NC DIVISION OF MEDICAL ASSISTANCE

MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2009

HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM _SFY2010 RENTAL	NEW	USED
	INEXPENSIVE OR ROUTINELY PURCHASED ITEMS			
A4635	**UNDERARM PAD, CRUTCH, REPLACEMENT, EACH**	**0.61**	**4.54**	**3.01**
A4636	**REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH**	**0.33**	**3.26**	**2.45**
A4637	**REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH**		**2.11**	
A4640	**REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT**		**56.64**	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		17.77	13.71
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS		47.22	35.41
E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, WITH TIPS AND HAND GRIPS		74.26	55.71
E0111	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS		44.93	34.55
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		33.36	25.01
E0113	**CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP**	**4.57**	**18.72**	**14.04**
E0114	CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		39.81	30.09
E0118*	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	MANUALLY PRICED		
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT		65.59	49.19
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		83.20	63.83
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		114.41	85.81
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		105.28	75.90
E0148	WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		139.18	113.77
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		225.36	169.03
E0154	PLATFORM ATTACHMENT, WALKER, EACH		69.97	53.16
E0155	**WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR**	**2.94**	**24.10**	**18.36**
E0156	**SEAT ATTACHMENT, WALKER**	**2.58**	**21.24**	**15.93**
E0158	**LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)**	**2.74**	**27.30**	**20.46**
E0199	**DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH**		**27.03**	**20.27**
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		68.66	51.50
E0244	RAISED TOILET SEAT (clamp-on type)		81.04	60.77
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		97.47	73.10
E0248	TRANSFER BENCH , HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		265.70	199.27
E0271	**MATTRESS, INNERSPRING**		**220.35**	**170.15**
E0272	**MATTRESS, FOAM RUBBER**		**200.83**	**149.90**
E0276	**BED PAN, FRACTURE, METAL OR PLASTIC**		**11.22**	**8.77**
E0280	**BED CRADLE, ANY TYPE**		**32.22**	**24.16**
E0305	**BED SIDE RAILS, HALF LENGTH**		**151.55**	**113.67**
E0310	**BED SIDE RAILS, FULL LENGTH**		**176.52**	**134.67**
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.52	5.65
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.86	6.64
E0607	**HOME BLOOD GLUCOSE MONITOR**		**66.31**	**49.72**
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		83.50	62.64
E0840	**TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION**		**61.82**	**46.34**
E0860	**TRACTION EQUIPMENT, OVERDOOR, CERVICAL**		**33.71**	**25.29**
E0890	**TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION**		**101.57**	**78.06**
E0980	SAFETY VEST, WHEELCHAIR		27.89	20.80
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		56.95	0.00
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN: 3 ML SIZE		56.95	0.00
W4002*	MANUAL VENTILATION BAG (e.g. AMBU BAG)		180.61	135.45
W4016*	BATH SEAT, PEDIATRIC (e.g. TLC)		425.87	319.40
W4633*	EGGCRATE MATTRESS PAD		20.28	
W4688*	SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		27.20	20.40
W4689*	QUAD CANE FOR WEIGHTS 251# TO 500#		67.25	50.43
W4690*	CRUTCHES FOR WEIGHTS 251# TO 500#		170.56	127.93
W4691*	FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		426.70	320.03
W4695*	GLIDES/SKIS FOR USE WITH WALKER		31.99	
W4733*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		346.69	260.03
W4734*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 48"		426.70	320.02
W4735*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 54"		437.37	328.03
W4736*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 60"		458.71	344.04
	CAPPED RENTAL/PURCHASED EQUIPMENT			
B9002	**ENTERAL PUMP, WITH ALARM**	**125.40**	**1294.66**	**970.98**
B9004	PARENTERAL INFUSION PUMP - PORTABLE	408.83	2582.46	1936.85
B9006	PARENTERAL INFUSION PUMP - STATIONARY	408.83	2582.46	1936.85
E0163	**COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS**	**9.59**	**93.44**	**71.74**

