



To: All Medicaid Provider Types, Medicaid Managed Care Organizations, Optum Behavioral Health ASO

From: Robert R. Neall, Secretary 

Re: COVID-19 #7: Disposable Medical Supplies (DMS) and Durable Medical Equipment (DME)

Release Date: March 28, 2020

Effective Date: April 1, 2020

NOTE: Please ensure appropriate staff members in your organization are informed of the contents of this guidance memo

On March 5, 2020, Governor Larry Hogan proclaimed a state of emergency and catastrophic health emergency to control and prevent the spread of COVID-19.

During the state of emergency, the Maryland Department of Health (MDH) will temporarily waive certain requirements with respect to Disposable Medical Supplies (DMS) and Durable Medical Equipment (DME).

These temporary measures are efforts to mitigate the spread of COVID-19 by reducing the number of contacts between DMS/DME providers and Medicaid participants. These measures will take effect on April 1, 2020, and will end when the Governor's declaration of catastrophic health emergency ends.

Durable Medical Supplies (DMS)

Effective April 1, 2020, the Medicaid DME/DMS/Oxygen Approved List of Items will be updated to double the limits for DMS items to permit a 60-day supply to be delivered in a single claim. A copy of the updated Approved List is attached for reference.

Further, Maryland Medicaid will not enforce the requirement to obtain an updated physician order depending on the prescribed supplies used beginning April 1, 2020, through the end of the state of emergency. Due to the nature of certain medical conditions, the authorization of some supplies may require face-to-face interaction between the participant and their provider. (COMAR 10.09.12.04)

Durable Medical Equipment (DME)

Effective April 1, 2020, where DME is lost, destroyed, irreparably damaged, or otherwise rendered unusable, DME providers have the flexibility to waive replacement requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not

required. DME that must be replaced for these reasons which costs \$1,000 or more will continue to be subject to prior authorization by Telligen.

DME providers should use the -RA modifier when submitting claims for replacement DME. DME providers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DME was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

Signature Requirements

MDH will not enforce the requirement that the recipient or the recipient's representative sign the delivery ticket as required under COMAR 10.09.12.04(E)(1)(c). The provider must continue to confirm that the recipient or recipient's representative is on site at the time of delivery. A copy of the delivery ticket identifying the exact nature of the items should be left with the DME/DMS being delivered. Providers should confirm that the recipient or the recipient's representative was present at the time of delivery. In lieu of a signature on the delivery ticket, providers should enter "State of Emergency-COVID-19".

We encourage you to check our website and social media often for updates. Questions should be directed to mdh.dcss@maryland.gov.

For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov

For questions about the Coronavirus, visit coronavirus.maryland.gov.

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Attachment: Medicaid DME/DMS/Oxygen Approved List of Items, Effective April 1, 2020

I/C = Individual consideration**
 PA=Prepayment authorization required
 Modifiers are used for equipment services

Prosthetics, Orthotics, and Disposable Supplies
 Maryland Medicaid DMS/DME Program Approved List of Items

