MEDICAID PROGRAM DME FEE SCHEDULE 2020

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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
A4206	Syringe w/needle, sterile , 1 cc or less, each	Y/12 month 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
A4207	Syringe with needle; sterile 2cc, each	Y/12 month if PA required	YES > 10	per calendar month	NO			$0.31	
A4208	Syringe with needle; sterile 3cc, each	Y/12 month if PA required	YES > 10	per calendar month	NO			$0.31	
A4209	Syringe with needle; sterile 5cc each	Y/12 month if PA required	YES >10	per calendar month	NO			$0.31	
A4210	Needle-free injection device, each		NO		NO			$36.67	remains a covered service through DME
A4211	Supplies for self-administered injections--pen needles	Y/12 months	YES		NO			M	added to fee schedule 2/14/08
A4213	Syringe, sterile, 20cc or greater, each		NO		NO			$1.67	
A4215	Sterile needle only,any size, each		NO		NO			$0.97	

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A4217	Sterile water/saline , 500 ml		NO		NO			$2.13	
A4218	Sterile Saline or H2O metered dose dispenser 10 ml	Y/12 months	YES		NO			M	
A4220	Refill kit for implantable infusion pump	Y/12 months	YES		NO			M	
A4221	Supplies for maintenance of drug infusion catheter per week, drug separate		NO		NO			**$19.71**	Rate updated 01/01/2018
A4222	Supplies for external drug infusion pump per cassette or bag, drug separate		NO		NO			**$37.38**	Rate updated 01/01/2018
A4223	Infusion supplies not used with ext. infusion pump, per cassette or bag		NO		NO			$4.83	rate set 01/01/2007
A4224	Supplies for Maintance of insluin infusion catheter, per week							$19.71	Rate change effective 7/1/2018;
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each)							$2.64	Rate change effective 7/1/2018
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

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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
A4232	Syringe with needle for external insulin pump, sterile 3cc		NO		NO			$2.54	
A4233	Replacement battery , other than J cell home glucose mon. each		NO		NO			**$0.51**	Rate updated 01/01/2018
A4234	Replacement battery , J cell, home glucose mon. each		NO		NO			**$2.36**	Rate updated 01/01/2018
A4235	Replacement battery, lithium, home glucose mon. each		NO		NO			**$1.00**	Rate updated 01/01/2018
A4236	Replacement battery, silver oxide, home glucose mon., each		NO		NO			**$1.16**	Rate updated 01/01/2018
A4250	Urine test or reagent strips or tablets 100 tablets or strips=1 unit	Y/12 month if PA required	YES > 2unit	per calendar month	NO			$15.00	Coverage will be through pharmacy 10/5/10 and after
A4252	Blood ketone test or reagent strip, each	Y/12 months	YES		NO			M	Coverage will be through pharmacy 10/5/10 and after

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A4253	Blood glucose test or reag. strips blood glucose monitor, 50 strips=1unit	Y/12 month if PA required	YES> 4 unit	per calendar month	NO			**$8.32**	Coverage will be through pharmacy 10/5/10 and after Rate updated 01/01/2018
A4256	Normal, low and high calibrator solution/chips		NO		NO			**$3.38**	Coverage will be through pharmacy 10/5/10 and after Rate updated 01/01/2018
A4258	Spring-powered device for lancet, each		NO		NO			**$2.12**	Coverage will be through pharmacy 10/5/10 and after Rate updated 01/01/2018
A4259	Lancets per box of 100 1 unit=100 lancets	Y/12 month if PA required	YES> 2 unit	per calendar month	NO			**$1.42**	Coverage will be through pharmacy 10/5/10 and after Rate updated 01/01/2018
A4261	Cervical Cap Contraceptive		NO		NO			$1.39	
A4265	Paraffin		NO		NO			$3.24	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each		NO		NO			$4.76	

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A4305	IV delivery system disposable 50 ml or greater per hour	Y/12 months	YES		NO			M	
A4306	IV delivery system disposable 5 ml or less per hour	Y/12 months	YES		NO			M	
A4310	Insert tray w/o bag/cath	Y/12 month if PA required	YES > 1	per calendar month	NO			$6.48	
A4311	Insertion tray w/o bag, with indwelling catheter, foley type, 2-way latex	Y/12 month if PA required	YES> 1	per calendar month	NO			$14.16	
A4312	Cath w/o bag 2-way silicone		NO		NO			$16.88	
A4313	With indwelling catheter, foley type, 3-way for continuous irrigation		NO		NO			$17.67	
A4314	Cath w/drainage 2-way latex		NO		NO			$24.12	
A4315	Cath w/drainage 2-way silicone		NO		NO			$25.17	
A4316	Cath w/drainage 3-way		NO		NO			$27.09	
A4320	Irrigation tray	Y/12 month if PA required	YES > 9	per calendar month	NO			$5.08	

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A4322	Irrigation syringe, bulb or piston, each	Y/12 month if PA required	YES >9	per calendar month	NO			$2.85	
A4326	Male external catheter w/integral collection chamber, any type each, made of rubber or plastice, designed to be washed & reused.	Y/12 month if PA required	YES>2	per calendar month	NO			$10.29	
A4327	Fem urinary collect dev cup		NO		NO			$42.56	
A4328	Fem urinary collect pouch		NO		NO			$9.87	
A4330	Stool collection pouch		NO		NO			$6.82	
A4331	External drainage tubing for urinary leg bag or urostomy, each		NO		NO			$3.04	
A4332	Lubricant, individual sterile, for insertion of urinary catheter, each		NO		NO			$0.12	
A4333	Urinary catheter anchoring device, adhesive skin attachment, each		NO		NO			$2.10	
A4334	Urinary catheter anchoring device, leg strap, each		NO		NO			$4.71	

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A4338	Indwelling catheter foley type, two-way latex with coating, each	Y/12 month if PA required	YES >31	per calendar month	NO			$11.70	07/02/2007 limit change
A4340	Indwelling catheter, specialty type; coude, mushroom, wing, etc, each		NO		NO			$26.07	
A4344	Catheter indwelling, foley type, 2 way, all silicone, each	Y/12 month if PA required	YES>31	per calendar month	NO			$15.28	07/02/2007 limit change
A4346	Catheter indwelling, foley type, 3 way, for continuous irrigation, each		NO		NO			$18.69	
A4349	Male ext. catheter w or w/o adhesive, disposable, each		NO		NO			$2.02	
A4351	Intermittent urinary straight tip urine catheter, with or without coating		NO		NO			$1.47	
A4352	Intermittent urinary catheter, Coude tip, with or without coating		NO		NO			$5.20	
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

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A4354	Insertion tray with drainage bag but without catheter		NO		NO			$11.25	
A4355	Bladder irrigation tubing set through a three-way indwelling foley catheter, each		NO		NO			$8.50	
A4356	Ext ureth clmp or compr dvc	Y/12 month if PA required	YES > 4	4 per year	NO			$43.52	
A4357	Bedside drainage bag	Y/12 month if PA required	YES > 1	per calendar month	NO			$7.86	
A4358	Urinary drainage bag, leg or abdomen, vinyl with or without tube with straps, each		NO		NO			$5.39	
A4359	Urinary suspensory w/o leg bag							CMS DC 1/07	39084
A4361	Ostomy face plate	Y/12 month if PA required	YES> 6	6 per year	NO			$18.37	rate change 8/1/2007

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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
A4362	Solid skin barrier	Y/12 month if PA required	YES > 20	per calendar month	NO			$3.17	rate change 8/1/2007
A4363	Ostomy clamp, any type , each		NO		NO			$2.01	rate change 8/1/2007
A4364	Adhesive, liquid or equal, any type, per ounce		NO		NO			$2.93	rate change 8/1/2007
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
A4367	Ostomy belt	Y/12 months if PA required	YES> 1	per calendar month	NO			$7.35	rate change 8/1/2007
A4368	Ostomy filter		NO		NO			$0.26	rate change 8/1/2007
A4369	Skin barrier liquid per oz		NO		NO			$2.42	rate change 8/1/2007
A4371	Skin barrier powder per oz		NO		NO			$3.65	rate change 8/1/2007
A4372	Ostomy Skin barrier solid 4x4 equiv		NO		NO			$4.18	rate change 8/1/2007
A4373	Skin barrier with flange		NO		NO			$6.28	rate change 8/1/2007
A4375	Drainable plastic pch w fcpl		NO		NO			$17.18	rate change 8/1/2007

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A4376	Drainable rubber pch w fcplt		NO		NO			$47.58	rate change 8/1/2007
A4377	Drainable plstic pch w/o fp		NO		NO			$4.29	rate change 8/1/2007
A4378	Drainable rubber pch w/o fp		NO		NO			$30.75	rate change 8/1/2007
A4379	Urinary plastic pouch w fcpl		NO		NO			$15.02	rate change 8/1/2007
A4380	Urinary plastic pouch w/o fp		NO		NO			$37.33	rate change 8/1/2007
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each		NO		NO			$4.61	rate change 8/1/2007
A4382	Urinary hvy plstc pch w/o fp		NO		NO			$24.62	rate change 8/1/2007
A4383	Urinary rubber pouch w/o fp		NO		NO			$28.19	rate change 8/1/2007
A4384	Ostomy faceplt/silicone ring		NO		NO			$9.62	rate change 8/1/2007
A4385	Ost skn barrier sld ext wear		NO		NO			$5.10	rate change 8/1/2007
A4387	Ost clsd pouch w att st barr		NO		NO			**$2.53**	Rate updated 01/01/2018
A4388	Drainable pch w ex wear barr		NO		NO			$4.36	rate change 8/1/2007
A4389	Drainable pch w st wear barr		NO		NO			$6.22	rate change 8/1/2007

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A4390	Drainable pch ex wear convex		NO		NO			$9.61	rate change 8/1/2007
A4391	Urinary pouch w ex wear barr		NO		NO			$7.07	rate change 8/1/2007
A4392	Urinary pouch w st wear barr		NO		NO			$8.18	rate change 8/1/2007
A4393	Urine pch w ex wear bar conv		NO		NO			$9.04	rate change 8/1/2007
A4394	Ostomy pouch liq deodorant w/wo lubricant		NO		NO			$2.58	rate change 8/1/2007
A4395	Ostomy pouch solid deodorant		NO		NO			$0.05	
A4396	Ostomy belt with peristomal hernia support		NO		NO			$40.48	rate change 8/1/2007
A4397	Irrigation supply sleeve	Y/12 month if PA required	YES > 4	per calendar month	NO			$4.07	rate change 8/1/2007
A4398	Ostomy irrigation bag	Y/12 month if PA required	YES > 4	4 per year	NO			$12.56	rate change 8/1/2007
A4399	Ostomy irrig cone/cath w brs	Y/12 month if PA required	YES > 4	4 per year	NO			$10.93	rate change 8/1/2007

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A4400	Ostomy irrigation set	Y/12 month if PA required	YES > 1	per calendar month	NO			$46.76	rate change 8/1/2007
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
A4404	Ostomy ring each	Y/12 month if PA required	YES > 10	per calendar month	NO			$1.49	rate change 8/1/2007
A4405	Ostomy skin barrier, non-pectin based, paste, per oz		NO		NO			$3.40	rate change 8/1/2007
A4406	Ostomy skin barrier, pectin based, per oz		NO		NO			$5.74	rate change 8/1/2007
A4407	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or <		NO		NO			$8.76	rate change 8/1/2007
A4408	Ostomy skin barrier, with fl, extend wear, built in convexity, 4x4 or >		NO		NO			$9.87	rate change 8/1/2007
A4409	Ostomy skin barrier with flange		NO		NO			$6.22	rate change 8/1/2007

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A4410	Ostomy skin barrier, with fl, ex wear, without built in convexity, >4x4 ea		NO		NO			$9.04	rate change 8/1/2007
A4411	Ostomy skin barrier, solid 4x4 or eq. ext. wear, built in convexity, each		NO		NO			$5.10	rate change 8/1/2007
A4412	Ostomy pouch, drainable, high otpt, use on barrier w/ o filter each		NO		NO			$2.70	rate change 8/1/2007
A4413	Ostomy pouch, drainable, high otpt, use on barrier w/ fl with filter ea		NO		NO			$5.50	
A4414	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or <		NO		NO			$4.93	
A4415	Ostomy skin barrier, with fl, w/o built in convexity 4x4 or >		NO		NO			$6.00	
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	
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	

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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	
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	
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	
A4421	Ostomy supply, miscellaneous	Y/12 months if PA required	YES		NO			M	
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
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
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

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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
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
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
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
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
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
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

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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
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
A4435	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, WITH EXTENDED WEAR BARRIER (ONE-PIECE SYSTEM), WITH OR WITHOUT FILTER, EACH	Y/12 months if PA required	YES>60	per calendar month	NO			$5.01	CMS ADDED 1/1/13
A4450	Tape, non-water proof, 18 sq inches		NO		NO			$0.09	
A4452	Tape, water proof , 18 sq inches		NO		NO			$0.36	
A4455	Adhesive remover per ounce	Y/12 months if PA required	YES>32		NO			$1.16	
A4456	Adhesive remover, wipes, any type, each		NO		NO			$0.26	CMS added 1/1/10
A4465	Non elastic binder for extremity	Y/12 months	YES		NO			M	39402

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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
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	Y/12 months	YES		NO			M	Deleted 1/1/17 CMS added 1/1/10
A4467	Belt, strap, sleeve, garment, or covering, any type)							M	Added effective 1/1/2017
A4481	Tracheostoma filter		NO		NO			$0.37	
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation, each	Y/12 months	YES		NO			M	added to fee schedule 4/14/08
A4520	Incontinent garment any type, each NO COVERAGE THROUGH DME								
A4553	Non-disposable underpads, all sizes							M	Added effective 1/1/2017
A4556	Electrodes, apnea monitor, per pair		NO		NO			$9.94	
A4557	Lead wires, apnea monitor per pair		NO		NO			**$10.53**	Rate updated 01/01/2018
A4558	Conductive paste or gel for use with electrical device E.G. tens		NO		NO			$5.22	
A4561	Pessary, rubber, any type		NO		NO			$16.82	
A4562	Pessary, nonrubber, any type		NO		NO			$45.57	

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A4563	Vag Inser Rectal Control Sys		No		NO			**$128.34**	Effective 01/01/2019
A4565	Slings		NO		NO			$4.35	
A4595	TENS suppl 2 lead per month		NO		NO			**$10.34**	Rate updated 01/01/2018
A4600	sleeve for intmt. Limb compression device, replac. only	Y/12 months	YES		NO			M	39084
A4601	Lithium ion battery for non-prosthetic use, repl. Only	Y/12 months	YES		NO			M	39084
A4604	tubing with integrated heat use with pos. airway pressure device		NO		NO			**$38.55**	Rate updated 01/01/2018
A4605	Tracheal suction catheter, closed system, each		NO		NO			$14.76	01/02/2007 rate change
A4606	Oximeter probe replacement		NO	4 per calendar month	NO			$15.99	EFFECTIVE 7/1/14
A4608	Transtracheal oxygen catheter, each		NO		NO			$52.63	rate change per CMS
A4611	Heavy duty battery, Ventilator, replacement for patient owned		NO		NO			$174.26	
A4612	Battery cables		NO		NO			$65.00	
A4613	Battery charger		NO		NO			$137.96	
A4614	Hand-held PEFR meter		NO		NO			$22.75	
A4618	Breathing circuits		NO		NO			$8.51	

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A4619	Face tent		NO		NO			$1.27	rate change per CMS
A4623	Tracheostomy inner cannula	Y/12 month if PA required	YES>31	per calendar month	NO			$5.31	
A4624	Tracheal suction tube	Y/12 month if PA required	YES> 91	per calendar month	NO			$2.14	
A4625	Trach care kit for new trach	Y/12 month if PA required	YES> 1	per calendar month	NO			$6.61	
A4626	Tracheostomy cleaning brush	Y/12 month if PA required	YES > 2	per calendar month	NO			$2.59	
A4627	Spacer, bag or reservoir for inhaler		NO		NO			$38.00	
A4628	Oropharyngeal suction cath		NO		NO			$3.58	
A4629	Tracheostomy care kit		NO		NO			$4.42	
A4630	Repl bat t.e.n.s. own by pt		NO		NO			$5.98	
A4635	Underarm crutch pad		NO		NO			$4.89	
A4636	Handgrip for cane etc		NO		NO			**$3.01**	Rate updated 01/01/2018

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A4637	Repl tip cane/crutch/walker		NO		NO			**$1.67**	Rate updated 01/01/2018
A4640	Alternating pressure pad		NO		NO			**$49.45**	Rate updated 01/01/2018
A4649	Surgical Supply, Miscellaneous	Y/12 months	YES		NO			M	
A4928	**Surgical Mask, per 20. If medically necessary, this item may be provided to beneficiaries with respiratory infections and their caregivers without first seeking**							**$12.00**	**No PA but for diagnosed COVID-19 patients and caregivers only**
A5051	Pouch clsd w barr attached	Y/12 month if PA required	YES>60	per calendar month	NO			$1.86	rate set 08/01/2007
A5052	Clsd ostomy pouch w/o barr	Y/12 month if PA required	YES > 60	per calendar month	NO			$1.35	
A5053	Clsd ostomy pouch faceplate	Y/12 month if PA required	YES> 60	per calendar month	NO			$1.41	

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A5054	Clsd ostomy pouch w/flange	Y/12 month if PA required	YES> 60	per calendar month	NO			$1.42	
A5055	Stoma cap	Y/12 month if PA required	YES > 31	per calendar month	NO			$1.37	
A5057	1 pc ost pou w built in conv.	Y/12 month if PA required	YES > 31	per calendar month				$10.66	EFFECTUVE 1/1/16
A5061	Pouch drainable w barrier at	Y/12 month if PA required	YES > 20	per calendar month	NO			$3.70	1/16/09 rate change from $2.58
A5062	Drnble ostomy pouch w/o barr	Y/12 month if PA required	YES >20	per calendar month	NO			$2.12	
A5063	Drain ostomy pouch w/flange	Y/12 month if PA required	YES > 20	per calendar month	NO			$2.29	rate change 02/14/2007
A5071	urinary pouch w/barrier	Y/12 month if PA required	YES > 20	per calendar month	NO			$4.15	

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A5072	urinary pouch w/o barrier	Y/12 month if PA required	YES > 20	per calendar month	NO			$3.36	
A5073	urinary pouch on barr w/flng	Y/12 month if PA required	YES >20	per calendar month	NO			$3.04	
A5081	Continent stoma plug	Y/12 month if PA required	YES>31	per calendar month	NO			$2.97	
A5082	Continent stoma catheter	Y/12 month if PA required	YES > 1	per calendar month	NO			$9.64	
A5083	Continent device, stoma absorptive cover for continent device, each		NO		NO			$0.50	eff. DOS 8-1-08 and after.
A5093	Ostomy accessory convex inse	Y/12 month if PA required	YES > 10	per calendar month	NO			$1.86	
A5102	Bedside drain btl w/wo tube	Y/12 month if PA required	YES> 4	4 per year	NO			$21.53	

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A5105	urinary suspensory with leg bag w/wo tube each		NO		NO			$33.88	CMS description chg. 1/08
A5112	urinary leg bag		NO		NO			$33.02	
A5113	Latex leg strap		NO		NO			$3.81	
A5114	Foam/fabric leg strap	Y/12 month if PA required	YES > 1	per calendar month	NO			$7.24	
A5120	Skin barrier wipes or swabs , each		NO		NO			$0.20	rate change 01/02/2007
A5121	Solid skin barrier 6x6	Y/12 month if PA required	YES > 20	per calendar month	NO			$7.12	
A5122	Solid skin barrier 8x8	Y/12 month if PA required	YES>20	per calendar month	NO			$12.26	
A5126	Disk/foam pad +or- adhesive	Y/12 month if PA required	YES > 10	per calendar month	NO			$1.07	
A5131	Appliance cleaner	Y/12 month if PA required	YES > 1	per calendar month	NO			$15.11	
A5200	Percutaneous catheter anchor		NO		NO			$10.78	

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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;
A5501	Diabetic custom molded shoe, per shoe	Y/12 month	YES	2 per calendar year	NO			$167.13	rate change 08/01/2007
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;
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;
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;
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;
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;
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

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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
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;
A5513	Diabetic only insert mult. Density custom formed, each	Y/12 months	YES	6 per year	NO			$32.00	
A5514	Mult Den Insert Dir Carv/Cam	Y/12 months	YES	6 per year	NO			$44.56	Effective 01/01/2019
A6010	Collagen based wound filler, dry form, per gram of collagen		NO		NO			$24.77	
A6011	Collagen based wound filler, gel/paste, per gram of collagen		NO		NO			$1.82	
A6021	Collagen drsg, size 16 sq inches or less, each		NO		NO			$21.02	
A6022	Collagen drsg, more than 16 sq in but less than 48 or equal to 48 inches		NO		NO			$20.05	
A6023	Collagen drsg, more than 48 square inches, each	Y/12 months	YES		NO			$181.51	
A6024	Collagen drsg wound filler, per 6 inches		NO		NO			$5.90	

