E2365	Power W/C access. U-1 sealed lead acid battery, each		NO		NO			$101.51	rate change eff. DOS 4/1/09; former rate purchase $106.56
819	E2366	Power W/C access. Battery charger, single mode, each		NO		NO			$238.58	rate change eff.DOS 4/1/09; former rate purchase $252.20
820	E2367	Power W/C access. Battery charger dual mode, each		NO	1 per 4 years	NO			$379.27	rate change 3/1/10 from $400.93; PA removed eff. 8/1/10
821	E2368	Power W/C component, motor, replacement, only		NO		NO			$464.91	rate change 01/02/2007; PA removed for purchase eff. 8/1/10
822	E2369	Power W/C component, gear box, replacement only		NO		NO			$404.14	rate set 08/01/2007; PA for purchase removed eff. 8/1/10
823	E2370	Power W/C component, motor and gear box combination, replacement only	Y/6months	YES		NO			$722.56	rate change 01/02/2007
824	E2371	Power WC access. Group 27 sealed lead acid battery each		NO		NO			$135.67	
825	E2372	Power WC access. Group 27 non-sealed lead acid battery each	Y/6 months	YES		NO			M	

	A	B	C	D	E	F	G	H	I	J
826	E2373	power WC access., hand or chin control interface, compact remote joystick, proportional, incl. fixed mounting hardware	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007 CMS description change 1/08
827	E2374	Power WC hand or chin control, standard remote joystick, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
828	E2375	Power WC, non-exp. Controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
829	E2376	Power WC expandable controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
830	E2377	Power WC expandable controller, initial upgrade only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
831	E2381	Power WC pneumatic drive wheel tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
832	E2382	Power WC tube for pneumatic drive drive wheel tire any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
833	E2383	Power WC insert for pneumatic drive wheelany type, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
834	E2384	Power WC pneumatic caster tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
835	E2385	Power WC tube for pneumatic tire, any size, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
836	E2386	Power WC foam filled drive wheel, any sz. Replac. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007

	A	B	C	D	E	F	G	H	I	J
837	E2387	Pwr. WC foam filled caster tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
838	E2388	Pwr. WC foam foam drive tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
839	E2389	Pwr. WC foam caster tire, any sz, repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
840	E2390	Pwr. WC solid drive wheel, rubber/plastic, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
841	E2391	Pwr. WC solid caster wheel, rubber/plastic, any sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
842	E2392	Pwr. WC solid caster wheel, rubber/plastic,w/ integ. wheel any sz.removable Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
843	E2394	Pwr WC access. Drive wheel excl. tires, any size repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
844	E2395	Pwr. WC caster wheel exc. Tire, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
845	E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
846	E2397	Power W/C accessory, Lithium based battery, each	Y/12 months	YES		NO			MSRP-22%	CMS code addition 1/08
847	E2402	Negative pressure wound therapy pump	Y/12 months	YES		YES	YES	$1,373.17	NO	Policy clarification 7/17/08. Rental
848	E2500	speech gen. device <=8 min. recording time	Y/12 months	YES		YES	YES	$31.29	$312.85	

	A	B	C	D	E	F	G	H	I	J
849	E2502	Speech gen. device >8 min but <=20 min. recording time	Y/12 months	YES		YES	YES	$95.67	$956.54	
850	E2504	Speech gen. device >20 min but<=40 min. recording time	Y/12 months	YES		YES	YES	$126.19	$1,261.94	
851	E2506	Speech gen. device -dig. Speech	Y/12 months	YES		YES	YES	$185.04	$1,850.37	
852	E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	YES	$286.13	$2,861.29	
853	E2510	Speech gen. device synth. Speech, multiple metohds of messaging	Y/12 months	YES		YES	YES	$647.51	$6,475.12	
854	E2512	accessory for speech gen. device	Y/12 months	YES		YES	YES	M	M	
855	E2599	Accessory for speech gen. device NOC	Y/12 months	YES		YES	YES	M	M	
856	E2601	Gen. Use W/C cushion width<22", any depth	Y/12 months	YES		NO			MSRP-22%	
857	E2602	Gen. Use W/C cushion width 22" or >, any depth	Y/12 months	YES		NO			MSRP-22%	
858	E2603	Skin protection W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
859	E2604	Skin protection W/C cushion width 22" or > any depth	Y/12 months	YES		NO			MSRP-22%	
860	E2605	Positioning W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
861	E2606	Positioning W/C cushion width>22" any depth	Y/12 months	YES		NO			MSRP-22%	
862	E2607	Skin protection & positioning seat cushion, width < 22", any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
863	E2608	Skin protection & positioning seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
864	E2609	Custom fabricated W/C seat cushion, any size	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
865	E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	

	A	B	C	D	E	F	G	H	I	J
866	E2611	Gen. Use W/C back cushion, width < 22", any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
867	E2612	Gen. Use W/C back cushion, width 22" or >, any ht. Incl. Mounting hardware	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
868	E2613	Positioning W/C back cushion, posterior, Width <22", any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
869	E2614	Positioning W/C back cushion, posterior, Width 22" or >, any ht. Incl. Mounting hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
870	E2615	Positioning W/C back cushion,post/lateral, Width <22", any ht, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
871	E2616	Positioning W/C back cushion, post/lat, width 22" or>, any ht.,Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
872	E2617	Custom fabricated W/C back cushion, any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
873	E2619	Replacement cover for W/C seat cushion or back cushion, each	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
874	E2620	Positioning W/C back cushion, planar with lateral supp., width<22", Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
875	E2621	Positioning W/C back cushion, planar with lateral supp., width22"or >, Incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
876	E8000	Gait trainer, ped. Size, posterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
877	E8001	Gait trainer, ped. Size, upright support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	

	A	B	C	D	E	F	G	H	I	J
878	E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
879	K0001	Standard wheelchair		NO	1 per 5 years	Y/ month	NO	$47.69	$476.90	PA removed for purchase and PA removed for RR eff 8/1/10
880	K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	YES	$78.28	$782.80	
881	K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	$72.86	$728.60	
882	K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	YES	$124.81	$1,248.10	
883	K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	$176.86	$1,768.60	
884	K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	$107.22	$1,072.20	
885	K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	$170.77	$1,707.70	
886	K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
887	K0015	Detach non-adjus hght armrst		NO		Y/ month	NO	$16.44	$164.44	rate change eff. DOS 4/1/09; former rates purchase $173.83, RR $17.38; PA for purchase and PA for rental removed eff. 8/1/10
888	K0017	Detach adjust armrest base		NO		Y/ month	NO	$4.63	$46.25	rate change eff. DOS 4/1/09; former rates purchase $48.90, RR $4.89; ; PA for purchase and PA for RR removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
889	K0018	Detach adjust armrst upper		NO		Y/ month	NO	$2.58	$25.84	rate change eff. DOS 4/1/09; former rates purchase $27.31, RR $2.73; PA for purchase and PA for RR removed eff. 8/1/10
890	K0019	Arm pad each		NO		Y/ month	NO	$1.56	$15.55	rate change eff. DOS 4/1/09; former rates purchase $16.43, RR $1.64; PA for purchase and PA for RR removed eff. 8/1/10
891	K0020	Fixed adjust armrest pair		NO		Y/ month	NO	$4.21	$42.05	rate change eff. DOS 4/1/09; former rates purchase $44.44, RR $4.44; PA for purchase and PA for RR removed

	A	B	C	D	E	F	G	H	I	J
892	K0037	high mount foot rest		NO		Y/month	NO	$3.31	$33.10	DOS 4/1/09; former rates purchase $39.17; rate change eff. 3/1/10 former rate $3.70RR & $37.04 purchase; PA for purchase and PA for RR removed eff. 8/1/10
893	K0038	Leg strap each		NO		NO			$21.96	rate change eff.DOS 4/1/09; former rate purchase $23.21;
894	K0039	Leg strap h style each		NO		NO			$48.76	rate change eff. DOS 4/1/09; former rate purchase $51.54
895	K0040	Adjustable angle footplate		NO		Y/month	NO	$6.76	$67.58	rate change eff.DOS 4/1/09; former rates purchase $71.43, RR $7.14; PA for purchase and PA for RR removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
896	K0041	Large size footplate each		NO		Y/month	NO	$4.79	$47.89	rate change eff. DOS 4/1/09; former rates purchase $50.62, RR $ 5.06; PA for purchase and PA for RR removed eff. 8/1/10
897	K0042	Standard size footplate each		NO		Y/month	NO	$3.04	$30.40	rate change eff. DOS 4/1/09; former rates purchase $32.13, RR $3.21; PA for purchase and PA for RR removed eff. 8/1/10
898	K0043	Ftrst lower extension tube		NO		NO			$17.67	rate change eff. DOS 4/1/09; former rate purchase $18.69
899	K0044	Ftrst upper hanger bracket		NO		NO			$15.06	rate changeeff. DOS 4/1/09; former rate purchase $15.92
900	K0045	Footrest complete assembly		NO		NO			$51.24	rate change eff. DOS 4/1/09; former rate purchase $54.16
901	K0046	Elevat legrst low extension		NO		NO			$17.67	rate change eff. DOS 4/1/09; former rate purchase $18.69

	A	B	C	D	E	F	G	H	I	J
902	K0047	Elevat legrst up hangr brack		NO		NO			$69.21	rate change eff.DOS 4/1/09; former rate purchase $73.17
903	K0050	Ratchet assembly		NO		NO			$29.41	rate change eff. DOS 4/1/09; former rate purchase $31.09
904	K0051	Cam release assem ftrst/lgrst		NO		NO			$47.61	rate changeeff. DOS 4/1/09; former rate purchase $50.33
905	K0052	Swingaway detach footrest		NO		Y/month	NO	$8.37	$83.66	rate change eff. DOS 4/1/09; former rate purchase $88.43, RR $8.84; PA for purchase and PA for RR removed eff 8/1/10
906	K0053	Elevate footrest articulate		NO		NO			$92.32	rate change eff. DOS 4/1/09; former rate purchase $97.59
907	K0056	Seat ht <17 or >=21 ltwt wc		NO		Y/month	NO	$9.10	$90.98	PA for purchase and PA for RR removed eff 8/1/10
908	K0065	Spoke protectors		NO		NO			$42.54	
909	K0069	Rear whl complete solid tire		NO		NO			$95.59	
910	K0070	Rear whl compl pneum tire		NO		NO			$175.23	
911	K0071	Front castr compl pneum tire		NO		NO			$104.51	
912	K0072	Frnt cstr cmpl sem-pneum tir		NO		NO			$62.91	
913	K0073	Caster pin lock each		NO		NO			$33.29	

	A	B	C	D	E	F	G	H	I	J
914	K0077	Front caster assem complete		NO		NO			$56.30	
915	K0098	Drive belt power wheelchair D		NO		NO			$24.63	rate change eff. DOS 4/1/09; former rate purchase $26.03
916	K0105	IV hanger		NO		NO			$95.12	PA removed for purchase eff. 8/1/10
917	K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NO			MSRP-22%	
918	K0195	Elevating whlchair leg rests		NO		Y/ month	NO	$19.07	$190.71	rate change eff. DOS 4/1/09; former rates purchase$201.60, RR $20.16; PA for purchase and PA for RR removed eff 8/1/10
919	K0455	Pump uninterrupted infusion	Y/ 6 months	YES		Y/ month	YES	$253.40	NO	
920	K0462	Temporary replacement item for pt. owned equipment	Y/6 months	YES		Y/month	YES	M	NO	code added to fee schedule 01/01/2007 This code is valid for Medicare crossovers only. Please see clarification on the DME Covered Services page.
921	K0552	Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each		NO		NO			$2.12	
922	K0606	AED with integrated EKG analysis, garment, each	Y/12 months	YES		Y/month	YES	$2,268.20	$22,682.20	Purchase option added eff 7/1/10