APRIL 2020

HCPCS	Description	MISCELLANEOUS SUPPLIES	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4206	Syringe w/needle 1cc each		Y/12mos		250 every 2 mo	4/1/20		0.28
A4207	Syringe with needle, sterile 2 cc. Each		Y/12 mos		200 every 2 mo	4/1/20		0.26
A4208	Syringe w/needle, 3cc		Y/12 mos		200 every 2 mo	4/1/20		0.20
A4209	Syringe w/needle, 5cc or greater		Y/12 mos		200 every 2 mo	4/1/20		0.96
A4210	100 per mo		Y/12 mos		200 every 2 mo	4/1/20		6.26
A4212	Non-coring needle or stylet w/ or w/out catheter		Y/12 mos		200 every 2 mo	4/1/20		0.96
A4213	Syringe, sterile, 20 cc or greater		Y/12 mos		200 every 2 mo	4/1/20		1.77
A4215	Needle, sterile, any size, each		Y/12 mos		200 every 2 mo	4/1/20		0.04
A4216	Sterile Water, Saline and/or dextrose /flush, 10 ML		Y/12 mos		200 every 2 mo	4/1/20		0.43
A4217	Sterile Water/Saline, 500 ML		Y/12 mos		400 every 2 mo	4/1/20		3.09
A4218	Sterile saline or water, metered dose dispenser, 10 ml		Y/12 mos		200 every 2 mo	4/1/20		2.25
A4221	Supplies for maint drug infusion cath, non-insulin, per wk (list drug, separately)		Y/12 mos		16 every 2 mo	4/1/20		17.51
A4222	Supplies for external drug in fusion pmp		Y/12 mos		60 every 2 mo	4/1/20		33.21
A4223	Infusion supplies not used w/external infusion pump, per cassette or bag		Y/12 mos		140 every 2 mo	4/1/20		7.38
A4224	Supplies insulin infusion cath per wk		Y/12 mos		16 every 2 mo	4/1/20		17.51
A4225	Supplies for ext insulin infusion pump, syringe cart, sterile, ea		Y/12 mos		60 every 2 mo	4/1/20		2.35
A4230	Infusion set for external insulin pump, nonneedle cannula type		Y/12 mos	Y	60 every 2 mo	4/1/20		1/C
A4231	Infusion set for external insulin pump, needle type		Y/12 mos	Y	2 every 2 mo	4/1/20		1/C
A4232	Syringe w/needle for external insulin pump, sterile 3cc (cartridge)		Y/12 mos		200 every 2 mo	4/1/20		3.01
A4245	Alcohol Wipes, per box		Y/12 mos		10 bx/200 per box	4/1/20		2.13
A4246	Betadine or PhisoHex solution, per pint		Y/12 mos		10 per mo	4/1/20		3.56
A4247	Betadine or Iodine Swabs or Wipes, per box		Y/12 mos		20 bx per mo	4/1/20		5.00
A4250	Urine strips per 100		Y/12 mos		2 bx per mo	4/1/20		37.80
A4252	Blood Ketone Test Strips		Y/12 mos	Y	1/C	4/1/20		1/C
A4253	Blood glucose/reagent strips		Y/12 mos		8 bx/100 every 2 mo	4/1/20		7.07
A4255	Platforms for home blood glucose monitor, 50 per box		Y/12 mos		2 bx/100 every 2 mo	4/1/20		3.86
A4256	Normal, low, and high calibrator solution/chips		Y/12 mos		2 bx every 2 mo	4/1/20		2.87
A4258	Lancet device each		Y/12 mos		4 bx/200/ every 2 mo	4/1/20		1.80
A4259	Lancets per box		Y/12 mos		4 bx/200/ every 2 mo	4/1/20		1.21
A4280	Bst prsths adhsv attachmnt		Y/12 mos		2bx/400/ every 2 mo	4/1/20		5.12