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E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	15.67	156.70	117.53
E0167	PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY		11.47	
E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT ARMS, ANY TYPE EACH	49.62	496.20	372.15
E0181	**POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY**	**21.07**	**210.62**	**157.96**
E0182	**PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY**	**22.08**	**220.81**	**165.61**
E0184	**DRY PRESSURE MATTRESS**	**19.98**	**193.22**	**148.19**
E0185	**GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH**	**41.26**	**317.43**	**243.61**
E0186	**AIR PRESSURE MATTRESS**	**10.68**	**106.82**	**80.11**
E0187	**WATER PRESSURE MATTRESS**	**15.02**	**150.24**	**112.69**
E0193*	**POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)**	**896.59**	**8965.94**	**6724.45**
E0196	**GEL PRESSURE MATTRESS**	**32.24**	**322.43**	**241.83**
E0197	**AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH**	**25.48**	**186.91**	**162.28**
E0198	**WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH**	**21.69**	**216.88**	**162.66**
E0235	PARAFFIN BATH UNIT, PORTABLE	16.35	163.55	122.66
E0250*	**HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS**	**90.60**	**905.96**	**679.48**
E0255*	**HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS**	**104.59**	**1045.89**	**784.42**
E0260*	**HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS**	**127.12**	**1271.20**	**953.40**
E0265*	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	198.36	1983.61	1487.71
E0277*	**POWERED PRESSURE-REDUCING AIR MATTRESS**	**698.12**	**6981.24**	**5235.93**
E0303*	HOSPITAL BED HEAVY DUTY , EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	439.32	6387.48	4032.92
E0304*	HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS	773.02	7750.29	5844.07
E0371*	**NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS**	441.10	4411.02	3308.26
E0372*	**POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH**	535.24	5352.41	4014.31
E0373*	**NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS**	609.80	6098.00	4573.51
E0470*	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	232.22	2322.00	1741.50
E0480*	**PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL**	**38.97**	**389.72**	**292.29**
E0482*	**COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE**	**426.75**	**4267.52**	**3200.64**
E0550	**HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY**	**49.75**	**497.49**	**373.12**
E0555	**HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER**	**11.06**	**110.56**	**82.92**
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE	10.61	106.19	79.63
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	27.26	272.60	204.45
E0565*	**COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER DRIVEN**	60.55	605.46	454.10
E0570	NEBULIZER, WITH COMPRESSOR	14.00	140.00	105.00
E0575*	NEBULIZER, ULTRASONIC	53.75	537.51	403.14
E0600	**RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC**	45.44	454.42	340.82
E0601*	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	101.00	1010.00	757.50
E0630*	PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S)	101.12	1011.16	758.37
E0637*	**COMBINATION SIT TO STAND SYSTEM, any size including pediatric, with seatlift feature, with or without wheeles**	**MANUALLY PRICED**		
E0638*	**STANDING FRAME SYSTEM, one position, any size including pediatric, with or without wheels**	**MANUALLY PRICED**		
E0641*	**STANDING FRAME SYSTEM, multi-position, any size including pediatric, with or without wheels**	**MANUALLY PRICED**		
E0642*	**STANDING FRAME SYSTEM, mobile (dynamic stander), any size including pediatric**	**MANUALLY PRICED**		
E0650*	**PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL**	**64.57**	**629.99**	**472.49**
E0651*	**PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE**	**93.11**	**911.44**	**683.58**
E0652*	**PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE**	**519.97**	**5261.16**	**3942.34**
E0655*	**NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM**	**10.57**	**95.87**	**71.90**
E0660*	**NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG**	**16.07**	**158.54**	**118.89**
E0665*	**NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM**	**13.05**	**130.49**	**97.87**
E0666*	**NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG**	**12.85**	**128.60**	**96.46**
E0667*	**SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG**	**35.86**	**321.31**	**240.98**
E0668*	**SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM**	**43.28**	**438.52**	**328.90**
E0669*	**SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG**	**17.79**	**177.94**	**133.44**
E0671*	**SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG**	**41.22**	**412.19**	**309.13**
E0672*	**SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM**	**32.03**	**320.28**	**240.22**
E0673*	**SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG**	**26.62**	**266.13**	**199.62**