	A	B	C	D	E	F	G	H	I	J
923	K0669	W/C accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Y/12 months	YES		NO			MSRP-22%	description updated 7/7/08
924	K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Y/12 months	YES		NO			M	code activated by CMS 4-1-08
925	K0730	Controlled Dose Inhalation del. System effective 7/1/05	Y/12 months	YES		NO			$1,551.60	rate set 08/01/2007; rate adj 1/1/09
926	K0733	Battery for power chair 12-24 amp new 7/1/06		NO		NO			$27.19	rate set 08/01/2007; PA ended eff 12-1-09.
927	K0734	W/C cushion <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
928	K0735	W/C cushion >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
929	K0736	W/C cushion adj. <22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
930	K0737	W/C cushion adj. >22" width new 7/1/06	Y/12 months	YES		Y/ month	YES	MSRP-22%	MSRP-22%	
931	K0738	Prt. O2 home compressor to fill prt. Tanks incl. all supplies	Y/12 months	YES		Y/ month	YES	$51.63	NO	code added to fee schedule 01/01/2007
932	K0739	Repair of DME equipment, other than oxygen, requiring the skill of a technician, labor component, per 15 minutes. 1 unit =15 minutes	Y/12 months if PA required	YES> $500		NO			$13.41	PA requirement changed to >$500 eff 8/1/10
933	K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	YES	$116.35	$1,163.49	code added to fee schedule 01/01/2007
934	K0801	POV Grp. 1 Hvy Duty. Pt. wt 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$187.58	$1,875.80	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I	J
935	K0802	POV Grp. 1 Very Hvy Duty pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$212.28	$2,122.79	code added to fee schedule 01/01/2007
936	K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	$140.75	$1,407.52	code added to fee schedule 01/01/2007
937	K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	YES	$213.58	$2,135.75	code added to fee schedule 01/01/2007
938	K0808	POV, Grp. 2,Very Hvy. Duty 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$330.44	$3,304.44	code added to fee schedule 01/01/2007
939	K0812	POV, NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
940	K0813	Pwr. WC Grp. 1, stand., port. Sling/solid seat & back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$200.55	$2,005.47	code added to fee schedule 01/01/2007
941	K0814	Pwr. WC Grp. 1 stand. Port. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$252.68	$2,526.84	code added to fee schedule 01/01/2007
942	K0815	Pwr. WC Grp 1 stand.sling/sol. Seat & back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	$310.42	$3,104.19	code added to fee schedule 01/01/2007
943	K0816	Pwr. WC Grp 1 stand. captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$296.29	$2,962.89	code added to fee schedule 01/01/2007
944	K0820	Pwr. WC Grp 2 stand. Port. Sling/solid seat/back <=300 lbs.	Y/12 months	YES		Y/ month	YES	$225.86	$2,258.64	code added to fee schedule 01/01/2007
945	K0821	Pwr. WC Grp 2 stand. Port. Captain's chair, pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$248.18	$2,481.84	code added to fee schedule 01/01/2007
946	K0822	Pwr. WC Grp 2 stand. Sling/solid seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$352.17	$3,521.70	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I	J
947	K0823	Pwr. WC Grp 2 stand. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$355.37	$3,553.65	code added to fee schedule 01/01/2007
948	K0824	Pwr. WC Grp 2 Hvy duty sling/solid seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$428.31	$4,283.10	code added to fee schedule 01/01/2007
949	K0825	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$355.68	$3,556.80	code added to fee schedule 01/01/2007
950	K0826	Pwr. WC Grp 2, very hvy duty, sling/solid seat/back pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$556.71	$5,567.13	code added to fee schedule 01/01/2007
951	K0827	Pwr. WC, Grp. 2 very hvy duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$425.31	$4,253.13	code added to fee schedule 01/01/2007
952	K0828	Pwr. WC, Grp. 2 xhvy duty, sling/solid seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	$614.20	$6,141.96	code added to fee schedule 01/01/2007
953	K0829	Pwr. WC Grp. 2 Hvy duty captain's chair, pt. wt. 601 > lbs.	Y/12 months	YES		Y/ month	YES	$506.14	$5,061.42	code added to fee schedule 01/01/2007
954	K0830	Pwr. WC Grp. 2 stand. Seat elev. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$398.33	$3,983.31	code added to fee schedule 01/01/2007
955	K0831	Pwr. WC Grp. 2 stand. Seat elev. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$398.33	$3,983.31	code added to fee schedule 01/01/2007
956	K0835	Pwr. WC Grp. 2, stand. Single pwr. Opt. sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$364.48	$3,644.82	code added to fee schedule 01/01/2007
957	K0836	Pwr. WC Grp. 2 stand. Single pwr. Opt. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$371.16	$3,711.60	code added to fee schedule 01/01/2007
958	K0837	Pwr. WC Grp. 2 hvy. Duty, single pwr opt. sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$428.31	$4,283.10	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I	J
959	K0838	Pwr. WC Grp. 2 hvy. duty, single pwr opt. Captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$386.51	$3,865.14	code added to fee schedule 01/01/2007
960	K0839	Pwr. WC, Grp. 2, very hvy. Duty single pwr. Opt.,sling/solid back, pt. wt. 401-600 lbs.	Y/12 months	YES		Y/ month	YES	$556.71	$5,567.13	code added to fee schedule 01/01/2007
961	K0840	Pwr. WC, Grp. 2, xhvy. Duty, single pwr. Opt. pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	$751.55	$7,515.54	code added to fee schedule 01/01/2007
962	K0841	Pwr. WC Grp. 2 stand.multi-pwr. Opt. sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$390.83	$3,908.30	code added to fee schedule 01/01/2007; rate change eff. DOS 4/1/09; former rates purchase
963	K0842	Pwr. WC, Grp. 2, multi-pwr., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$390.83	$3,908.30	code added to fee schedule 01/01/2007; rate change DOS 3/1/10 from purchase $4096.35/RR $409.64
964	K0843	Pwr. WC, Grp. 2, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back,pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$457.94	$4,579.38	code added to fee schedule 01/01/2007
965	K0848	Pwr. WC Grp. 3, stand. Sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$465.58	$4,655.79	code added to fee schedule 01/01/2007
966	K0849	Pwr. WC, Grp. 3, stand., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$447.49	$4,474.89	code added to fee schedule 01/01/2007
967	K0850	Pwr. WC, Grp. 3, hvy. Duty, sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$516.79	$5,167.89	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I	J
968	K0851	Pwr. WC, Grp. 3, hvy. Duty, captain's chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$496.73	$4,967.28	code added to fee schedule 01/01/2007
969	K0852	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$627.39	$6,273.90	code added to fee schedule 01/01/2007
970	K0853	Pwr. WC, very hvy. Duty, captain's chair, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$644.76	$6,447.60	code added to fee schedule 01/01/2007
971	K0854	Pwr. WC, Grp. 3 xhvy. Duty, sling/solid seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	$820.40	$8,204.04	01/01/2007 wt limit corrected 7/2/07
972	K0855	Pwr. WC, Grp. 3, xhvy duty, captain's chair, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	$767.28	$7,672.77	01/01/2007 wt limit corrected 7/2/07
973	K0856	Pwr. WC, Grp. 3, stand., single pwr. Opt. sling/solid seat back, pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	$500.52	$5,005.17	code added to fee schedule 01/01/2007
974	K0857	Pwr. WC, Grp. 3, stand., single pwr. Opt. capt. chair pt. wt.,<=300 lbs.	Y/12 months	YES		Y/ month	YES	$466.78	$4,667.76	code added to fee schedule 01/01/2007
975	K0858	Pwr. WC, Grp. 3, hvy. Duty, single pwr. Opt., sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$623.36	$6,233.58	code added to fee schedule 01/01/2007
976	K0859	Pwr. WC, Grp. 3, single pwr. Opt., capt. Chair, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$583.45	$5,834.52	code added to fee schedule 01/01/2007
977	K0860	Pwr. WC, Grp. 3, very hvy. Duty,sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$876.07	$8,760.69	code added to fee schedule 01/01/2007
978	K0861	Pwr. WC, Grp. 3 stand., multi-pwr. Opt.,sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	$501.31	$5,013.09	code added to fee schedule 01/01/2007
979	K0862	Pwr. WC, Grp. 3, hvy. Duty, multi-pwr. Opt.,sling/solid seat/back, pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	$623.36	$6,233.58	code added to fee schedule 01/01/2007

	A	B	C	D	E	F	G	H	I	J
980	K0863	Pwr. WC, Grp. 3, very hvy. Duty,multi-pwr.sling/solid seat/back, pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	$876.07	$8,760.69	code added to fee schedule 01/01/2007
981	K0864	Pwr. WC, Grp. 3, xhvy duty, multi-pwr.opt.,sling/solid seat/back , pt. wt.600> lbs.	Y/12 months	YES		Y/ month	YES	$1,042.50	$10,424.97	code added to fee schedule 01/01/2007
982	K0868	Pwr. WC, group 4 standard, sling/solid seat back, pt. wt =<300 lbs.	Y/12 months	YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
983	K0869	Pwr. WC, group 4 standard, captain's chair, pt. wt =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
984	K0870	Pwr. WC, group 4, heavy duty, sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
985	K0871	Pwr. WC, group 4, very heavy duty, sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
986	K0877	Pwr. WC, group 4, standard, single power option, sling/solid seat back, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
987	K0878	Pwr. WC, group 4, standard, single power option, captain's chair, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
988	K0879	Pwr. WC, group 4, heavy duty,single power option, sling/solid seat bak, pt wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
989	K0880	Pwr. WC, group 4, very heavy duty, single power option, sling/solid seat bak, pt wt. 451-600 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
990	K0884	pwr. WC, sgroup 4, standard, multi power option, sling/solid seat back, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
991	K0885	Pwr. WC, group 4, standard, multi power option, captain's chair, pt. wt. =<300 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after

	A	B	C	D	E	F	G	H	I	J
992	K0886	Pwr. WC, group 4 heavy duty, multi power option, sling/solid seat back, pt. wt. 301-450 lbs.		YES		Y/ month	YES	M	M	added eff. DOS 11/1/09 and after
993	K0890	PWR. WC. Grp.5, ped. Sling/solid seat back pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
994	K0891	Pwr. WC Grp. 5, ped.multi-pwr, sling/solid seat/back, pt. wt. <=125 lbs.	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
995	K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
996	L0113	Cranial cervical orthosis, torticollis type, w/wo joint, w/o soft interface, prefab. Incl. fitting & adj.	Y/12 months	YES		NO			M	CMS addition 1-1-09
997	L0120	Cerv flexible non-adjustable		NO		NO			$21.60	
998	L0130	Flex thermoplastic collar molded to patient	Y/12 months	YES		NO			$156.19	
999	L0140	Cervical semi-rigid adjustab		NO		NO			$53.90	
1000	L0150	Cerv semi-rig adj molded chn		NO		NO			$89.88	
1001	L0160	Cerv semi-rig wire occ/mand		NO		NO			$127.96	
1002	L0170	Cervical collar molded to pt	Y/ 12 months	YES		NO			$541.49	
1003	L0172	Cerv col thermplas foam 2 piece		NO		NO			$109.80	
1004	L0174	Cerv col foam 2 piece w thor		NO		NO			$197.24	
1005	L0180	Cer post col occ/man sup adj		NO		NO			$268.26	
1006	L0190	Cerv collar supp adj cerv ba		NO	1 per year	NO			$403.80	PA removed eff. 8/1/10
1007	L0200	Cerv col supp adj bar & thor		NO	1 per year	NO			$370.78	PA removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
1008	L0220	Thor rib belt custom fabrica	Y/12 months	YES		NO			$87.94	
1009	L0430	Spinal orthosis, Dewall posture protector CODE REACTIVATED 1/1/05	Y/12 months	YES		NO			$1,073.89	
1010	L0450	TLSO flexible, provides trunk support, uper thoracic region, prefab		NO		NO			$145.17	
1011	L0452	TLSO flexible, provides trunk support, upper thoracic region, customized	Y/12 months	YES		NO			$271.28	
1012	L0454	TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-9, prefab		NO		NO			$188.81	
1013	L0456	TLSO, flexible thoracic region, prefab		YES		NO			$755.69	ratechange 8/1/2007
1014	L0460	TLSO, triplanar control prefab	Y/12 months	YES		NO			$762.71	added to fee schedule 8/13/2007
1015	L0462	TLSO, triplanar control, prefab	Y/12 months	YES		NO			$909.58	rate set 01/02/2007
1016	L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NO			$962.52	
1017	L0466	TLSO Sagittal control, prefab		NO		NO			$295.09	

	A	B	C	D	E	F	G	H	I	J
1018	L0468	TLSO sagittal-coronol control, rigid posterior frame		NO	1 per year	NO			$332.39	PA removed eff. 8/1/10
1019	L0470	TLSO triplanar control		NO	1 per year	NO			$369.97	PA removed eff. 8/1/10
1020	L0472	TLSO, triplanar control, hyperextension prefab		NO	1 per year	NO			$330.63	PA removed eff. 8/1/10
1021	L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NO			$964.69	rate set 01/02/2007
1022	L0482	TLSO, triplanor, custom fabricated, one piece rigid plastic shell, each	Y/12 months	YES		NO			$1,073.89	
1023	L0484	TLSO, triplanor control, two piece	Y/12 months	YES		NO			$1,366.56	
1024	L0486	TLSO, triplanor control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NO			$1,353.74	
1025	L0488	TLSO triplanor, one piece, prefab	Y/12 months	YES		NO			$913.86	rate change 3/1/10 from $1172.02
1026	L0490	TLSO sagittal coronal control one piece prefab		NO		NO			$214.93	rate change 08/01/2007; PA ended eff. 12-1-09
1027	L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NO			$621.62	
1028	L0492	TLSO 3 rigid plastic shells, pre fab		NO	1 per year	NO			$402.87	PA removed eff. 8/1/10
1029	L0621	Sacroiliac orthosis, flexible, pre fab		NO		NO			$72.17	

	A	B	C	D	E	F	G	H	I	J
1030	L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NO			$195.70	
1031	L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NO			M	
1032	L0624	Sacroiliac orthosis, rigid or semi-rigid, custom	Y/12 months	YES		NO			M	
1033	L0625	Lumbar orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			$44.60	
1034	L0626	Lumbar orthosis, sagittal control, pre fab M pricing until 9/1/06		NO		NO			$63.10	
1035	L0627	Lumbar orthosis, sagittal control with rigid ant./post. Panels, pre fab M pricing until 9/1/06		NO		NO			$332.72	PA removed eff. 8/1/10
1036	L0628	Lumbar-sacral orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			$67.89	
1037	L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NO			M	
1038	L0630	Lumbar-sacral orthosis, sag. Control, pre fab M pricing until 9/1/06		NO		NO			$131.07	
1039	L0631	Lumbar-sacral orthosis, sagittal control, pre fab M pricing until 9/1/06	Y/12 months	YES		NO			$830.92	
1040	L0632	Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom	Y/12 months	YES		NO			M	
1041	L0633	Lumbar-sacral orthosis, sag. Control, rigid post., pre fab M pricing until 9/1/06		NO		NO			$232.10	
1042	L0634	Lumbar-sacral orthosis, sag. Control, rigid post., custom	Y/12 months	YES		NO			M	