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A6154	Wound pouch each		NO		NO			$13.71	
A6196	alginate dressing <=16 sq in, each		NO		NO			$7.01	
A6197	alginate drsg >16 <=48 sq in, each		NO		NO			$15.68	
A6203	Composite drsg <= 16 sq in, each		NO		NO			$3.19	
A6204	Composite drsg >16<=48 sq in, each		NO		NO			$5.94	
A6207	Contact layer >16<= 48 sq in, each		NO		NO			$7.00	
A6209	Foam drsg <=16 sq in w/o bdr, each		NO		NO			$7.14	
A6210	Foam drg >16<=48 sq in w/o b, each		NO		NO			$19.00	
A6211	Foam drg > 48 sq in w/o brdr, each		NO		NO			$28.01	
A6212	Foam drg <=16 sq in w/border, each		NO		NO			$9.25	
A6214	Foam drg > 48 sq in w/border, each		NO		NO			$9.82	
A6216	Non-sterile gauze<=16 sq in, each		NO		NO			$0.05	07/02/2007 limit removed
A6217	Non-sterile gauze>16 sq in <= 48", w/o adhesive border, each		YES		NO			M	added to fee schedule March 09
A6219	Gauze <= 16 sq in w/border, each		NO		NO			$0.91	

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A6220	Gauze >16 <=48 sq in w/border, each		NO		NO			$2.46	
A6222	Gauze <=16 in no w/sal w/o b, each		NO		NO			$2.03	
A6223	Gauze >16<=48 no w/sal w/o b, each		NO		NO			$2.30	
A6224	Gauze > 48 in no w/sal w/o b, each		NO		NO			$3.44	
A6229	Gauze >16<=48 sq in watr/sal, each		NO		NO			$3.44	
A6231	Gauze, hydrogel, 16 sq in or less, each		NO		NO			$4.46	
A6232	Gauze, hydrogel, more than 16 but less than 48 sq in, each		NO		NO			$6.57	
A6233	Gauze, hydrogel, more than 48 sq inches, each		NO		NO			$18.30	
A6234	Hydrocolld drg <=16 w/o bdr, each		NO		NO			$6.24	
A6235	Hydrocolld drg >16<=48 w/o b, each		NO		NO			$16.05	
A6236	Hydrocolld drg > 48 in w/o b, each		NO		NO			$25.99	
A6237	Hydrocolld drg <=16 in w/bdr, each		NO		NO			$7.54	
A6238	Hydrocolld drg >16<=48 w/bdr, each		NO		NO			$21.74	

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A6240	Hydrocolld drg filler paste, each		NO		NO			$11.68	
A6241	Hydrocolloid drg filler dry, each		NO		NO			$2.45	
A6242	Hydrogel drg <=16 in w/o bdr, each		NO		NO			$5.79	
A6243	Hydrogel drg >16<=48 w/o bdr, each		NO		NO			$11.75	
A6244	Hydrogel drg >48 in w/o bdr, each		NO		NO			$37.46	
A6245	Hydrogel drg <= 16 in w/bdr, each		NO		NO			$6.93	
A6246	Hydrogel drg >16<=48 in w/b, each		NO		NO			$9.46	
A6247	Hydrogel drg > 48 sq in w/b, each		NO		NO			$22.68	
A6248	Hydrogel drsg gel filler per fl. oz		NO		NO			$15.49	
A6251	Absorpt drg <=16 sq in w/o b, each		NO		NO			$1.90	
A6252	Absorpt drg >16 <=48 w/o bdr, each		NO		NO			$3.10	
A6253	Absorpt drg > 48 sq in w/o b, each		NO		NO			$6.05	
A6254	Absorpt drg <=16 sq in w/bdr, each		NO		NO			$1.16	
A6255	Absorpt drg >16<=48 in w/bdr, each		NO		NO			$2.89	

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A6257	Transparent film <= 16 sq in, each		NO		NO			$1.46	
A6258	Transparent film >16<=48 in, each		NO		NO			$4.10	
A6259	Transparent film > 48 sq in, each		NO		NO			$10.43	
A6266	Impreg gauze no h20/sal/yard,		NO		NO			$1.83	
A6402	Sterile gauze <= 16 sq in, each		NO		NO			$0.12	
A6403	Sterile gauze>16 <= 48 sq in, each		NO		NO			$0.41	
A6407	Packing strips, non-impregn, up to 2 inches in width, per lin yd		NO		NO			$1.50	
A6410	Eye pad, sterile, each		NO		NO			$0.41	added 5/1/10
A6441	Padding bandg. Non-elast. >=3" and < 5", per yard		NO		NO			$0.54	
A6442	Conforming bandg. Non-sterile, width <3", per yard		NO		NO			$0.14	
A6443	Conforming bandg. Non-sterile, widtth >=3' and < 5", per yard		NO		NO			$0.23	
A6444	Conforming bandg. Non-sterile, width >=5", per yard		NO		NO			$0.45	
A6445	Conforming bandg. Sterile, width <3", per yard		NO		NO			$0.26	

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A6446	Conforming bandg. Sterile, width >=3" and < 5", per yard		NO		NO			$0.33	
A6447	Conforming bandg. Sterile, width >= 5 ",per yard		NO		NO			$0.54	
A6448	Lt. Compression bandg. Width , 3", per yard		NO		NO			$0.93	
A6449	Lt. Compression bandg. Width >= 3", < 5" per yard		NO		NO			$1.40	
A6452	High compression bandg., width >=3 " and < 5", per yard		NO		NO			$4.73	
A6453	Self-adherent bandg. Width <3", per yard		NO		NO			$0.49	
A6454	Self-adherent bandg. Width >=3" and < 5", per yard		NO		NO			$0.62	
A6455	Self-adherent bandg. Width >=5", per yard		NO		NO			$1.11	
A6456	Zinc paste impregnated width >=3" and < 5", per yard		NO		NO			$1.02	
A6457	Tubular drsg. W or w/o elastic any width, per linear yd.		NO		NO			$0.91	
A6503	Compression burn garment, facial hood, custom	Y/6 months	YES		NO			M	added for DOS 4/1/09 and after

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A6504	Compression burn garment, glove to wrist, custom fabricated	Y/6months	YES		NO			M	
A6505	Compression burn garment glove to elbow sleeve custom	Y/6 months	YES		NO			M	code added 07/02/2007
A6506	Compression burn garment glove to axilla, custom fab., each	Y/6 months	YES		NO			M	code added 4-1-08
A6507	Compression burn garment, foot to thigh length-custom fab., each	Y/6 months	YES		NO			M	code effective as of 8/1/07
A6509	Compression burn vest, custom fabricated, each	Y/6 months	YES		NO			M	code added 04/02/2007
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
A6511	Compression burn garment, lower trunk including leg openings, custom, each	Y/6 months	YES		NO			M	code added 07/02/2007
A6512	Compression burn garment NOC	Y/6 months	YES		NO			M	code added 07/02/2007
A6513	Compression burn mask, face and/or neck, plastic or equal, custom	Y/6 months	YES		NO			M	code added 04/02/2007

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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
A6530	Gradient compression stocking below knee, 18-30mm Hg, each	Y/12 months	YES		NO			M	code added 8/30/07, clarification 9/08
A6531	Gradient compression stocking below knee, 30-40mmg Hg, each	Y/12 months	YES		NO			$38.94	code added 8/30/07 clarification 9/08
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 6/1/08
A6534	Gradient compression stocking, thigh length, 30-44 mm Hg, each	Y/12 months	YES		NO			M	code added 12/07
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH			2 per year/per leg				$97.17	Code added 9/1/16
A6549	Gradient compression stocking/sleeve, NOC	Y/12 months	YES		NO			M	code eff. 1/1/2010; added 4/30/10
A6550	Drsg. Set for neg. pressure wound therapy		NO		NO			$21.94	
A7000	Disposable canister for pump		NO		NO			**$8.20**	Rate updated 01/01/2018
A7001	Nondisposable pump canister		NO		NO			$27.96	
A7002	Tubing used w suction pump		NO		NO			$3.11	

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A7003	Nebulizer administration set		NO		NO			**$1.47**	Rate updated 01/01/2018
A7004	Disposable nebulizer sml vol		NO		NO			**$1.24**	Rate updated 01/01/2018
A7005	Nondisposable nebulizer set		NO		NO			**$11.73**	Rate updated 01/01/2018
A7006	Filtered nebulizer admin set		NO		NO			**$7.47**	Rate updated 01/01/2018
A7007	Lg vol nebulizer disposable		NO		NO			**$3.26**	Rate updated 01/01/2018
A7008	Disposable nebulizer prefill		NO		NO			$8.94	
A7009	Nebulizer reservoir bottle		NO		NO			$39.23	
A7010	Disposable corrugated tubing		NO		NO			**$15.76**	Rate updated 01/01/2018
A7012	Nebulizer water collec devic		NO		NO			**$2.89**	Rate updated 01/01/2018
A7013	Disposable compressor filter		NO		NO			**$0.57**	Rate updated 01/01/2018
A7014	Compressor nondispos filter		NO		NO			**$3.20**	Rate updated 01/01/2018
A7015	Aerosol mask used w nebulize		NO		NO			**$1.28**	Rate updated 01/01/2018
A7016	Nebulizer dome & mouthpiece		NO		NO			$6.53	
A7017	Nebulizer not used w oxygen		NO		NO			**$122.07**	Rate updated 01/01/2018
A7018	Water, distilled, nebulizer, 1000 ml		NO		NO			$0.31	

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A7020	Interface Cough Stimulating Device		NO		NO			$16.07	Effective 1/1/2015
A7027	Comb. Oral/nasal mask, used with CPAP, each	Y/12 months	YES		NO			**$120.01**	CMS code addition 1/08 Rate updated 01/01/2018
A7028	Oral cushion for A7027, replacement only, each	Y/12 months	YES		NO			**$33.56**	CMS code addition 1/08 Rate updated 01/01/2018
A7029	nasal pillows for A7027, replacement only, each	Y/12 months	YES		NO			**$15.00**	CMS code addition 1/08 Rate updated 01/01/2018
A7030	Full face mask used with positive airway pressure device, each	y/6 months if PA required	YES>1	1 per year	NO			**$86.33**	Rate updated 01/01/2018
A7031	Face mask interface, replacement for full face mask, each	y/6 months if PA required	YES>1	1 per month	NO			**$33.48**	Rate updated 01/01/2018
A7032	Replacement cushion for nasal application device, each	y/6 months if PA required	YES >2	2 /cal. month	NO			**$18.78**	Rate updated 01/01/2018
A7033	Replacement pillows for nasal application device, each	y/6 months if PA required	YES >12	12 per year	NO			**$15.12**	Rate updated 01/01/2018

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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			**$54.47**	Rate updated 01/01/2018
A7035	Headgear used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			**$17.88**	Rate updated 01/01/2018
A7036	Chinstrap used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			**$10.40**	Rate updated 01/01/2018
A7037	Tubing used with positive airway presure device	y/6 months if PA required	YES >1	1 /cal. month	NO			**$11.54**	Rate updated 01/01/2018
A7038	Filter, disposable, used with positive airway pressure device	y/6 months if PA required	YES>2	2 /cal. month	NO			**$2.01**	Rate updated 01/01/2018
A7039	Filter, non disposable used with positive airway pressure device	y/6 months if PA required	YES >2	2 per year	NO			**$5.91**	Rate updated 01/01/2018
A7040	One way chest drain valve		NO		NO			$34.18	

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A7044	oral interface used with positive pressure airway device, ea.		NO		NO			**$82.95**	Rate updated 01/01/2018
A7045	Exhalation port, w or w/o swivel used For positive airway		NO		NO			**$11.42**	Rate updated 01/01/2018
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			**$13.29**	Rate updated 01/01/2018
A7048	Vaccuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter use		NO	1 per month	NO			$47.22	1/1/2016
A7501	Tracheostoma valve, including diaphram, each		NO		NO			$100.18	
A7502	Replacement diaphram/faceplate for tracheostoma valve, each		NO		NO			$47.61	
A7503	Filter holder, cap resuable, tracheostoma, each		NO		NO			$10.81	
A7504	Filter, tracheostoma, heat and moisture exc, each		NO		NO			$0.64	

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A7505	Housing, reusuable without adhesive, tracheostoma, each		NO		NO			$4.46	
A7506	Adhesive disc, tracheostoma valve, any type, each		NO		NO			$0.32	
A7507	Filter holder and filter without adhesive, tracheostoma, each		NO		NO			$2.49	rate change eff 5-1-08.
A7508	Housing with adhesive, tracheostoma, each		NO		NO			$2.74	
A7509	Filter holder with filter, adhesive, tracheostoma, each		NO		NO			$1.34	
A7520	Trach/laryn. Tube , non-cuffed, PVC, silicone, or equal, each		NO		NO			$47.48	rate change eff. 5-1-08
A7521	Trach/laryn. Tube , cuffed, PVC, silicone, or equal, each		NO		NO			$37.64	
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	
A7524	Tracheostoma stent/stud/button, each		NO		NO			$61.92	

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A7525	Tracheostomy mask, each	y/6 months if PA required	YES>1	1per cal. month	NO			$1.66	
A7526	Tracheostomy tube collar/holder, each	y/6 months if PA required	YES>31	31 per cal. month	NO			$2.70	
A7527	Tracheostomy/laryngectomy tube plug/stop, each		NO		NO			$3.22	rate change 01/02/2007
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
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
A8002	Helmet, protective, soft, custom fab, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
A8003	Helmet, protective hard, custom fabricated, includes all components & accessories	Y/12 months	YES		NO			M	code added 01/02/2007
A8004	Soft interface for helmet, replacement only	Y/12 months	YES		NO			M	code added 01/02/2007

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A9274	External Ambulatory Delivery System (Omnipods)			Limited to 12 per calendar year				43.00 each	added 01/01/2018
A9276	Sensor; invasive, disposable, for use with continuous glucose monitoring system, 1 unit= 1 day supply	Y/12 months	YES	Limited to 31 per calendar month	NO			$12.95	code added 6/1/08; unit qty change eff. 12/11/09; this code does not move to pharmacy. Price added 01/01/2017
A9277	Transmitter; external, for use with continuous glucose monitoring system	Y/12 months	YES	Limit 2 per calendar year	NO			$639.50	code added 6/1/08; this code does not move to pharmcy, Price added 01/01/2017
A9278	Receiver; monitor, external, for use with continuous glucose monitoring system	Y/12 months	YES	Per calender year	NO			$559.20	Code change effective 1/1/2018; code added 6/1/08; this code does not move to pharmcy, Price added 01/01/2017
A9285	**Inversion/eversion correction device**							**M**	**Added effective 1/1/2017**

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A9597	positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified							M	Added effective 1/1/2017
A9598	Positron emission tomography radiopharmaeutical, diagnostic, for non-tumor identification, not otherwise classified							M	Added effective 1/1/2017
A9999	Misc. DME supply or accessory not other wise classified	Y/12 months	YES		NO			M	code added 01/02/2007;
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
B4035	Enteral Feed Supply Kit by Pump 1 unit=31 kits	Y/12 month	YES		NO			$330.77	rate change 04/02/2007
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
B4081	Enteral NG tubing w/stylet		NO		NO			$19.78	
B4082	Nasogastric tubing without stylet, each		NO		NO			$14.73	code added 4/08

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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
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
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
B4100	Food thickener, administered orally, per oz.	Y/12 months	YES >180	180 units (ounces) per calendar month	NO			M	Effective 1/1/11 PA REMOVED; Effective 1/1/14, PA required if > 180 units
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
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
B4104	Additive for enteral formula e.g. fiber per can	Y/12 months	YES		NO			M	CMN length chg. Eff. 12/1/08. Additive is to be priced per can eff 12/13/10

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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
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
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

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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
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

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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
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	

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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	
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	

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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	
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	

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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	
B4185	parenteral nutrition solution, per 10 gms lipids	Y/12 months	YES		NO			$9.09	rate corrected 7/6/09-Manual pricing is not required
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

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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
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
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
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

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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
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. Eff. 12/1/08
B4224	Parenteral administration kit 1 unit = 31 kits	Y/12 month	YES	1 unit per month	NO			$687.89	rate and # of units change 04/02/2007; CMN length chg. Eff. 12/1/08
B9002	Enteral pump with alarm	Y/12 month	YES		YES	YES	118.8	$1,188.74	CMN length chg. Eff. 12/1/08; new rate eff. DOS 4/1/09 former rates RR $135.00 Purchase $1,350.00
B9004	Parenteral pump portable	Y/12 month	YES		YES	YES	223.8	$2,238.01	CMN length chg. Eff. 12/1/08
B9006	Parenteral pump stationary	Y/12 month	YES		YES	YES	223.8	$2,238.01	CMN length chg. Eff. 12/1/08
B9998	Enteral supplies, NOS	Y/12 month	YES		NO			M	CMN length chg. Eff. 12/1/08
B9999	Parenteral supplies, NOS	Y/12 month	YES		NO			M	CMN length chg. Eff. 12/1/08
E0100	Cane adjust/fixed with tip		NO		NO			$17.14	
E0105	Cane adjust/fixed quad/3 pro		NO		NO			$46.00	
E0110	Crutch forearm pair		NO		NO			$71.57	
E0111	Crutch forearm each		NO		NO			$43.31	

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E0112	Crutch underarm pair wood		NO		NO			$35.40	
E0113	Crutch underarm each wood		NO		NO			$17.76	
E0114	Crutch underarm pair no wood		NO		NO			$42.24	
E0116	Crutch underarm each no wood		NO		NO			$22.75	
E0117	Crutch, underarm, articulating, spring assisted, each	Y/6 months	NO		NO			$154.17	PA removed eff 12-1-09.
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.
E0130	Walker rigid adjust/fixed ht		NO		NO			**$44.80**	Rate updated 01/01/2018
E0135	Walker folding adjust/fixed		NO		NO			**$45.00**	Rate updated 01/01/2018
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
E0141	Rigid walker wheeled wo seat		NO		NO			**$47.55**	Rate updated 01/01/2018
E0143	Walker folding wheeled w/o s		NO		NO			**$47.55**	Rate updated 01/01/2018
E0144	Enclosed walker w rear seat	Y/ 6 months	YES		Y/ month	YES	**26.08**	$288.20	Rate updated 01/01/2018

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E0147	Heavy duty walker, mult. Braking system, variable wheel resistance	Y/12 months	YES		NO			M	added DOS 8/1/10 and after
E0148	Walker heavy duty, without wheels, any type, each		NO		NO			**$82.23**	Rate updated 01/01/2018
E0149	Walker heavy duty, wheeled, any type, each		NO		NO			$202.00	new rate eff.DOS 4/1/09; former rate $213.53
E0153	Forearm crutch platform atta		NO		NO			$66.38	
E0154	Walker platform attachment, each		NO		NO			**$46.48**	Rate updated 01/01/2018
E0155	Walker wheel attachment, per pair		NO		NO			**$19.83**	Rate updated 01/01/2018
E0156	Walker seat attachment		NO		NO			**$15.68**	Rate updated 01/01/2018
E0157	Walker crutch attachment		NO		NO			**$56.08**	Rate updated 01/01/2018
E0158	Walker leg extenders set of4		NO		NO			**$21.04**	Rate updated 01/01/2018
E0159	Brake for wheeled walker		NO		NO			**$14.61**	Rate updated 01/01/2018
E0160	Sitz type bath or equipment		NO		NO			**$26.08**	Rate updated 01/01/2018
E0161	Sitz bath/equipment w/faucet		NO		NO			$21.33	
E0162	Sitz bath chair		NO		NO			$118.48	

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E0163	Commode chair mobile or stationary fxd arms		NO		NO			**$53.29**	07/02/2007 purchase only Rate updated 01/01/2018
E0165	Commode chair stationary or mobile detachable arms		NO		NO			$177.70	07/02/2007 purchase only
E0167	Commode chair pail or pan replacement only		NO	1 per year	NO			$9.76	
E0168	Commode chair, extra wide, heavy duty, any type each		NO		NO			**$117.53**	07/02/2007 purchase only Rate updated 01/01/2018
E0170	Commode chair w seat lift mech. Electric, any type	Y/6 months	YES		NO			M	07/02/2007 purchase only
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
E0172	Seat lift mechanism placed over top of toilet, any type	Y/6 months	YES					M	07/02/2007 purchase only
E0175	Commode chair foot rest		NO		NO			$63.36	
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
E0182	Pressure pad alternating pump		NO		NO			$212.90	PA and RR removed eff. With reg change

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E0184	Dry pressure mattress		NO		NO			**$157.86**	PA removed and rental ended eff 12-1-09 Rate updated 01/01/2018
E0185	Gel pressure mattress pad		NO		NO			**$168.56**	PA removed and rental ended eff 12-1-09 Rate updated 01/01/2018
E0186	Air pressure mattress		NO		NO			$165.10	PA removed and rental ended eff 12-1-09
E0187	Water pressure mattress		NO		NO			$219.50	PA removed and rental ended eff 12-1-09
E0188	Synthetic Sheepskin pad		NO		NO			**$23.47**	Rate updated 01/01/2018
E0189	Lambswool sheepskin pad		NO		NO			$47.96	
E0190	positioning cush/pillow/wedge any shape or size, incl. all components		NO		NO			$26.47	
E0191	Protector heel or elbow		NO		NO			$9.56	
E0193	Powered air flotation bed	Y/ 6 mon ths	YES		Y/ month	YES	**675.35**	$8,167.30	Rate updated 01/01/2018
E0194	Air fluidized bed	Y/ 6 mon ths	YES		Y/ month	YES	2646.38	$26,463.80	
E0196	Gel pressure mattress		NO		NO			$264.20	PA & RR removed eff. With reg change