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HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E0705	**TRANSFER BOARD OR DEVICE, ANY TYPE, EACH**	**5.57**	**54.70**	**40.05**
E0720*	TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION	37.41	364.79	280.58
E0730*	TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	37.72	367.74	282.85
E0747*	**OSTEOGENESIS STIMULATOR, NONINVASIVE**	**383.56**	**3859.82**	**2867.78**
E0748*	**OSTEOGENESIS STIMULATOR, ELECTRICAL, NONINVASIVE, SPINAL APPLICATIONS**	**383.47**	**3834.80**	**2876.12**
E0760*	**OSTEOGENESIS STIMULATOR, LOW INTENSITY, NONINVASIVE**	**318.68**	**3186.66**	**2390.00**
E0776	IV POLE	15.73	107.68	80.76
E0910	**TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR**	**16.87**	**168.71**	**126.53**
E0911*	**TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR**	**49.47**	**494.71**	**371.04**
E0912*	**TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR**	**113.60**	**1136.00**	**852.01**
E0940	**TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR**	**27.01**	**270.15**	**202.61**
E0950	WHEELCHAIR ACCESSORY TRAY, EACH	10.33	103.16	77.38
E0951	**HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH**	**1.78**	**17.62**	**13.21**
E0952	**TOE LOOP/HOLEDER, ANY TYPE, EACH**	**1.92**	**18.69**	**14.02**
E0956*	**WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH**	**9.79**	**97.83**	**73.37**
E0957*	**WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH**	**13.69**	**136.88**	**102.66**
E0958	**WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE**	**43.30**	**432.98**	**324.74**
E0959	**MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH**	**4.25**	**42.43**	**31.81**
E0960*	**WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE MOUNTING HARDWARE**	**9.03**	**90.29**	**67.72**
E0961	**MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH**	**2.62**	**25.09**	**12.54**
E0966*	**MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION**	**6.96**	**69.50**	**52.12**
E0967*	**MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH**	**6.52**	**65.19**	**48.88**
E0971	**MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH**	**4.31**	**43.06**	**32.31**
E0973*	**WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY**	**10.87**	**114.10**	**85.57**
E0974	**MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH**	**7.01**	**66.14**	**49.98**
E0978	**WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH**	**4.12**	**41.14**	**30.88**
E0981	**WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY**	**4.42**	**44.10**	**33.07**
E0982*	**WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY**	**4.35**	**43.47**	**32.59**
E0990*	**WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH**	**11.15**	**109.34**	**82.01**
E0992*	**MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT**	**9.18**	**94.43**	**70.83**
E0995	**WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH**	**2.85**	**28.62**	**21.49**
E1002*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY**	**402.24**	**4022.41**	**3016.80**
E1003*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION**	**435.80**	**4357.93**	**3268.45**
E1004*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION**	**483.20**	**4832.05**	**3624.02**
E1005*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION**	**523.02**	**5230.31**	**3922.74**
E1006*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT SHEAR REDUCTION**	**640.64**	**6406.64**	**4804.98**
E1007*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION**	**867.49**	**8674.84**	**6506.11**
E1008*	**WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION**	**867.56**	**8675.61**	**6506.72**
E1028	**WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY**	**20.49**	**204.97**	**153.71**
E1029	**WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED**	**36.67**	**366.73**	**275.04**
E1030	**WHEELCHAIR ACCESSAORY, VENTILATOR TRAY, GIMBALED**	**115.64**	**1156.41**	**867.32**
E1031	**ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER**	**34.63**	**346.40**	**259.80**
E1037*	**TRANSPORT CHAIR, PEDIATRIC SIZE**	**191.58**	**1915.91**	**1436.94**
E1038*	**TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**17.89**	**178.93**	**134.20**
E1039*	**TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS**	**33.94**	**339.40**	**254.55**
E1161*	**MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE**	**234.81**	**2348.11**	**1761.10**
E1226*	**WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH**	**47.20**	**460.28**	**345.18**
E1229*	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	MANUALLY PRICED		
E1231*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	225.61	2256.12	1692.09
E1232*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	212.22	2122.16	1591.63
E1233*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	219.89	2198.89	1649.16
E1234*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	191.44	1914.29	1435.71
E1235*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	184.34	1843.31	1382.48

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E1236*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	162.62	1626.28	1219.71
E1237*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	164.04	1640.49	1230.38
E1238*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, WITHOUT SEATING SYSTEM	162.62	1626.28	1219.71
E1239*	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	MANUALLY PRICED		
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	18.79	187.89	140.91
E2100*	**BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER**	**62.95**	**629.49**	**472.13**
E2201*	**MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES**	**37.03**	**370.26**	**277.70**
E2202*	**MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES**	**47.04**		**352.80**
E2203*	**MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 20 T0 LESS THAN 22 INCHES**	**47.53**	**475.41**	**356.55**
E2204*	**MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH , 22-25 INCHES**	**80.73**	**807.22**	**605.41**
E2205	**MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH**	**3.23**	**32.42**	**24.33**
E2206	**MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH**	**4.03**	**40.37**	**30.27**
E2207	**WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH**	**4.31**	**43.02**	**32.26**
E2208	**WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH**	**11.78**	**117.88**	**88.41**
E2209	**ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH**	**10.66**	**106.35**	**79.77**
E2210	**WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH**		**6.50**	
E2211	**MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH**	**3.98**	**40.60**	**29.08**
E2212	**MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH**	**0.61**	**5.84**	**4.39**
E2213	**MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH**	**3.03**	**30.18**	**22.62**
E2214	**MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH**	**3.34**	**30.38**	**22.79**
E2215	**MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH**	**0.94**	**9.53**	**7.13**
E2216	**MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH**	**3.05**	**30.48**	**22.35**
E2217	**MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH**	**4.62**	**41.94**	**31.45**
E2218	**MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH**	**3.26**	**32.71**	**24.01**
E2219	**MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH**	**4.68**	**41.53**	**31.15**
E2220	**MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH**	**2.73**	**28.30**	**21.64**
E2221	**MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY SIZE, EACH**	**2.56**	**25.36**	**19.03**
E2222	**MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH**	**2.07**	**20.90**	**15.69**
E2223	**MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH**	**0.56**	**5.57**	**4.18**
E2224	**MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH**	**9.49**	**94.83**	**71.13**
E2225	**MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**1.73**	**17.27**	**12.94**
E2226	**MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH**	**3.76**	**37.65**	**28.24**
E2227*	**MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH**	**MANUALLY PRICED**		
E2228*	**MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH**	**MANUALLY PRICED**		
E2231*	**MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT)**	**16.02**	**160.13**	**120.09**
E2291*	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	46.91	469.11	351.83
E2292*	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.38	443.77	332.83
E2293*	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	46.91	469.11	351.83
E2294*	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.38	443.77	332.83
E2295*	MANUALLY WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	MANUALLY PRICED		
E2310*	**POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE**	**116.13**	**1161.35**	**871.01**
E2311*	**POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING HARDWARE**	**235.13**	**2351.19**	**1763.40**
E2312*	**POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE, EACH**	**MANUALLY PRICED**		
E2313*	**POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH**	**MANUALLY PRICED**		
E2321*	**POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE**	**157.71**	**1577.02**	**1182.78**
E2322*	**POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE**	**139.96**	**1399.64**	**1049.74**
E2323	**POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED**	**6.87**	**68.63**	**51.48**