	A	B	C	D	E	F	G	H	I	J
1043	L0635	Lumbar-sacral orthosis, sag-coronal control, prefab m pricing until 9/1/06	Y/12 months	YES		NO			$688.57	
1044	L0636	Lumbar-sacral orthosis, sag-coronal control, custom	Y/12 months	YES		NO			$1,143.02	
1045	L0637	Lumbar-sacral orthosis, sag-coronal control, rigid ant/post., prefab M pricing until 9/1/06	Y/12 months	YES		NO			$1,101.92	
1046	L0638	Lumbar-sacral orth, sag-coronal control, rigid ant./post., custom M pricing until 9/1/06	Y/12 months	YES		NO			$1,067.55	
1047	L0639	Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab M pricing until 9/1/06	Y/12 months	YES		NO			$1,101.92	
1048	L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06	Y/12 months	YES		NO			$846.98	
1049	L0700	Ctlso a-p-l control molded	Y/ 12 months	YES		NO			$1,662.23	
1050	L0710	Ctlso a-p-l control w/ inter	Y/ 12 months	YES		NO			$1,814.43	
1051	L0810	Halo cervical into jckt vest	Y/ 12 months	YES		NO			$1,927.56	
1052	L0820	Halo cervical into body jack	Y/ 12 months	YES		NO			$1,559.32	
1053	L0830	Halo cerv into milwaukee typ	Y/ 12 months	YES		NO			$2,251.49	
1054	L0970	Tlso corset front		NO		NO			$82.06	
1055	L0972	Lso corset front		NO		NO			$83.88	
1056	L0974	Tlso full corset		NO		NO			$171.40	
1057	L0976	Lso full corset		NO		NO			$153.07	
1058	L0978	Axillary crutch extension		NO		NO			$138.21	
1059	L0980	Peroneal straps pair		NO		NO			$12.53	
1060	L0982	Stocking supp grips set of 4		NO		NO			$13.66	
1061	L0984	Protective body sock each		NO		NO			$43.58	
1062	L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NO			M	
1063	L1000	Ctlso milwauke initial model	Y/ 12 months	YES		NO			$1,457.71	
1064	L1001	Cervical TLSO, infant, prefab	YES	YES		NO			M	code added 01/02/2007
1065	L1010	Ctlso axilla sling		NO		NO			$58.70	
1066	L1020	Kyphosis pad		NO		NO			$80.20	

	A	B	C	D	E	F	G	H	I	J
1067	L1025	Kyphosis pad floating		NO		NO			$91.15	
1068	L1030	Lumbar bolster pad		NO		NO			$60.90	
1069	L1040	Lumbar or lumbar rib pad		NO		NO			$73.31	
1070	L1050	Sternal pad		NO		NO			$63.48	
1071	L1060	Thoracic pad		NO		NO			$71.59	
1072	L1070	Trapezius sling		NO		NO			$73.19	
1073	L1080	Outrigger		NO		NO			$50.71	
1074	L1085	Outrigger bil w/ vert extens		NO		NO			$140.90	
1075	L1090	Lumbar sling		NO		NO			$65.82	
1076	L1100	Ring flange plastic/leather		NO		NO			$116.18	
1077	L1110	Ring flange plas/leather molded to patient		NO		NO			$176.79	$196.79 former rate change effective 1/15/08; PA ended eff. 12-1-09
1078	L1120	Covers for upright each		NO		NO			$31.35	
1079	L1200	Furnsh initial orthosis only	Y/ 12 months	YES		NO			$1,247.80	
1080	L1210	Lateral thoracic extension		NO		NO			$187.88	
1081	L1220	Anterior thoracic extension		NO		NO			$159.06	
1082	L1230	Milwaukee type superstructur		NO		NO			$408.15	PA removed eff. 8/1/10
1083	L1240	Lumbar derotation pad		NO		NO			$70.25	
1084	L1250	Anterior asis pad		NO		NO			$69.16	
1085	L1260	Anterior thoracic derotation pad		NO		NO			$71.07	
1086	L1270	Abdominal pad		NO		NO			$70.97	
1087	L1280	Rib gusset (elastic) each		NO		NO			$63.28	
1088	L1290	Lateral trochanteric pad		NO		NO			$71.74	
1089	L1300	Body jacket mold to patient	Y/ 12 months	YES		NO			$1,199.37	
1090	L1310	Post-operative body jacket	Y/ 12 months	YES		NO			$1,234.16	
1091	L1499	Spinal orthosis NOS	Y/ 12 months	YES		NO			M	
1092	L1500	Thkao mobility frame	Y/ 12 months	YES		NO			$1,363.83	
1093	L1510	Thkao standing frame	Y/ 12 months	YES		NO			$862.81	
1094	L1520	Thkao swivel walker	Y/ 12 months	YES		NO			$2,049.32	
1095	L1600	Abduct hip flex frejka w cvr		NO		NO			$92.52	
1096	L1610	Abduct hip flex frejka covr		NO		NO			$31.52	

	A	B	C	D	E	F	G	H	I	J
1097	L1620	Abduct hip flex pavlik harne		NO		NO			$103.81	
1098	L1630	Abduct control hip semi-flex		NO		NO			$123.87	
1099	L1640	Pelv band/spread bar thigh c		NO		NO			$331.31	PA removed eff. 8/1/10
1100	L1650	HO abduction hip adjustable		NO		NO			$175.69	
1101	L1660	HO abduction static plastic		NO		NO			$122.87	
1102	L1680	Pelvic & hip control thigh c	Y/ 12 months	YES		NO			$1,010.22	
1103	L1685	Post-op hip abduct custom fa	Y/ 12 months	YES		NO			$1,065.95	
1104	L1686	HO post-op hip abduction	Y/ 12 months	YES		NO			$715.11	
1105	L1690	Combination bilateral LS/hip/femur	Y/ 12 months	YES		NO			$1,492.95	
1106	L1700	Legg perthes orth toronto typ	Y/ 12 months	YES		NO			$1,242.04	
1107	L1710	Legg perthes orth newington	Y/ 12 months	YES		NO			$1,459.94	
1108	L1720	Legg perthes orthosis trilat	Y/ 12 months	YES		NO			$1,078.46	
1109	L1730	Legg perthes orth scottish r	Y/ 12 months	YES		NO			$813.69	
1110	L1755	Legg perthes patten bottom t	Y/ 12 months	YES		NO			$1,184.31	
1111	L1810	KO elastic with joints		NO		NO			$93.48	
1112	L1820	KO elas w/ condyle pads & jo		NO		NO			$93.09	
1113	L1830	KO immobilizer canvas longit		NO		NO			$77.88	
1114	L1831	KO locking knee joint pre fab incl. Fitting and adj.	Y/12 months	NO		NO			$190.58	
1115	L1832	KO adj jnt pos rigid support	Y/ 12 months	YES		NO			$582.03	
1116	L1834	KO w/0 joint rigid molded to	Y/ 12 months	YES		NO			$684.74	
1117	L1840	KO derot ant cruciate custom	Y/ 12 months	YES		NO			$719.78	
1118	L1843	KO single upright thigh & calf-prefabricated, each	Y/ 12 months	YES		NO			$692.73	description updated 1/09
1119	L1844	KO w/adj jt rot cntrl molded	Y/ 12 months	YES		NO			$1,200.34	
1120	L1845	KO w/ adj flex/ext rotat cus	Y/ 12 months	YES		NO			$723.15	
1121	L1846	KO w adj flex/ext rotat mold	Y/ 12 months	YES		NO			$906.34	
1122	L1847	KO adjustable w air chambers		NO		NO			$444.06	PA removed eff. 8/1/10
1123	L1850	KO swedish type		NO		NO			$206.67	
1124	L1860	KO supracondylar socket mold	Y/ 12 months	YES		NO			$801.59	
1125	L1900	AFO sprng wir drsflx calf bd		NO		NO			$217.15	
1126	L1902	AFO ankle gauntlet		NO		NO			$58.97	
1127	L1904	AFO molded ankle gauntlet	Y/ 12 months	YES		NO			$337.64	
1128	L1906	AFO multiligamentus ankle su		NO		NO			$98.67	

	A	B	C	D	E	F	G	H	I	J
1129	L1907	supramalleolar w/straps w/wo interface/pads, custom fabricated	Y/12 months	YES		NO			$364.37	
1130	L1910	AFO sing bar clasp attach sh		NO		NO			$192.01	
1131	L1920	AFO sing upright w/ adjust s		NO		NO			$251.01	
1132	L1930	AFO plastic or other material, includes fitting & adjustment		NO		NO			$169.85	
1133	L1932	AFO, rigid anterior tibial section,pre fab, incl. Fitting & adj.	Y/12 months	YES		NO			$650.05	rate change 01/02/2007
1134	L1940	AFO, plastic or other material custom	Y/ 12 months	YES		NO			$383.85	
1135	L1945	AFO molded plas rig ant tib	Y/ 12 months	YES		NO			$704.90	
1136	L1950	AFO spiral molded to pt plas	Y/ 12 months	YES		NO			$534.80	
1137	L1951	spiral, IRM type, plastic or other material prefab, incl. Fitting and adj.	Y/12 months	YES		NO			$543.82	
1138	L1960	AFO pos solid ank plastic mo; custom	Y/ 12 months	YES		NO			$397.98	
1139	L1970	AFO plastic molded w/ankle j	Y/ 12 months	YES		NO			$588.64	
1140	L1971	plastic or other material w/ankle joint, prefab, incl. Fitting and adj.		NO		NO			$303.52	PA removed eff. 8/1/10
1141	L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NO			$263.51	
1142	L1990	AFO doub solid stirrup calf; custom	Y/ 12 months	YES		NO			$338.57	
1143	L2000	KAFO using fre stirr thi/calf; custom	Y/ 12 months	YES		NO			$728.26	
1144	L2005	KAFO any material, single or dbl. Upright includes ankle joint custom fabricated	Y/12 months	YES		NO			$2,985.10	rate change 01/02/2007
1145	L2010	KAFO single upright, free ankle, solid stirrup	Y/ 12 months	YES		NO			$663.87	
1146	L2020	KAFO dbl solid stirrup band/	Y/ 12 months	YES		NO			$838.37	
1147	L2030	KAFO dbl solid stirrup w/o j	Y/ 12 months	YES		NO			$727.36	
1148	L2034	KAFO full plastic, single upright, w/wo free motion knee,custom fabricated	Y/12 months	YES		NO			$1,560.11	rate set 08/01/2007
1149	L2035	KAFO plastic pediatric size		NO		NO			$133.74	
1150	L2036	KAFO plas doub free knee mol	Y/ 12 months	YES		NO			$1,332.12	
1151	L2037	KAFO plas sing free knee mol	Y/ 12 months	YES		NO			$1,227.64	
1152	L2038	KAFO w/o joint multi-axis an	Y/ 12 months	YES		NO			$1,026.55	
1153	L2040	Hkafo torsion bil rot straps		NO		NO			$131.12	

	A	B	C	D	E	F	G	H	I	J
1154	L2050	Hkafo torsion cable hip pelv; custom	Y/ 12 months	YES		NO			$349.21	
1155	L2060	Hkafo torsion ball bearing j; custom	Y/ 12 months	YES		NO			$448.19	
1156	L2070	Hkafo torsion unilat rot str; custom	Y/12 months	YES		NO			$128.74	
1157	L2080	Hkafo unilat torsion cable, custom	Y/ 12 months	YES		NO			$274.55	
1158	L2090	Hkafo unilat torsion ball br, custom	Y/ 12 months	YES		NO			$338.43	
1159	L2106	AFO tib fx cast plaster mold, custom	Y/ 12 months	YES		NO			$488.18	
1160	L2108	AFO tib fx cast molded to pt	Y/ 12 months	YES		NO			$767.15	
1161	L2112	AFO tibial fracture soft, pre-fab		NO		NO			$364.26	PA removed eff. 8/1/10
1162	L2114	AFO tib fx semi-rigid, pre-fab		NO		NO			$416.75	PA removed eff. 8/1/10
1163	L2116	Afo tibial fracture rigid	Y/ 12 months	YES		NO			$549.09	
1164	L2126	Kafo fem fx cast thermoplas	Y/ 12 months	YES		NO			$976.95	
1165	L2128	Kafo fem fx cast molded to p	Y/ 12 months	YES		NO			$1,231.18	
1166	L2132	Kafo femoral fx cast soft	Y/ 12 months	YES		NO			$579.19	
1167	L2134	Kafo fem fx cast semi-rigid	Y/ 12 months	YES		NO			$694.43	
1168	L2136	Kafo femoral fx cast rigid	Y/ 12 months	YES		NO			$849.11	
1169	L2180	Plas shoe insert w ank joint		NO		NO			$84.08	
1170	L2182	Drop lock knee		NO		NO			$65.81	
1171	L2184	Limited motion knee joint		NO		NO			$118.59	
1172	L2186	Adj motion knee jnt lerman t		NO		NO			$131.41	
1173	L2188	Quadrilateral brim		NO		NO			$286.72	
1174	L2190	Waist belt		NO		NO			$74.47	
1175	L2192	Pelvic band & belt thigh fla		NO		NO			$256.01	
1176	L2200	Limited ankle motion ea jnt		NO		NO			$34.14	
1177	L2210	Dorsiflexion assist each joi		NO		NO			$55.40	
1178	L2220	Dorsi & plantar flex ass/res		NO		NO			$63.60	
1179	L2230	Split flat caliper stirr & p		NO		NO			$55.09	
1180	L2232	Addt. To lower extremity orthosis, rocker bottom, custom fabricated only	Y/12 months	YES		NO			$70.38	rate set 04/02/2007
1181	L2240	Addt. To lower extremity orthosis, round caliper & plate attachment		NO		NO			$60.04	
1182	L2250	Foot plate molded stirrup at		NO		NO			$255.13	PA ended eff. 12-1-09
1183	L2260	Reinforced solid stirrup		NO		NO			$143.93	