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E0197	Air pressure pad for mattres		NO		NO			$180.18	08/01/2007 purchase only
E0198	Water pressure pad for mattr		NO		NO			$211.98	PA & RR removed eff. With reg change
E0199	Dry pressure pad for mattres		NO		NO			**$28.85**	Rate updated 01/01/2018
E0200	Heat lamp without stand		NO	1 per 5 years	NO			$75.85	PA removed eff. With reg change; no RR
E0202	Phototherapy light w/ photom	Y/ 6 mon ths	YES		Y/day	YES	50.92	NA	
E0205	Heat lamp with stand		NO	1 per 5 years	NO			$157.81	PA removed eff. 8/1/10; no RR
E0210	Electric heat pad standard	Y/12 months if PA required	YES>1	1 per year	NO			$26.54	
E0215	Electric heat pad moist	Y/12 months if PA required	YES>1	1 per year	NO			$57.60	
E0217	Water circ heat pad w pump	Y/ 6 months	YES		Y/ month	YES	47.5	$474.97	
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
E0235	Paraffin bath unit portable	Y/ 6 months	YES		Y/ month	YES	16.51	$165.10	

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E0236	Pump for water circulating p	Y/ 6 months	YES		Y/ month	YES	35.99	$359.90	
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
E0247	transfer bench	Y/6 months	YES		NO			M	
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
E0249	Pad water circulating heat u		NO		NO			$81.00	
E0250	Hosp bed fixed ht w/ mattres	Y/ 6 months	YES		Y/ month	YES	**60.09**	$752.00	Rate updated 01/01/2018
E0251	Hosp bed fixd ht w/o mattres	Y/12 month	YES		Y/ month	YES	**55.54**	$569.80	Rate updated 01/01/2018
E0255	Hospital bed var ht w/ mattr	Y/12 month	YES		Y/ month	YES	**60.86**	$910.70	Rate updated 01/01/2018
E0256	Hospital bed var ht w/o matt	Y/12 month	YES		Y/ month	YES	**57.92**	$641.02	Rate updated 01/01/2018
E0260	Hosp bed semi-electr w/ matt	Y/12 month	YES		Y/ month	YES	**61.04**	$1,271.20	Rate updated 01/01/2018
E0261	Hosp bed semi-electr w/o mat	Y/12 month	YES		Y/ month	YES	**60.8**	$1,053.40	Rate updated 01/01/2018
E0265	Hosp bed total electr w/ mat	Y/12 month	YES		Y/ month	YES	**139.64**	$1,607.40	Rate updated 01/01/2018
E0266	Hosp bed total elec w/o matt	Y/12 month	YES		Y/ month	YES	**121.51**	$1,532.90	Rate updated 01/01/2018

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E0271	Mattress innerspring		NO		NO			**$123.89**	Rate updated 01/01/2018
E0272	Mattress foam rubber		NO		NO			**$139.13**	Rate updated 01/01/2018
E0275	Bed pan standard	Y/12 month if PA required	YES>1	1 per year	NO			**$13.31**	Rate updated 01/01/2018
E0276	Bed pan fracture	Y/12 month if PA required	YES>1	1 per year	NO			**$11.10**	Rate updated 01/01/2018
E0277	Powered pres-redu air mattrs	Y/12 month	YES	1 per 5 years	Y/ month	YES	**196.44**	$6,366.20	Rate updated 01/01/2018
E0280	Bed cradle		NO		NO			$29.38	rate change from $31.06 effective 3/1/10
E0290	Hosp bed fx ht w/o rails w/m	Y/12 month	YES		Y/ month	YES	**55.13**	$574.90	Rate updated 01/01/2018
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
E0292	Hosp bed var ht w/o rail w/o	Y/12 month	YES		Y/ month	YES	**58.41**	$646.50	Rate updated 01/01/2018
E0293	Hosp bed var ht w/o rail w/	Y/12 month	YES		Y/ month	YES	**53.25**	$550.10	Rate updated 01/01/2018
E0294	Hosp bed semi-elect w/ mattr	Y/12 month	YES		Y/ month	YES	**60.93**	$1,005.00	Rate updated 01/01/2018

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E0295	Hosp bed semi-elect w/o matt	Y/12 month	YES		Y/ month	YES	**60.8**	$979.60	Rate updated 01/01/2018
E0296	Hosp bed total elect w/ matt	Y/12 month	YES		Y/month	YES	**108.95**	$1,263.10	Rate updated 01/01/2018
E0297	Hosp bed total elect w/o mat	Y/12 month	YES		Y/month	YES	**96.15**	$1,121.60	Rate updated 01/01/2018
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Y/12 MONTHS	YES		Y/month	YES	**163.93**	$6,856.32	Rate updated 01/01/2018
E0303	Hosp. Bed,hvy duty, x-wide,>350 lbs<=600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	**167.05**	$2,908.14	Rate updated 01/01/2018
E0304	Hosp. Bed Xhvy duty, x wide,>600 lbs,any type side rails, w/ mattress	Y/12 months	YES		Y/month	YES	**489.71**	$6,165.40	Rate updated 01/01/2018
E0305	Rails bed side half length		NO		Y/month	NO	**10.73**	$161.10	Rate updated 01/01/2018
E0310	Rails bed side full length		NO		Y/month	NO	**11.34**	**$113.43**	Rate updated 01/01/2018
E0315	Bed accessory brd/tbl/support		NO		NO			$9.54	

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E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Y/12 months	YES		Y/ month	YES	M	M	
E0325	Urinal male jug-type	Y/12 month if PA required	YES > 1	1 per year	NO			**$8.60**	Rate updated 01/01/2018
E0326	Urinal female jug-type	Y/12 month if PA required	YES>1	1 per year	NO			**$9.21**	Rate updated 01/01/2018
E0371	Nonpower mattress overlay	Y/12 month	YES		Y/ month	YES	**196.44**	$4,022.50	Rate updated 01/01/2018
E0372	Powered air mattress overlay	Y/12 month	YES		Y/ month	YES	**196.44**	$4,881.00	Rate updated 01/01/2018
E0373	Nonpowered pressure mattress	Y/12 month	YES		Y/ month	YES	**196.44**	$4,726.90	Rate updated 01/01/2018
E0424	Stationary compressed gas 02	Y/12 month	YES		Y/ month	YES	**70.23**	NA	Rate updated 01/01/2018
E0431	Portable gaseous 02	Y/12 month	YES		Y/ month	YES	**17.29**	NA	Rate updated 01/01/2018
E0434	Portable liquid 02	Y/12 month	YES		Y/ month	YES	**17.29**	NA	Rate updated 01/01/2018
E0439	Stationary liquid 02	Y/12 month	YES		Y/ month	YES	**70.23**	NA	Rate updated 01/01/2018
E0443	Portable 02 Contents, Gas	Y/12 month	YES					**$48.31**	Rate updated 01/01/2018

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E0444	Portable 02 Contents, Liquid	Y/12 month	YES					**$48.31**	Rate updated 01/01/2018
E0445	Oximeter device for measuring blood oxygen levels	Y/12 month	YES		Y/month	YES	M	M	
E0447	Port 02 Cont, Liq Over 4 LPM	Y/12 month	YES					**$67.80**	Effective 01/01/2019
E0455	Oxygen tent excl croup tent or ped	Y/12 month	YES		Y/month	YES	170	$1,700.00	
E0457	Chest shell	Y/12 month	YES		Y/ month	YES	58.79	$587.89	
E0459	Chest wrap	Y/12 month	YES		Y/ month	YES	41.39	$413.90	
E0462	Rocking bed w/ or w/o side r	Y/12 month	YES		Y/ month	YES	278.78	$2,787.80	
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Y/12 months	Yes		y/month	Yes	1055.23		1/1/2016
E0466	Home ventilator, any type, used with non-invasive interface, (e.g.,mask, chest shell)	Y/12 months	Yes		y/month	Yes	1055.23		1/1/2016
E0467	Home Vent Multi-Function	Y/12 months	YES			YES	1270.87		Effective 01/01/2019
E0470	Respiratory assist dev. Bi-level pressure w/o backup rate,	Y/12 months	YES		Y/month	YES	**104.6**	$2,052.80	Rate updated 01/01/2018

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E0471	Respiratory assist dev. Bi-level pressure w/ backup rate,	Y/12 months	YES		Y/month	YES	**257.6**	NO	Rate updated 01/01/2018
E0472	Respiratory assist dev. Bi-level pressure w/backup rate, invasive interface	Y/12 months	YES		Y/month	YES	**389.42**	NA	Rate updated 01/01/2018
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
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
E0483	High frequency chest wall oscillation air-pulse generator system, including hoses and vest	Y/12 months	YES		Y/month	YES	**1196.55**	$14,352.30	Rate updated 01/01/2018
E0484	Oscillatory PEP device non-electric		NO		NO			$29.54	
E0485	Oral device/appliance used to reduce upper airway collapsability, pre fab	Y/12 months	YES		NO			M	code added 01/02/2007
E0486	Oral device/appliance used to reduce upper airway collapsability, custom	Y/12 months	YES		NO			M	code added 01/02/2007
E0500	IPPB Machine, all types, with built-in	Y/12 months	YES		Y/month	YES	8.51	NA	rate set eff. 1/15/08

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E0561	Humidifier, non-heated for use with positive pressure airway device		NO		Y/month	NO	**7.2**	**$72.02**	PA for purchase & RR PA removed eff. 8/1/10 Rate updated 01/01/2018
E0562	Humidifier, heated used with positive airway pressure device		NO		Y/month	NO	**13.57**	**$135.74**	PA for purchase & RR PA removed eff. 8/1/10 Rate updated 01/01/2018
E0565	Compressor air power source	Y/12 month	YES		Y/ month	YES	**40.59**	$496.10	Rate updated 01/01/2018
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
E0571	Aerosol compressor, battery powered, use with sm nebulizer	Y/12 month if PA required	PA required if limit exceeded	1 per 4 years unless PA obtained	NO			$239.80	09/01/2007 PA & RR removed; CMS will enddate the code 2/4/11; Suppliers should use E0570 in place of this code. Reimbursement will be at E0570 rate.
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

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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
E0575	Nebulizer ultrasonic	Y/12 months	YES	1 per 4 years	Y/ month	YES	98.32	$983.20	
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
E0585	Nebulizer w/ compressor & heater		NO	1 per 4 years	NO			$335.50	PA for purchase and RR removed eff. 8/1/10
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
E0601	Cont airway pressure device	Y/12 month	YES		Y/ month	YES	**40.56**	**$1,008.20**	Rate updated 01/01/2018
E0602	MANUAL BREAST PUMP							$32.28	Effective 01/14; LIMITED TO ONE PER PLAN YEAR
E0603	ELECTRIC BREAST PUMP							$219.30	Effective 01/14LIMITED TO ONE PER PLAN YEAR
E0604	Breast pump, heavy duty, hospital grade, electric, AC and/ or DC, any type	Y/12 months	YES		Y/month	YES	82.5	NA	CMS description chg. 1/08
E0606	Drainage board postural		NO		NO			$213.60	

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E0607	Blood glucose monitor home	Y/12 month	Yes > 1	1 per 4 years	NO			$63.92	Coverage will be through pharmacy 10/5/10 and after
E0617	AED	Y/12months	YES		Y/month	YES	310.44	$3,725.28	
E0618	Apnea monitor without recording feature	Y/12 month	YES		Y/ month	YES	227.3	NA	
E0619	Apnea monitor with recording feature	Y/12 months	YES		Y/month	YES	227.3	NA	
E0621	Patient lift sling or seat		NO		NO			**$77.91**	Rate updated 01/01/2018
E0625	Patient lift bathroom, shower, or toilet	Y/12 month	YES		Y/ month	YES	M	M	
E0627	Seat lift incorp lift-chair		NO		NO			**$253.13**	PA for purchase removed and RR ended eff.8/1/10 Rate updated 01/01/2018
E0628	**Seat lift for pt furn-electr**		**NO**		**NO**			**$322.72**	**Deleted 1/1/2017 PA for purchase removed and RR ended eff.8/1/10**
E0629	Seat lift for pt furn-non-el		NO		NO			**$261.99**	PA for purchase removed and RR ended eff.8/1/10 Rate updated 01/01/2018

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E0630	Patient hydraulic or mechanical lift incl any seat, sling, strap (s), or pads (s)	Y/12 month	YES		Y/ month	YES	**57.84**	$882.20	CMS description chg. 1/08 Rate updated 01/01/2018
E0635	Patient electric lift, with seat or sling	Y/12 month	YES		Y/ month	YES	**113.16**	$1,170.60	Rate updated 01/01/2018
E0637	Combination sit to stand system, with seat lift, w/wo wheels	Y/12 months	YES		Y/month	YES	M	M	
E0638	Standing frame, one position, incl. pediatric and w/wo wheels	Y/12 months	YES		NO			$853.57	
E0639	Patient lift, moveable, includes all components/accessories	Y/12 months	YES		Y/month	YES	M	M	
E0641	Standing frame system, multi position, incl. pediatric	Y/12 months	YES		NO			M	
E0642	Standing frame system,mobile, incl. pediatric dynamic stander	Y/12 months	YES		NO			M	
E0650	Pneuma compresor non-segment	Y/12 month	YES		Y/ month	YES	61.96	$619.60	
E0651	Pneum compressor segmental	Y/12 month	YES		Y/ month	YES	87.87	$878.65	
E0652	Pneum compres w/cal pressure	Y/12 month	YES		Y/ month	YES	457.68	$4,576.80	

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E0655	Pneumatic appliance half arm		NO		NO			$93.23	PA for purchase and RR endated removed eff. 8/1/10
E0656	segmental, pneumatic appliance for use with compressor, trunk	Y/12 month	YES		Y/ month	YES	M	M	CMS addition 1/1/09
E0657	segmental pneumatic appliance for use with compressor, chest	Y/12 month	YES		Y/ month	YES	M	M	CMS addition 1/1/09
E0660	Pneumatic appliance full leg		NO		NO			$152.83	PA for purchase and RR endated removed eff. 8/1/10
E0665	Pneumatic appliance full arm		NO		NO			$131.06	PA for purchase and RR endated removed eff. 8/1/10
E0666	Pneumatic appliance half leg		NO		NO			$132.11	PA for purchase and RR endated removed eff. 8/1/10
E0667	Seg pneumatic appl full leg		NO		NO			$309.75	PA for purchase and RR endated removed eff. 8/1/10
E0668	Seg pneumatic appl full arm		NO		NO			$422.74	PA for purchase and RR endated removed eff. 8/1/10
E0669	Seg pneumatic appli half leg		NO		NO				PA for purchase and RR endated removed eff. 8/1/10

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E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTEGRATED, 2 FULL LEGS AND TRUNK		N0		NO			M	CMS ADDED 1/1/13
E0671	Pressure pneum appl full leg		NO		NO			$397.36	PA for purchase and RR endated removed eff. 8/1/10
E0672	Pressure pneum appl full arm		NO		NO			$308.75	PA for purchase and RR endated removed eff. 8/1/10
E0673	Pressure pneum appl half leg		NO		NO			$256.56	PA for purchase and RR endated removed eff. 8/1/10
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
E0676	Intmt. Limb compression device, includes all accessories, NOC	YES	YES		Y/month	YES	M	M	code added 01/02/2007
E0705	transfer device, any type each		NO		NO			**$48.00**	CMS description chg. 1/08 removed board Rate updated 01/01/2018
E0720	Tens two lead	Y/12 month	YES		Y/ month	YES	30.81	**$71.36**	Rate updated 01/01/2018

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E0730	Tens four or more lead	Y/12 month	YES		Y/month	YES	32.14	**$72.11**	Rate updated 01/01/2018
E0731	Conductive garment for tens	Y/12 month	YES		NA			**$89.39**	Rate updated 01/01/2018
E0744	Neuromuscular stim for scoli	Y/12 month	YES		Y/ month	YES	87.6	$876.00	
E0745	Neuromuscular stim for shock	Y/12 month	YES		Y/ month	YES	85.64	$856.40	
E0747	Elec osteogen stim not spine	Y/12 month	YES	1 per 5 years	NA			$2,850.30	
E0748	Elec osteogen stim spinal	Y/12 month	YES	1 per 5 years	NA			$3,352.50	
E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/12 month	YES	1 per 5 years	NA			$2,778.50	
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
E0764	functional neuromusc. Stim. Transcutaneous spinal cord injury entire system	Y/12 months	YES		NA			$8,141.75	code added 04/02/2007
E0769	electrical stimulation or electromagnetic wound RX device NOC	Y/6 months	YES		Y/month	YES	M	NA	
E0770	functional electrical stimulator, transcutaneous, any type, compete system, NOC	Y/12 months	YES		Y/month	YES	M	M	CMS addition 1/1/09

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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
E0780	Ambulatory Infusion pump, reuseable < 8 hours		NO		NA			$9.92	
E0781	External ambulatory infus pu	Y/12 month	YES	1 per 5 years	Y/ month	YES	**235.66**	$2,534.00	Rate updated 01/01/2018
E0782	Non-programmable infusion pump	Y/12 month	YES	1 per 5 years	Y/ month	YES	369.97	$3,699.70	
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
E0784	Ext amb infusn pump insulin	Y/12 month	YES	1 per 5 years	Y/ month	YES	400	$4,000.00	rate set 08/01/2007; rate change 4-1-09 from$375.81 RR and purchase $3758.10
E0791	Parenteral infusion pump sta	Y/12 month	YES		Y/ month	YES	**279.97**	$3,025.00	Rate updated 01/01/2018
E0840	Tract frame attach headboard		NO		NA			$59.59	
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
E0850	Traction stand free standing		NO		NO			$100.51	
E0855	Cervical traction equipment	Y/12 month	YES		Y/ month	YES	48.09	$480.86	

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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.
E0860	Tract equip cervical tract		NO		NO			$35.51	
E0870	Tract frame attach footboard		NO		NO			$111.27	
E0880	Trac stand free stand extrem		NO		NO			$120.10	
E0890	Traction frame attach pelvic		NO		NO			$114.38	
E0900	Trac stand free stand pelvic		NO		NO			$122.58	
E0910	Trapeze bar attached to bed		NO		Y/ month	NO	**10.9**	$181.10	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E0911	Trapeze bar heavy duty wt. greater than 250#		NO		Y/month	NO	**41.4**	$448.70	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E0912	Trapeze bar heavy duty wt. greater than 250# free standing	Y/12 months	YES		Y/month	YES	**83.1**	$1,030.20	Rate updated 01/01/2018
E0920	Fracture frame attached to b	Y/12 month	YES		Y/ month	YES	44.14	$441.40	
E0930	Fracture frame free standing	Y/12 month	YES		Y/ month	YES	37.15	$371.50	

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E0935	Exercise device passive moti	Y/12 month	YES	21 days	Y/ day	YES	21.75	NA	
E0940	Trapeze bar free standing		NO		Y/ month	NO	**20.56**	$279.60	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E0941	Gravity assisted traction de		NO		Y/ month	NO	41.53	$415.30	PA for purchase and RR removed eff. 8/1/10
E0942	Cervical head harness/halter		NO		NO			$18.99	
E0944	Pelvic belt/harness/boot		NO		NO			$40.16	
E0945	Belt/harness extremity		NO		NO			$42.41	
E0946	Fracture frame dual w cross	Y/12 month	YES		Y/ month	YES	48.11	$481.10	
E0947	Fracture frame attachmnts pe	Y/12 month	YES		Y/ month	YES	58.02	$580.20	
E0948	Fracture frame attachmnts ce	Y/12 month	YES		Y/ month	YES	56.12	$561.19	
E0950	W/C tray		NO		NO			**$73.80**	PA ended 12-1-09 Rate updated 01/01/2018
E0951	Loop, heel, each		NO		NO			**$12.77**	Rate updated 01/01/2018
E0952	Loop tie		NO		NO			$14.48	rate change eff. DOS 4/1/09; former rate purchase $15.32

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E0953	**Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each**		**NO**		**YES**		**7.29**	**$72.90**	**Added effective 01/01/2018**
E0954	**Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot**		**NO**		**YES**		**5.09**	**$50.68**	**Added effective 01/01/2018**
E0955	W/C accessory, headrest, cushioned, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
E0956	W/C accessory, lateral trunk or hip support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
E0957	W/C accessory, medial thigh support, prefab with mounting hardware, each	Y/6 months	YES		NO			MSRP-22%	
E0958	Whlchr att- conv 1 arm drive manual	Y/ 6 months	YES		Y/ month	YES	39.46	$417.40	Rate updated 01/01/2018
E0959	Amputee adapter		NO		NO			$39.79	rate set 08/01/2007
E0960	W/C accessory, houlder harness/straps or chest strap, incl. Mounting hardware	Y/6 months	YES		NO			MSRP-22%	

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E0961	Wheelchair brake extension		NO		Y/month	NO	**1.92**	**$19.23**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
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
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
E0968	Wheelchair commode seat	Y/6 months	YES		Y/ month	YES	14.58	$145.80	
E0969	Wheelchair Narrowing device		NO		Y/ month	NO	14.84	$148.35	PA for purchase and PA for RR removed eff. 8/1/10
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

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E0971	Wheelchair anti-tipping device each		NO		Y/month	NO	**3**	**$29.94**	PA for purchase and PA for RR removed eff with reg change Rate updated 01/01/2018
E0973	Wheelchair adjustable height		NO		Y/month	NO	**5.51**	**$55.12**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E0974	Wheelchair grade-aid		NO		Y/month	NO	6.96	$69.57	PA for purchase and PA for RR removed eff. 8/1/10
E0978	Wheelchair belt w/airplane b		NO		NO			**$24.17**	rate set 08/01/2007; PA for purchase removed eff 8/1/10
E0980	Wheelchair safety vest		NO		NO			$31.62	PA for purchase and removed eff. 8/1/10
E0981	W/C accessory, seat upholstery, replacement only, each, pt. owned		NO		NO			**$39.44**	Rate updated 01/01/2018
E0982	W/C accessory, back upholstery, replacement, only, patient owned		NO		NO			**$43.67**	Rate updated 01/01/2018
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