Note: * indicates that item requires prior approval

BOLD indicates Medicare is primary payor for this item

HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E2324	**POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE**	**4.34**	**43.49**	**32.62**
E2325*	**POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE**	**133.68**	**1336.59**	**1002.45**
E2326	**POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE**	**34.47**	**344.50**	**258.36**
E2327*	**POWER WHEELCHIAR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE**	**259.25**	**2592.53**	**1944.39**
E2328*	**POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE**	**491.75**	**4917.66**	**3688.25**
E2329*	**POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NON-PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE**	**175.27**	**1752.71**	**1314.53**
E2330*	**POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NPN-PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE**	**339.60**	**3396.08**	**2547.07**
E2340*	**POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 20-23 INCHES**	**35.58**	**355.64**	**266.75**
E2341*	**POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME,WIDTH 24-27 INCHES**	**53.35**	**533.49**	**400.13**
E2342*	**POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES**	**44.46**	**444.58**	**333.44**
E2343*	**POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES**	**71.13**	**711.33**	**533.49**
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	11.20	111.49	83.62
E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	13.84	138.41	103.82
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	9.13	91.28	68.46
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL, ABSORBED GLASSMAT)	18.47	184.59	138.44
E2364	**POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH**	**11.20**	**111.49**	**83.62**
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS MAT)	11.13	111.32	83.51
E2366*	**POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH**	**22.30**	**222.38**	**166.78**
E2367*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH	41.59	415.89	311.92
E2368*	**POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY**	**51.28**	**512.64**	**384.50**
E2369*	**POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY**	**44.66**	**446.52**	**334.89**
E2370*	**POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY**	**79.68**	**796.74**	**597.54**
E2371*	**POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL, ABSORBED GLASSMAT), EACH**	**14.97**	**149.59**	**112.20**
E2372*	**POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH**	**42.66**	**426.70**	**320.03**
E2373*	**POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE**	**69.10**	**690.91**	**518.20**
E2374*	**POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY**	**52.99**	**529.96**	**397.49**
E2375*	**POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY**	**85.00**	**850.05**	**637.52**
E2376*	**POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY**	**133.21**	**1332.07**	**999.07**
E2377*	**POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE**	**48.19**	**482.02**	**361.53**
E2381	**POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**7.57**	**75.60**	**56.71**
E2382	**POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**2.05**	**20.61**	**15.45**
E2383	**POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHELL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH**	**15.07**	**150.73**	**113.04**
E2384	**POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**8.05**	**80.30**	**60.22**
E2385	**POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**4.92**	**49.12**	**36.83**
E2386	**POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**14.94**	**149.37**	**112.01**
E2387	**POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**6.64**	**66.36**	**49.78**
E2388	**POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**5.00**	**50.01**	**37.51**
E2389	**POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH**	**2.72**	**27.15**	**20.35**

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HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM _SFY2010 RENTAL	NEW	USED
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.25	42.46	31.83
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY SIZE, REPLACEMENT ONLY, EACH	2.03	20.34	15.26
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH	5.36	53.47	40.10
E2393	POWER WHEELCHAIR, ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	0.58	5.79	4.34
E2394	POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.63	76.17	57.13
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.42	54.14	40.62
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7.08	66.00	49.51
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	6.08	60.70	45.52
E2602*	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	11.85	118.49	88.87
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	15.05	150.44	112.83
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	18.69	186.98	140.26
E2605*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	26.73	267.12	200.38
E2606*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	41.69	416.74	312.55
E2607*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	28.77	287.65	215.74
E2608*	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	34.54	345.44	259.09
E2609*	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	MANUALLY PRICED		
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE	30.99	309.98	232.51
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE	41.93	419.33	314.48
E2613*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	39.79	397.85	298.38
E2614*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	53.99	539.80	404.87
E2615*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	44.90	448.88	336.65
E2616*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	60.40	603.95	452.98
E2617*	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE	MANUALLY PRICED		
E2620*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.35	543.54	407.67
E2621*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES , ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	57.03	570.39	427.80
E8000*	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS	MANUALLY PRICED		
E8001*	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS	MANUALLY PRICED		
E8002*	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS	MANUALLY PRICED		
K0001*	STANDARD WHEELCHAIR	46.08	460.77	345.58
K0002*	STANDARD HEMI (LOW SEAT) WHEELCHAIR	72.42	724.15	543.12
K0003*	LIGHTWEIGHT WHEELCHAIR	75.57	755.71	566.79
K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	118.87	1188.71	891.52
K0005*	ULTRALIGHTWEIGHT WHEELCHAIR	183.46	1834.71	1376.01
K0006*	HEAVY DUTY WHEELCHAIR	116.42	1164.18	873.14
K0007*	EXTRA HEAVY DUTY WHEELCHAIR	177.14	1771.43	1328.58
K0015*	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	18.04	180.32	135.23
K0017*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	5.07	50.72	38.04
K0018*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	2.82	28.33	21.27
K0019	ARM PAD, EACH	1.68	16.71	12.53
K0020*	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.61	46.11	34.57
K0037*	HIGH MOUNT FLIP-UP FOOTREST, EACH	3.63	40.63	30.48
K0038	LEG STRAP, EACH	2.41	24.08	18.06
K0039	LEG STRAP, H STYLE, EACH	5.36	53.47	40.10
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7.39	74.10	55.56
K0041	LARGE SIZE FOOTPLATE, EACH	5.27	52.52	39.39
K0042	STANDARD SIZE FOOTPLATE, EACH	3.07	30.73	23.04
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	1.94	19.38	14.55
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	1.66	16.51	12.39
K0045	FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.76	56.19	42.15
K0046*	ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.94	19.38	14.55
K0047*	ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002 ,EACH	7.61	75.90	56.90