	A	B	C	D	E	F	G	H	I	J
1184	L2265	Long tongue stirrup		NO		NO			$84.55	
1185	L2270	Varus/valgus strap padded/li		NO		NO			$38.56	
1186	L2275	Plastic mod low ext pad/line		NO		NO			$93.82	
1187	L2280	Molded inner boot	Y/ 12 months	YES		NO			$348.55	
1188	L2300	Abduction bar jointed adjust		NO		NO			$196.75	
1189	L2310	Abduction bar-straight		NO		NO			$88.33	
1190	L2320	Non-molded lacer		NO		NO			$147.73	
1191	L2330	Lacer molded to patient, custom	Y/12 months	YES		NO			$281.93	
1192	L2335	Anterior swing band		NO		NO			$165.85	
1193	L2340	Pre-tibial shell molded to p	Y/ 12 months	YES		NO			$391.38	
1194	L2350	Prosthetic type socket molded	Y/ 12 months	YES		NO			$639.78	
1195	L2360	Extended steel shank		NO		NO			$37.15	
1196	L2370	Patten bottom		NO		NO			$184.32	
1197	L2375	Torsion ank & half solid sti		NO		NO			$81.13	
1198	L2380	Torsion straight knee joint;		NO		NO			$88.39	
1199	L2385	Straight knee joint heavy du		NO		NO			$96.17	
1200	L2387	Addt. to lower extremity, polycentric knee joint, for custom fabricated KAFO, each joint		NO		NO			$153.90	code added 6/09 eff. Date 1/1/09
1201	L2390	Offset knee joint each		NO		NO			$78.59	
1202	L2395	Offset knee joint heavy duty		NO		NO			$120.00	
1203	L2397	Suspension sleeve lower ext		NO		NO			$84.16	
1204	L2405	Knee joint drop lock ea jnt		NO		NO			$67.32	
1205	L2415	Knee joint cam lock each joi		NO		NO			$93.78	
1206	L2425	Knee disc/dial lock/adj flex		NO		NO			$110.66	
1207	L2430	Knee jnt ratchet lock ea jnt		NO		NO			$110.66	
1208	L2492	Knee lift loop drop lock rin		NO		NO			$73.22	
1209	L2500	Thi/glut/ischia wgt bearing		NO		NO			$226.51	
1210	L2510	Th/wght bear quad-lat brim m	Y/ 12 months	YES		NO			$606.45	
1211	L2520	Th/wght bear quad-lat brim custom	Y/ 12 months	YES		NO			$330.77	
1212	L2525	Th/wght bear m-l brim mo	Y/ 12 months	YES		NO			$1,134.81	
1213	L2526	Th/wght bear m-l brim cu	Y/ 12 months	YES		NO			$611.66	
1214	L2530	Thigh/wght bear lacer non-mo		NO		NO			$168.70	
1215	L2540	Thigh/wght bear lacer molded	Y/ 12 months	YES		NO			$303.55	
1216	L2550	Thigh/wght bear high roll cu		NO		NO			$206.21	

	A	B	C	D	E	F	G	H	I	J
1217	L2570	Hip clevis type 2 posit jnt		NO		NO			$455.98	PA removed eff. 8/1/10
1218	L2580	Pelvic control pelvic sling		NO		NO			$432.25	PA removed eff. 8/1/10
1219	L2600	Hip clevis/thrust bearing fr		NO		NO			$147.46	
1220	L2610	Hip clevis/thrust bearing lo		NO		NO			$174.37	
1221	L2620	Pelvic control hip heavy dut		NO		NO			$191.98	
1222	L2622	Hip joint adjustable flexion		NO		NO			$220.18	
1223	L2624	Hip adj flex ext abduct cont		NO		NO			$299.33	
1224	L2627	Plastic mold recipro hip & c	Y/ 12 months	YES		NO			$1,233.21	
1225	L2628	Metal frame recipro hip & ca	Y/ 12 months	YES		NO			$1,448.65	
1226	L2630	Pelvic control band & belt u		NO		NO			$177.79	
1227	L2640	Pelvic control band & belt b		NO		NO			$241.29	
1228	L2650	Pelv & thor control gluteal		NO		NO			$86.17	
1229	L2660	Thoracic control thoracic ba		NO		NO			$133.82	
1230	L2670	Thorac cont paraspinal uprig		NO		NO			$122.48	
1231	L2680	Thorac cont lat support upri		NO		NO			$112.36	
1232	L2750	Plating chrome/nickel pr bar		NO		NO			$60.02	
1233	L2755	Addt. Lower ext.,high strength, custom fab. Only		NO		NO			$100.89	
1234	L2760	Extension per extension per		NO		NO			$43.62	
1235	L2780	Non-corrosive finish per bar		NO		NO			$51.60	
1236	L2785	Drop lock retainer each		NO		NO			$30.34	
1237	L2795	Knee control full kneecap		NO		NO			$61.01	
1238	L2800	Knee cap medial or lateral p		NO		NO			$76.58	
1239	L2810	Knee control condylar pad		NO		NO			$56.08	
1240	L2820	Soft interface below knee se		NO		NO			$62.35	
1241	L2830	Soft interface above knee se		NO		NO			$70.11	
1242	L2840	Tibial length sock fx or equ		NO		NO			$39.13	
1243	L2850	Femoral lgth sock fx or equa		NO		NO			$44.46	
1244	L2861	addt. to lower ext-joint, knee or ankle, custom only, each	Y/12 months	YES		NO			M	CMS added 1/1/2010
1245	L2999	Lower extremity orthosis NOS	Y/12 months	YES		NO			M	
1246	L3000	foot insert Berkeley shell, each		NO		NO			$247.24	PA ended eff. 12-1-09

	A	B	C	D	E	F	G	H	I	J
1247	L3001	foot insert Spenco, each		NO		NO			$101.20	rate change 08/01/2007; PA ended eff. 12-1-09
1248	L3002	foot insert, Plastazote , each		NO		NO			$122.72	rate change 08/01/2008; PA endedeff. 12-1-09
1249	L3003	foot insert, Silicone gel , each		NO		NO			$132.38	rate change 08/01/2009; PA ended eff. 12-1-09
1250	L3010	Longitudinal Arch support each		NO		NO			$122.12	
1251	L3020	Foot longitud/metatarsal supp		NO		NO			$139.06	PA ended eff. 12-1-09
1252	L3030	Foot arch support remov prem		NO		NO			$53.49	PA ended eff. 12-1-09
1253	L3040	Foot arch support remov premolded longitudinal, each		NO		NO			$31.99	PA ended eff. 12-1-09
1254	L3060	Foot arch support, removable, premolded, longitudinal & horizontal, each				NO			$53.73	rate set 01/02/2007; PA ended eff. 12-1-09
1255	L3100	Hallus-valgus night dynamic splint		NO		NO			$30.31	
1256	L3140	Abduction rotation bar shoe		NO		NO			$60.69	
1257	L3150	Abduction rotation bar w/o shoe		NO		NO			$55.49	
1258	L3160	Shoe styled postioning device		NO		NO			$159.84	PA removed eff. 8/1/10
1259	L3170	Foot plastic heel stablizer		NO		NO			$34.69	
1260	L3201	Oxford w supinator/pronator inf each	Y/ 12 months	YES		NO			$51.28	
1261	L3202	Oxford w supinator/pronator child each	Y/ 12 months	YES		NO			$80.00	
1262	L3203	Oxford w supinator/pronator jun each	Y/ 12 months	YES		NO			$73.47	
1263	L3204	Hightop w supp/pronator infant each	Y/ 12 months	YES		NO			$67.08	
1264	L3206	Hightop w supp/pronator child each	Y/ 12 months	YES		NO			$72.41	
1265	L3207	Hightop w supp/pronator junior each	Y/ 12 months	YES		NO			$76.66	

	A	B	C	D	E	F	G	H	I	J
1266	L3208	Surgical boot, each infant	Y/ 12 months	YES		NO			$54.31	
1267	L3209	Surgical boot, each child	Y/ 12 months	YES		NO			$28.75	
1268	L3211	Surgical boot, each junior	Y/ 12 months	YES		NO			$35.60	
1269	L3212	Benesch boot pair infant	Y/ 12 months	YES		NO			$56.43	
1270	L3213	Benesch boot pair child	Y/ 12 months	YES		NO			$61.75	
1271	L3214	Benesch boot pair junior	Y/ 12 months	YES		NO			$67.08	
1272	L3215	Orthopedic ftwear ladies oxf each	Y/ 12 months	YES		NO			$78.94	
1273	L3216	Orthopedic ftwear ladies depth each	Y/ 12 months	YES		NO			$118.67	
1274	L3217	Ladies shoes hightop depth each	Y/ 12 months	YES		NO			$92.40	
1275	L3219	Orthopedic mens shoes oxford each	Y/ 12 months	YES		NO			$90.80	
1276	L3221	Orthopedic mens shoes dpth each	Y/ 12 months	YES		NO			$151.75	
1277	L3222	Mens shoes hightop depth inl each	Y/ 12 months	YES		NO			$111.86	
1278	L3224	Woman's shoe oxford brace each	Y/ 12 months	YES		NO			$42.22	
1279	L3225	Man's shoe oxford brace each	Y/ 12 months	YES		NO			$48.57	
1280	L3230	Custom shoes depth inlay each	Y/ 12 months	YES		NO			$308.31	
1281	L3250	Custom mold shoe remov prost each	Y/ 12 months	YES		NO			$231.77	
1282	L3251	Shoe molded to pt silicone s each	Y/ 12 months	YES		NO			$280.14	
1283	L3252	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			$210.21	
1284	L3253	Shoe molded plastazote cust each	Y/ 12 months	YES		NO			$99.94	
1285	L3254	Orth foot non-std size/w	Y/ 12 months	YES		NO			$149.07	
1286	L3255	Orth foot non-std size/w	Y/ 12 months	YES		NO			$42.59	
1287	L3257	Orth foot add charge split	Y/ 12 months	YES		NO			$95.83	
1288	L3260	Ambulatory surgical boot each		NO		NO			$22.03	
1289	L3265	Plastazole sandal each		NO		NO			$25.00	
1290	L3300	Lift, Elevation Heel, Tapered to Metata		NO		NO			$44.00	
1291	L3310	Shoe lift elev heel/sole neo		NO		NO			$61.84	rate change 08/01/2007; PA ended eff. 12-1-09
1292	L3320	shoe lift elev heel/sole cor		NO		NO			$67.38	PA ended eff. 12-1-09
1293	L3330	Lift elevation, metal extension, (skate) each	YES	YES		NO			$515.21	Added effective 7-1-10 with M pricing; rate set 11-1-10

	A	B	C	D	E	F	G	H	I	J
1294	L3332	Shoe lift inside tapered up to 1/2 inch		NO		NO			$51.16	former rate $45.00 change eff. 1/15/08; PA ended eff. 12-1-09
1295	L3334	Shoe, lift elevation, heel, per inch, each		NO		NO			$26.74	PA removed eff. 8/1/10
1296	L3340	shoe wedge sach		NO		NO			$59.73	PA removed 12/09
1297	L3350	shoe sole wedge		NO		NO			$16.05	PA ended eff. 12-1-09
1298	L3360	shoe sole wedge outside sole		NO		NO			$24.96	PA ended eff. 12-1-09
1299	L3370	shoe sole wedge between sole		NO		NO			$34.77	PA ended eff. 12-1-09
1300	L3380	shoe clubfoot wedge		NO		NO			$34.77	PA ended eff. 12-1-09
1301	L3390	shoe outflare wedge		NO		NO			$39.04	PA ended eff. 12-1-09
1302	L3400	shoe metarsal bar wedge		NO		NO			$28.53	PA ended eff. 12-1-09
1303	L3410	shoe metarsal bar between		NO		NO			$65.07	PA ended eff. 12-1-09
1304	L3420	full sole/heel wedge btween		NO		NO			$38.33	PA ended eff. 12-1-09
1305	L3430	shoe heel count plast reinforc		NO		NO			$112.32	PA ended eff. 12-1-09
1306	L3440	heel leather reinforced		NO		NO			$53.49	PA ended eff. 12-1-09
1307	L3450	shoe heel sach cushion type		NO		NO			$73.99	PA ended eff. 12-1-09
1308	L3455	shoe heel new leather standard		NO		NO			$32.04	PA ended eff. 12-1-09
1309	L3460	shoe heel new rubber standard		NO		NO			$27.02	PA ended eff. 12-1-09

	A	B	C	D	E	F	G	H	I	J
1310	L3465	shoe heel thomas with wedge		NO		NO			$41.01	PA ended eff. 12-1-09
1311	L3470	shoe heel thomas extend to B		NO		NO			$43.68	PA ended eff. 12-1-09
1312	L3480	shoe heel pad &depress for		NO		NO			$43.68	PA ended eff. 12-1-09
1313	L3485	shoe heel pad removeable for		NO		NO			$19.00	PA ended eff. 12-1-09
1314	L3500	ortho shoe add leather insol		NO		NO			$20.50	PA ended eff. 12-1-09
1315	L3510	orthopedic shoe add rub insl		NO		NO			$20.50	PA ended eff. 12-1-09
1316	L3520	ortho shoe add felt w leather insol		NO		NO			$22.29	PA ended eff. 12-1-09
1317	L3530	ortho shoe add half sole		NO		NO			$22.29	PA ended eff. 12-1-09
1318	L3540	ortho shoe add full sole		NO		NO			$35.66	PA ended eff. 12-1-09
1319	L3550	ortho shoe add standard toe tap		NO		NO			$7.01	PA ended eff. 12-1-09
1320	L3560	ortho shoe add horseshoe toe tap		NO		NO			$18.02	PA ended eff. 12-1-09
1321	L3570	ortho shoe add instep extension		NO		NO			$67.06	PA ended eff. 12-1-09
1322	L3580	ortho shoe add instep velcro clos		NO		NO			$51.04	PA ended eff. 12-1-09
1323	L3590	ortho shoe convert firm to soft count		NO		NO			$42.04	PA ended eff. 12-1-09
1324	L3595	ortho shoe add march bar		NO		NO			$30.56	PA ended eff. 12-1-09
1325	L3600	Trans shoe calip plate exist		NO		NO			$60.06	
1326	L3610	Trans shoe caliper plate new		NO		NO			$79.08	
1327	L3620	Trans shoe solid stirrup existing		NO		NO			$60.06	
1328	L3630	Trans shoe solid stirrup new		NO		NO			$79.08	
1329	L3640	Shoe Dennis Browne splint both		NO		NO			$34.03	
1330	L3649	orthopedic shoe modification NOS	Y/12 months	YES		NO			M	