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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
E0986	Manual WC accessory-push activated power assist	Y/6 months	YES		Y/month	YES	M	M	code added effective 8/1/07
E0990	Wheelchair elevating leg res		NO		Y/ month	NO	**7.27**	**$72.72**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E0992	Wheelchair solid seat insert		NO		NO			**$78.57**	Rate updated 01/01/2018
E0994	Wheelchair arm rest		NO		NO			$16.87	
E0995	Wheelchair calf rest		NO		NO			$25.12	rate change eff. DOS 4/1/09; former rate purchse $26.56
E1002	W/C accessory, power seating system, tilt only	Y/6 months	YES		NO			MSRP-22%	
E1003	W/C accessory, power seating system, recline only w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	
E1004	W/C acessory, power seating system, recline only, with shear reduction	Y/6 months	YES		NO			MSRP-22%	
E1005	W/C acessory, power seating system, recline only with power shear reduction	Y/6 months	YES		NO			MSRP-22%	

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E1006	W/C accessory, power seating sys.,comb. Tilt/recline, w/o shear reduction	Y/6 months	YES		NO			MSRP-22%	
E1007	W/C accessory, power seating sys.,comb. Tilt/recline, w/mech. Shear reduction	Y/6 months	YES		NO			MSRP-22%	
E1008	W/C accessory, power seating sys.,comb. Tilt/recline, w/power shear reduction	Y/6 months	YES		NO			MSRP-22%	
E1009	W/C accessory, add. To power sys.,mech. Linked leg elevation system	Y/6 months	YES		NO			MSRP-22%	
E1010	W/C accessory, add. To power sys.,power leg elevation system	Y/6 months	YES		NO			MSRP-22%	
E1011	Modification to ped. W/C Width adj. pkg	Y/6 months	YES		NO			M	code added 07/02/2007
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each		Yes		y/month	Yes	94.99	$949.90	1/1/2016

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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
E1015	Shock absorber for manual wheelchair	Y/6 months	YES		NO			MSRP-22%	
E1016	Shock absorber for power wheelchair		NO		NO			**$104.27**	code added 11/07/07; PA ended eff. 12-1-09 Rate updated 01/01/2018
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
E1020	Residual Limb Support system for wheelchair		NO		Y/ month	NO	**17.51**	$220.29	PA for purchase and PA for rental removed eff 8/1/10 Rate updated 01/01/2018
E1028	W/C accessory, man. Swingaway,retr. Or remov. Hardware for	Y/6 months	YES		NO			MSRP-22%	
E1029	W/C accessory, ventilator tray, fixed	Y/6 months	YES		NO			MSRP-22%	
E1030	W/C accessory, ventilator tray, gimbaled	Y/6 months	YES		NO			MSRP-22%	

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E1031	Rollabout chair with casters	Y/6 months	YES		Y/ month	YES	41.07	$410.70	
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
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
E1037	Transport Chair, pediatric size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1038	Transport Chair, adult size	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1039	transport chair, adult size heavy duty, wt. > 250 lbs	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1050	Wheelchr fxd full length arms	Y/6 months	YES		Y/ month	YES	88.29	$882.90	
E1060	Wheelchair detachable arms	Y/6 months	YES		Y/ month	YES	120.61	$1,206.10	
E1065	Wheelchair power attachment	Y/6 months	YES		Y/ month	YES	252.86	$2,528.60	
E1070	Wheelchair detachable foot r	Y/6 months	YES		Y/ month	YES	104.78	$1,047.80	
E1083	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	75.33	$753.30	
E1084	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	93.85	$938.50	

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E1085	Hemi-wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	66.21	$662.10	
E1086	Hemi-wheelchair detachable a	Y/6 months	YES		Y/ month	YES	80.4	$804.00	
E1087	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	102.88	$1,028.80	
E1088	Wheelchair lightweight det a	Y/6 months	YES		Y/ month	YES	122.6	$1,226.00	
E1089	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	97.74	$977.40	
E1090	Wheelchair lightweight det a	Y/6 months	YES		Y/ month		128.27	$1,282.70	
E1092	Wheelchair wide w/ leg rests	Y/6 months	YES		Y/ month	YES	110.61	$1,106.10	
E1093	Wheelchair wide w/ foot rest	Y/6 months	YES		Y/ month	YES	90.01	$900.10	
E1100	Whchr s-recl fxd arm leg res	Y/6 months	YES		Y/ month	YES	84.42	$844.20	
E1110	Wheelchair semi-recl detach	Y/6 months	YES		Y/ month	YES	82.66	$826.60	
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
E1140	Wheelchair standard detach a	Y/6 months	YES		Y/ month	YES	58.42	$584.20	
E1150	Wheelchair standard w/ leg r	Y/6 months	YES		Y/ month	YES	67.71	$677.10	

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E1160	Wheelchair fixed arms	Y/6 months	YES		Y/ month	YES	54.43	$544.30	
E1161	Wheelchair Manual Adult Size, includes tilt in space	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1170	Whlchr ampu fxd arm leg rest	Y/6 months	YES		Y/ month	YES	85.45	$854.50	
E1171	Wheelchair amputee w/o leg r	Y/6 months	YES		Y/ month	YES	65.18	$651.80	
E1172	Wheelchair amputee detach ar	Y/6 months	YES		Y/ month	YES	79.65	$796.50	
E1180	Wheelchair amputee w/ foot r	Y/6 months	YES		Y/ month	YES	96.95	$969.50	
E1190	Wheelchair amputee w/ leg re	Y/6 months	YES		Y/ month	YES	112.01	$1,120.10	
E1195	Wheelchair amputee heavy dut	Y/6 months	YES		Y/ month	YES	120.19	$1,201.90	
E1200	Wheelchair amputee fixed arm	Y/6 months	YES		Y/ month	YES	80.14	$801.40	
E1220	Wheelchair Specially sized or constructed	Y/6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
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
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
E1223	Wheelchair detachable arms w footrests	Y/6 months	YES		Y/ month	YES	60.19	$601.90	description chg. 9/9/08

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E1224	Wheelchair detachable arms w/ elevating leg rests	Y/6 months	YES		Y/ month	YES	65.99	$659.90	description chg. 9/9/08
E1225	Wheelchair accessory manual semi-recl back recline>15 degrees but <80	Y/6 months	YES		Y/ month	YES	**36.56**	$432.40	description chg. 9/9/08 Rate updated 01/01/2018
E1226	Wheelchair accessory manual full-recl back recline >80 degrees	Y/6 months	YES		Y/ month	YES	**38.58**	**$385.78**	description chg. 9/9/08 Rate updated 01/01/2018
E1227	Spec ht arms for WC	Y/6 months	YES		Y/ month	YES	24.48	$244.80	description chg. 9/9/08
E1228	Special back height for WC	Y/6 months	YES		Y/ month	YES	26.81	$268.10	description chg. 9/9/08
E1229	Wheelchair, pediatric not otherwise classified	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1232	Wheelchair pediatric size, tilt-in space, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1233	Wheelchair pediatric size, tilt-in space, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	

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E1234	Wheelchair pediatric size, tilt-in space, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
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
E1236	Wheelchair pediatric size, folding, adjustable with seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1237	Wheelchair pediatric size, rigid, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1238	Wheelchair pediatric size, folding, adjustable without seating system	Y/6 months	YES		Y/month	YES	MSRP-15%	MSRP-15%	
E1240	Whchr litwt det arm leg rest	Y/6 months	YES		Y/ month	YES	83.77	$837.70	
E1250	Wheelchair lightwt fixed arm	Y/6 months	YES		Y/ month	YES	61.8	$618.00	
E1260	Wheelchair lightwt foot rest	Y/6 months	YES		Y/ month	YES	75.79	$757.90	
E1270	Wheelchair lightweight leg r	Y/6 months	YES		Y/ month	YES	72.25	$722.50	
E1280	Whchr h-duty det arm leg res	Y/6 months	YES		Y/ month	YES	125.58	$1,255.80	
E1285	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	98.07	$980.70	

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E1290	Wheelchair hvy duty detach a	Y/6 months	YES		Y/ month	YES	114.02	$1,140.20	
E1295	Wheelchair heavy duty fixed	Y/6 months	YES		Y/ month	YES	98.78	$987.80	
E1296	Wheelchair special seat height	Y/6 months	YES		Y/ month	YES	39.98	$399.82	
E1297	Wheelchair special seat dept	Y/6 months	YES		Y/ month	YES	9.61	$95.95	
E1298	Wheelchair spec seat depth/w	Y/6 months	YES		Y/ month	YES	40.53	$405.30	
E1300	Whirlpool portable, tub type	Y/6 months	YES		Y/ month	YES	M	M	
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
E1355	Oxygen supplies stand/rack		NO		NO			$22.40	rate chg. 1/1/09
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
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

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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
E1372	Oxy suppl heater for nebuliz		NO		NO			**$127.32**	PA for purchase removed and RR endeded eff. 8/1/10 Rate updated 01/01/2018
E1390	Oxygen concentrator	Y/12 months	YES		Y/ month	YES	**70.23**	NO	Rate updated 01/01/2018
E1391	O2 concentrator, dual del. Port, 85% or >O2 concentration at presc. Flow rate	Y/12 months	YES		Y/month	YES	**70.23**	NO	Rate updated 01/01/2018
E1392	portable O2 concentrator , rental	Y/12 months	YES		Y/month	YES	**37.44**	NO	Rate updated 01/01/2018
E1399	Miscellaneous DME	Y/12 months	YES		NO			M	
E1405	O2/water vapor enrich w/heat	Y/ 6 months	YES		Y/ month	YES	**99.28**	NO	Rate updated 01/01/2018
E1406	O2/water vapor enrich w/o he	Y/ 6 months	YES		Y/ month	YES	**75.88**	NO	Rate updated 01/01/2018
E1700	Jaw motion rehab system	Y/ 6 months	YES		Y/ month	YES	32.99	$329.91	
E1701	Repl cushions for jaw motion		NO		NO			$10.15	

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E1702	Repl measr scales jaw motion		NO		NO			$20.92	
E1800	Adjust elbow ext/flex device	Y/ 6 months	YES		Y/ month	YES	94.78	$947.80	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Y/ 6 months	yes		Y/ month	Yes	142.62	$1,426.20	1/1/2016
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
E1805	Adjust wrist ext/flex device	Y/ 6 months	YES		Y/ month	YES	97.27	$972.70	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Y/ 6 months	yes		Y/ month	Yes	117.1	$1,171.00	1/1/2016
E1810	Adjust knee ext/flex device	Y/ 6 months	YES		Y/ month	YES	94.9	$949.00	

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E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Y/ 6 months	yes		Y/ month	Yes	148.27	$1,482.70	1/1/2016
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
E1815	Adjust ankle ext/flex device	Y/ 6 months	YES		Y/ month	YES	97.27	$972.70	
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Y/ 6 months	yes		Y/ month	Yes	150.62	$1,506.20	1/1/2016
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	Y/ 6 months	yes		Y/ month	Yes	153.76	$1,537.60	1/1/2016
E1820	Soft interface material		NO		NO			$78.20	

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E1825	Adjust finger ext/flex devc	Y/ 6 months	YES		Y/ month	YES	97.27	$972.70	
E1830	Adjust toe ext/flex device	Y/ 6 months	YES		Y/ month	YES	97.27	$972.70	
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
E1841	Static progressive stretch shoulder device,w/woROM adj. incl. all components & access., each	Y/6months	YES		Y/month	YES	407.7	NO	rate set 08/01/2007 CMS description change 1/08
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
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
E2201	Man. W/C non-standard seat frame, width >=20" and < 24"	Y/6 months	YES		NO			MSRP-22%	
E2202	Man. W/C non-standard seat frame, width 24-27"	Y/6 months	YES		NO			MSRP-22%	
E2203	Man. W/C nonstandard seat frame depth 20 to < 22"	Y/6 months	YES		NO			MSRP-22%	

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E2204	Man. W/C nonstandard seat frame depth 22 to 25"	Y/6 months	YES		NO			MSRP-22%	
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
E2206	manual W/C accessory, wheel lock assembly, complete, each		NO		NO			**$36.63**	Rate updated 01/01/2018
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
E2208	W/C access. Cylinder tank carrier, each	Y/6months	NO		Y/month	NO	**7.73**	**$77.25**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
E2209	W/C access. Arm trough, w/wo hand support each		NO		Y/month	NO	**7.87**	**$78.68**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018

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E2210	W/C access. , bearings, any type, replacement only, each, pt. owned		NO		NO			**$5.05**	Rate updated 01/01/2018
E2211	Man. W/C access. Pneumatic propulsion tire, any size each,		NO		NO			**$32.86**	Rate updated 01/01/2018
E2212	Man. W/C access. Tube for pneumatic propulsion tire, any size each		NO		NO			$5.63	
E2213	Man. W/C access. Insert for pneumatic propulsion tire, removable, any size, each,		NO		NO			**$27.93**	Rate updated 01/01/2018
E2214	Man. W/C access. Pneumatic caster tire, any size each		NO		NO			$29.27	
E2215	Man. W/C access. Tube for pneumatic caster tire, any size each		NO		NO			$9.19	
E2216	Man. W/C access. Foam filled propulsion tire, any size, each	Y/6 months	YES		NO			M	
E2217	Man. W/C access. Foam filled tire, any size each	Y/6 months	YES		NO			M	
E2218	Man. W/C access. Foam propulsion tire, any size each	Y/6 months	YES		NO			M	

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E2219	Man. W/C access. Foam caster tire, any size each		NO		NO			$34.03	
E2220	Man. W/C access. Solid (rubber/plastic) tire , propulsion, any size, each		NO		NO			$23.19	
E2221	Man. W/C access. Solid (rubber/plastic) tire removable any size, each		NO		NO			$24.44	
E2222	Man. WC solid caster tire (rubber or plastic) w/wheel any size, each		NO		NO			$18.95	
E2224	Man. WC propulsion wheel, exc. Tire, each		NO		NO			$79.74	
E2225	Man. WC access. Caster wheel excl. tire, any size, replacement only, each		NO		NO			$15.66	
E2226	Man. WC access. Caster fork, any size, replacement only, each		NO		NO			$34.15	
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
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
E2230	manual wheelchair, accessory, manual standing system, each	Y/12 months	YES		YES	YES	M	M	CMS addition 1-1-09

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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
E2291	Back, planar, for ped. W/C includes fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
E2292	Seat, planar, for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
E2293	Back, contoured, for ped W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
E2294	Seat , countoured for ped. W/C including fixed attaching hardware	Y/6months	YES		Y/month	YES	M	M	
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
E2300	Power W/C access., power seat elevation	Y/6 months	YES		NO			MSRP-22%	
E2301	Power W/C access. Power standing system	Y/6 months	YES		NO			MSRP-22%	

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E2310	Power W/C access. Electronic conn. Between 1 motor	Y/6 months	YES		NO			MSRP-22%	
E2311	Power W/C access. Elect. Conn. Between 2 motors	Y/6 months	YES		NO			MSRP-22%	
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
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
E2321	Power W/C access. Hand control interface	Y/6 months	YES		NO			MSRP-22%	
E2322	Power W/C access. Hand control mult. Mech. Switches	Y/6 months	YES		NO			MSRP-22%	
E2323	Power W/C specialty joy stick prefab	Y/6 months	YES		NO			MSRP-22%	
E2324	Power W/C chin cup for chin control	Y/6 months	YES		NO			MSRP-22%	
E2325	Power W/C Access. Sip and puff interface	Y/6 months	YES		NO			MSRP-22%	

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E2326	Power W/C breath tube kit for sip and puff	Y/6 months	YES		NO			MSRP-22%	
E2327	Power W/C access. Head control interface	Y/6 months	YES		NO			MSRP-22%	
E2328	Power W/C access. Head or extremity control	Y/6 months	YES		NO			MSRP-22%	
E2329	Power W/C access. Head control contact switch	Y/6 months	YES		NO			MSRP-22%	
E2330	Power W/C access. Head control proximity switch	Y/6 months	YES		NO			MSRP-22%	
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
E2340	Power W/C access. Nonstandard seat frame width 20-23"	Y/6 months	YES		NO			MSRP-22%	
E2341	Power W/C access. Nonstandard seat frame width 24-27"	Y/6 months	YES		NO			MSRP-22%	
E2342	Power W/C access. Nonstandard seat frame depth 20 or 21"	Y/6 months	YES		NO			MSRP-22%	
E2343	Power W/C access. Nonstandard seat frame depth 22-25"	Y/6 months	YES		NO			MSRP-22%	

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E2351	Power W/C access. Electronic interface for speech gen.	Y/6 months	YES		NO			$558.90	
E2359	GR34 Sealed Lead Acid Battery for Power Wheelchair			up to a maximum of 2 per 24 month	NO			Manual pricing	CMS added 1/1/13; LIMITS CHANGED EFFECTIVE 1/1/13
E2360	Power W/C access. 22 NF non-sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			**$99.54**	LIMITS CHANGED EFFECTIVE 1/1/13 Rate updated 01/01/2018
E2361	Power W/C access. 22NF sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			**$108.88**	LIMITS CHANGED EFFECTIVE 1/1/13 Rate updated 01/01/2018
E2362	Power W/C access. Group 24 non-sealed lead acid battery ea.		NO	up to a maximum of 2 per 24 month	NO			$87.38	LIMITS CHANGED EFFECTIVE 1/1/13
E2363	Power W/C access. Group 24 sealed lead acid battery each		NO	up to a maximum of 2 per 24 month	NO			**$140.78**	LIMITS CHANGED EFFECTIVE 1/1/13 Rate updated 01/01/2018
E2364	Power W/C accessory, U-1 non-sealed lead acid battery, ea.		NO	up to a maximum of 2 per 24 month	NO			**$96.08**	LIMITS CHANGED EFFECTIVE 1/1/13 Rate updated 01/01/2018

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E2365	Power W/C access. U-1 sealed lead acid battery, each		NO	up to a maximum of 2 per 24 month	NO			**$74.53**	rate change eff. DOS 4/1/09; former rate purchase $106.56; LIMITS CHANGED EFFECTIVE 1/1/13
E2366	Power W/C access. Battery charger, single mode, each		NO		NO			**$159.12**	Rate updated 01/01/2018
E2367	Power W/C access. Battery charger dual mode, each		NO	1 per 4 years	NO			**$307.72**	PA removed eff. 8/1/10 Rate updated 01/01/2018
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
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
E2370	Power W/C component, motor and gear box combination, replacement only	Y/6months	YES		NO			$722.56	rate change 01/02/2007
E2371	Power WC access. Group 27 sealed lead acid battery each		NO		NO			**$132.21**	Rate updated 01/01/2018

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E2372	Power WC access. Group 27 non-sealed lead acid battery each	Y/6 months	YES		NO			M	
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
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
E2375	Power WC, non-exp. Controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
E2376	Power WC expandable controller, replacement only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
E2377	Power WC expandable controller, initial upgrade only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY	Y/12 MONTHS	YES		NO			MSRP-22%	CMS ADDED 1/1/13
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

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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
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
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
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
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
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
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
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
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

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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
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
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
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
E2396	Pwr. WC caster fork, any sz. Repl. Only	Y/12 months	YES		NO			MSRP-22%	code added to fee schedule 02/01/2007
E2397	Power W/C accessory, Lithium based battery, each	Y/12 months	YES		NO			MSRP-22%	CMS code addition 1/08
E2402	Negative pressure wound therapy pump	Y/12 months	YES		YES	YES	**688.72**	NO	Policy clarification 7/17/08. Rental only no purchase option. Rate updated 01/01/2018
E2500	speech gen. device <=8 min. recording time	Y/12 months	YES		YES	YES	31.29	$312.85	

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E2502	Speech gen. device >8 min but <=20 min. recording time	Y/12 months	YES		YES	YES	95.67	$956.54	
E2504	Speech gen. device >20 min but<=40 min. recording time	Y/12 months	YES		YES	YES	126.19	$1,261.94	
E2506	Speech gen. device -dig. Speech	Y/12 months	YES		YES	YES	185.04	$1,850.37	
E2508	Speech gen. device synthesized speech	Y/12 months	YES		YES	YES	286.13	$2,861.29	
E2510	Speech gen. device synth. Speech, multiple metohds of messaging	Y/12 months	YES		YES	YES	647.51	$6,475.12	
E2512	accessory for speech gen. device	Y/12 months	YES		YES	YES	M	M	
E2599	Accessory for speech gen. device NOC	Y/12 months	YES		YES	YES	M	M	
E2601	Gen. Use W/C cushion width<22", any depth	Y/12 months	YES		NO			MSRP-22%	
E2602	Gen. Use W/C cushion width 22" or >, any depth	Y/12 months	YES		NO			MSRP-22%	
E2603	Skin protection W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
E2604	Skin protection W/C cushion width 22" or > any depth	Y/12 months	YES		NO			MSRP-22%	