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4305	Disposable Drug Delivery Sys, flow rate of 50 ml or > per hr (dism pmp)	Y/12 mos		120 every 2 mo	4/1/20		16.54
A4306	Disposable Drug Delivery Sys, flow rate of less than 50 ml per hour	Y/12 mos		120 every 2 mo	4/1/20		23.10
INCONTINENCE APPLIANCES AND CARE SUPPLIES							
A4310	Insertion tray w/o drainage bag and w/o catheter (accessories only)	Y/12 mos		60 every 2 mo	4/1/20		7.06
A4311	Catheter w/o bag 2-wav latex	Y/12 mos		60 every 2 mo	4/1/20		12.44
A4312	Catheter w/o bag 2-wav silicone	Y/12 mos		60 every 2 mo	4/1/20		15.15
A4313	Catheter w/bag 3-wav	Y/12 mos		60 every 2 mo	4/1/20		15.55
A4314	Cath w/drainage 2-wav latex	Y/12 mos		60 every 2 mo	4/1/20		21.22
A4315	Cath w/drainage 2-wav silicone	Y/12 mos		60 every 2 mo	4/1/20		22.13
A4316	Cath w/drainage 3-wav	Y/12 mos		60 every 2 mo	4/1/20		23.83
A4320	Irrigation tray	Y/12 mos		60 every 2 mo	4/1/20		5.28
A4322	Irrigation syringe	Y/12 mos		50 every 2 mo	4/1/20		3.01
A4326	Male external catheter w/integral collection chamber, any type, each	Y/12 mos		60 every 2 mo	4/1/20		10.65
A4327	Fem urinary collect dev cup	Y/12 mos		60 every 2 mo	4/1/20		41.74
A4328	Fem urinary collect pouch	Y/12 mos		60 every 2 mo	4/1/20		10.31
A4330	Stool collection pouch	Y/12 mos		20 every 2 mo	4/1/20		6.83
A4331	External drainage tubing for urinary leg bag or urostomy, ea	Y/12 mos		30 every 2 mo	4/1/20		3.14
A4332	Lubricant, individual sterile packet, each	Y/12 mos		300 every 2 mo	4/1/20		0.11
A4333	Urinary catheter anchoring device, adhesive skin attachment, ea	Y/12 mos		2 every 2 mo	4/1/20		2.18
A4334	Urinary catheter anchoring device, leg strap, each	Y/12 mos		60 every 2 mo	4/1/20		4.86
A4335	Incontinence supply, miscellaneous	Y/12 mos	Y	I/C	1/1/20		1/C
A4338	Indwelling catheter latex	Y/12 mos		60 every 2 mo	4/1/20		10.42
A4340	Indwelling catheter special	Y/12 mos		60 every 2 mo	4/1/20		31.36
A4344	Cath indw foley 2-wav silicone	Y/12 mos		20 every 2 mo	4/1/20		15.20
A4346	Cath indw foley 3-wav	Y/12 mos		60 every 2 mo	4/1/20		19.14
A4349	Male external catheter, with or without adhesive, disposable, each	Y/12 mos		140 every 2 mo	4/1/20		1.99
A4351	Straight tip urine catheter	Y/12 mos		400 every 2 mo	4/1/20		1.79
A4352	Coude tip urinary catheter	Y/12 mos		400 every 2 mo	4/1/20		6.35
A4353	Intermittent urinary catheter, with insertion supplies	Y/12 mos		400 every 2 mo	4/1/20		6.90
A4354	Cath insertion trav w/bag	Y/12 mos		2 every 2 mo	4/1/20		10.06
A4355	Bladder irrigation tubing	Y/12 mos		60 every 2 mo	4/1/20		8.81
EXTERNAL URINARY SUPPLIES							
A4356	Ext ureth clamp or compr dvc	Y/12 mos		10 every 2 mo	4/1/20		44.15
A4357	Bedside drainage bag	Y/12 mos		72 every 2 mo	4/1/20		9.59
A4358	Urinary leg bag	Y/12 mos		72 every 2 mo	4/1/20		6.55
A4361	Ostomy face plate, ea	Y/12 mos		10 every 2 mo	4/1/20		15.42