	A	B	C	D	E	F	G	H	I	J
1331	L3650	Shlder fig 8 abduct restrain		NO		NO			$42.06	
1332	L3660	Abduct restrainer canvas&web		NO		NO			$72.21	
1333	L3670	Acromio/clavicular canvas&we		NO		NO			$100.66	
1334	L3671	Shoulder othosis, cap design w/o joints	Y/12 months	YES		NO			$623.06	added to fee schedule7/26/07
1335	L3675	Canvas vest SO		NO		NO			$123.30	
1336	L3702	elbow orthosis w/o joints, may include soft interface, straps, custom fabricated incl. fitting & adj.	Y/12 months	YES		NO			M	added to fee schedule03/08 with effective DOS 5/1/07
1337	L3710	Elbow elastic with metal joi		NO		NO			$101.87	
1338	L3720	Forearm/arm cuffs free motio	Y/ 12 months	YES		NO			$508.23	
1339	L3730	Forearm/arm cuffs ext/flex a	Y/ 12 months	YES		NO			$669.04	
1340	L3740	Cuffs adj lock w/ active con	Y/ 12 months	YES		NO			$751.88	
1341	L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj		NO		NO			$335.71	PA removed eff. 8/1/10
1342	L3762	Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/adj.		NO		NO			$63.37	
1343	L3763	elbow wrist hand orthosis rigid w/o joints custom fab incl. fitting & adj.	Y/12 months	YES		NO			$501.18	code added to fee schedule 10/12/07 former rate $886.65 change eff. 1/15/08
1344	L3806	WHFO, incl. 1 or more nontorsion joints. Custom	Y/12 months	YES		NO			$376.35	code added to fee schedule 01/02/2007; rate set eff. 1/15/08 rate adj. 8/1/08 from $286.74; rate change eff. DOS 4/1/09; former rate purchase $517.69

	A	B	C	D	E	F	G	H	I	J
1345	L3807	WHFO w/o joints, prefab includes fitting and adjustments any type		NO		NO			$175.69	
1346	L3808	WHFO, rigid w/o joints, custom,	Y/12 months	YES		NO			$276.74	rate set 08/01/2007; rate adj. 8/1/08 from $195.15; rate change 3/1/10 from $488.89
1347	L3891	Addt. to upper ext. joint, wrist, or elbow, custom fabricated only, each	Y/12 minths	YES		NO			M	CMS added 1/1/2010
1348	L3900	Hinge extension/flex wrist/f	Y/ 12 months	YES		NO			$1,097.63	
1349	L3901	Hinge ext/flex wrist finger	Y/ 12 months	YES		NO			$1,230.73	
1350	L3904	Whfo electric custom fitted	Y/ 12 months	YES		NO			$2,505.44	
1351	L3905	wrist/hand orthosis custom	Y/12 months	YES		NO			$301.89	code added to fee schedule 04/02/2007 rate set 08/01/2007; rate adj. eff. 8/1/08 from $685.74
1352	L3906	Wrist hand orthosis, w/o joints, custom	Y/12 months	YES		NO			$296.41	
1353	L3907	Whfo wrist gauntlt thmb spica							CMS DC	1/08
1354	L3908	Wrist cock-up non-molded		NO		NO			$42.10	
1355	L3912	Flex glove w/elastic finger		NO		NO			$67.55	
1356	L3913	Hand finger orthosis, w/o joints, may include soft interface, straps, custom fabricated, incl fitting & adjustment, each	Y/12 months	YES		NO			$170.97	added to fee schedule 8-8-08 for DOS 4-1-08 and after
1357	L3915	WHFO, rigid with 1 or more joints, prefab,		NO		NO			$367.58	PA removed eff. 8/1/10
1358	L3917	hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and adj.		NO		NO			$62.25	
1359	L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj		NO		NO			$54.91	former rate $27.35 change eff. 1/15/08

	A	B	C	D	E	F	G	H	I	J
1360	L3925	Finger orthosis, PIP/DIP, non-torsion joint/spring, ext./flex., pre-fab, incl fitting & adj., each		NO		NO			$33.35	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1361	L3927	Finger orthosis, PIP/DIP, non-torsion w/o joint/spring, ext./flex., pre-fab, incl fitting & adj., each				NO			$22.09	CMS code addition 1/08; rate set 8/1/08; PA removed
1362	L3929	Hand finger orthosis, incl. 1 or more nontorsion joints, turnbuckles, elastic bands/spring, straps, pre-fab, incl. fitting & adj., each		NO		NO			$53.14	CMS code addition 1/08 rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1363	L3931	Wrist, hand, finger orthosis, incl. 1 or more nontorsion joints,turnbuckles, elastic bands/springs, straps, pre-fab, incl. fitting & adj., each		NO		NO			$128.55	CMS code addition 1/08; rate set eff. 1/15/08; PA req. removed eff. 1/15/08. system updated.
1364	L3933	Finger orthosis, w/o joints, may include soft interface, custom fabricated, incl. fitting & adjustment, each	Y/12 months	YES		NO			$176.79	code added 5/10
1365	L3956	addt. Of joint to upper ext orth. any material, per joint	Y/12 months	YES		NO			M	4/2/2007
1366	L3960	Sewho airplan desig abdu pos	Y/ 12 months	YES		NO			$579.15	
1367	L3962	Sewho erbs palsey design abd	Y/ 12 months	YES		NO			$603.04	
1368	L3964	Seo mobile arm sup att to wc	Y/ 12 months	YES		Y/ month	YES	$59.42	$594.21	
1369	L3965	Arm supp att to wc rancho ty	Y/ 12 months	YES		Y/ month	YES	$94.82	$948.19	
1370	L3966	Mobile arm supports reclinin	Y/ 12 months	YES		Y/ month	YES	$63.21	$632.12	

	A	B	C	D	E	F	G	H	I	J
1371	L3968	Friction dampening arm supp	Y/ 12 months	YES		Y/ month	YES	$87.87	$878.65	
1372	L3969	Monosuspension arm/hand supp	Y/ 12 months	YES		Y/ month	YES	$63.21	$632.12	
1373	L3970	Elevat proximal arm support		NO		NO			$252.86	
1374	L3971	SEHWO, shoulder cap design, custom fabricated	Y/12 months	YES		NO			$1,248.33	code added to fee schedule01/02/2007
1375	L3972	Offset/lat rocker arm w/ ela		NO		NO			$160.79	
1376	L3974	Mobile arm support supinator		NO		NO			$128.59	
1377	L3980	Upp ext fx orthosis humeral		NO		NO			$217.21	
1378	L3982	Upper ext fx orthosis rad/ul		NO		NO			$268.36	
1379	L3984	Upper ext fx orthosis wrist		NO		NO			$286.46	
1380	L3995	Add. To upper ext. sock, fracture, or equal, each		NO		NO			$24.05	
1381	L3999	Upper limb orthosis, not otherwise specified	Y/ 12 months	YES		NO			M	
1382	L4000	Repl girdle milwaukee orth	Y/ 12 months	YES		NO			$936.66	
1383	L4002	Replacement strap, any orthosis, includes all components, any lgth., any type	Y/12months	YES		NO			M	
1384	L4010	Replace trilateral socket brim	Y/ 12 months	YES		NO			$527.10	
1385	L4020	Replace quadlat socket brim	Y/ 12 months	YES		NO			$658.39	
1386	L4030	Replace socket brim cust fit	Y/ 12 months	YES		NO			$362.50	
1387	L4040	Replace molded thigh lacer	Y/ 12 months	YES		NO			$293.09	
1388	L4045	Replace non-molded thigh lac		NO		NO			$235.52	
1389	L4050	Replace molded calf lacer	Y/ 12 months	YES		NO			$296.42	
1390	L4055	Replace non-molded calf lace		NO		NO			$191.94	
1391	L4060	Replace high roll cuff		NO		NO			$228.18	
1392	L4070	Replace prox & dist upright		NO		NO			$217.71	
1393	L4080	Repl met band kafo-afo prox		NO		NO			$76.74	
1394	L4090	Repl met band kafo-afo calf/		NO		NO			$67.93	
1395	L4100	Repl leath cuff kafo prox th		NO		NO			$76.62	
1396	L4110	Repl leath cuff kafo-afo cal		NO		NO			$60.89	
1397	L4130	Replace pretibial shell		NO		NO			$419.07	PA removed eff. 8/1/10

	A	B	C	D	E	F	G	H	I	J
1398	L4205	Repair orthotic device per 15 min labor	Y/12 months if PA required	YES > $500		NO			$10.00	PA requirement raised eff 8/1/10
1399	L4210	repair or replace minor parts	Y/12 months if PA required	YES > $500		NO			$32.03	PA requirement raised eff 8/1/10
1400	L4350	Pneumatic ankle cntrl splint		NO		NO			$75.50	
1401	L4360	Pneumatic walking splint		NO		NO			$211.22	
1402	L4370	Pneumatic full leg splint		NO		NO			$135.55	
1403	L4380	Pneumatic knee splint		NO		NO			$83.11	
1404	L4386	Non-pneumatic walking boot		NO		NO			$109.98	former rate $83.11 change eff. 1/15/08
1405	L4394	Replacement Foot Drop Splint		NO		NO			$13.13	
1406	L4396	Static AFO		NO		NO			$129.57	
1407	L4398	Foot drop splint recumbent		NO		NO			$59.63	
1408	L5000	Sho insert w arch toe filler	Y/ 12 months	YES		NO			$404.82	
1409	L5010	Mold socket ank hgt w/ toe f	Y/ 12 months	YES		NO			$977.72	
1410	L5020	Tibial tubercle hgt w/ toe f	Y/ 12 months	YES		NO			$1,660.43	
1411	L5050	Ank symes mold sckt sach ft	Y/ 12 months	YES		NO			$1,836.74	
1412	L5060	Symes met fr leath socket ar	Y/ 12 months	YES		NO			$2,112.77	
1413	L5100	Molded socket shin sach foot	Y/ 12 months	YES		NO			$1,840.79	
1414	L5105	Plast socket jts/thgh lacer	Y/ 12 months	YES		NO			$2,657.36	
1415	L5150	Mold sckt ext knee shin sach	Y/ 12 months	YES		NO			$2,686.23	
1416	L5160	Mold socket bent knee shin s	Y/ 12 months	YES		NO			$2,921.76	
1417	L5200	Knee sing axis fric shin sach	Y/ 12 months	YES		NO			$2,797.99	
1418	L5210	No knee/ankle joints w/ ft b	Y/ 12 months	YES		NO			$1,856.19	
1419	L5220	No knee joint with artic ali	Y/ 12 months	YES		NO			$2,109.89	
1420	L5230	Fem focal defic constant fri	Y/ 12 months	YES		NO			$2,909.97	
1421	L5250	Hip canadian sing axi cons fric	Y/ 12 months	YES		NO			$3,968.93	
1422	L5270	Tilt table locking hip sing	Y/ 12 months	YES		NO			$3,951.32	
1423	L5280	Hemipelvect canadian sing axis	Y/ 12 months	YES		NO			$3,921.05	
1424	L5301	Below Knee molded socket, shin each foot, endosketal system	Y/ 12 months	YES		NO			$2,205.98	

	A	B	C	D	E	F	G	H	I	J
1425	L5311	Knee disarticulation , molded socket, external knee joints, shin,sach foot endo	Y/ 12 months	YES		NO			$2,964.15	rate change 08/01/2007
1426	L5321	Above Knee, molded socket, open end, sach foot, endoskelttal system, single axis knee	Y/ 12 months	YES		NO			$3,197.63	
1427	L5331	Hip disarticulation, Canadian type, molded socket endoskeletal system, hip joint, single	Y/ 12 months	YES		NO			$3,824.67	rate change 08/01/2007
1428	L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal hip joint single axis knee	Y/ 12 months	YES		NO			$3,981.49	rate change 08/01/2007
1429	L5400	Postop dress & 1 cast chg bk	Y/ 12 months	YES		NO			$1,041.72	
1430	L5410	Postop dsg bk ea add cast ch	Y/ 12 months	YES		NO			$319.61	
1431	L5420	Postop dsg & 1 cast chg ak/d	Y/ 12 months	YES		NO			$1,276.60	
1432	L5430	Postop dsg ak ea add cast ch	Y/ 12 months	YES		NO			$384.93	
1433	L5450	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			$313.15	
1434	L5460	Postop app non-wgt bear dsg	Y/ 12 months	YES		NO			$417.21	
1435	L5500	Init bk ptb plaster direct	Y/ 12 months	YES		NO			$982.44	
1436	L5505	Init ak ischal plstr direct	Y/ 12 months	YES		NO			$1,358.73	
1437	L5510	Prep BK ptb plaster molded	Y/ 12 months	YES		NO			$1,113.65	
1438	L5520	Perp BK ptb thermopls direct	Y/ 12 months	YES		NO			$1,100.03	
1439	L5530	Prep BK ptb thermopls molded	Y/ 12 months	YES		NO			$1,321.24	
1440	L5535	Prep BK ptb open end socket	Y/ 12 months	YES		NO			$1,279.19	
1441	L5540	Prep BK ptb laminated socket	Y/ 12 months	YES		NO			$1,384.52	
1442	L5560	Prep AK ischial plast molded	Y/ 12 months	YES		NO			$1,486.72	
1443	L5570	Prep AK ischial direct form	Y/ 12 months	YES		NO			$1,545.67	
1444	L5580	Prep AK ischial thermo mold	Y/ 12 months	YES		NO			$1,804.46	
1445	L5585	Prep AK ischial open end	Y/ 12 months	YES		NO			$2,220.69	
1446	L5590	Prep AK ischial laminated	Y/ 12 months	YES		NO			$1,838.87	
1447	L5595	Hip disartic sach thermopls	Y/ 12 months	YES		NO			$3,248.61	
1448	L5600	Hip disart sach laminat mold	Y/ 12 months	YES		NO			$3,492.11	
1449	L5610	Above knee hydracadence	Y/ 12 months	YES		NO			$1,583.72	
1450	L5611	Ak 4 bar link w/fric swing	Y/ 12 months	YES		NO			$1,232.45	
1451	L5613	Ak 4 bar ling w/hydraul swig	Y/ 12 months	YES		NO			$1,926.89	
1452	L5614	4-bar link above knee w/swng	Y/ 12 months	YES		NO			$1,305.33	