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E2605	Positioning W/C cushion width <22" any depth	Y/12 months	YES		NO			MSRP-22%	
E2606	Positioning W/C cushion width>22" any depth	Y/12 months	YES		NO			MSRP-22%	
E2607	Skin protection & positioning seat cushion, width < 22", any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
E2608	Skin protection & positioning seat cushion, width 22" or >, any depth	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
E2609	Custom fabricated W/C seat cushion, any size	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
E2610	Wheel chair seat cushion, powered	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
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%	
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%	
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%	

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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%	
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%	
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%	
E2617	Custom fabricated W/C back cushion, any size, incl. Mounting Hdw.	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
E2619	Replacement cover for W/C seat cushion or back cushion, each	Y/12 months	YES		Y/month	YES	MSRP-22%	MSRP-22%	
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%	
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%	

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E2622	skin protection wheelchair seat cushion, adjustable, width< 22", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0734
E2623	skin protection wheelchair seat cushion, adjustable, width 22 >" or greater, any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0735
E2624	skin protection and positioning wheelchair cushion, adjustable width <22", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0736
E2625	skin protection and positioning wheelchair cushion, adjustable width 22 or >", any depth, each	Y/12 months	YES		NO			MSRP-22%	eff. 1/1/2011 replacement code for K0737
E8000	Gait trainer, ped. Size, posterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
E8001	Gait trainer, ped. Size, upright support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	
E8002	Gait trainer, ped. Size, anterior support, incl. All Accessories and components	Y/12 months	YES		Y/month	YES	M	M	

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K0001	Standard wheelchair		NO	1 per 5 years	Y/ month	NO	**24.26**	$476.90	PA removed for purchase and PA removed for RR eff 8/1/10 Rate updated 01/01/2018
K0002	Stnd hemi (low seat) whlchr	Y/ 6 months	YES		Y/ month	YES	**72.27**	$782.80	Rate updated 01/01/2018
K0003	Lightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	**36.7**	$728.60	Rate updated 01/01/2018
K0004	High strength ltwt whlchr	Y/ 6 months	YES		Y/ month	YES	**45.25**	$1,248.10	Rate updated 01/01/2018
K0005	Ultralightweight wheelchair	Y/ 6 months	YES		Y/ month	YES	176.86	$1,768.60	Rate updated 01/01/2018
K0006	Heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	**66.91**	$1,072.20	Rate updated 01/01/2018
K0007	Extra heavy duty wheelchair	Y/ 6 months	YES		Y/ month	YES	**94.32**	$1,707.70	Rate updated 01/01/2018
K0009	Other manual wheelchair base	Y/ 6 months	YES		Y/ month	YES	MSRP-15%	MSRP-15%	
K0015	Detach non-adjus hght armrst		NO		Y/ month	NO	**13.7**	$164.44	PA for purchase and PA for rental removed eff. 8/1/10 Rate updated 01/01/2018
K0017	Detach adjust armrest base		NO		Y/ month	NO	**4.48**	**$44.77**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018

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K0018	Detach adjust armrst upper		NO		Y/ month	NO	**2.53**	**$25.31**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
K0019	Arm pad each		NO		Y/ month	NO	**1.23**	**$12.31**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
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 eff. With reg change 7/1/10
K0037	high mount foot rest		NO		Y/month	NO	3.31	$33.10	rate change eff. 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

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K0038	Leg strap each		NO		NO			$21.96	rate change eff.DOS 4/1/09; former rate purchase $23.21;
K0039	Leg strap h style each		NO		NO			**$48.05**	Rate updated 01/01/2018
K0040	Adjustable angle footplate		NO		Y/month	NO	**5.11**	**$51.12**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
K0041	Large size footplate each		NO		Y/month	NO	**4.59**	**$45.92**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
K0042	Standard size footplate each		NO		Y/month	NO	**2.95**	**$29.49**	PA for purchase and PA for RR removed eff. 8/1/10 Rate updated 01/01/2018
K0043	Ftrst lower extension tube		NO		NO			$17.67	rate change eff. DOS 4/1/09; former rate purchase $18.69
K0044	Ftrst upper hanger bracket		NO		NO			$15.06	rate changeeff. DOS 4/1/09; former rate purchase $15.92

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K0045	Footrest complete assembly		NO		NO			$51.24	rate change eff. DOS 4/1/09; former rate purchase $54.16
K0046	Elevat legrst low extension		NO		NO			$17.67	rate change eff. DOS 4/1/09; former rate purchase $18.69
K0047	Elevat legrst up hangr brack		NO		NO			**$64.76**	Rate updated 01/01/2018
K0050	Ratchet assembly		NO		NO			$29.41	rate change eff. DOS 4/1/09; former rate purchase $31.09
K0051	Cam release assem ftrst/lgrst		NO		NO			**$47.53**	Rate updated 01/01/2018
K0052	Swingaway detach footrest		NO		Y/month	NO	**6.89**	**$68.86**	PA for purchase and PA for RR removed eff 8/1/10 Rate updated 01/01/2018
K0053	Elevate footrest articulate		NO		NO			**$79.93**	Rate updated 01/01/2018
K0056	Seat ht <17 or >=21 ltwt wc		NO		Y/month	NO	9.1	$90.98	PA for purchase and PA for RR removed eff 8/1/10
K0065	Spoke protectors		NO		NO			$42.54	
K0069	Rear whl complete solid tire		NO		NO			**$90.37**	Rate updated 01/01/2018

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K0070	Rear whl compl pneum tire		NO		NO			$175.23	
K0071	Front castr compl pneum tire		NO		NO			**$102.72**	Rate updated 01/01/2018
K0072	Frnt cstr cmpl sem-pneum tir		NO		NO			$62.91	
K0073	Caster pin lock each		NO		NO			$33.29	
K0077	Front caster assem complete		NO		NO			**$52.38**	Rate updated 01/01/2018
K0098	Drive belt power wheelchair D		NO		NO			**$22.65**	Rate updated 01/01/2018
K0105	IV hanger		NO		NO			**$94.57**	PA removed for purchase eff. 8/1/10 Rate updated 01/01/2018
K0108	Wheelchair misc accessory NOS	Y/ 6 months	YES		NO			MSRP-22%	
K0195	Elevating whlchair leg rests		NO		Y/ month	NO	**10.62**	$190.71	PA for purchase and PA for RR removed eff 8/1/10 Rate updated 01/01/2018
K0455	Pump uninterrupted infusion	Y/ 6 months	YES		Y/ month	YES	253.4	NO	

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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.
K0552	Supplies for ext. drug inf. Pump, syringe type cartridge, sterile, each		NO		NO			$2.12	
K0553	**Supply allowance for therapeutic continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service**		**NO**		**NO**			**$251.11**	**Added effective 01/01/2018**
K0554	**Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system**		**NO**		**YES**		**26.42**	**$264.16**	**Added effective 01/01/2018**
K0606	AED with integrated EKG analysis, garment, each	Y/12 months	YES		Y/month	YES	2268.2	$22,682.20	Purchase option added eff 7/1/10

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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
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
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
K0733	Battery for power chair 12-24 amp new 7/1/06		NO		NO			**$26.77**	PA ended eff 12-1-09. Rate updated 01/01/2018
K0738	Prt. O2 home compressor to fill prt. Tanks incl. all supplies	Y/12 months	YES		Y/ month	YES	**37.44**	NO	Rate updated 01/01/2018
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
K0800	POV Grp 1 pt. wt. <=300 lbs	Y/12 months	YES		Y/ month	YES	**82.64**	**$826.39**	Rate updated 01/01/2018

MEDICAID PROGRAM DME FEE SCHEDULE 2020

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K0801	POV Grp. 1 Hvy Duty. Pt. wt 301-450 lbs.	Y/12 months	YES		Y/ month	YES	**148.53**	**$1,485.28**	Rate updated 01/01/2018
K0802	POV Grp. 1 Very Hvy Duty pt. wt. 451-600 lbs.	Y/12 months	YES		Y/ month	YES	**196.51**	**$1,965.10**	Rate updated 01/01/2018
K0806	POV Grp. 2 stand. Pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	**132.72**	**$1,327.19**	Rate updated 01/01/2018
K0807	POV, Grp. 2, Hvy. Duty 301-450 lbs	Y/12 months	YES		Y/ month	YES	**205.68**	**$2,056.81**	Rate updated 01/01/2018
K0808	POV, Grp. 2,Very Hvy. Duty 451-600 lbs.	Y/12 months	YES		Y/ month	YES	**317.95**	**$3,179.48**	Rate updated 01/01/2018
K0812	POV, NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
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
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
K0815	Pwr. WC Grp 1 stand.sling/sol. Seat & back, pt. wt <=300 lbs.	Y/12 months	YES		Y/ month	YES	**292.5**	$3,104.19	Rate updated 01/01/2018
K0816	Pwr. WC Grp 1 stand. captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**273.16**	$2,962.89	Rate updated 01/01/2018
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

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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
K0822	Pwr. WC Grp 2 stand. Sling/solid seat/back pt wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**292.8**	$3,521.70	Rate updated 01/01/2018
K0823	Pwr. WC Grp 2 stand. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**273.56**	$3,553.65	Rate updated 01/01/2018
K0824	Pwr. WC Grp 2 Hvy duty sling/solid seat/back pt. wt. 301-450 lbs.	Y/12 months	YES		Y/ month	YES	**426.57**	$4,283.10	Rate updated 01/01/2018
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
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
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
K0828	Pwr. WC, Grp. 2 xhvy duty, sling/solid seat/back pt. wt. 601>lbs.	Y/12 months	YES		Y/ month	YES	614.2	$6,141.96	code added to fee schedule 01/01/2007
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

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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
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
K0835	Pwr. WC Grp. 2, stand. Single pwr. Opt. sling/solid seat/back pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**341.01**	$3,644.82	Rate updated 01/01/2018
K0836	Pwr. WC Grp. 2 stand. Single pwr. Opt. Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**353.7**	$3,711.60	Rate updated 01/01/2018
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
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
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
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

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K0841	Pwr. WC Grp. 2 stand.multi-pwr. Opt. sling/solid seat/back, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**384.29**	$3,908.30	Rate updated 01/01/2018
K0842	Pwr. WC, Grp. 2, multi-pwr., Captain's chair, pt. wt. <=300 lbs.	Y/12 months	YES		Y/ month	YES	**383.73**	$3,908.30	Rate updated 01/01/2018
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	**455.54**	$4,579.38	Rate updated 01/01/2018
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
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
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
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
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

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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
K0854	Pwr. WC, Grp. 3 xhvy. Duty, sling/solid seat/back, pt. wt. 601 lbs.>	Y/12 months	YES		Y/ month	YES	820.4	$8,204.04	01/01/2007 wt limit corrected 7/2/07
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
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
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
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
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
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

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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
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
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
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	1042.5	$10,424.97	code added to fee schedule 01/01/2007
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
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
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

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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
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
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
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
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
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
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

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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
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
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
K0898	Pwr. Mobility device NOC	Y/12 months	YES		Y/ month	YES	M	M	code added to fee schedule 01/01/2007
K0901	**Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off the shelf**		**Yes**		**NO**			**$860.10**	**Deleted 1/1/2017**

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K0902	**Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment prefabricated, off the shelf**		**Yes**		**NO**			**$897.78**	**Deleted 1/1/2017**
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
L0120	Cerv flexible non-adjustable		NO		NO			$21.60	
L0130	Flex thermoplastic collar molded to patient	Y/12 months	YES		NO			$156.19	
L0140	Cervical semi-rigid adjustab		NO		NO			$53.90	
L0150	Cerv semi-rig adj molded chn		NO		NO			$89.88	
L0160	Cerv semi-rig wire occ/mand		NO		NO			$127.96	
L0170	Cervical collar molded to pt	Y/12 month	YES		NO			$541.49	

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L0172	Cerv col thermplas foam 2 piece		NO		NO			$109.80	
L0174	Cerv col foam 2 piece w thor		NO		NO			$197.24	
L0180	Cer post col occ/man sup adj		NO		NO			$268.26	
L0190	Cerv collar supp adj cerv ba		NO	1 per year	NO			$403.80	PA removed eff. 8/1/10
L0200	Cerv col supp adj bar & thor		NO	1 per year	NO			$370.78	PA removed eff. 8/1/10
L0220	Thor rib belt custom fabrica	Y/12 months	YES		NO			$87.94	
L0450	TLSO flexible, provides trunk support, uper thoracic region, prefab		NO		NO			$145.17	
L0452	TLSO flexible, provides trunk support, upper thoracic region, customized	Y/12 months	YES		NO			$271.28	
L0454	TLSO, Flexible, provides trunk support, sacrococcygeal juntion to T-9, prefab		NO		NO			$188.81	
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS							$328.83	EFF 1/1/14
L0456	TLSO, flexible thoracic region, prefab		YES		NO			$755.69	ratechange 8/1/2007

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L0457	TLSO FLEX TRNK SJ-SS PRE OTS	Y/12 MONTHS	YES					$942.99	EFF. 1/1/14
L0460	TLSO, triplanar control prefab	Y/12 months	YES		NO			$762.71	added to fee schedule 8/13/2007
L0462	TLSO, triplanar control, prefab	Y/12 months	YES		NO			$909.58	rate set 01/02/2007
L0464	TLSO, triplanar control 4 piece rigid plastic with interface, prefab	Y/12 months	YES		NO			$962.52	
L0466	TLSO Sagittal control, prefab		NO		NO			$295.09	
L0467	TLSO R FRAM SOFT PRE OTS							$362.39	EFF. 1/1/14
L0468	TLSO sagittal-coronol control, rigid posterior frame		NO	1 per year	NO			$332.39	PA removed eff. 8/1/10
L0469	TLSO RIG FRAM PELVIC PRE OTS							$454.34	EFF. 1/1/14
L0470	TLSO triplanar control		NO	1 per year	NO			$369.97	PA removed eff. 8/1/10
L0472	TLSO, triplanar control, hyperextension prefab		NO	1 per year	NO			$330.63	PA removed eff. 8/1/10
L0480	TLSO, triplanar control, one piece rigid plastic shell	Y/12 months	YES		NO			$964.69	rate set 01/02/2007
L0482	TLSO, triplanor, custom fabricated, one piece rigid plastic shell, each	Y/12 months	YES		NO			$1,073.89	

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L0484	TLSO, triplanor control, two piece	Y/12 months	YES		NO			$1,366.56	
L0486	TLSO, triplanor control 2 piece rigid plastic with interface, custom	Y/12 months	YES		NO			$1,353.74	
L0488	TLSO triplanor, one piece, prefab	Y/12 months	YES		NO			$913.86	rate change 3/1/10 from $1172.02
L0490	TLSO sagittal coronal control one piece prefab		NO		NO			$214.93	rate change 08/01/2007; PA ended eff. 12-1-09
L0491	TLSO 2 rigid plastic shells, pre fab	Y/12 months	YES		NO			$621.62	
L0492	TLSO 3 rigid plastic shells, pre fab		NO	1 per year	NO			$402.87	PA removed eff. 8/1/10
L0621	Sacroiliac orthosis, flexible, pre fab		NO		NO			$72.17	
L0622	Sacroiliac orthosis, flexible, custom	Y/12 months	YES		NO			$195.70	
L0623	Sacroiliac orthosis, rigid or semi-rigid, pre fab	Y/12 months	YES		NO			M	
L0624	Sacroiliac orthosis, rigid or semi-rigid, custom	Y/12 months	YES		NO			M	
L0625	Lumbar orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			$44.60	
L0626	Lumbar orthosis, sagittal control, pre fab M pricing until 9/1/06		NO		NO			$63.10	

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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
L0628	Lumbar-sacral orthosis, flexible, pre fab M pricing until 9/1/06		NO		NO			$67.89	
L0629	Lumbar-sacral orthosis, flexible, custom	Y/12 months	YES		NO			M	
L0630	Lumbar-sacral orthosis, sag. Control, pre fab M pricing until 9/1/06		NO		NO			$131.07	
L0631	Lumbar-sacral orthosis, sagittal control, pre fab M pricing until 9/1/06	Y/12 months	YES		NO			$830.92	
L0632	Lumbar-sacral orthosis, sag. Control, rigid ant./post. Custom	Y/12 months	YES		NO			M	
L0633	Lumbar-sacral orthosis, sag. Control, rigid post., pre fab M pricing until 9/1/06		NO		NO			$232.10	
L0634	Lumbar-sacral orthosis, sag. Control, rigid post., custom	Y/12 months	YES		NO			M	
L0635	Lumbar-sacral orthosis, sag-coronal control, prefab m pricing until 9/1/06	Y/12 months	YES		NO			$688.57	

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L0636	Lumbar-sacral orthosis, sag-coronal control, custom	Y/12 months	YES		NO			$1,143.02	
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	
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	
L0639	Lumbar-sacral orthosis, sag.-coronal control, rigid post. Prefab M pricing until 9/1/06	Y/12 months	YES		NO			$1,101.92	
L0640	Lumbar-sacral orthosis, sag-coronal control, rigid post., custom M pricing until 9/1/06	Y/12 months	YES		NO			$846.98	
L0641	LO RIG POS PNL L1-L5 PRE OTS							$73.91	EFF. 1/1/14
L0642	LO SAG RI AN/POS PNL PRE OTS							$389.74	EFF. 1/1/14
L0643	LSO SAG CTR RIGI POS PRE OTS							$153.53	EFF. 1/1/14
L0648	LSO SAG R AN/POS PNL PRE OTS	Y/12 MONTHS	YES					$973.32	EFF. 1/1/14

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L0649	LSO SC R POS/LAT PNL PRE OTS							$271.88	EFF. 1/1/14
L0650	LSO SC R ANT/POS PNL PRE OTS	Y/12 MONTHS	YES					$1,290.74	EFF. 1/1/14
L0651	LSO SAG-CO SHELL PNL PRE OTS	Y/12 Months	YES					$1,290.74	EFF. 1/1/14
L0700	Ctlso a-p-l control molded	Y/12 month	YES		NO			$1,662.23	
L0710	Ctlso a-p-l control w/ inter	Y/12 month	YES		NO			$1,814.43	
L0810	Halo cervical into jckt vest	Y/12 month	YES		NO			$1,927.56	
L0820	Halo cervical into body jack	Y/12 month	YES		NO			$1,559.32	
L0830	Halo cerv into milwaukee typ	Y/12 month	YES		NO			$2,251.49	
L0970	Tlso corset front		NO		NO			$82.06	
L0972	Lso corset front		NO		NO			$83.88	
L0974	Tlso full corset		NO		NO			$171.40	
L0976	Lso full corset		NO		NO			$153.07	
L0978	Axillary crutch extension		NO		NO			$138.21	
L0980	Peroneal straps pair		NO		NO			$12.53	
L0982	Stocking supp grips set of 4		NO		NO			$13.66	
L0984	Protective body sock each		NO		NO			$43.58	
L0999	Addition to spinal orthosis, NOS	Y/12 months	YES		NO			M	

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L1000	Ctlso milwauke initial model	Y/12 month	YES		NO			$1,457.71	
L1001	Cervical TLSO, infant, prefab	YES	YES		NO			M	code added 01/02/2007
L1010	Ctlso axilla sling		NO		NO			$58.70	
L1020	Kyphosis pad		NO		NO			$80.20	
L1025	Kyphosis pad floating		NO		NO			$91.15	
L1030	Lumbar bolster pad		NO		NO			$60.90	
L1040	Lumbar or lumbar rib pad		NO		NO			$73.31	
L1050	Sternal pad		NO		NO			$63.48	
L1060	Thoracic pad		NO		NO			$71.59	
L1070	Trapezius sling		NO		NO			$73.19	
L1080	Outrigger		NO		NO			$50.71	
L1085	Outrigger bil w/ vert extens		NO		NO			$140.90	
L1090	Lumbar sling		NO		NO			$65.82	
L1100	Ring flange plastic/leather		NO		NO			$116.18	
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
L1120	Covers for upright each		NO		NO			$31.35	
L1200	Furnsh initial orthosis only	Y/12 month	YES		NO			$1,247.80	
L1210	Lateral thoracic extension		NO		NO			$187.88	
L1220	Anterior thoracic extension		NO		NO			$159.06	
L1230	Milwaukee type superstructur		NO		NO			$408.15	PA removed eff. 8/1/10

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L1240	Lumbar derotation pad		NO		NO			$70.25	
L1250	Anterior asis pad		NO		NO			$69.16	
L1260	Anterior thoracic derotation pad		NO		NO			$71.07	
L1270	Abdominal pad		NO		NO			$70.97	
L1280	Rib gusset (elastic) each		NO		NO			$63.28	
L1290	Lateral trochanteric pad		NO		NO			$71.74	
L1300	Body jacket mold to patient	Y/12 month	YES		NO			$1,199.37	
L1310	Post-operative body jacket	Y/12 month	YES		NO			$1,234.16	
L1499	Spinal orthosis NOS	Y/12 month	YES		NO			M	
L1500	Thkao mobility frame	Y/12 month	YES		NO			$1,363.83	
L1510	Thkao standing frame	Y/12 month	YES		NO			$862.81	
L1520	Thkao swivel walker	Y/12 month	YES		NO			$2,049.32	
L1600	Abduct hip flex frejka w cvr		NO		NO			$92.52	
L1610	Abduct hip flex frejka covr		NO		NO			$31.52	
L1620	Abduct hip flex pavlik harne		NO		NO			$103.81	
L1630	Abduct control hip semi-flex		NO		NO			$123.87	
L1640	Pelv band/spread bar thigh c		NO		NO			$331.31	PA removed eff. 8/1/10