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4362	Solid skin barrier	Y/12 mos		10 every 2 mo	4/1/20		3.43
A4363	Ostomy Clamp, any type, replacement only	Y/12 mos		2 every 2 mo	4/1/20		2.34
A4364	Adhesive, liquid, or equal, any type, per ounce	Y/12 mos		20 oz. every 2 mo	4/1/20		2.91
A4366	Ostomy Vent, any type, each	Y/12 mos		2 every 2 mo	4/1/20		1.28
A4367	Ostomy belt	Y/12 mos		2 per yr	1/1/20		7.27
A4368	Ostomy filter	Y/12 mos		60 every 2 mo	4/1/20		0.25
A4369	Skin barrier liquid per oz	Y/12 mos		32 oz every 2 mo	4/1/20		2.40
A4371	Ostomy skin barrier, powder, per oz/	Y/12 mos		64 oz every 2 mo	4/1/20		3.60
A4372	Ostomy skin barrier, solid 4X4 or equivalent, standard wear, w/blt-in conv	Y/12 mos		60 every 2 mo	4/1/20		4.14
A4373	Ostomy skin barrier, w/flange (solid, flex or accord), w/blt-in convex, any size	Y/12 mos		60 every 2 mo	4/1/20		6.19
A4375	Drainable plastic pch w fcpl	Y/12 mos		20 every 2 mo	4/1/20		16.96
A4376	Drainage rubber pch w fcpl	Y/12 mos		20 every 2 mo	4/1/20		46.99
A4377	Drainable plastic pouch w/o fp	Y/12 mos		60 every 2 mo	4/1/20		4.23
A4378	Drainable rubber pch w/o fp	Y/12 mos		20 every 2 mo	4/1/20		30.36
A4379	Urinary plastic pouch w fcpl	Y/12 mos		30 every 2 mo	4/1/20		14.83
A4380	Urinary plastic pouch w/o fp	Y/12 mos		20 every 2 mo	4/1/20		36.86
A4381	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Y/12 mos		60 every 2 mo	4/1/20		4.57
A4382	Urinary hvv plstc pch w/o fp	Y/12 mos		2 every 2 mo	4/1/20		24.31
A4383	Urinary rubber pouch w/o fp	Y/12 mos		60 every 2 mo	4/1/20		27.84
A4384	Ostomy faceplt/ silicone ring	Y/12 mos		10 every 2 mo	4/1/20		9.49
A4385	Ost skn barrier sld ext wear	Y/12 mos		40 every 2 mo	4/1/20		5.03
A4387	Ost clsd pouch w att st barr	Y/12 mos		120 every 2 mo	4/1/20		2.22
A4388	Drainable pch w ex wear barr	Y/12 mos		200 every 2 mo	4/1/20		4.31
A4389	Drainable pch w st wear barr	Y/12 mos		40 every 2 mo	4/1/20		6.14
A4390	Drainable pch ex wear convex	Y/12 mos		40 every 2 mo	4/1/20		9.49
A4391	Urinary pouch w ex wear barr	Y/12 mos		40 every 2 mo	4/1/20		6.98
A4392	Urinary pouch w st wear barr	Y/12 mos		40 every 2 mo	4/1/20		8.07
A4393	Urine pch w ex wear bar conv	Y/12 mos		40 every 2 mo	4/1/20		8.93
A4394	Ostomy deodorant, w/wo lubricant, for use in ostomy pouch, per fluid oz	Y/12 mos		32 oz every 2 mo	4/1/20		2.56
A4395	Ostomy pouch solid deodorant, per tablet	Y/12 mos		200 every 2 mo	4/1/20		0.04
A4396	Ostomy belt with peristomal hernia support	Y/12 mos		4 every 2 mo	4/1/20		39.98
A4397	Irrigation supply sleeve	Y/12 mos		80 every 2 mo	4/1/20		4.73
A4398	Ostomy irrigation bag	Y/12 mos		60 every 2 mo	4/1/20		13.65
A4399	Ostomy irrig cone/cath w brs	Y/12 mos		60 every 2 mo	4/1/20		12.11
A4400	Ostomy irrigation set	Y/12 mos		10 every 2 mo	4/1/20		47.18
A4402	Ostomy lubricant, per ounce	Y/12 mos		100 every 2 mo	4/1/20		1.58