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MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2009

HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
K0050	**RATCHET ASSEMBLY**	**3.22**	**32.25**	**24.20**
K0051	**CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH**	**5.25**	**52.21**	**39.14**
K0052*	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	9.17	91.74	68.79
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	10.11	101.23	75.93
K0056*	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT OR ULTRALIGHTWEIGHT WHEELCHAIR	9.44	94.38	70.80
K0065	**SPOKE PROTECTORS, each**	**4.42**	**44.12**	**33.09**
K0069	**REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH**	**10.17**	**99.16**	**74.37**
K0070	**REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH**	**18.19**	**181.77**	**136.33**
K0071	**FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH**	**10.85**	**108.42**	**81.30**
K0072	**FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH**	**6.52**	**65.26**	**48.95**
K0073	**CASTER PIN LOCK, EACH**	**3.42**	**34.22**	**25.65**
K0077	**FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH**	**5.84**	**58.40**	**43.79**
K0099	**FRONT CASTER FOR POWER WHEELCHAIR**	**8.11**	**81.10**	**60.82**
K0105	IV HANGER, each	9.85	98.67	74.00
K0195*	**ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)**	**20.91**	**209.10**	**156.83**
K0733	**POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)**	**3.02**	**29.98**	**22.50**
K0734	**SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH**	**32.90**	**328.95**	**246.71**
K0735	**SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH**	**41.87**	**418.57**	**313.93**
K0736	**SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH**	**33.17**	**331.65**	**248.75**
K0737	**SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH**	**41.98**	**419.84**	**314.88**
K0813*	**POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**239.41**	**2394.07**	**1795.55**
K0814*	**POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**306.43**	**3064.33**	**2298.25**
K0815*	**POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**348.96**	**3489.58**	**2617.19**
K0816*	**POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**334.18**	**3341.81**	**2506.36**
K0820*	**POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**255.70**	**2557.02**	**1917.76**
K0821*	**POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**328.26**	**3282.56**	**2461.93**
K0822*	**POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**396.71**	**3967.12**	**2975.34**
K0823*	**POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**399.31**	**3993.12**	**2994.84**
K0824*	**POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**480.59**	**4805.90**	**3604.43**
K0825*	**POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**439.95**	**4399.51**	**3299.63**
K0826*	**POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**622.17**	**6221.65**	**4666.24**
K0827*	**POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**496.56**	**4965.57**	**3724.18**
K0828*	**POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE**	**685.57**	**6855.70**	**5141.77**
K0829*	**POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE**	**620.71**	**6207.14**	**4655.36**
K0830*	**POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**404.13**	**4041.28**	**3030.97**
K0831*	**POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**404.13**	**4041.28**	**3030.97**
K0835*	**POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**402.66**	**4026.56**	**3019.92**
K0836*	**POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**417.55**	**4175.52**	**3131.65**
K0837*	**POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**480.59**	**4805.90**	**3604.43**
K0838*	**POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**429.94**	**4299.37**	**3224.54**
K0839*	**POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**622.17**	**6,221.65**	**4,666.24**
K0840*	**POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**942.61**	**9426.11**	**7069.59**

Note: * indicates that item requires prior approval

BOLD indicates Medicare is primary payor for this item

MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE
EFFECTIVE OCTOBER 1, 2009

HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
K0841*	**POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**428.58**	**4285.78**	**3214.33**
K0842*	**POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**428.58**	**4285.78**	**3214.33**
K0843*	**POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**516.01**	**5160.08**	**3870.06**
K0848*	**POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**524.42**	**5244.24**	**3933.18**
K0849*	**POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**504.21**	**5042.09**	**3781.57**
K0850*	**POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**608.32**	**6083.21**	**4562.41**
K0851*	**POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**584.89**	**5848.91**	**4386.69**
K0852*	**POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**702.88**	**7028.77**	**5271.58**
K0853*	**POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**722.03**	**7220.31**	**5415.23**
K0854*	**POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE**	**956.53**	**9565.35**	**7174.01**
K0855*	**POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE**	**903.59**	**9035.90**	**6776.93**
K0856*	**POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**562.92**	**5629.19**	**4221.90**
K0857*	**POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**574.20**	**5742.03**	**4306.52**
K0858*	**POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**698.41**	**6984.11**	**5238.09**
K0859*	**POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**666.07**	**6660.69**	**4995.52**
K0860*	**POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**997.77**	**9977.69**	**7483.27**
K0861*	**POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS**	**563.82**	**5638.22**	**4228.67**
K0862*	**POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS**	**698.41**	**6984.11**	**5238.09**
K0863*	**POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS**	**997.77**	**9977.69**	**7483.27**
K0864*	**POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE**	**1187.36**	**11873.57**	**8905.18**
K0868*	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0869*	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0870*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	MANUALLY PRICED		
K0871*	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	MANUALLY PRICED		
K0877*	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0878*	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0879*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	MANUALLY PRICED		
K0880*	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	MANUALLY PRICED		
K0884*	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0885*	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	MANUALLY PRICED		
K0886*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	MANUALLY PRICED		
K0890*	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	MANUALLY PRICED		
K0891*	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS	MANUALLY PRICED		
K0898*	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	MANUALLY PRICED		
W4119*	WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	11.74	117.42	88.07
W4130*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	21.58	215.82	161.87
W4131*	BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	17.18	171.77	128.83
W4132*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	34.47	344.66	258.49
W4133*	BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	32.37	323.74	242.81

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HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
W4139*	SUB-ASIS BARS WITH HARDWARE, EACH	42.50	425.04	318.79
W4140*	ABDUCTOR PADS WITH HARDWARE , PAIR	29.73	297.30	222.98
W4141*	KNEE BLOCKS WITH HARDWARE , PAIR	25.93	259.33	194.50
W4143*	SHOE HOLDERS WITH HARDWARE , PAIR	14.76	147.56	110.67
W4144*	FOOT/LEGREST CRADLE , EACH	14.76	147.56	110.67
W4145*	MANUAL TILT-IN-SPACE OPTION , EACH	77.08	770.82	578.11
W4150*	MULTI-ADJUSTABLE TRAY , EACH	45.14	451.48	338.61
W4152*	GROWTH KIT, EACH	19.40	194.05	145.55
W4155*	ADDUCTOR PADS WITH HARDWARE, PAIR	29.73	297.30	222.98
W4696*	MANUAL WHEELCHAIR FOR WEIGHTS 451# TO 600#	149.35	1493.47	1120.10
W4697*	MANUAL WHEELCHAIR FOR WEIGHTS 601# AND GREATER	258.15	2581.59	1936.19
W4713*	OVERSIZED FOOTPLATES FOR WEIGHTS 301# AND GREATER, PAIR	17.08	170.67	128.01
W4714*	SWINGAWAY SPECIAL CONSTRUCTION FOOTRESTS FOR WEIGHTS 401# AND GREATER, PAIR	72.23	722.20	541.64
W4715*	SWINGAWAY REINFORCED LEGREST, ELEVATING, FOR WEIGHTS 301# TO 400#, PAIR	42.67	426.70	320.03
W4716*	SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER, PAIR	64.00	640.06	480.03
W4717*	OVERSIZED CALF PADS, PAIR	21.34	213.35	160.00
W4718*	OVERSIZED SOLID SEAT	58.67	586.73	440.04
W4719*	OVERSIZED SOLID BACK	58.67	586.73	440.04
W4722*	OVERSIZED FULL SUPPORT FOOTBOARD	21.34	213.36	160.01
W4723*	OVERSIZED FULL SUPPORT CALFBOARD	21.34	213.36	160.01
W4726*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W/ MATTRESS AND ANY TYPE SIDE RAIL	237.89	2378.90	1784.18
W4731*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 48" W/ MATTRESS AND ANY TYPE SIDE RAILS	997.43	9974.29	7480.72
W4732*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# W/ WIDTH TO 54" W/ MATTRESS AND ANY TYPE SIDE RAILS	1024.10	10240.97	7680.74
	FREQUENTLY SERVICED ITEMS			
E0194*	**AIR FLUIDIZED BED**	**2823.40**		
E0202*	HOME PHOTOTHERAPY UNIT, DAILY	62.13		
E0445*	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY	191.03		
E0450*	**VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)**	**947.27**		
E0471*	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITH BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	581.16		
E0483	**HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, EACH, W/HOSES**	**1055.05**	**10122.48**	**0.00**
E0500*	**IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE**	101.57		
E0619*	APNEA MONITOR, WITH RECORDING FEATURE	281.04		
E0691*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS	89.18		
E0692*	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	111.97		
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	262.86		
E0935*	**CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY**	**20.84**		
E2402*	**NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE**	**1553.40**		
	OXYGEN AND OXYGEN RELATED ITEMS			
A4614	**PEAK EXPIRATORY FLOW RATE METER , HAND-HELD**		**23.60**	
A7006	**ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER**		**9.47**	
A7027	**COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH**		**183.32**	
A7028	**ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH**		**49.16**	
A7029	**NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR**		**20.09**	
A9284*	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	MANUALLY PRICED		
E0424*	**STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU. FT.**	**197.77**		
E0431*	**PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING**	**28.77**		
E0434*	**PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING**	**28.77**		
E0439*	**STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS**	**197.77**		