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L1650	HO abduction hip adjustable		NO		NO			$175.69	
L1660	HO abduction static plastic		NO		NO			$122.87	
L1680	Pelvic & hip control thigh c	Y/12 month	YES		NO			$1,010.22	
L1685	Post-op hip abduct custom fa	Y/12 month	YES		NO			$1,065.95	
L1686	HO post-op hip abduction	Y/12 month	YES		NO			$715.11	
L1690	Combination bilateral LS/hip/femur	Y/12 month	YES		NO			$1,492.95	
L1700	Legg perthes orth toronto typ	Y/12 month	YES		NO			$1,242.04	
L1710	Legg perthes orth newington	Y/12 month	YES		NO			$1,459.94	
L1720	Legg perthes orthosis trilat	Y/12 month	YES		NO			$1,078.46	
L1730	Legg perthes orth scottish r	Y/12 month	YES		NO			$813.69	
L1755	Legg perthes patten bottom t	Y/12 month	YES		NO			$1,184.31	
L1810	KO elastic with joints		NO		NO			$93.48	
L1812	KO ELASTIC W/JOINTS PRE OTS							$114.79	EFF. 1/1/14
L1820	KO elas w/ condyle pads & jo		NO		NO			$93.09	

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L1830	KO immobilizer canvas longit		NO		NO			$77.88	
L1831	KO locking knee joint pre fab incl. Fitting and adj.	Y/12 months	NO		NO			$190.58	
L1832	KO adj jnt pos rigid support	Y/12 month	YES		NO			$582.03	
L1833	KO ADJ JNT POS R SUP PRE OTS	Y/12 months	YES					$714.77	EFF. 1/1/14
L1834	KO w/0 joint rigid molded to	Y/12 month	YES		NO			$684.74	
L1840	KO derot ant cruciate custom	Y/12 month	YES		NO			$719.78	
L1843	KO single upright thigh & calf-prefabricated, each	Y/12 month	YES		NO			$692.73	description updated 1/09
L1844	KO w/adj jt rot cntrl molded	Y/12 month	YES		NO			$1,200.34	
L1845	KO w/ adj flex/ext rotat cus	Y/12 month	YES		NO			$723.15	
L1846	KO w adj flex/ext rotat mold	Y/12 month	YES		NO			$906.34	
L1847	KO adjustable w air chambers		NO		NO			$444.06	PA removed eff. 8/1/10
L1848	KO DBL UPRIGHT W/AIR PRE OTS	Y/12 months	YES					$545.34	EFF. 1/1/14
L1850	KO swedish type		NO		NO			$206.67	

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L1851	**Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf**							**M**	**Added effective 1/1/2017**
L1852	**Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medical-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf)**							**M**	**Added effective 1/1/2017**
L1860	KO supracondylar socket mold	Y/12 months	YES		NO			$801.59	

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L1900	AFO sprng wir drsflx calf bd		NO		NO			$217.15	
L1902	AFO ankle gauntlet		NO		NO			$58.97	
L1904	AFO molded ankle gauntlet	Y/12 months	YES		NO			$337.64	
L1906	AFO multiligamentus ankle su		NO		NO			$98.67	
L1907	supramalleolar w/straps w/wo interface/pads, custom fabricated	Y/12 months	YES		NO			$364.37	
L1910	AFO sing bar clasp attach sh		NO		NO			$192.01	
L1920	AFO sing upright w/ adjust s		NO		NO			$251.01	
L1930	AFO plastic or other material, includes fitting & adjustment		NO		NO			$169.85	
L1932	AFO, rigid anterior tibial section,pre fab, incl. Fitting & adj.	Y/12 months	YES		NO			$650.05	rate change 01/02/2007
L1940	AFO, plastic or other material custom	Y/12 months	YES		NO			$383.85	
L1945	AFO molded plas rig ant tib	Y/12 months	YES		NO			$704.90	
L1950	AFO spiral molded to pt plas	Y/12 months	YES		NO			$534.80	

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L1951	spiral, IRM type, plastic or other material prefab, incl. Fitting and adj.	Y/12 months	YES		NO			$543.82	
L1960	AFO pos solid ank plastic mo; custom	Y/12 months	YES		NO			$397.98	
L1970	AFO plastic molded w/ankle j	Y/12 months	YES		NO			$588.64	
L1971	plastic or other material w/ankle joint, prefab, incl. Fitting and adj.		NO		NO			$303.52	PA removed eff. 8/1/10
L1980	AFO sing solid stirrup calf custom	Y/12 months	YES		NO			$263.51	
L1990	AFO doub solid stirrup calf; custom	Y/12 months	YES		NO			$338.57	
L2000	KAFO using fre stirr thi/calf; custom	Y/12 months	YES		NO			$728.26	
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
L2010	KAFO single upright, free ankle, solid stirrup	Y/12 months	YES		NO			$663.87	
L2020	KAFO dbl solid stirrup band/	Y/12 months	YES		NO			$838.37	
L2030	KAFO dbl solid stirrup w/o j	Y/12 months	YES		NO			$727.36	

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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
L2035	KAFO plastic pediatric size		NO		NO			$133.74	
L2036	KAFO plas doub free knee mol	Y/12 months	YES		NO			$1,332.12	
L2037	KAFO plas sing free knee mol	Y/12 months	YES		NO			$1,227.64	
L2038	KAFO w/o joint multi-axis an	Y/12 months	YES		NO			$1,026.55	
L2040	Hkafo torsion bil rot straps		NO		NO			$131.12	
L2050	Hkafo torsion cable hip pelv; custom	Y/12 months	YES		NO			$349.21	
L2060	Hkafo torsion ball bearing j; custom	Y/12 months	YES		NO			$448.19	
L2070	Hkafo torsion unilat rot str; custom	Y/12 months	YES		NO			$128.74	
L2080	Hkafo unilat torsion cable, custom	Y/12 months	YES		NO			$274.55	
L2090	Hkafo unilat torsion ball br, custom	Y/12 months	YES		NO			$338.43	
L2106	AFO tib fx cast plaster mold, custom	Y/12 months	YES		NO			$488.18	
L2108	AFO tib fx cast molded to pt	Y/12 months	YES		NO			$767.15	
L2112	AFO tibial fracture soft, pre-fab		NO		NO			$364.26	PA removed eff. 8/1/10

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L2114	AFO tib fx semi-rigid, pre-fab		NO		NO			$416.75	PA removed eff. 8/1/10
L2116	Afo tibial fracture rigid	Y/12 months	YES		NO			$549.09	
L2126	Kafo fem fx cast thermoplas	Y/12 months	YES		NO			$976.95	
L2128	Kafo fem fx cast molded to p	Y/12 months	YES		NO			$1,231.18	
L2132	Kafo femoral fx cast soft	Y/12 months	YES		NO			$579.19	
L2134	Kafo fem fx cast semi-rigid	Y/12 months	YES		NO			$694.43	
L2136	Kafo femoral fx cast rigid	Y/12 months	YES		NO			$849.11	
L2180	Plas shoe insert w ank joint		NO		NO			$84.08	
L2182	Drop lock knee		NO		NO			$65.81	
L2184	Limited motion knee joint		NO		NO			$118.59	
L2186	Adj motion knee jnt lerman t		NO		NO			$131.41	
L2188	Quadrilateral brim		NO		NO			$286.72	
L2190	Waist belt		NO		NO			$74.47	
L2192	Pelvic band & belt thigh fla		NO		NO			$256.01	
L2200	Limited ankle motion ea jnt		NO		NO			$34.14	
L2210	Dorsiflexion assist each joi		NO		NO			$55.40	

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L2220	Dorsi & plantar flex ass/res		NO		NO			$63.60	
L2230	Split flat caliper stirr & p		NO		NO			$55.09	
L2232	Addt. To lower extremity orthosis, rocker bottom, custom fabricated only	Y/12 months	YES		NO			$70.38	rate set 04/02/2007
L2240	Addt. To lower extremity orthosis, round caliper & plate attachment		NO		NO			$60.04	
L2250	Foot plate molded stirrup at		NO		NO			$255.13	PA ended eff. 12-1-09
L2260	Reinforced solid stirrup		NO		NO			$143.93	
L2265	Long tongue stirrup		NO		NO			$84.55	
L2270	Varus/valgus strap padded/li		NO		NO			$38.56	
L2275	Plastic mod low ext pad/line		NO		NO			$93.82	
L2280	Molded inner boot	Y/12 months	YES		NO			$348.55	
L2300	Abduction bar jointed adjust		NO		NO			$196.75	
L2310	Abduction bar-straight		NO		NO			$88.33	
L2320	Non-molded lacer		NO		NO			$147.73	
L2330	Lacer molded to patient, custom	Y/12 months	YES		NO			$281.93	
L2335	Anterior swing band		NO		NO			$165.85	
L2340	Pre-tibial shell molded to p	Y/12 months	YES		NO			$391.38	

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L2350	Prosthetic type socket molded	Y/12 months	YES		NO			$639.78	
L2360	Extended steel shank		NO		NO			$37.15	
L2370	Patten bottom		NO		NO			$184.32	
L2375	Torsion ank & half solid sti		NO		NO			$81.13	
L2380	Torsion straight knee joint;		NO		NO			$88.39	
L2385	Straight knee joint heavy du		NO		NO			$96.17	
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
L2390	Offset knee joint each		NO		NO			$78.59	
L2395	Offset knee joint heavy duty		NO		NO			$120.00	
L2397	Suspension sleeve lower ext		NO		NO			$84.16	
L2405	Knee joint drop lock ea jnt		NO		NO			$67.32	
L2415	Knee joint cam lock each joi		NO		NO			$93.78	
L2425	Knee disc/dial lock/adj flex		NO		NO			$110.66	
L2430	Knee jnt ratchet lock ea jnt		NO		NO			$110.66	
L2492	Knee lift loop drop lock rin		NO		NO			$73.22	
L2500	Thi/glut/ischia wgt bearing		NO		NO			$226.51	
L2510	Th/wght bear quad-lat brim m	Y/12 months	YES		NO			$606.45	

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L2520	Th/wght bear quad-lat brim custom	Y/12 months	YES		NO			$330.77	
L2525	Th/wght bear m-l brim mo	Y/12 months	YES		NO			$1,134.81	
L2526	Th/wght bear m-l brim cu	Y/12 months	YES		NO			$611.66	
L2530	Thigh/wght bear lacer non-mo		NO		NO			$168.70	
L2540	Thigh/wght bear lacer molded	Y/12 months	YES		NO			$303.55	
L2550	Thigh/wght bear high roll cu		NO		NO			$206.21	
L2570	Hip clevis type 2 posit jnt		NO		NO			$455.98	PA removed eff. 8/1/10
L2580	Pelvic control pelvic sling		NO		NO			$432.25	PA removed eff. 8/1/10
L2600	Hip clevis/thrust bearing fr		NO		NO			$147.46	
L2610	Hip clevis/thrust bearing lo		NO		NO			$174.37	
L2620	Pelvic control hip heavy dut		NO		NO			$191.98	
L2622	Hip joint adjustable flexion		NO		NO			$220.18	
L2624	Hip adj flex ext abduct cont		NO		NO			$299.33	
L2627	Plastic mold recipro hip & c	Y/12 months	YES		NO			$1,233.21	
L2628	Metal frame recipro hip & ca	Y/12 months	YES		NO			$1,448.65	

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L2630	Pelvic control band & belt u		NO		NO			$177.79	
L2640	Pelvic control band & belt b		NO		NO			$241.29	
L2650	Pelv & thor control gluteal		NO		NO			$86.17	
L2660	Thoracic control thoracic ba		NO		NO			$133.82	
L2670	Thorac cont paraspinal uprig		NO		NO			$122.48	
L2680	Thorac cont lat support upri		NO		NO			$112.36	
L2750	Plating chrome/nickel pr bar		NO		NO			$60.02	
L2755	Addt. Lower ext.,high strength, custom fab. Only		NO		NO			$100.89	
L2760	Extension per extension per		NO		NO			$43.62	
L2768	Orthotic side bar, Disconnect device, each		YES		NO			$110.02	added eff. 10/1/10
L2780	Non-corrosive finish per bar		NO		NO			$51.60	
L2785	Drop lock retainer each		NO		NO			$30.34	
L2795	Knee control full kneecap		NO		NO			$61.01	
L2800	Knee cap medial or lateral p		NO		NO			$76.58	
L2810	Knee control condylar pad		NO		NO			$56.08	
L2820	Soft interface below knee se		NO		NO			$62.35	

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L2830	Soft interface above knee se		NO		NO			$70.11	
L2840	Tibial length sock fx or equ		NO		NO			$39.13	
L2850	Femoral lgth sock fx or equa		NO		NO			$44.46	
L2861	addt. to lower ext-joint, knee or ankle, custom only, each	Y/12 months	YES		NO			M	CMS added 1/1/2010
L2999	Lower extremity orthosis NOS	Y/12 months	YES		NO			M	
L3000	foot insert Berkeley shell, each		NO		NO			$247.24	PA ended eff. 12-1-09
L3001	foot insert Spenco, each		NO		NO			$101.20	rate change 08/01/2007; PA ended eff. 12-1-09
L3002	foot insert, Plastazote , each		NO		NO			$122.72	rate change 08/01/2008; PA endedeff. 12-1-09
L3003	foot insert, Silicone gel , each		NO		NO			$132.38	rate change 08/01/2009; PA ended eff. 12-1-09
L3010	Longitudinal Arch support each		NO		NO			$122.12	
L3020	Foot longitud/metatarsal supp		NO		NO			$139.06	PA ended eff. 12-1-09

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L3030	Foot arch support remov prem		NO	2 PER FOOT PER YEAR	NO			$53.49	Limits eff. 6/1/17 PA ended eff. 12-1-09;
L3040	Foot arch support remov premolded longitudinal, each		NO		NO			$31.99	PA ended eff. 12-1-09
L3060	Foot arch support, removable, premolded, longitudinal & horizontal, each				NO			$53.73	rate set 01/02/2007; PA ended eff. 12-1-09
L3100	Hallus-valgus night dynamic splint		NO		NO			$30.31	
L3140	Abduction rotation bar shoe		NO		NO			$60.69	
L3150	Abduction rotation bar w/o shoe		NO		NO			$55.49	
L3160	Shoe styled postioning device		NO		NO			$159.84	PA removed eff. 8/1/10
L3170	Foot plastic heel stablizer		NO		NO			$34.69	
L3201	Oxford w supinator/pronator inf each	Y/12 months	YES		NO			$51.28	
L3202	Oxford w supinator/pronator child each	Y/12 months	YES		NO			$80.00	
L3203	Oxford w supinator/pronator jun each	Y/12 months	YES		NO			$73.47	

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L3204	Hightop w supp/pronator infant each	Y/12 months	YES		NO			$67.08	
L3206	Hightop w supp/pronator child each	Y/12 months	YES		NO			$72.41	
L3207	Hightop w supp/pronator junior each	Y/12 months	YES		NO			$76.66	
L3208	Surgical boot, each infant	Y/12 months	YES		NO			$54.31	
L3209	Surgical boot, each child	Y/12 months	YES		NO			$28.75	
L3211	Surgical boot, each junior	Y/12 months	YES		NO			$35.60	
L3212	Benesch boot pair infant	Y/12 month	YES		NO			$56.43	
L3213	Benesch boot pair child	Y/12 month	YES		NO			$61.75	
L3214	Benesch boot pair junior	Y/12 month	YES		NO			$67.08	
L3215	Orthopedic ftwear ladies oxf each	Y/12 month	YES		NO			$78.94	
L3216	Orthopedic ftwear ladies depth each	Y/12 month	YES		NO			$118.67	
L3217	Ladies shoes hightop depth each	Y/12 month	YES		NO			$92.40	
L3219	Orthopedic mens shoes oxford each	Y/12 month	YES		NO			$90.80	
L3221	Orthopedic mens shoes dpth each	Y/12 month	YES		NO			$151.75	

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L3222	Mens shoes hightop depth inl each	Y/12 month	YES		NO			$111.86	
L3224	Woman's shoe oxford brace each	Y/12 month	YES		NO			$42.22	
L3225	Man's shoe oxford brace each	Y/12 month	YES		NO			$48.57	
L3230	Custom shoes depth inlay each	Y/12 month	YES		NO			$308.31	
L3250	Custom mold shoe remov prost each	Y/12 month	YES		NO			$231.77	
L3251	Shoe molded to pt silicone s each	Y/12 month	YES		NO			$280.14	
L3252	Shoe molded plastazote cust each	Y/12 month	YES		NO			$210.21	
L3253	Shoe molded plastazote cust each	Y/12 month	YES		NO			$99.94	
L3254	Orth foot non-std size/w	Y/12 month	YES		NO			$149.07	
L3255	Orth foot non-std size/w	Y/12 month	YES		NO			$42.59	
L3257	Orth foot add charge split	Y/12 month	YES		NO			$95.83	
L3260	Ambulatory surgical boot each		NO		NO			$22.03	
L3265	Plastazole sandal each		NO		NO			$25.00	
L3300	Lift, Elevation Heel, Tapered to Metata		NO		NO			$44.00	

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L3310	Shoe lift elev heel/sole neo		NO		NO			$61.84	rate change 08/01/2007; PA ended eff. 12-1-09
L3320	shoe lift elev heel/sole cor		NO		NO			$67.38	PA ended eff. 12-1-09
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
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
L3334	Shoe, lift elevation, heel, per inch, each		NO		NO			$26.74	PA removed eff. 8/1/10
L3340	shoe wedge sach		NO		NO			$59.73	PA removed 12/09
L3350	shoe sole wedge		NO		NO			$16.05	PA ended eff. 12-1-09
L3360	shoe sole wedge outside sole		NO		NO			$24.96	PA ended eff. 12-1-09
L3370	shoe sole wedge between sole		NO		NO			$34.77	PA ended eff. 12-1-09
L3380	shoe clubfoot wedge		NO		NO			$34.77	PA ended eff. 12-1-09
L3390	shoe outflare wedge		NO		NO			$39.04	PA ended eff. 12-1-09
L3400	shoe metarsal bar wedge		NO		NO			$28.53	PA ended eff. 12-1-09

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L3410	shoe metarsal bar between		NO		NO			$65.07	PA ended eff. 12-1-09
L3420	full sole/heel wedge btween		NO		NO			$38.33	PA ended eff. 12-1-09
L3430	shoe heel count plast reinforc		NO		NO			$112.32	PA ended eff. 12-1-09
L3440	heel leather reinforced		NO		NO			$53.49	PA ended eff. 12-1-09
L3450	shoe heel sach cushion type		NO		NO			$73.99	PA ended eff. 12-1-09
L3455	shoe heel new leather standard		NO		NO			$32.04	PA ended eff. 12-1-09
L3460	shoe heel new rubber standard		NO		NO			$27.02	PA ended eff. 12-1-09
L3465	shoe heel thomas with wedge		NO		NO			$41.01	PA ended eff. 12-1-09
L3470	shoe heel thomas extend to B		NO		NO			$43.68	PA ended eff. 12-1-09
L3480	shoe heel pad &depress for		NO		NO			$43.68	PA ended eff. 12-1-09
L3485	shoe heel pad removeable for		NO		NO			$19.00	PA ended eff. 12-1-09
L3500	ortho shoe add leather insol		NO		NO			$20.50	PA ended eff. 12-1-09
L3510	orthopedic shoe add rub insl		NO		NO			$20.50	PA ended eff. 12-1-09
L3520	ortho shoe add felt w leather insol		NO		NO			$22.29	PA ended eff. 12-1-09

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L3530	ortho shoe add half sole		NO		NO			$22.29	PA ended eff. 12-1-09
L3540	ortho shoe add full sole		NO		NO			$35.66	PA ended eff. 12-1-09
L3550	ortho shoe add standard toe tap		NO		NO			$7.01	PA ended eff. 12-1-09
L3560	ortho shoe add horseshoe toe tap		NO		NO			$18.02	PA ended eff. 12-1-09
L3570	ortho shoe add instep extension		NO		NO			$67.06	PA ended eff. 12-1-09
L3580	ortho shoe add instep velcro clos		NO		NO			$51.04	PA ended eff. 12-1-09
L3590	ortho shoe convert firm to soft count		NO		NO			$42.04	PA ended eff. 12-1-09
L3595	ortho shoe add march bar		NO		NO			$30.56	PA ended eff. 12-1-09
L3600	Trans shoe calip plate exist		NO		NO			$60.06	
L3610	Trans shoe caliper plate new		NO		NO			$79.08	
L3620	Trans shoe solid stirrup existing		NO		NO			$60.06	
L3630	Trans shoe solid stirrup new		NO		NO			$79.08	
L3640	Shoe Dennis Browne splint both		NO		NO			$34.03	
L3649	orthopedic shoe modification NOS	Y/12 months	YES		NO			M	

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L3650	Shlder fig 8 abduct restrain		NO		NO			$42.06	
L3660	Abduct restrainer canvas&web		NO		NO			$72.21	
L3670	Acromio/clavicular canvas&we		NO		NO			$100.66	
L3671	Shoulder othosis, cap design w/o joints	Y/12 months	YES		NO			$623.06	added to fee schedule7/26/07
L3675	Canvas vest SO		NO		NO			$123.30	
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf		Yes		No			Manually priced - Manufacturer's Invoice price plus twenty (20) percent	Added to Fee Schedule 1/1/2015
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
L3710	Elbow elastic with metal joi		NO		NO			$101.87	
L3720	Forearm/arm cuffs free motio	Y/12 month	YES		NO			$508.23	
L3730	Forearm/arm cuffs ext/flex a	Y/12 month	YES		NO			$669.04	
L3740	Cuffs adj lock w/ active con	Y/12 month	YES		NO			$751.88	

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L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj		NO		NO			$335.71	PA removed eff. 8/1/10
L3761	**Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf**		**NO**		**NO**			**$444.11**	**Added effective 01/01/2018**
L3762	Elbow orthosis rigid, w/o joints, prefab, soft interface, incl. Fitting/adj.		NO		NO			$63.37	
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
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
L3807	WHFO w/o joints, prefab includes fitting and adjustments any type		NO		NO			$175.69	

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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
L3809	WHFO W/O JOINTS PRE OTS							$215.77	EFF. 1/1/14
L3891	Addt. to upper ext. joint, wrist, or elbow, custom fabricated only, each	Y/12 minths	YES		NO			M	CMS added 1/1/2010
L3900	Hinge extension/flex wrist/f	Y/12 month	YES		NO			$1,097.63	
L3901	Hinge ext/flex wrist finger	Y/12 month	YES		NO			$1,230.73	
L3904	Whfo electric custom fitted	Y/12 month	YES		NO			$2,505.44	
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
L3906	Wrist hand orthosis, w/o joints, custom	Y/12 months	YES		NO			$296.41	
L3907	Whfo wrist gauntlt thmb spica							CMS DC	1/08
L3908	Wrist cock-up non-molded		NO		NO			$42.10	
L3912	Flex glove w/elastic finger		NO		NO			$67.55	

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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
L3915	WHFO, rigid with 1 or more joints, prefab,		NO		NO			$367.58	PA removed eff. 8/1/10
L3916	WHO NONTORSION JNTS PRE OTS							$458.68	EFF. 1/1/14
L3917	hand orthosis, metacarpal fracture orthosis, prefab, incl fitting and adj.		NO		NO			$62.25	
L3918	METACARP FX ORTHOSIS PRE OTS							$91.15	EFF. 1/1/14
L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj		NO		NO			$54.91	former rate $27.35 change eff. 1/15/08
L3924	HFO WITHOUT JOINTS PRE OTS							$75.06	EFF. 1/1/14
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.