	A	B	C	D	E	F	G	H	I	J
1453	L5616	Ak univ multiplex sys frict	Y/ 12 months	YES		NO			$1,041.28	
1454	L5617	AK/BK self-aligning unit ea		NO		NO			$432.81	PA removed eff 8/1/10
1455	L5618	Test socket symes	Y/12 months	NO		NO			$228.97	PA removed effective 8-1-08.
1456	L5620	Test socket below knee		NO		NO			$212.67	
1457	L5622	Test socket knee disarticula		NO		NO			$277.31	
1458	L5624	Test socket above knee		NO		NO			$278.10	
1459	L5626	Test socket hip disarticulat		NO		NO			$364.71	PA removed eff 8/1/10
1460	L5628	Test socket hemipelvectomy		NO		NO			$389.97	PA removed eff 8/1/10
1461	L5629	Below knee acrylic socket		NO		NO			$243.10	
1462	L5630	Syme typ expandabl wall sckt		NO		NO			$343.30	PA removed eff 8/1/10
1463	L5631	Ak/knee disartic acrylic soc		NO		NO			$336.10	PA removed eff 8/1/10
1464	L5632	Symes type ptb brim design s		NO		NO			$187.58	
1465	L5634	Symes type poster opening so		NO		NO			$232.68	
1466	L5636	Symes type medial opening so		NO		NO			$194.91	
1467	L5637	Below knee total contact		NO		NO			$220.98	
1468	L5638	Below knee leather socket		NO		NO			$384.95	PA removed eff 8/1/10
1469	L5639	Below knee wood socket	Y/ 12 months	YES		NO			$857.64	
1470	L5640	Knee disarticulat leather so		NO		NO			$489.13	PA removed eff 8/1/10
1471	L5642	Above knee leather socket		NO		NO			$473.93	PA removed eff 8/1/10
1472	L5643	Hip flex inner socket ext fr	Y/ 12 months	YES		NO			$1,190.58	
1473	L5644	Above knee wood socket		NO		NO			$451.81	PA removed eff 8/1/10
1474	L5645	Ak flexibl inner socket ext	Y/ 12 months	YES		NO			$610.34	
1475	L5646	Below knee air cushion socket		NO		NO			$419.12	PA removed eff 8/1/10
1476	L5647	Below knee suction socket	Y/ 12 months	YES		NO			$608.48	
1477	L5648	Above knee air cushion socket	Y/ 12 months	YES		NO			$503.62	

	A	B	C	D	E	F	G	H	I	J
1478	L5649	Isch containmt/narrow m-l so	Y/ 12 months	YES		NO			$1,824.88	
1479	L5650	Tot contact ak/knee disart s		NO		NO			$373.43	PA removed eff 8/1/10
1480	L5651	Ak flex inner socket ext fra	Y/ 12 months	YES		NO			$918.63	
1481	L5652	Suction susp ak/knee disart		NO		NO			$333.50	PA removed eff 8/1/10
1482	L5653	Knee disart expand wall sock		NO		NO			$445.19	PA removed eff 8/1/10
1483	L5654	Socket insert symes		NO		NO			$253.68	
1484	L5655	Socket insert below knee		NO		NO			$214.98	
1485	L5656	Socket insert knee articulat		NO		NO			$288.41	
1486	L5658	Socket insert above knee		NO		NO			$278.13	
1487	L5661	Multi-durometer symes		NO		NO			$465.50	PA removed eff 8/1/10
1488	L5665	Multi-durometer below knee		NO		NO			$391.67	PA removed eff 8/1/10
1489	L5666	Below knee cuff suspension		NO		NO			$53.55	
1490	L5668	Socket insert w/o lock lower		NO		NO			$86.37	
1491	L5670	Bk molded supracondylar susp	Y/12 months	YES		NO			$207.57	
1492	L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism		NO		NO			$432.87	PA removed eff 8/1/10
1493	L5672	Bk removable medial brim sus		NO		NO			$228.10	PA removed eff 12/09
1494	L5673	below knee/above knee socket insert, silicone gel or elastomeric w/locking mech, custom	Y/ 12 months	YES		NO			$456.19	
1495	L5676	Bk knee joints single axis pair		NO		NO			$277.19	PA removed eff 8/1/10
1496	L5677	Bk knee joints polycentric pair		NO		NO			$377.16	PA removed eff 8/1/10
1497	L5678	Bk joint covers pair	Y/ 12 months	NO		NO			$30.37	
1498	L5679	below knee/above knee socket insert, silicone gel or elastomeric no locking mech, custom	Y/ 12 months	YES		NO			$380.15	

	A	B	C	D	E	F	G	H	I	J
1499	L5680	Bk thigh lacer non-molded		NO		NO			$253.53	
1500	L5681	below knee/above knee, custom fab. Socket inset initial only for cong. Or atypical	Y/12 months	YES		NO			$853.43	
1501	L5682	Bk thigh lacer glut/ischia molded	Y/ 12 months	YES		NO			$478.39	
1502	L5683	below knee/above knee, custom fab, socket inset, initial only not cong.or atypical	Y/ 12 months	YES		NO			$853.43	
1503	L5684	Bk fork strap		NO		NO			$36.81	
1504	L5685	Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any mat. Each		NO		NO			$93.48	rate set 01/02/2007
1505	L5686	below knee back check extension control		NO		NO			$39.08	
1506	L5688	Bk waist belt webbing		NO		NO			$46.72	
1507	L5690	Bk waist belt padded and lin		NO		NO			$74.85	
1508	L5692	Ak pelvic control belt light		NO		NO			$101.64	
1509	L5694	Ak pelvic control belt pad/l		NO		NO			$138.77	
1510	L5695	Ak sleeve susp neoprene/equa		NO		NO			$128.11	
1511	L5696	Ak/knee disartic pelvic join		NO		NO			$141.54	
1512	L5697	Ak/knee disartic pelvic band		NO		NO			$61.41	
1513	L5698	Ak/knee disartic silesian ba		NO		NO			$100.41	
1514	L5699	Shoulder harness		NO		NO			$180.89	
1515	L5700	Replace socket below knee	Y/ 12 months	YES		NO			$2,191.70	
1516	L5701	Replace socket above knee	Y/ 12 months	YES		NO			$2,632.07	
1517	L5702	Replace socket hip	Y/ 12 months	YES		NO			$3,329.96	
1518	L5704	Custom shape covr below knee	Y/ 12 months	YES		NO			$410.01	
1519	L5705	Custom shape cover above knee	Y/ 12 months	YES		NO			$732.61	
1520	L5706	Custom shape cvr knee disart	Y/ 12 months	YES		NO			$718.17	
1521	L5707	Custom shape cover hip disart	Y/ 12 months	YES		NO			$946.80	
1522	L5710	Kne-shin exo sng axi mnl loc		NO		NO			$286.07	PA removed 12/09
1523	L5711	Knee-shin exo mnl lock ultra		NO		NO			$399.82	PA removed eff 8/1/10
1524	L5712	Knee-shin exo frict swg & st		NO		NO			$335.03	PA removed eff 8/1/10

	A	B	C	D	E	F	G	H	I	J
1525	L5714	Knee-shin exo variable frict		NO		NO			$344.12	PA removed eff 8/1/10
1526	L5716	Knee-shin exo mech stance ph	Y/ 12 months	YES		NO			$557.52	
1527	L5718	Knee-shin exo frct swg & sta	Y/ 12 months	YES		NO			$696.84	
1528	L5722	Knee-shin pneum swg frct exo	Y/ 12 months	YES		NO			$736.18	
1529	L5724	Knee-shin exo fluid swing ph	Y/ 12 months	YES		NO			$1,154.61	
1530	L5726	Knee-shin ext jnts fld swg e	Y/ 12 months	YES		NO			$1,330.67	
1531	L5728	Knee-shin fluid swg & stance	Y/ 12 months	YES		NO			$1,820.17	
1532	L5780	Knee-shin pneum/hydra pneum	Y/ 12 months	YES		NO			$875.78	
1533	L5781	Addt. to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Y/ 12 months	YES		NO			M	added 1/1/09
1534	L5782	Addt. To lower leg prosth. Vacuum	Y/12 months	YES		NO			$3,211.21	added to fee schedule 01/02/2007 rate set 08/01/2007
1535	L5785	Exoskeletal bk ultralt mater		NO		NO			$492.30	PA removed eff 8/1/10
1536	L5790	Exoskeletal ak ultra-light m	Y/ 12 months	YES		NO			$550.01	
1537	L5795	Exoskel hip ultra-light mate	Y/ 12 months	YES		NO			$1,095.08	
1538	L5810	Endoskel knee-shin mnl lock		NO		NO			$372.42	PA removed eff 8/1/10
1539	L5811	Endo knee-shin mnl lck ultra	Y/ 12 months	YES		NO			$557.88	
1540	L5812	Endo knee-shin frct swg & st		NO		NO			$432.41	PA removed eff 8/1/10
1541	L5814	Endo knee-shin hydral swg ph	Y/ 12 months	YES		NO			$2,872.88	
1542	L5816	Endo knee-shin polyc mch sta	Y/ 12 months	YES		NO			$654.45	
1543	L5818	Endo knee-shin frct swg & st	Y/ 12 months	YES		NO			$734.59	
1544	L5822	Endo knee-shin pneum swg frc	Y/ 12 months	YES		NO			$1,302.61	
1545	L5824	Endo knee-shin fluid swing p	Y/ 12 months	YES		NO			$1,173.08	
1546	L5826	Miniature knee joint	Y/ 12 months	YES		NO			$2,415.72	
1547	L5828	Endo knee-shin fluid swg/sta	Y/ 12 months	YES		NO			$2,160.14	
1548	L5830	Endo knee-shin pneum/swg pha	Y/ 12 months	YES		NO			$1,451.50	
1549	L5840	Multi-axial knee/shin system	Y/ 12 months	YES		NO			$2,683.82	
1550	L5845	Knee-shin sys stance flexion	Y/ 12 months	YES		NO			$1,386.49	

	A	B	C	D	E	F	G	H	I	J
1551	L5848	Knee-shin system dampening feature	Y/ 12 months	YES		NO			$818.60	rate change 08/01/2007
1552	L5850	Endo ak/hip knee extens assi		NO		NO			$97.86	
1553	L5855	Mech hip extension assist	Y/12 months	NO		NO			$262.95	
1554	L5856	Addt. To lower ext. prosthesis, knee shin sys.,microprocessor, incl. Sensor , any type	Y/12 months	PA YES Requires Departme nt Review		NO			$17,521.83	
1555	L5857	Addt. To lower ext. prosth., swing phase only knee shin sys.,micro, incl. Sensor , any type	Y/12 months	PA YES Requires Departme nt Review		NO			$6,217.38	
1556	L5858	Addt. To lower ext. prosth, knee shin sys.,micro, incl. Sens , stance phase	Y/12 months	PA YES Requires Departme nt Review		NO			$13,565.30	
1557	L5910	Addt. Endoskeleton, below knee, alignable system		NO		NO			$277.04	
1558	L5920	Endo ak/hip alignable system		NO		NO			$405.87	PA removed eff 8/1/10
1559	L5925	Above knee manual lock		NO		NO			$342.70	PA removed eff 8/1/10
1560	L5930	High activity knee frame	Y/ 12 months	YES		NO			$2,603.69	
1561	L5940	Endo bk ultra-light material		NO		NO			$383.70	PA removed eff 8/1/10
1562	L5950	Endo ak ultra-light material	Y/ 12 months	YES		NO			$599.95	
1563	L5960	Endo hip ultra-light materia	Y/ 12 months	YES		NO			$737.43	
1564	L5962	Below knee flex cover system		NO		NO			$485.31	PA removed eff 8/1/10
1565	L5964	addt. Endoskeleton above knee, flexible protective outer surface	Y/ 12 months	YES		NO			$643.61	code active 8/1/07 rate set 1/15/08
1566	L5966	Hip flexible cover system	Y/ 12 months	YES		NO			$912.85	