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4404	Ostomy ring each	Y/12 mos		60 every 2 mo	4/1/20		1.58
A4405	Ostomy Skin Barrier, non-pectin base, paste, per ounce	Y/12 mos		12 oz. every 2 mo	4/1/20		3.37
A4406	Ostomy Skin Barrier, pectin-based, paste, per ounce	Y/12 mos		12 oz. every 2 mo	4/1/20		5.65
A4407	Ostomy Skin Barrier, w/flange, w/built-in convexity, 4 X 4 or smaller	Y/12 mos		100 every 2 mo	4/1/20		8.65
A4408	Ostomy Skin Barrier, w/flange, w/built-in convexity, larger than 4 X 4 inches	Y/12 mos		100 every 2 mo	4/1/20		9.75
A4409	Ostomy Skin Barrier, w/flange, w/out built-in convexity, 4X4 or smaller	Y/12 mos		100 every 2 mo	4/1/20		6.14
A4410	Ostomy Skin Barrier, w/flange, w/out built-in convexity, larger than 4X4	Y/12 mos		100 every 2 mo	4/1/20		8.93
A4411	Ostomy Skin Barrier, solid 4x4 or equivalent, extended wear, w/convex, each	Y/12 mos		100 every 2 mo	4/1/20		5.03
A4412	Ostomy Pouch, Drainable, high output, for use on a barrier w/flange, w/o fltr	Y/12 mos		100 every 2 mo	4/1/20		2.67
A4413	Ostomy pouch, drmbld, high output, w/flng (2 ppc system) w/filter	Y/12 mos		100 every 2 mo	4/1/20		5.44
A4414	Ostomy Skin Barrier, w/flange, 4X4 inches or smaller	Y/12 mos		100 every 2 mo	4/1/20		4.86
A4415	Ostomy skin barrier w/flng, w/o convex, larger than 4X4 inches, each	Y/12 mos		100 every 2 mo	4/1/20		5.92
A4416	Ostomy pch elsd w/barrier/fltr	Y/12 mos		100 every 2 mo	4/1/20		2.72
A4417	Ostomy pch w/bar/blinconv/fltr	Y/12 mos		100 every 2 mo	4/1/20		3.68
A4418	Ostomy pch elsd w/o bar w/fltr	Y/12 mos		100 every 2 mo	4/1/20		1.79
A4419	Ostomy pch, elsd for bar w/flange/fltr	Y/12 mos		60 every 2 mo	4/1/20		1.71
A4420	Ostomy pch elsd for bar w/lek/flng	Y/12 mos	Y	1/C	1/1/20		1/C
A4421	Ostomy supply; miscellaneous	Y/12 mos		PA over 300.00	1/1/20		249.90
A4422	Ostomy absorbent material (sheet/pad/crystal pkg) for use on ostmv pch	Y/12 mos		400 every 2 mo	4/1/20		0.11
A4423	Ostomy pch for bar w/lek flange/fltr	Y/12 mos		60 every 2 mo	4/1/20		1.84
A4424	Ostomy pch drainble/ w/ bar & filter	Y/12 mos		100 every 2 mo	4/1/20		4.70
A4425	Ostomy pch drainable for barrier w/non lk flng w/fltr 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		3.54
A4426	Ostomy pch drain, for bar w/lek flng 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		2.69
A4427	Ostomy pch drain, for bar w/lek flng, w/fltr 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		2.75
A4428	Ostomy pch, urinary, w/est wr bar attach, w/ft-tp tap w/valv 1 pc	Y/12 mos		60 every 2 mo	4/1/20		6.43
A4429	Ostomy pch, urinary, w/blt-in-convx, w/ft-tp tap w/vlv 1 pc	Y/12 mos		100 every 2 mo	4/1/20		8.14
A4430	Ostomy pch, urinary, w/est wr bar attach w/blt-in convx, w/ft-tp tap 1 pc	Y/12 mos		120 every 2 mo	4/1/20		8.41
A4431	Ostomy pch urinary, w/bar attach, w/ft-tp tap w/vlv 1 pc	Y/12 mos		60 every 2 mo	4/1/20		6.14
A4432	Ostomy pch, urinary; for use bar w/non-lek flng, w/ft-type tap w/vlv 2 pc	Y/12 mos		100 every 2 mo	4/1/20		3.54
A4433	Ostomy pch, urinary; for use on bar w/lek flng 2 pc	Y/12 mos		60 every 2 mo	4/1/20		3.31
A4434	Ostomy pch, urinary for use on bar w/lek flng, w/ft-type tap w/vlv 2 pc	Y/12 mos		60 every 2 mo	4/1/20		3.71
A4435	Ostomy pch, drainable, high output, w/ext wear barrier(1 pc system) w or w/o filter each	Y/12 mos		60 every 2 mo	4/1/20		5.70
ADDITIONAL MISCELLANEOUS SUPPLIES							
A4450	Tape, non-waterproof, per 18 square inches	Y/12 mos		800 every 2 mo	4/1/20		0.08
A4452	Tape, waterproof, per 18 square inches	Y/12 mos		800 every 2 mo	4/1/20		0.35