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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 12/09
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.
L3930	HFO NONTORSION JNTS PRE OTS							$72.64	EFF. 1/1/14
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.
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
L3956	addt. Of joint to upper ext orth. any material, per joint	Y/12 months	YES		NO			M	39174
L3960	Sewho airplan desig abdu pos	Y/12 month	YES		NO			$579.15	

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L3962	Sewho erbs palsey design abd	Y/12 month	YES		NO			$603.04	
L3964	Seo mobile arm sup att to wc	Y/12 month	YES		Y/ month	YES	59.42	$594.21	
L3965	Arm supp att to wc rancho ty	Y/12 month	YES		Y/ month	YES	94.82	$948.19	
L3966	Mobile arm supports reclinin	Y/12 month	YES		Y/ month	YES	63.21	$632.12	
L3968	Friction dampening arm supp	Y/12 month	YES		Y/ month	YES	87.87	$878.65	
L3969	Monosuspension arm/hand supp	Y/12 month	YES		Y/ month	YES	63.21	$632.12	
L3970	Elevat proximal arm support		NO		NO			$252.86	
L3971	SEHWO, shoulder cap design, custom fabricated	Y/12 months	YES		NO			$1,248.33	code added to fee schedule01/02/2007
L3972	Offset/lat rocker arm w/ ela		NO		NO			$160.79	
L3974	Mobile arm support supinator		NO		NO			$128.59	
L3980	Upp ext fx orthosis humeral		NO		NO			$217.21	

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L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments		Yes		NO			$878.03	1/1/2016
L3982	Upper ext fx orthosis rad/ul		NO		NO			$268.36	
L3984	Upper ext fx orthosis wrist		NO		NO			$286.46	
L3995	Add. To upper ext. sock, fracture, or equal, each		NO		NO			$24.05	
L3999	Upper limb orthosis, not otherwise specified	Y/12 month	YES		NO			M	
L4000	Repl girdle milwaukee orth	Y/12 month	YES		NO			$936.66	
L4002	Replacement strap, any orthosis, includes all components, any lgth., any type	Y/12months	YES		NO			M	
L4010	Replace trilateral socket brim	Y/12 month	YES		NO			$527.10	
L4020	Replace quadlat socket brim	Y/12 month	YES		NO			$658.39	
L4030	Replace socket brim cust fit	Y/12 month	YES		NO			$362.50	

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L4040	Replace molded thigh lacer	Y/12 month	YES		NO			$293.09	
L4045	Replace non-molded thigh lac		NO		NO			$235.52	
L4050	Replace molded calf lacer	Y/12 month	YES		NO			$296.42	
L4055	Replace non-molded calf lace		NO		NO			$191.94	
L4060	Replace high roll cuff		NO		NO			$228.18	
L4070	Replace prox & dist upright		NO		NO			$217.71	
L4080	Repl met band kafo-afo prox		NO		NO			$76.74	
L4090	Repl met band kafo-afo calf/		NO		NO			$67.93	
L4100	Repl leath cuff kafo prox th		NO		NO			$76.62	
L4110	Repl leath cuff kafo-afo cal		NO		NO			$60.89	
L4130	Replace pretibial shell		NO		NO			$419.07	PA removed eff. 8/1/10
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
L4210	repair or replace minor parts	Y/12 months if PA required	YES > $500		NO			$32.03	PA requirement raised eff 8/1/10

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L4350	Pneumatic ankle cntrl splint		NO		NO			$75.50	
L4360	Pneumatic walking splint		NO		NO			$211.22	
L4361	PNEUMA/VAC WALK BOOT PRE OTS							$259.40	EFF. 1/1/14
L4370	Pneumatic full leg splint		NO		NO			$135.55	
L4380	Pneumatic knee splint		NO		NO			$83.11	
L4386	Non-pneumatic walking boot		NO		NO			$109.98	former rate $83.11 change eff. 1/15/08
L4387	NON-PNEUM WALK BOOT PRE OTS							$150.33	EFF. 1/1/14
L4394	Replacement Foot Drop Splint		NO		NO			$13.13	
L4396	Static AFO		NO		NO			$129.57	
L4397	STATIC OR DYNAMI AFO PRE OTS							$159.14	EFF. 1/1/14
L4398	Foot drop splint recumbent		NO		NO			$59.63	
L4631	**AFO WALK BOOT TYPE, CUS FAB**		**YES**		**NO**			**$1,333.46**	**EFF. 1/1/17**
L5000	Sho insert w arch toe filler	Y/12 month	YES		NO			$404.82	
L5010	Mold socket ank hgt w/ toe f	Y/12 month	YES		NO			$977.72	
L5020	Tibial tubercle hgt w/ toe f	Y/12 month	YES		NO			$1,660.43	
L5050	Ank symes mold sckt sach ft	Y/12 month	YES		NO			$1,836.74	

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L5060	Symes met fr leath socket ar	Y/12 month	YES		NO			$2,112.77	
L5100	Molded socket shin sach foot	Y/12 month	YES		NO			$1,840.79	
L5105	Plast socket jts/thgh lacer	Y/12 month	YES		NO			$2,657.36	
L5150	Mold sckt ext knee shin sach	Y/12 month	YES		NO			$2,686.23	
L5160	Mold socket bent knee shin s	Y/12 month	YES		NO			$2,921.76	
L5200	Knee sing axis fric shin sach	Y/12 month	YES		NO			$2,797.99	
L5210	No knee/ankle joints w/ ft b	Y/12 month	YES		NO			$1,856.19	
L5220	No knee joint with artic ali	Y/12 month	YES		NO			$2,109.89	
L5230	Fem focal defic constant fri	Y/12 month	YES		NO			$2,909.97	
L5250	Hip canadian sing axi cons fric	Y/12 month	YES		NO			$3,968.93	
L5270	Tilt table locking hip sing	Y/12 month	YES		NO			$3,951.32	
L5280	Hemipelvect canadian sing axis	Y/12 month	YES		NO			$3,921.05	
L5301	Below Knee molded socket, shin each foot, endosketal system	Y/12 month	YES		NO			$2,205.98	

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L5311	Knee disarticulation , molded socket, external knee joints, shin,sach foot endo	Y/12 month	YES		NO			$2,964.15	rate change 08/01/2007
L5321	Above Knee, molded socket, open end, sach foot, endoskelttal system, single axis knee	Y/12 month	YES		NO			$3,197.63	
L5331	Hip disarticulation, Canadian type, molded socket endoskeletal system, hip joint, single	Y/12 month	YES		NO			$3,824.67	rate change 08/01/2007
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal hip joint single axis knee	Y/12 month	YES		NO			$3,981.49	rate change 08/01/2007
L5400	Postop dress & 1 cast chg bk	Y/12 month	YES		NO			$1,041.72	
L5410	Postop dsg bk ea add cast ch	Y/12 month	YES		NO			$319.61	
L5420	Postop dsg & 1 cast chg ak/d	Y/12 month	YES		NO			$1,276.60	
L5430	Postop dsg ak ea add cast ch	Y/12 month	YES		NO			$384.93	
L5450	Postop app non-wgt bear dsg	Y/12 month	YES		NO			$313.15	
L5460	Postop app non-wgt bear dsg	Y/12 month	YES		NO			$417.21	

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L5500	Init bk ptb plaster direct	Y/12 month	YES		NO			$982.44	
L5505	Init ak ischal plstr direct	Y/12 month	YES		NO			$1,358.73	
L5510	Prep BK ptb plaster molded	Y/12 month	YES		NO			$1,113.65	
L5520	Perp BK ptb thermopls direct	Y/12 month	YES		NO			$1,100.03	
L5530	Prep BK ptb thermopls molded	Y/12 month	YES		NO			$1,321.24	
L5535	Prep BK ptb open end socket	Y/12 month	YES		NO			$1,279.19	
L5540	Prep BK ptb laminated socket	Y/12 month	YES		NO			$1,384.52	
L5560	Prep AK ischial plast molded	Y/12 month	YES		NO			$1,486.72	
L5570	Prep AK ischial direct form	Y/12 month	YES		NO			$1,545.67	
L5580	Prep AK ischial thermo mold	Y/12 month	YES		NO			$1,804.46	
L5585	Prep AK ischial open end	Y/12 month	YES		NO			$2,220.69	
L5590	Prep AK ischial laminated	Y/12 month	YES		NO			$1,838.87	
L5595	Hip disartic sach thermopls	Y/12 month	YES		NO			$3,248.61	
L5600	Hip disart sach laminat mold	Y/12 month	YES		NO			$3,492.11	

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L5610	Above knee hydracadence	Y/12 month	YES		NO			$1,583.72	
L5611	Ak 4 bar link w/fric swing	Y/12 month	YES		NO			$1,232.45	
L5613	Ak 4 bar ling w/hydraul swig	Y/12 month	YES		NO			$1,926.89	
L5614	4-bar link above knee w/swng	Y/12 month	YES		NO			$1,305.33	
L5616	Ak univ multiplex sys frict	Y/12 month	YES		NO			$1,041.28	
L5617	AK/BK self-aligning unit ea		NO		NO			$432.81	PA removed eff 8/1/10
L5618	Test socket symes	Y/12 months	NO		NO			$228.97	PA removed effective 8-1-08.
L5620	Test socket below knee		NO		NO			$212.67	
L5622	Test socket knee disarticula		NO		NO			$277.31	
L5624	Test socket above knee		NO		NO			$278.10	
L5626	Test socket hip disarticulat		NO		NO			$364.71	PA removed eff 8/1/10
L5628	Test socket hemipelvectomy		NO		NO			$389.97	PA removed eff 8/1/10
L5629	Below knee acrylic socket		NO		NO			$243.10	
L5630	Syme typ expandabl wall sckt		NO		NO			$343.30	PA removed eff 8/1/10
L5631	Ak/knee disartic acrylic soc		NO		NO			$336.10	PA removed eff 8/1/10

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L5632	Symes type ptb brim design s		NO		NO			$187.58	
L5634	Symes type poster opening so		NO		NO			$232.68	
L5636	Symes type medial opening so		NO		NO			$194.91	
L5637	Below knee total contact		NO		NO			$220.98	
L5638	Below knee leather socket		NO		NO			$384.95	PA removed eff 8/1/10
L5639	Below knee wood socket	Y/12 month	YES		NO			$857.64	
L5640	Knee disarticulat leather so		NO		NO			$489.13	PA removed eff 8/1/10
L5642	Above knee leather socket		NO		NO			$473.93	PA removed eff 8/1/10
L5643	Hip flex inner socket ext fr	Y/12 month	YES		NO			$1,190.58	
L5644	Above knee wood socket		NO		NO			$451.81	PA removed eff 8/1/10
L5645	Ak flexibl inner socket ext	Y/12 month	YES		NO			$610.34	
L5646	Below knee air cushion socket		NO		NO			$419.12	PA removed eff 8/1/10
L5647	Below knee suction socket	Y/12 month	YES		NO			$608.48	
L5648	Above knee air cushion socket	Y/12 month	YES		NO			$503.62	

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L5649	Isch containmt/narrow m-l so	Y/12 month	YES		NO			$1,824.88	
L5650	Tot contact ak/knee disart s		NO		NO			$373.43	PA removed eff 8/1/10
L5651	Ak flex inner socket ext fra	Y/12 month	YES		NO			$918.63	
L5652	Suction susp ak/knee disart		NO		NO			$333.50	PA removed eff 8/1/10
L5653	Knee disart expand wall sock		NO		NO			$445.19	PA removed eff 8/1/10
L5654	Socket insert symes		NO		NO			$253.68	
L5655	Socket insert below knee		NO		NO			$214.98	
L5656	Socket insert knee articulat		NO		NO			$288.41	
L5658	Socket insert above knee		NO		NO			$278.13	
L5661	Multi-durometer symes		NO		NO			$465.50	PA removed eff 8/1/10
L5665	Multi-durometer below knee		NO		NO			$391.67	PA removed eff 8/1/10
L5666	Below knee cuff suspension		NO		NO			$53.55	
L5668	Socket insert w/o lock lower		NO		NO			$86.37	
L5670	Bk molded supracondylar susp	Y/12 months	YES		NO			$207.57	

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L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism		NO		NO			$432.87	PA removed eff 8/1/10
L5672	Bk removable medial brim sus		NO		NO			$228.10	PA removed eff 12/09
L5673	below knee/above knee socket insert, silicone gel or elastomeric w/locking mech, custom	Y/12 month	YES		NO			$456.19	
L5676	Bk knee joints single axis pair		NO		NO			$277.19	PA removed eff 8/1/10
L5677	Bk knee joints polycentric pair		NO		NO			$377.16	PA removed eff 8/1/10
L5678	Bk joint covers pair	Y/12 month	NO		NO			$30.37	
L5679	below knee/above knee socket insert, silicone gel or elastomeric no locking mech, custom	Y/12 month	YES		NO			$380.15	
L5680	Bk thigh lacer non-molded		NO		NO			$253.53	
L5681	below knee/above knee, custom fab. Socket inset initial only for cong. Or atypical	Y/12 months	YES		NO			$853.43	
L5682	Bk thigh lacer glut/ischia molded	Y/12 month	YES		NO			$478.39	

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L5683	below knee/above knee, custom fab, socket inset, initial only not cong.or atypical	Y/12 month	YES		NO			$853.43	
L5684	Bk fork strap		NO		NO			$36.81	
L5685	Addt. To lower ext. orthosis, below knee, susp./sealing sleeve, any mat. Each		NO		NO			$93.48	rate set 01/02/2007
L5686	below knee back check extension control		NO		NO			$39.08	
L5688	Bk waist belt webbing		NO		NO			$46.72	
L5690	Bk waist belt padded and lin		NO		NO			$74.85	
L5692	Ak pelvic control belt light		NO		NO			$101.64	
L5694	Ak pelvic control belt pad/l		NO		NO			$138.77	
L5695	Ak sleeve susp neoprene/equa		NO		NO			$128.11	
L5696	Ak/knee disartic pelvic join		NO		NO			$141.54	
L5697	Ak/knee disartic pelvic band		NO		NO			$61.41	
L5698	Ak/knee disartic silesian ba		NO		NO			$100.41	
L5699	Shoulder harness		NO		NO			$180.89	
L5700	Replace socket below knee	Y/12 month	YES		NO			$2,191.70	
L5701	Replace socket above knee	Y/12 month	YES		NO			$2,632.07	

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L5702	Replace socket hip	Y/12 month	YES		NO			$3,329.96	
L5704	Custom shape covr below knee	Y/12 month	YES		NO			$410.01	
L5705	Custom shape cover above knee	Y/12 month	YES		NO			$732.61	
L5706	Custom shape cvr knee disart	Y/12 month	YES		NO			$718.17	
L5707	Custom shape cover hip disart	Y/12 month	YES		NO			$946.80	
L5710	Kne-shin exo sng axi mnl loc		NO		NO			$286.07	PA removed 12/09
L5711	Knee-shin exo mnl lock ultra		NO		NO			$399.82	PA removed eff 8/1/10
L5712	Knee-shin exo frict swg & st		NO		NO			$335.03	PA removed eff 8/1/10
L5714	Knee-shin exo variable frict		NO		NO			$344.12	PA removed eff 8/1/10
L5716	Knee-shin exo mech stance ph	Y/12 month	YES		NO			$557.52	
L5718	Knee-shin exo frct swg & sta	Y/12 month	YES		NO			$696.84	
L5722	Knee-shin pneum swg frct exo	Y/12 month	YES		NO			$736.18	
L5724	Knee-shin exo fluid swing ph	Y/12 month	YES		NO			$1,154.61	
L5726	Knee-shin ext jnts fld swg e	Y/12 month	YES		NO			$1,330.67	

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L5728	Knee-shin fluid swg & stance	Y/12 month	YES		NO			$1,820.17	
L5780	Knee-shin pneum/hydra pneum	Y/12 month	YES		NO			$875.78	
L5781	Addt. to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Y/12 month	YES		NO			M	added 1/1/09
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
L5785	Exoskeletal bk ultralt mater		NO		NO			$492.30	PA removed eff 8/1/10
L5790	Exoskeletal ak ultra-light m	Y/12 month	YES		NO			$550.01	
L5795	Exoskel hip ultra-light mate	Y/12 month	YES		NO			$1,095.08	
L5810	Endoskel knee-shin mnl lock		NO		NO			$372.42	PA removed eff 8/1/10
L5811	Endo knee-shin mnl lck ultra	Y/12 month	YES		NO			$557.88	
L5812	Endo knee-shin frct swg & st		NO		NO			$432.41	PA removed eff 8/1/10
L5814	Endo knee-shin hydral swg ph	Y/12 month	YES		NO			$2,872.88	

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L5816	Endo knee-shin polyc mch sta	Y/12 month	YES		NO			$654.45	
L5818	Endo knee-shin frct swg & st	Y/12 month	YES		NO			$734.59	
L5822	Endo knee-shin pneum swg frc	Y/12 month	YES		NO			$1,302.61	
L5824	Endo knee-shin fluid swing p	Y/12 month	YES		NO			$1,173.08	
L5826	Miniature knee joint	Y/12 month	YES		NO			$2,415.72	
L5828	Endo knee-shin fluid swg/sta	Y/12 month	YES		NO			$2,160.14	
L5830	Endo knee-shin pneum/swg pha	Y/12 month	YES		NO			$1,451.50	
L5840	Multi-axial knee/shin system	Y/12 month	YES		NO			$2,683.82	
L5845	Knee-shin sys stance flexion	Y/12 month	YES		NO			$1,386.49	
L5848	Knee-shin system dampening feature	Y/12 month	YES		NO			$818.60	rate change 08/01/2007
L5850	Endo ak/hip knee extens assi		NO		NO			$97.86	
L5855	Mech hip extension assist	Y/12 months	NO		NO			$262.95	
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	

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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	
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	
L5859	KNEE-SHIN PRO, POWERED AND PROGRAMMABLE FLEXION/EXTENSION ASSIST CONTROL, INCLUDES ANY TYPE MOTOR(S)	Y/12 MONTHS	PA YES Requires Departme nt Review		NO			M	CMS ADDED 1/1/13
L5910	Addt. Endoskeleton, below knee, alignable system		NO		NO			$277.04	
L5920	Endo ak/hip alignable system		NO		NO			$405.87	PA removed eff 8/1/10
L5925	Above knee manual lock		NO		NO			$342.70	PA removed eff 8/1/10
L5930	High activity knee frame	Y/12 month	YES		NO			$2,603.69	
L5940	Endo bk ultra-light material		NO		NO			$383.70	PA removed eff 8/1/10
L5950	Endo ak ultra-light material	Y/12 month	YES		NO			$599.95	

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L5960	Endo hip ultra-light materia	Y/12 month	YES		NO			$737.43	
L5962	Below knee flex cover system		NO		NO			$485.31	PA removed eff 8/1/10
L5964	addt. Endoskeleton above knee, flexible protective outer surface	Y/12 month	YES		NO			$643.61	code active 8/1/07 rate set 1/15/08
L5966	Hip flexible cover system	Y/12 month	YES		NO			$912.85	
L5968	Multiaxial ankle w dorsiflex	Y/12 month	YES		NO			$2,811.03	
L5970	Foot external keel sach foot		NO		NO			$155.35	
L5971	All lower extremity prosthesis, SACH foot, replacement only		NO		NO			$183.19	code added 6/09 eff. Date 1/1/09
L5972	Flexible keel foot		NO		NO			$290.18	
L5973	Endoskeletal ankle foot system, microprocessor, incl. power source	Y/12 months	YES		NO			M	CMS added 1/1/10
L5974	Foot single axis ankle/foot		NO		NO			$178.25	
L5975	Combo ankle/foot prosthesis		NO		NO			$358.62	PA removed eff 8/1/10
L5976	Energy storing foot	Y/12 month	YES		NO			$428.39	
L5978	Ft prosth multiaxial ankl/ft		NO		NO			$223.23	
L5979	Multi-axial ankle/ft prosth	Y/12 month	YES		NO			$1,745.41	