	A	B	C	D	E	F	G	H	I	J
1567	L5968	Multiaxial ankle w dorsiflex	Y/ 12 months	YES		NO			$2,811.03	
1568	L5970	Foot external keel sach foot		NO		NO			$155.35	
1569	L5971	All lower extremity prosthesis, SACH foot, replacement only		NO		NO			$183.19	code added 6/09 eff. Date 1/1/09
1570	L5972	Flexible keel foot		NO		NO			$290.18	
1571	L5973	Endoskeletal ankle foot system, microprocessor, incl. power source	Y/12 months	YES		NO			M	CMS added 1/1/10
1572	L5974	Foot single axis ankle/foot		NO		NO			$178.25	
1573	L5975	Combo ankle/foot prosthesis		NO		NO			$358.62	PA removed eff 8/1/10
1574	L5976	Energy storing foot	Y/ 12 months	YES		NO			$428.39	
1575	L5978	Ft prosth multiaxial ankl/ft		NO		NO			$223.23	
1576	L5979	Multi-axial ankle/ft prosth	Y/ 12 months	YES		NO			$1,745.41	
1577	L5980	Flex foot system	Y/ 12 months	YES		NO			$2,836.17	
1578	L5981	Flex-walk sys low ext prosth	Y/ 12 months	YES		NO			$2,291.24	
1579	L5982	Exoskeletal axial rotation		NO		NO			$442.22	PA removed eff 8/1/10
1580	L5984	Endoskeletal axial rotation, w/wo adjustability		NO		NO			$435.77	PA removed eff 8/1/10
1581	L5985	Lwr ext dynamic prosth pylon		NO		NO			$218.43	
1582	L5986	Multi-axial rotation unit		NO		NO			$484.73	PA removed eff 8/1/10
1583	L5987	Shank ft w vert load pylon	Y/ 12 months	YES		NO			$5,564.74	
1584	L5988	Vertical shock reducing pylo	Y/ 12 months	YES		NO			$1,545.31	
1585	L5990	addt. To lower ext. user adj. ht	Y/12 months	YES		NO			$1,381.13	07/02/2007 code added rate set 08/01/2007
1586	L5999	Lower extremity prosthesis, NOC	Y/12 months	YES		NO			M	eff DOS 7/1/10 and after
1587	L6000	Par hand robin-aids thum rem	Y/ 12 months	YES		NO			$1,016.37	
1588	L6010	Hand robin-aids little/ring	Y/ 12 months	YES		NO			$1,131.05	
1589	L6020	Part hand robin-aids no fing	Y/ 12 months	YES		NO			$1,054.53	
1590	L6050	Wrst MLd sck flx hng tri pad	Y/ 12 months	YES		NO			$1,453.10	
1591	L6055	Wrst mold sock w/exp interfa	Y/ 12 months	YES		NO			$2,025.24	
1592	L6100	Elb mold sock flex hinge pad	Y/ 12 months	YES		NO			$1,472.21	
1593	L6110	Elbow mold sock suspension t	Y/ 12 months	YES		NO			$1,561.53	

	A	B	C	D	E	F	G	H	I	J
1594	L6120	Elbow mold doub splt soc ste	Y/ 12 months	YES		NO			$1,819.73	
1595	L6130	Elbow stump activated lock h	Y/ 12 months	YES		NO			$1,980.21	
1596	L6200	Elbow mold outsid lock hinge	Y/ 12 months	YES		NO			$2,086.82	
1597	L6205	Elbow molded w/ expand inter	Y/ 12 months	YES		NO			$2,785.58	
1598	L6250	Elbow inter loc elbow forarm	Y/ 12 months	YES		NO			$2,186.51	
1599	L6300	Shlder disart int lock elbow	Y/ 12 months	YES		NO			$2,849.88	
1600	L6310	Shoulder passive restor comp	Y/ 12 months	YES		NO			$2,460.73	
1601	L6320	Shoulder passive restor cap	Y/ 12 months	YES		NO			$1,344.26	
1602	L6350	Thoracic intern lock elbow	Y/ 12 months	YES		NO			$2,996.21	
1603	L6360	Thoracic passive restor comp	Y/ 12 months	YES		NO			$2,694.62	
1604	L6370	Thoracic passive restor cap	Y/ 12 months	YES		NO			$1,612.38	
1605	L6380	Postop dsg cast chg wrst/elb	Y/ 12 months	YES		NO			$934.33	
1606	L6382	Postop dsg cast chg elb dis/	Y/ 12 months	YES		NO			$1,405.68	
1607	L6384	Postop dsg cast chg shlder/t	Y/ 12 months	YES		NO			$1,944.59	
1608	L6386	Postop ea cast chg & realign		NO		NO			$307.19	PA removed eff 8/1/10
1609	L6388	Postop applicat rigid dsg on		NO		NO			$336.28	PA removed eff 8/1/10
1610	L6400	Below elbow prosth tiss shap	Y/ 12 months	YES		NO			$1,774.96	
1611	L6450	Elb disart prosth tiss shap	Y/ 12 months	YES		NO			$2,371.31	
1612	L6500	Above elbow prosth tiss shap	Y/ 12 months	YES		NO			$2,480.88	
1613	L6550	Shldr disar prosth tiss shap	Y/ 12 months	YES		NO			$2,982.06	
1614	L6570	Scap thorac prosth tiss shap	Y/ 12 months	YES		NO			$3,348.04	
1615	L6580	Wrist/elbow bowden cable mol	Y/ 12 months	YES		NO			$1,278.22	
1616	L6582	Wrist/elbow bowden cbl dir f	Y/ 12 months	YES		NO			$1,157.71	
1617	L6584	Elbow fair lead cable molded	Y/ 12 months	YES		NO			$1,815.60	
1618	L6586	Elbow fair lead cable dir fo	Y/ 12 months	YES		NO			$1,699.10	
1619	L6588	Shdr fair lead cable molded	Y/ 12 months	YES		NO			$2,232.58	
1620	L6590	Shdr fair lead cable direct	Y/ 12 months	YES		NO			$2,120.63	
1621	L6600	Polycentric hinge pair		NO		NO			$143.48	
1622	L6605	Single pivot hinge pair		NO		NO			$141.67	
1623	L6610	Flexible metal hinge pair		NO		NO			$136.06	

	A	B	C	D	E	F	G	H	I	J
1624	L6611	Addt. To upper ext. prosthesis, ext. pwr switch addt.				NO			$286.13	01/02/2007 code added; rate set 08/01/2007; former rate 131.43; change eff. 1/15/08; PA removed eff 12/09
1625	L6615	Disconnect locking wrist uni		NO		NO			$146.60	
1626	L6616	Disconnect insert locking wr		NO		NO			$54.32	
1627	L6620	Flexion-friction wrist unit		NO		NO			$234.55	
1628	L6623	Spring-asst. rot wrst w/ latch	Y/ 12 months	YES		NO			$654.24	
1629	L6624	Upper ext. addt. Flex. Ext rotation wrist	Y/12 months	YES		NO			$2,867.06	01/02/2007 code added rate set 08/01/2007
1630	L6625	Rotation wrst w/ cable lock		NO		NO			$464.86	PA removed eff 8/1/10
1631	L6628	Quick disconn hook adapter o		NO		NO			$366.44	PA removed eff 8/1/10
1632	L6629	Lamination collar w/ couplin		NO		NO			$111.91	
1633	L6630	Stainless steel any wrist		NO		NO			$164.86	
1634	L6632	Latex suspension sleeve each		NO		NO			$57.26	
1635	L6635	Lift assist for elbow		NO		NO			$134.73	
1636	L6637	Nudge control elbow lock		NO		NO			$287.38	PA removed 12/09
1637	L6638	upper ext addt. To prosth. Electric locking only for use with manually powered elbow	Y/12 months	YES		NO			$1,903.77	01/02/2007 code added rate set 08/01/2007
1638	L6640	Shoulder abduction joint pai		NO		NO			$255.30	PA removed 12/09
1639	L6641	Excursion amplifier pulley t		NO		NO			$122.71	
1640	L6642	Excursion amplifier lever ty		NO		NO			$166.33	PA removed 12/09
1641	L6645	Shoulder flexion-abduction joint, each		NO		NO			$307.03	PA removed eff 8/1/10

	A	B	C	D	E	F	G	H	I	J
1642	L6650	Shoulder universal joint, each		NO		NO			$318.77	PA removed eff 8/1/10
1643	L6655	Standard control cable extra		NO		NO			$62.66	
1644	L6660	Heavy duty control cable		NO		NO			$70.21	
1645	L6665	Teflon or equal cable lining		NO		NO			$35.23	
1646	L6670	Hook to hand cable adapter		NO		NO			$38.95	
1647	L6672	Harness chest/shlder saddle		NO		NO			$154.58	
1648	L6675	Harness figure of 8 sing con		NO		NO			$91.86	
1649	L6676	Harness figure of 8 dual con		NO		NO			$106.19	
1650	L6680	Test sock wrist disart/bel e		NO		NO			$177.47	
1651	L6682	Test sock elbw disart/above		NO		NO			$196.22	
1652	L6684	Test socket shldr disart/tho		NO		NO			$266.63	
1653	L6686	Suction socket	Y/ 12 months	YES		NO			$602.12	
1654	L6687	Frame typ socket bel ow elbow or wrist		NO		NO			$441.23	PA removed eff 8/1/10
1655	L6688	Frame typ sock above elbow or elbow disarticulation		NO		NO			$438.57	PA removed eff 8/1/10
1656	L6689	Frame typ socket shoulder di	Y/ 12 months	YES		NO			$525.45	
1657	L6690	Frame typ sock interscap-tho	Y/ 12 months	YES		NO			$572.59	
1658	L6691	Removable insert each		NO		NO			$265.03	
1659	L6692	Silicone gel insert or equal		NO		NO			$427.78	PA removed eff 8/1/10
1660	L6693	Locking elbow forearm cntrbal	Y/ 12 months	YES		NO			$2,196.10	
1661	L6694	Add. To upper ext. pros.,for use with locking mechanism	Y/ 12 months	YES		NO			$513.22	rate change 01/02/2007
1662	L6695	Add. To upper ext. pros., not for use with locking mechanism, custom	Y/ 12 months	YES		NO			$427.67	rate change 01/02/2007
1663	L6696	Add. To upper ext. pros., congenital or atypical traumatic amputees, initial only	Y/ 12 months	YES		NO			$960.11	rate change 01/02/2007
1664	L6697	Add. To upper ext. pros., other than congenital or traumatic amputees, initial only	Y/ 12 months	YES		NO			$960.11	rate change 01/02/2007
1665	L6698	Add. To upper ext. pros., lock mechanism, excludes socket insert		NO		NO			$415.03	PA removed eff 8/1/10

	A	B	C	D	E	F	G	H	I	J
1666	L6703	term. Device, passive hand mitt, any material, any size		NO		NO			$273.68	01/02/2007 rate set 08/01/2007; PA removed 12/09
1667	L6704	term. Device, sport/rec/work, any material, any size		NO		NO			$448.97	PA removed eff 8/1/10
1668	L6706	term dev hook, mech vol opening, any material, any size		NO		NO			$262.67	01/02/2007 rate set 08/01/2007; PA removed 12/09
1669	L6707	term dev hook, mech vol closing, any material, any size, lined or unlined	Y/12 months	YES		NO			$968.16	01/02/2007 rate set 08/01/2007
1670	L6708	term dev, hand, mech vol opening, any material, any size	Y/12 months	YES		NO			$632.92	01/02/2007 rate set 08/01/2007
1671	L6709	term dev hand, mech vol. closing, any material, any size	Y/12 months	YES		NO			$912.05	01/02/2007 rate set 08/01/2007
1672	L6711	Terminal device, hook, mechanical, vol. opening, any material, any size, lined or unlined, Pediatric, each		NO		NO			$467.23	PA removed eff 8/1/10
1673	L6712	Terminal device, hook,mechanical vol. closing, any material, any size, lined or unlined, Pediatric, each	Y/12 months	YES		NO			$860.28	CMS addition 1-1-09
1674	L6713	Terminal device, hand, mechanical, vol. opening, any material, any size,lined or unlined, Pediatric, each	Y/12 months	YES		NO			$1,085.74	CMS addition 1-1-09
1675	L6714	Terminal device, mechanical, vol. closing, any material, any size, Pediatric, each	Y/12 months	YES		NO			$919.62	CMS addition 1-1-09
1676	L6721	terminal device, hook or hand, hvy, dty., mechanical, vol.opening, any material, any size, lined or unlined, each	Y/12 months	YES		NO			$1,634.55	CMS addition 1-1-09

	A	B	C	D	E	F	G	H	I	J
1677	L6722	Terminal device, hook or hand, heavy duty, mechanical, vol. closing, any material, any size, lined or unlined, each	Y/12 months	YES		NO			$1,409.09	CMS addition 1-1-09
1678	L6805	Modifier wrist flexion unit addt to terminal device		NO		NO			$233.82	01/02/2007 code added; rate change 08/01/2007; former rate $145.18; change
1679	L6810	Addt to terminal device, precision pinch device		NO		NO			$147.53	rate change 01/02/2007
1680	L6881	Automatic grasp, addt. To upper limb elect. Prosth. Terminal device	Y/12 months	YES		NO			$3,112.30	01/02/2007 code added rate set 08/01/2007
1681	L6882	Microprocessor control feature, addt. To upper limb prosth. Terminal device	Y/12 months	YES		NO			$2,360.84	02/01/2007 code added rate set 8/1/2007
1682	L6890	Production glove		NO		NO			$130.10	
1683	L6895	Custom glove	Y/ 12 months	YES		NO			$478.63	
1684	L6900	Hand restorat thumb/1 finger	Y/ 12 months	YES		NO			$1,365.87	
1685	L6905	Hand restoration multiple fi	Y/ 12 months	YES		NO			$1,358.12	
1686	L6910	Hand restoration no fingers	Y/ 12 months	YES		NO			$1,161.34	
1687	L6915	Hand restoration replacmnt g	Y/ 12 months	YES		NO			$585.52	
1688	L6920	Wrist disarticul switch ctrl	Y/ 12 months	YES		NO			$5,105.00	
1689	L6925	Wrist disart myoelectronic c	Y/ 12 months	YES		NO			$6,872.21	
1690	L6930	Below elbow switch control	Y/ 12 months	YES		NO			$5,136.66	
1691	L6935	Below elbow myoelectronic ct	Y/ 12 months	YES		NO			$6,978.86	
1692	L6940	Elbow disarticulation switch	Y/ 12 months	YES		NO			$6,711.38	
1693	L6945	Elbow disart myoelectronic c	Y/ 12 months	YES		NO			$8,200.51	
1694	L6950	Above elbow switch control	Y/ 12 months	YES		NO			$7,628.42	
1695	L6955	Above elbow myoelectronic ct	Y/ 12 months	YES		NO			$9,136.08	
1696	L6960	Shldr disartic switch contro	Y/ 12 months	YES		NO			$10,246.43	
1697	L6965	Shldr disartic myoelectronic	Y/ 12 months	YES		NO			$10,928.19	