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HCPCS CODE	DESCRIPTION	MEDICAID MAXIMUM _SFY2010 RENTAL	NEW	USED
E0441	**OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT**		**70.10**	
E0442	**OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE LIQUID SYSTEM ARE OWNED). 1 UNIT = 10 LBS**		**70.10**	
E0443	**PORTABLE OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 5 CU. FT.**		**16.50**	
E0444	**PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 1 LB**		**16.50**	
E1354*	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	MANUALLY PRICED		
E1355	**STAND/RACK**		**22.23**	
E1356*	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	MANUALLY PRICED		
E1357*	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	MANUALLY PRICED		
E1358*	OXYGEN ACCESSORY, DC ADAPTOR FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY, EACH	MANUALLY PRICED		
E1390*	**OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE THE PRESCRIBED RATE; *NOTE 1 - MODIFIERS QF & QG USED WITH MODIFIER RR WILL INCREASE REIMBURSEMENT TO 150% OF RATE (Used when prescribed amount of oxygen is greater than 4LPM)***	**175.79**		
E1392*	**PORTABLE OXYGEN CONCENTRATOR**	**52.26**		
K0738*	**PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING**	**51.24**		
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET		0.30	
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.14	
W4001*	CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	618.85		
	ENTERAL and ORAL NUTRITION PRODUCTS			
A9999*	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY (note A), EACH		8.48	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, EACH		6.46	
B4035	**ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, EACH**		**11.30**	
B4036	**ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, EACH**		**8.45**	
B4081	NASOGASTRIC TUBING WITH STYLET, EACH		22.83	
B4082	NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH		16.99	
B4083	STOMACH TUBING - LEVINE TYPE, EACH		2.60	
B4087	**GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE , EACH**		**18.08**	
B4088	**GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH**		**138.70**	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OZ.	MANUALLY PRICED		
B4103	ENTERAL FORMULA FOR PEDIATRICS USED TO REPLACE FLUIDS AND ELECTROLYTES (E.S. CLEAR LIQUIDS), 500 ML = 1 UNIT	MANUALLY PRICED		
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	MANUALLY PRICED		
B4149	**ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER , ADMINISTERED THROUGH AN INTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**1.66**	
B4150	**ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINEREALS, MAY INCLUDE FIBER, ADMINISTERED THROGUH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**0.70**	
B4152	**ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CAL=1 UNIT, EACH**		**0.59**	
B4153	**ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**2.01**	
B4154	**ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**1.29**	
B4155	**ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC NUTRIENTS, CARBOHYDRATES (E.G. MEDUIM CHAIN TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**1.00**	
B4157	**ENTERAL FORMULA, NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM , iNCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH.**		**1.20**	
B4158	**ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**0.65**	

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HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
B4159	**ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**0.65**	
B4160	**ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE (EQUAL TO OR GREATER THAN 0.7 KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**0.56**	
B4161	**ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS, INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**1.90**	
B4162	**ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH**		**1.20**	
S8265	HABERMAN FEEDER FOR CLEFT LIP / PALATE	MANUALLY PRICED		
W4211*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH		9.82	
W4212*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH		9.82	
	DME RELATED SUPPLIES			
A4213	SYRINGE, STERILE, 20CC OR GREATER, EACH		1.13	
A4215	NEEDLE, STERILE, ANY SIZE, EACH		0.14	
A4217	STERILE WATER/SALINE, 500 ml, EACH		2.64	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE , EACH		15.32	
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE, EACH		7.20	
A4233	**Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor owned by patient, EACH**		**0.79**	
A4234	**Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by patient, EACH**		**3.60**	
A4235	**Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient, EACH**		**2.32**	
A4236	**Replacement Battery, silver oxide. for use with medically necessary home glucose monitor owned by patient, EACH**		**1.67**	
A4244	ALCOHOL OR PEROXIDE, PER PINT, EACH		1.01	
A4246	BETADINE OR pHISOHEX SOLUTION, PER PINT, EACH		5.89	
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100		26.38	
A4253	**BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, 50 STRIPS / BOX, PER BOX**		**30.06**	
A4256	**NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS, EACH**		**11.35**	
A4258	**SPRING -POWERED DEVICE FOR LANCET, EACH**		**17.91**	
A4259	**LANCETS, 100/BOX, PER BOX**		**10.91**	
A4483	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION, EACH		6.39	
A4556	ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET		10.24	
A4557	LEAD WIRES, (E.G. APNEA MONITOR), SET		20.94	
A4595	TENS SUPPLIES, 2-LEAD, PER MONTH, EACH		28.59	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		165.71	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		79.32	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		121.65	
A4615	CANNULA, NASAL, EACH		0.82	
A4616	TUBING, OXYGEN, PER FOOT		0.07	
A4617	MOUTHPIECE, EACH		3.56	
A4618	BREATHING CIRCUITS, EACH		7.50	
A4623	**TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH**		**5.53**	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		2.22	
A4625	**TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH**		**5.85**	
A4626	**TRACHEOSTOMY CLEANING BRUSH, EACH**		**2.69**	
A4627	SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber), EACH		37.17	
A4628	**OROPHARYNGEAL SUCTION CATHETER, EACH**		**3.71**	
A4629	**TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH**		**4.59**	
A4927	GLOVES, NON-STERILE, 100/BOX, PER BOX		11.52	
A4930	GLOVES, STERILE, PER PAIR		0.89	
A6257	TRANSPARENT FILM 16 SQ INCHES BUT LESS THAT OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH		1.52	
A6258	TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH		4.27	
A6550	**WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES, EACH**		**27.21**	
A7000	**CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH**		**9.30**	