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L5980	Flex foot system	Y/12 month	YES		NO			$2,836.17	
L5981	Flex-walk sys low ext prosth	Y/12 month	YES		NO			$2,291.24	
L5982	Exoskeletal axial rotation		NO		NO			$442.22	PA removed eff 8/1/10
L5984	Endoskeletal axial rotation, w/wo adjustability		NO		NO			$435.77	PA removed eff 8/1/10
L5985	Lwr ext dynamic prosth pylon		NO		NO			$218.43	
L5986	Multi-axial rotation unit		NO		NO			$484.73	PA removed eff 8/1/10
L5987	Shank ft w vert load pylon	Y/12 month	YES		NO			$5,564.74	
L5988	Vertical shock reducing pylo	Y/12 month	YES		NO			$1,545.31	
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
L5999	Lower extremity prosthesis, NOC	Y/12 months	YES		NO			M	eff DOS 7/1/10 and after
L6000	Par hand robin-aids thum rem	Y/12 month	YES		NO			$1,016.37	
L6010	Hand robin-aids little/ring	Y/12 month	YES		NO			$1,131.05	
L6020	Part hand robin-aids no fing	Y/12 month	YES		NO			$1,054.53	

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L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	YES/12 MONTHS	YES		NO			$4,766.41	1/1/2016
L6050	Wrst MLd sck flx hng tri pad	Y/12 month	YES		NO			$1,453.10	
L6055	Wrst mold sock w/exp interfa	Y/12 month	YES		NO			$2,025.24	
L6100	Elb mold sock flex hinge pad	Y/12 month	YES		NO			$1,472.21	
L6110	Elbow mold sock suspension t	Y/12 month	YES		NO			$1,561.53	
L6120	Elbow mold doub splt soc ste	Y/12 month	YES		NO			$1,819.73	
L6130	Elbow stump activated lock h	Y/12 month	YES		NO			$1,980.21	
L6200	Elbow mold outsid lock hinge	Y/12 month	YES		NO			$2,086.82	
L6205	Elbow molded w/ expand inter	Y/12 month	YES		NO			$2,785.58	

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L6250	Elbow inter loc elbow forarm	Y/12 month	YES		NO			$2,186.51	
L6300	Shlder disart int lock elbow	Y/12 month	YES		NO			$2,849.88	
L6310	Shoulder passive restor comp	Y/12 month	YES		NO			$2,460.73	
L6320	Shoulder passive restor cap	Y/12 month	YES		NO			$1,344.26	
L6350	Thoracic intern lock elbow	Y/12 month	YES		NO			$2,996.21	
L6360	Thoracic passive restor comp	Y/12 month	YES		NO			$2,694.62	
L6370	Thoracic passive restor cap	Y/12 month	YES		NO			$1,612.38	
L6380	Postop dsg cast chg wrst/elb	Y/12 month	YES		NO			$934.33	
L6382	Postop dsg cast chg elb dis/	Y/12 month	YES		NO			$1,405.68	
L6384	Postop dsg cast chg shlder/t	Y/12 month	YES		NO			$1,944.59	
L6386	Postop ea cast chg & realign		NO		NO			$307.19	PA removed eff 8/1/10
L6388	Postop applicat rigid dsg on		NO		NO			$336.28	PA removed eff 8/1/10
L6400	Below elbow prosth tiss shap	Y/12 month	YES		NO			$1,774.96	
L6450	Elb disart prosth tiss shap	Y/12 month	YES		NO			$2,371.31	

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L6500	Above elbow prosth tiss shap	Y/12 month	YES		NO			$2,480.88	
L6550	Shldr disar prosth tiss shap	Y/12 month	YES		NO			$2,982.06	
L6570	Scap thorac prosth tiss shap	Y/12 month	YES		NO			$3,348.04	
L6580	Wrist/elbow bowden cable mol	Y/12 month	YES		NO			$1,278.22	
L6582	Wrist/elbow bowden cbl dir f	Y/12 month	YES		NO			$1,157.71	
L6584	Elbow fair lead cable molded	Y/12 month	YES		NO			$1,815.60	
L6586	Elbow fair lead cable dir fo	Y/12 month	YES		NO			$1,699.10	
L6588	Shdr fair lead cable molded	Y/12 month	YES		NO			$2,232.58	
L6590	Shdr fair lead cable direct	Y/12 month	YES		NO			$2,120.63	
L6600	Polycentric hinge pair		NO		NO			$143.48	
L6605	Single pivot hinge pair		NO		NO			$141.67	
L6610	Flexible metal hinge pair		NO		NO			$136.06	
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

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L6615	Disconnect locking wrist uni		NO		NO			$146.60	
L6616	Disconnect insert locking wr		NO		NO			$54.32	
L6620	Flexion-friction wrist unit		NO		NO			$234.55	
L6621	**Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device**		**NO**		**NO**			**$2,236.32**	**Added effective 01/01/2018**
L6623	Spring-asst. rot wrst w/ latch	Y/12 month	YES		NO			$654.24	
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
L6625	Rotation wrst w/ cable lock		NO		NO			$464.86	PA removed eff 8/1/10
L6628	Quick disconn hook adapter o		NO		NO			$366.44	PA removed eff 8/1/10
L6629	Lamination collar w/ couplin		NO		NO			$111.91	
L6630	Stainless steel any wrist		NO		NO			$164.86	
L6632	Latex suspension sleeve each		NO		NO			$57.26	
L6635	Lift assist for elbow		NO		NO			$134.73	
L6637	Nudge control elbow lock		NO		NO			$287.38	PA removed 12/09

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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
L6640	Shoulder abduction joint pai		NO		NO			$255.30	PA removed 12/09
L6641	Excursion amplifier pulley t		NO		NO			$122.71	
L6642	Excursion amplifier lever ty		NO		NO			$166.33	PA removed 12/09
L6645	Shoulder flexion-abduction joint, each		NO		NO			$307.03	PA removed eff 8/1/10
L6650	Shoulder universal joint, each		NO		NO			$318.77	PA removed eff 8/1/10
L6655	Standard control cable extra		NO		NO			$62.66	
L6660	Heavy duty control cable		NO		NO			$70.21	
L6665	Teflon or equal cable lining		NO		NO			$35.23	
L6670	Hook to hand cable adapter		NO		NO			$38.95	
L6672	Harness chest/shlder saddle		NO		NO			$154.58	
L6675	Harness figure of 8 sing con		NO		NO			$91.86	
L6676	Harness figure of 8 dual con		NO		NO			$106.19	
L6680	Test sock wrist disart/bel e		NO		NO			$177.47	

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L6682	Test sock elbw disart/above		NO		NO			$196.22	
L6684	Test socket shldr disart/tho		NO		NO			$266.63	
L6686	Suction socket	Y/12 month	YES		NO			$602.12	
L6687	Frame typ socket bel ow elbow or wrist		NO		NO			$441.23	PA removed eff 8/1/10
L6688	Frame typ sock above elbow or elbow disarticulation		NO		NO			$438.57	PA removed eff 8/1/10
L6689	Frame typ socket shoulder di	Y/12 month	YES		NO			$525.45	
L6690	Frame typ sock interscap-tho	Y/12 month	YES		NO			$572.59	
L6691	Removable insert each		NO		NO			$265.03	
L6692	Silicone gel insert or equal		NO		NO			$427.78	PA removed eff 8/1/10
L6693	Locking elbow forearm cntrbal	Y/12 month	YES		NO			$2,196.10	
L6694	Add. To upper ext. pros.,for use with locking mechanism	Y/12 month	YES		NO			$513.22	rate change 01/02/2007
L6695	Add. To upper ext. pros., not for use with locking mechanism, custom	Y/12 month	YES		NO			$427.67	rate change 01/02/2007

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L6696	Add. To upper ext. pros., congenital or atypical traumatic amputees, initial only	Y/12 month	YES		NO			$960.11	rate change 01/02/2007
L6697	Add. To upper ext. pros., other than congenital or traumatic amputees, initial only	Y/12 month	YES		NO			$960.11	rate change 01/02/2007
L6698	Add. To upper ext. pros., lock mechanism, excludes socket insert		NO		NO			$415.03	PA removed eff 8/1/10
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
L6704	term. Device, sport/rec/work, any material, any size		NO		NO			$448.97	PA removed eff 8/1/10
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
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
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

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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
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
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
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
L6714	Terminal device, mechanical, vol. closing, any material, any size, Pediatric, each	Y/12 months	YES		NO			$919.62	CMS addition 1-1-09
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

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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
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 eff. 1/15/08
L6810	Addt to terminal device, precision pinch device		NO		NO			$147.53	rate change 01/02/2007
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
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
L6883	**Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power**		**NO**		**NO**			**$1,534.26**	**Added effective 01/01/2018**
L6890	Production glove		NO		NO			$130.10	
L6895	Custom glove	Y/12 month	YES		NO			$478.63	

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L6900	Hand restorat thumb/1 finger	Y/12 month	YES		NO			$1,365.87	
L6905	Hand restoration multiple fi	Y/12 month	YES		NO			$1,358.12	
L6910	Hand restoration no fingers	Y/12 month	YES		NO			$1,161.34	
L6915	Hand restoration replacmnt g	Y/12 month	YES		NO			$585.52	
L6920	Wrist disarticul switch ctrl	Y/12 month	YES		NO			$5,105.00	
L6925	Wrist disart myoelectronic c	Y/12 month	YES		NO			$6,872.21	
L6930	Below elbow switch control	Y/12 month	YES		NO			$5,136.66	
L6935	Below elbow myoelectronic ct	Y/12 month	YES		NO			$6,978.86	
L6940	Elbow disarticulation switch	Y/12 month	YES		NO			$6,711.38	
L6945	Elbow disart myoelectronic c	Y/12 month	YES		NO			$8,200.51	
L6950	Above elbow switch control	Y/12 month	YES		NO			$7,628.42	
L6955	Above elbow myoelectronic ct	Y/12 month	YES		NO			$9,136.08	
L6960	Shldr disartic switch contro	Y/12 month	YES		NO			$10,246.43	
L6965	Shldr disartic myoelectronic	Y/12 month	YES		NO			$10,928.19	

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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
L6970	Interscapular-thor switch ct	Y/12 month	YES		NO			$11,387.37	
L6975	Interscap-thor myoelectronic	Y/12 month	YES		NO			$12,454.12	
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
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
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
L7040	Prehensile actuator switch controlled	Y/12 month	YES		NO			$2,156.50	rate change 01/02/2007
L7045	Electric hook, switch or myoelectric controlled, pediatric	Y/12 month	YES		NO			$1,236.40	
L7170	Electronic elbow hosmer swit	Y/12 month	YES		NO			$5,692.81	
L7180	Electronic elbow utah myoele	Y/12 month	YES		NO			$24,740.96	
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

MEDICAID PROGRAM DME FEE SCHEDULE 2020
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L7185	electronic elbow, sim. Variety Village or equal switch control	Y/12 month	YES		NO			$5,621.74	
L7186	Electron elbow child switch	Y/12 month	YES		NO			$6,766.31	
L7190	Elbow adolescent myoelectron	Y/12 month	YES		NO			$5,904.74	
L7191	Elbow child myoelectronic ct	Y/12 month	YES		NO			$7,070.40	
L7259	Electronic wrist rotator, any type	YES/12 MONTHS	YES		NO			$3,047.27	1/1/2016
L7266	Servo control steeper or equ	Y/12 month	YES		NO			$1,009.80	
L7272	Analogue control unb or equa	Y/12 month	YES		NO			$1,748.68	
L7274	Proportional ctl 12 volt uta	Y/12 month	YES		NO			$4,393.50	
L7360	Six volt battery, each		NO		NO			$182.53	CMS description change 1/08
L7362	Battery charger, six volt, each		NO		NO			$191.65	CMS description change 1/08
L7364	Twelve volt battery , each		NO	2 per year	NO			$304.81	PA removed eff 8/1/10
L7366	Battery charger 12 volt each		NO	1 per 4 years	NO			$410.59	PA removed eff 8/1/10

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L7367	lithium ion battery replacement		NO		NO			$296.38	01/02/2007 code added rate set 08/01/2007; PA removed 12/09
L7368	Lithium battery charger		NO	1 per 4 years	NO			$368.37	PA removed eff 8/1/10
L7400	Addt. To upper ext. prosth. Ultralight material		NO		NO			$223.71	rate set 01/02/2007
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
L7403	Addt. To upper ext. prosth. acrylic material		NO		NO			$268.11	rate set 01/02/2007
L7404	addt. To upper ext prosth. Above elbow disart. Acrylic		NO		NO			$423.12	PA removed eff 8/1/10
L7499	Upper extremity prosthesis NOS	Y/12 month	YES		NO			M	
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
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

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L7520	Repair prosthetic device, labor component, per 15 min	Y/12 month if PA required	YES > $500		NO			$10.00	clarified to indicate labor component; PA restriction raised to $500 eff 8/1/08
L7600	Prosthetic donning sleeve, any material	Y/12 months	YES		NO			M	39114
L7700	**Gasket or seal, for use with prosthetic socket insert, any type, each**		**YES**		**NO**			**$109.12**	**Added effective 01/01/2018**
L7900	Vacuum erection system	Y/12 month	YES		NO			$418.65	
L8000	Mastectomy bra	Y/12 month if PA required	YES>5	5 per year	NO			$33.65	
L8001	Breast prosthesis , masectomy bra with integrated breast prothesis form, unilateral	Y/12 month if PA required	YES>5	5 per year	NO			$91.55	rate set 01/02/2007
L8002	Breast prosthesis, masectomy bra with integrated breast prothesis form, bilateral	Y/12 month if PA required	YES>5	5 per year	NO			$120.43	rate change 01/02/2007
L8010	Mastectomy sleeve		NO		NO			$47.84	
L8015	Ext breast prosthesis garment		NO		NO			$46.36	

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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
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
L8031	Breast prosthesis, silicone or equal, with intergral adhesive, each	Y/12 months	YES					M	CMS added 1/1/10
L8035	Custom breast prosthesis	Y/12 month	YES		NO			$2,834.00	
L8039	Breast prosthesis, NOS	Y/12 month	YES		NO			M	
L8040	Nasal prothesis, provided by a non-physician	Y/12 months	YES		NO			$491.73	
L8041	Midfacial prothesis, provided by a non-physician	Y/12 month	YES		NO			$592.68	
L8042	Orbital prothesis, provided by a non-physician	Y/12 month	YES		NO			$665.93	
L8043	Upper facial prosthesis, provided by a non-physician	Y/12 month	YES		NO			$745.84	
L8044	Hemi-facial prosthesis, provided by a non-physician	Y/12 month	YES		NO			$825.76	

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L8045	Prosthetic External Ear provided by a non-physician	Y/12 months	YES		NO			$742.15	07/02/2007 rate corrected
L8046	Partial facial prosthesis, provided by a non-physician	Y/12 month	YES		NO			$532.74	
L8047	Nasal septal prosthesis, provided by a non-physician	Y/12 month	YES		NO			$273.03	
L8048	Unspecified Maxillofacial Prosthesis, by a non-physician	Y/12 months	YES		NO			M	Pricing changed effective 7/01/2015
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
L8300	Truss single w/ standard pad		NO		NO			$74.50	
L8310	Truss double w/ standard pad		NO		NO			$114.54	
L8320	Truss addition to std pad wa		NO		NO			$50.05	
L8330	Truss add to std pad scrotal		NO		NO			$49.59	
L8400	Sheath below knee		NO		NO			$14.49	
L8410	Sheath above knee		NO		NO			$16.49	
L8415	Sheath upper limb		NO		NO			$16.40	

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L8417	Prosthetic sheath/sock, incl. gel cushion layer, below knee or above knee, each		NO		NO			$58.17	
L8420	Prosthetic sock multi ply BK		NO		NO			$19.17	
L8430	Prosthetic sock multi ply AK		NO		NO			$21.08	
L8435	Pros sock multi ply upper lm		NO		NO			$18.93	
L8440	Shrinker below knee		NO		NO			$40.11	
L8460	Shrinker above knee		NO		NO			$55.81	
L8465	Shrinker upper limb		NO		NO			$49.75	
L8470	Pros sock single ply BK		NO		NO			$5.11	
L8480	Pros sock single ply AK		NO		NO			$7.04	
L8485	Pros sock single ply upper l		NO		NO			$8.50	
L8499	Unlisted Misc prosthetic service	Y/12 month	YES		NO			MSRP-22%	
L8500	artifical larynx	Y/12 months	YES		NO			$529.27	rate set 01/02/2007
L8501	Tracheostomy speaking valve	Y/if PA required	YES > 6 per calendar year		NO			$112.12	effective DOS 7-1-09 and after

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L8505	Artificial larynx replacement battery/accessory, any type, each	Y/12 months	YES		NO			M	code effective DOS 6/1/09
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type		NO		NO			$27.18	
L8509	Tracheo-esophageal voice prosthesis, inst. by lic. Health care provider, any type		NO		NO			$70.86	
L8510	Voice Amplifier		NO		NO			$163.95	
L8511	Insert for Indwelling T/E prosthesis with or W/O valve replacement each		NO		NO			$47.19	
L8512	Gelatin capsules or equ. use with T/E prosthesis replacement only per 10		NO		NO			$1.42	
L8513	Cleaning device used with T/E prosthesis replacement only each		NO		NO			$3.38	
L8514	T/E puncture dilator replacement only each		NO		NO			$61.19	
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

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L8615	Headset/Headpiece for use with cochlear implant device, replacement		NO		NO			$329.19	PA removed eff 8/1/10
L8616	microphone for use with cochlear implant device, replacement		NO		NO			$76.68	rate set 01/02/2007
L8617	transmitting coil for use with cochlear implant device, replacement		NO		NO			$66.97	rate set 01/02/2007
L8618	transmitter cable for use with cochlear implant device, replacement		NO		NO			$19.13	rate set 01/02/2007
L8619	cochlear implant external speech processor replacement	Y/12 month	YES		NO			$6,281.98	
L8621	Zinc air battery for use with cochlear implant device, each		NO		NO			$0.45	rate set 01/02/2007
L8622	Alkaline batt. For use with coch. Imp. Device, any size,each		NO		NO			$0.24	rate set 01/02/2007
L8623	Lithium ion battery coch. imp. Device speech proc.other than Ear level, ea		NO		NO			$47.21	rate set 01/02/2007
L8624	Lithium ion battery for coch. imp. Device speech proc. Ear level, each		NO		NO			$132.38	rate set 01/02/2007

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L8625	**External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each**		**NO**		**NO**			**$184.66**	**Added effective 01/01/2018**
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
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
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
L8691	auditory osseointegrated dev, ext. sound replacer, repl only	Y/12 months	YES		NO			**$1,683.79**	Rate updated 01/01/2018
L8694	**Auditory osseointegrated device, transducer/actuator, replacement only, each**		**NO**					**$923.36**	**Added effective 01/01/2018**
L8695	ext recharging sys for battery(ext) for use with implantable neurostimulator		NO		NO			$12.69	PA removed eff 8/1/10

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L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each		NO		NO			$209.01	1/1/2016
S1040	Cranial remolding orthosis, rigid with soft interface, incl. fitting/adjust. Custom fab. Pediatric	Y/12 months	YES		NO			M	
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED		Yes	2 per calendar month for members under 21				M	Effective 9/1/16
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	Y/12months	Yes		NO			M	Effective DOS 1/1/3
V2623	Eye Prosthetic, plastic or custom	Y/12 months	YES		NO			$686.64	
V2624	Polishing/Resurfacing of Ocular Prosthesis		NO		NO			$46.57	
V2625	Enlargement of Ocular Prosthesis		NO		NO			$301.62	PA removed eff 8/1/10
V2626	Reduction of Ocular Prosthesis		NO		NO			$191.36	
V2627	Scleral Cover Shell	Y/12 months	YES		NO			$1,095.59	

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V2628	Fabrication and Fitting of Ocular confor		NO		NO			$250.49	PA removed eff 8/1/10
V2629	Eye Prosthetic,other type	Y/12 months	YES		NO			$125.00	

Notes:

"M" = Manually Priced (manufacturer's invoice + 20%)

"MSRP-22%" manufacturer's suggested retail price -22%

"MSRP-15%" manufacturer's suggested retail price - 15%

RR indicates rental

CMN=Certificate of Medical Necessity required for prior authorized items

Accepted CMN's are Medicare applicable or Medicaid MAP1000 & MAP1000B; Medicare applicable CMN s must meet regulatory requirements

"PA" = Prior Authorization

PA, MAP-9, and CMN faxed to Carewise at 1-502-429-5233 or 1-800-807-8843

Regulation, Fee Schedule, MAP-9, MAP-1000 , MAP 1000B & MAP 1001 are located on the Web site http://www.chfs.ky.gov/dms

It is the responsibility of the provider to check eligibility.

Limitation Over-rides must be medically necessary and require PA.

A prescriber's written order is required for those items not identified as requiring a CMN.