	A	B	C	D	E	F	G	H	I	J
1698	L6970	Interscapular-thor switch ct	Y/ 12 months	YES		NO			$11,387.37	
1699	L6975	Interscap-thor myoelectronic	Y/ 12 months	YES		NO			$12,454.12	
1700	L7007	elect. Hand, myoelectric or switch, adult	Y/12 months	YES		NO			$2,590.46	01/02/2007 code added rate set 08/01/2007
1701	L7008	elect. Hand, myoelectric or switch, ped	Y/12 months	YES		NO			$4,077.12	01/02/2007 code added rate set 08/01/2007
1702	L7009	elect hook, switch or myoelect, adult	Y/12 months	YES		NO			$2,643.09	01/02/2007 code added rate set 08/01/2007
1703	L7040	Prehensile actuator switch controlled	Y/ 12 months	YES		NO			$2,156.50	rate change 01/02/2007
1704	L7045	Electric hook, switch or myoelectric controlled, pediatric	Y/ 12 months	YES		NO			$1,236.40	
1705	L7170	Electronic elbow hosmer swit	Y/ 12 months	YES		NO			$5,692.81	
1706	L7180	Electronic elbow utah myoele	Y/ 12 months	YES		NO			$24,740.96	
1707	L7181	electronic elbow, sim. Control of elbow and terminal device	Y/12 months	Requires DMS review YES		NO			$29,245.58	rate change 01/02/2007
1708	L7185	electronic elbow, sim. Variety Village or equal switch control	Y/ 12 months	YES		NO			$5,621.74	
1709	L7186	Electron elbow child switch	Y/ 12 months	YES		NO			$6,766.31	
1710	L7190	Elbow adolescent myoelectron	Y/ 12 months	YES		NO			$5,904.74	
1711	L7191	Elbow child myoelectronic ct	Y/ 12 months	YES		NO			$7,070.40	
1712	L7260	Electron wrist rotator otto	Y/ 12 months	YES		NO			$1,505.42	
1713	L7261	Electron wrist rotator utah	Y/ 12 months	YES		NO			$2,740.44	
1714	L7266	Servo control steeper or equ	Y/ 12 months	YES		NO			$1,009.80	
1715	L7272	Analogue control unb or equa	Y/ 12 months	YES		NO			$1,748.68	
1716	L7274	Proportional ctl 12 volt uta	Y/ 12 months	YES		NO			$4,393.50	
1717	L7360	Six volt battery, each		NO		NO			$182.53	CMS description change 1/08

	A	B	C	D	E	F	G	H	I	J
1718	L7362	Battery charger, six volt, each		NO		NO			$191.65	CMS description change 1/08
1719	L7364	Twelve volt battery , each		NO	2 per year	NO			$304.81	PA removed eff 8/1/10
1720	L7366	Battery charger 12 volt each		NO	1 per 4 years	NO			$410.59	PA removed eff 8/1/10
1721	L7367	lithium ion battery replacement		NO		NO			$296.38	01/02/2007 code added rate set 08/01/2007; PA removed 12/09
1722	L7368	Lithium battery charger		NO	1 per 4 years	NO			$368.37	PA removed eff 8/1/10
1723	L7400	Addt. To upper ext. prosth. Ultralight material		NO		NO			$223.71	rate set 01/02/2007
1724	L7401	Addt. To upper ext. prosthesis above elbow disart. Ultralight material		NO		NO			$261.21	02/01/2007 code added rate set 8/1/2007; PA removed 12/09
1725	L7403	Addt. To upper ext. prosth. acrylic material		NO		NO			$268.11	rate set 01/02/2007
1726	L7404	addt. To upper ext prosth. Above elbow disart. Acrylic		NO		NO			$423.12	PA removed eff 8/1/10
1727	L7499	Upper extremity prosthesis NOS	Y/ 12 months	YES		NO			M	
1728	L7500	Prosthetic dvc repair hourly	Y/12 months if PA required	YES>$500		NO			$58.00	PA restriction raised to $500 eff 8/1/10
1729	L7510	Repair of prosthetic device, minor parts	Y/12 months	PA		NO			M	reimbursement changed from $32.03 to Manual eff. DOS 6-1-09

	A	B	C	D	E	F	G	H	I	J
1730	L7520	Repair prosthetic device, labor component, per 15 min	Y/ 12 months if PA required	YES > $500		NO			$10.00	clarified to indicate labor component; PA restriction raised to $500 eff 8/1/08
1731	L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NO			M	2/1/2007
1732	L7900	Vacuum erection system	Y/ 12 months	YES		NO			$418.65	
1733	L8000	Mastectomy bra	Y/ 12 months if PA required	YES>5	5 per year	NO			$33.65	
1734	L8001	Breast prosthesis , masectomy bra with integrated breast prothesis form, unilateral	Y/ 12 months if PA required	YES>5	5 per year	NO			$91.55	rate set 01/02/2007
1735	L8002	Breast prosthesis, masectomy bra with integrated breast prothesis form, bilateral	Y/ 12 months if PA required	YES>5	5 per year	NO			$120.43	rate change 01/02/2007
1736	L8010	Mastectomy sleeve		NO		NO			$47.84	
1737	L8015	Ext breast prosthesis garment		NO		NO			$46.36	
1738	L8020	Mastectomy form	Y/12 months if PA required	YES >2	2 per year	NO			$174.40	rate change 01/02/2007; qt corrected to >2 2/1/08
1739	L8030	Breast prosthesis silicone/e	Y/12 months if PA required	YES>2	2 per year	NO			$252.26	rate change 01/02/2007; qt corrected to >2 2/1/08
1740	L8031	Breast prosthesis, silicone or equal, with intergral adhesive, each	Y/12 months	YES					M	CMS added 1/1/10
1741	L8035	Custom breast prosthesis	Y/ 12 months	YES		NO			$2,834.00	
1742	L8039	Breast prosthesis, NOS	Y/ 12 months	YES		NO			M	
1743	L8040	Nasal prothesis, provided by a non-physician	Y/12 months	YES		NO			$491.73	

	A	B	C	D	E	F	G	H	I	J
1744	L8041	Midfacial prothesis, provided by a non-physician	Y/ 12 months	YES		NO			$592.68	
1745	L8042	Orbital prothesis, provided by a non-physician	Y/ 12 months	YES		NO			$665.93	
1746	L8043	Upper facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			$745.84	
1747	L8044	Hemi-facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			$825.76	
1748	L8045	Prosthetic External Ear provided by a non-physician	Y/12 months	YES		NO			$742.15	07/02/2007 rate corrected
1749	L8046	Partial facial prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			$532.74	
1750	L8047	Nasal septal prosthesis, provided by a non-physician	Y/ 12 months	YES		NO			$273.03	
1751	L8048	Unspecified Maxillofacial Prosthesis, by a non-physician	Y/12 months	YES		NO			$20.92	
1752	L8049	Repair or modification of maxillofacial prosthesis, by a non-physician	Y/12 months if PA required	YES>$500		NO			$20.92	PA restriction raised to $500 eff 8/1/10
1753	L8300	Truss single w/ standard pad		NO		NO			$74.50	
1754	L8310	Truss double w/ standard pad		NO		NO			$114.54	
1755	L8320	Truss addition to std pad wa		NO		NO			$50.05	
1756	L8330	Truss add to std pad scrotal		NO		NO			$49.59	
1757	L8400	Sheath below knee		NO		NO			$14.49	
1758	L8410	Sheath above knee		NO		NO			$16.49	
1759	L8415	Sheath upper limb		NO		NO			$16.40	
1760	L8417	Prosthetic sheath/sock, incl. gel cushion layer, below knee or above knee, each		NO		NO			$58.17	
1761	L8420	Prosthetic sock multi ply BK		NO		NO			$19.17	
1762	L8430	Prosthetic sock multi ply AK		NO		NO			$21.08	
1763	L8435	Pros sock multi ply upper lm		NO		NO			$18.93	
1764	L8440	Shrinker below knee		NO		NO			$40.11	
1765	L8460	Shrinker above knee		NO		NO			$55.81	
1766	L8465	Shrinker upper limb		NO		NO			$49.75	
1767	L8470	Pros sock single ply BK		NO		NO			$5.11	

	A	B	C	D	E	F	G	H	I	J
1768	L8480	Pros sock single ply AK		NO		NO			$7.04	
1769	L8485	Pros sock single ply upper l		NO		NO			$8.50	
1770	L8499	Unlisted Misc prosthetic service	Y/ 12 months	YES		NO			MSRP-22%	
1771	L8500	artifical larynx	Y/12 months	YES		NO			$529.27	rate set 01/02/2007
1772	L8501	Tracheostomy speaking valve	Y/if PA requir	YES > 6 per calendar year		NO			$112.12	effective DOS 7-1-09 and after
1773	L8505	Artificial larynx replacement battery/accessory, any type, each	Y/12 months	YES		NO			M	code effective DOS 6/1/09
1774	L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type		NO		NO			$27.18	
1775	L8509	Tracheo-esophageal voice prosthesis, inst. by lic. Health care provider, any type		NO		NO			$70.86	
1776	L8510	Voice Amplifier		NO		NO			$163.95	
1777	L8511	Insert for Indwelling T/E prosthesis with or W/O valve replacement each		NO		NO			$47.19	
1778	L8512	Gelatin capsules or equ. use with T/E prosthesis replacement only per 10		NO		NO			$1.42	
1779	L8513	Cleaning device used with T/E prosthesis replacement only each		NO		NO			$3.38	
1780	L8514	T/E puncture dilator replacement only each		NO		NO			$61.19	
1781	L8515	gelatin capsule application device for use with TE voice prosthesis, each		NO		NO			$48.05	rate set 08/01/2007 removed from PA 10/08
1782	L8615	Headset/Headpiece for use with cochlear implant device, replacement		NO		NO			$329.19	PA removed eff 8/1/10
1783	L8616	microphone for use with cochlear implant device, replacement		NO		NO			$76.68	rate set 01/02/2007
1784	L8617	transmitting coil for use with cochlear implant device, replacement		NO		NO			$66.97	rate set 01/02/2007

	A	B	C	D	E	F	G	H	I	J
1785	L8618	transmitter cable for use with cochlear implant device, replacement		NO		NO			$19.13	rate set 01/02/2007
1786	L8619	cochlear implant external speech processor replacement	Y/ 12 months	YES		NO			$6,281.98	
1787	L8621	Zinc air battery for use with cochlear implant device, each		NO		NO			$0.45	rate set 01/02/2007
1788	L8622	Alkaline batt. For use with coch. Imp. Device, any size,each		NO		NO			$0.24	rate set 01/02/2007
1789	L8623	Lithium ion battery coch. imp. Device speech proc.other than Ear level, ea		NO		NO			$47.21	rate set 01/02/2007
1790	L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, each		NO		NO			$132.38	rate set 01/02/2007
1791	L8627	Cochlear implant, external speech processor, component, replacement	Y/12 months	YES		NO			$6,279.07	CMS added 1/1/10; M pricing removed 11/1/10
1792	L8628	Cochlear implant, external controller component, replacement	Y/12 months	YES		NO			$1,128.41	CMS added 1/1/10; M pricing removed 11/1/10
1793	L8629	Transmitting coil and cable, integrated for use with cochlear implant device, replacement	Y/12 months	YES		NO			$163.32	CMS added 1/1/10; M pricing removed 11/1/10
1794	L8691	auditory osseointegrated dev, ext. sound replacer, repl only	Y/12 months	YES		NO			$2,030.00	01/02/2007 code added rate set 08/01/2007
1795	L8695	ext recharging sys for battery(ext) for use with implantable neurostimulator		NO		NO			$12.69	PA removed eff 8/1/10
1796	S1040	Cranial remolding orthosis, rigid with soft interface, incl. fitting/adjust. Custom fab. Pediatric	Y/12 months	YES		NO			M	
1797	V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NO			$686.64	

	A	B	C	D	E	F	G	H	I	J
1798	V2624	Polishing/Resurfacing of Ocular Prosthesis		NO		NO			$46.57	
1799	V2625	Enlargement of Ocular Prosthesis		NO		NO			$301.62	PA removed eff 8/1/10
1800	V2626	Reduction of Ocular Prosthesis		NO		NO			$191.36	
1801	V2627	Scleral Cover Shell	Y/12 months	YES		NO			$1,095.59	
1802	V2628	Fabrication and Fitting of Ocular confor		NO		NO			$250.49	PA removed eff 8/1/10
1803	V2629	Eye Prosthetic,other type	Y/12 months	YES		NO			$125.00	
1804										
1805		**"M" = Manually Priced (manufacturer's invoice + 20%)**								
1806		**"MSRP-22%" manufacturer's suggested retail price -22%**								
1807		**"MSRP-15%" manufacturer's suggested retail price - 15%**								
1808		**RR indicates rental**								
1809		**CMN=Certificate of Medical Necessity required for prior authorized items**								
1810		**Accepted CMN's are Medicare applicable or Medicaid MAP1000 & MAP1000B**	**Medicare applicable CMN s must meet regulatory requirements**							
1811		**"PA" = Prior Authorization**								
1812		**PA, MAP-9, and CMN faxed to SHPS at 1-502-429-5233 or 1-800-807-7840**								

	A	B	C	D	E	F	G	H	I	J
1813		**Regulation, Fee Schedule, MAP-9, MAP-1000 , MAP 1000B & MAP 1001 are located on the Web site www.chfs.ky.gov/dms**								
1814		**It is the responsibility of the provider to check eligibility.**								
1815		**Limitation Over-rides must be medically necessary and require PA.**								
1816		**A prescriber's written order is required for those items not identified as requiring a CMN.**								