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HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
A7001	**CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH**		**28.47**	
A7002	**TUBING, USED WITH SUCTION PUMP, EACH**		**3.24**	
A7003	**ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH**		**2.65**	
A7004	**SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH**		**1.52**	
A7005	**ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH**		**26.01**	
A7007	**LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR, EACH**		**4.24**	
A7010	**CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH**		**19.90**	
A7012	**WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH**		**3.70**	
A7013	**FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR, 1 PAIR**		**0.70**	
A7015	**AEROSOL MASK USED WITH DME NEBULIZER, EACH**		**1.87**	
A7025*	**HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH**		**431.63**	
A7026*	**HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH**		**28.53**	
A7030	**FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH**		**187.21**	
A7031	**FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH**		**69.24**	
A7032	**CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH**		**40.22**	
A7033	**PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR**		**28.19**	
A7034	**NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICEWITH OR WITHOUT HEAD STRAP, EACH**		**116.75**	
A7035	**HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH**		**35.49**	
A7036	**CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH**		**15.35**	
A7037	**TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH**		**39.18**	
A7038	**FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH**		**5.26**	
A7039	**FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH**		**12.93**	
A7520	**TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, EACH**		**47.12**	
A7521	**TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH**		**46.69**	
A7522	**TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH**		**44.82**	
A7525	TRACHEOSTOMY MASK, EACH		2.05	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH		3.34	
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPPLIES AND ACCESSORIES		34.24	
K0552	SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		2.59	
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH		1.09	
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH		6.31	
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH		0.57	
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT, EACH		6.04	
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH		14.49	
L8501	TRACHEOSTOMY SPEAKING VALVE, EACH		124.09	
S8490	INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX		30.11	
W4120*	DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH		12.34	
W4153*	TRACHEOSTOMY TIES, TWILL, EACH		0.32	
W4651*	BLOOD GLUCOSE TEST STRIPS (visual strips - not for use with blood glucose monitor) PER BOTTLE		1.98	
W4670*	STERILE SALINE, 3 CC VIAL, EACH		0.34	
W4672*	GRAY ADAPTER FOR USE WITH EXTERNAL INSULIN PUMP, EACH		8.28	
W4673*	PISTON ROD FOR USE WITH EXTERNAL INSULIN PUMP, EACH		11.82	
W4678*	REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH AS TEGADERM OR OPSITE for use with external insulin pump, EACH		74.92	
	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES			
E1902	COMMUNICATION BOARD, NON-ELECTRONIC, AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	MANUALLY PRICED		
E2500	**SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME**	**40.76**	**407.49**	**305.61**
E2502	**SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME**	**124.62**	**1246.05**	**934.54**
E2504	**SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME**	**164.39**	**1643.70**	**1232.76**

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MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE

EFFECTIVE OCTOBER 1, 2009

HCPCS		MEDICAID MAXIMUM _SFY2010		
CODE	DESCRIPTION	RENTAL	NEW	USED
E2506	**SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME**	**241.00**	**2410.15**	**1807.58**
E2508*	**SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE**	**372.70**	**3726.90**	**2795.18**
E2510*	**SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS**	**705.26**	**7052.65**	**5289.48**
E2511*	**SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT**	**MANUALLY PRICED**		
E2512	**ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM**	**MANUALLY PRICED**		
E2599*	**ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED**	**MANUALLY PRICED**		
V5336*	**REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)**		**12.05**	
	EQUIPMENT SERVICE AND REPAIR			
K0739*	REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT 15 MIN, EACH		12.05	
	INDIVIDUALLY PRICED			
E0784*	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	414.40	MANUALLY PRICED	
	Providers are reminded to bill their usual and customary rates. Do not automatically bill the established maximum reimbursement rate listed.			
	Payment will be the lesser of the billed usual and customary rate or the maximum reimbursement rate.			

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