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4455	Adhesive remover per ounce	Y/12 mos		20 every 2 mo	4/1/20		1.41
A4456	Adhesive remover wipes, each	Y/12 mos		200 every 2 mo	4/1/20		0.24
A4459	Man Pump-Operated Enema Sys, Incl Balloon, Catheter & All Accessories, Reus, Any Type	Y/12 mos		I/C	1/1/20		I/C
A4463	Surgical dressing holder, reusable, each	Y/12 mos		I/C	1/1/20		13.14
A4481	Tracheostoma filter	Y/12 mos		60 every 2 mo	4/1/20		0.36
A4483	Moisture exchange, disposable, for use w/invasive mech vent	Y/12 mos		400 every 2 mo	4/1/20		I/C
A4490	Above Knee Length surgical stocking	Y/12 mos		4 per vr	1/1/20		I/C
A4495	Thigh Length surgical stocking	Y/12 mos		4 per vr	1/1/20		60.90
A4500	Below Knee Length surgical stocking	Y/12 mos		4 per vr	1/1/20		49.65
A4510	Full Length surgical stocking	Y/12 mos	Y	4 per vr	1/1/20		I/C
A4520	Incontinence garment, any type, (e.g. brief, diaper), each	Y/12 mos		I/C	1/1/20		I/C
A4553	Non-disposable underpads, all sizes	Y/12 mos		4 every 2 mo	4/1/20		7.79
A4554	Disposable underpads, med size (e.g., Chux's)	Y/12 mos		135 per mo/100 per mo	1/1/20		0.46
A4558	Conductive paste or gel, for use w/electrical device (e.g., TENS, NMES), per oz.	Y/12 mos		2 every 2 mo	4/1/20		4.58
A4565	Slings	Y/12 mos		2 per vr	1/1/20		7.60
A4570	Splint	Y/12 mos	Y	2 per vr	1/1/20		I/C
A4595	TENS suppl 2 lead per mo	Y/12 mos		4 every 2 mo	4/1/20		8.69
A4600	Sleeve for intermittent limb compression device, replacement only, each	Y/12 mos	Y	I/C	1/1/20		I/C
A4601	Lithium ion battery for non-prosthetic use, replacement	Y/12 mos		1 per vr	1/1/20		1.59
A4604	Tubing with integrated heating element for use w/PAP device	Y/12 mos		1 per vr	1/1/20		33.70
A4605	Tracheal Suction catheter, closed system, each	Y/12 mos		60 every 2 mo	4/1/20		16.14
A4606	Oxygen Probe for use with oximeter device.	Y/12 mos		10 every 2 mo	4/1/20		24.86
SUPPLIES FOR OXYGEN AND RELATED RESPIRATORY EQUIPMENT							
A4608	Transtracheal oxygen catheter, each	Y/12 mos		10 every 2 mo	4/1/20		49.50
A4614	Peak expiratory flow rate meter, hand held	Y/12 mos		2 every 2 mo	4/1/20		23.49
A4615	Cannula, Nasal	Y/12 mos		20 every 2 mo	4/1/20		0.72
A4616	Tubing (oxygen), per foot	Y/12 mos		100 every 2 mo	4/1/20		0.06
A4619	Face tent	Y/12 mos		4 every 2 mo	4/1/20		1.73
A4620	Variable concentration mask	Y/12 mos		30 every 2 mo	4/1/20		0.60
A4623	Tracheostomy inner cannula	Y/12 mos		60 every 2 mo	4/1/20		6.47
A4624	Trach suction tubes	Y/12 mos		600 every 2 mo	4/1/20		2.50
A4625	Trach care kit for new trach	Y/12 mos		8 every 2 mo	4/1/20		6.83
A4626	Tracheostomy cleaning brush	Y/12 mos		2 every 2 mo	4/1/20		3.15
A4627	Spacer, bag or reservoir for inhaler	Y/12 mos		8 every 2 mo	4/1/20		30.61

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A4628	Oropharyngeal suction cath	Y/12 mos		40 every 2 mo	4/1/20		3.70
A4629	Tracheostomy care kit	Y/12 mos		120 every 2 mo	4/1/20		4.59
SUPPLIES FOR OTHER DURABLE MEDICAL EQUIPMENT							
A4630	Repl batteries t.e.n.s. owned by pt	Y/12 mos		2 per mo	1/1/20		5.62
A4635	Underarm crutch pad	Y/12 mos		6 per yr	1/1/20	0.70	5.05
A4636	Repl handgrip for cane etc	Y/12 mos		10 per yr	1/1/20	0.27	2.68
A4637	Repl tip cane/crutch/walker	Y/12 mos		2/bx per yr	1/1/20	0.15	1.49
A4640	Replacement pad for use with medically necessary alternate pressure pad owned by patient	Y/12 mos		1 per yr	1/1/20	4.28	42.79
A4657	Syringe, with or without needle, each	Y/12 mos		200 every 2 mo	4/1/20		0.83
A4660	Blood Pressure Apparatus w/cuff and stethoscope	Y/12 mos		1 every 2 yrs	1/1/20		31.61
A4663	Blood Pressure Cuff Only	Y/12 mos		1 every 2 yrs	1/1/20		11.40
A4670	Automatic Blood pressure monitor	Y/12 mos		1 every 3 yrs	1/1/20		47.36
A4927	Gloves, non-sterile (100 per box)	Y/12 mos		10 bx every 2 mo	4/1/20		4.60
A4930	Gloves, sterile, per pair	Y/12 mos		400 every 2 mo	4/1/20		0.50
A4931	Oral thermometer, reusable, any type, each	Y/12 mos		1 per yr	1/1/20		7.12
A4932	Rectal thermometer, reusable, any type, each	Y/12 mos		1 per yr	1/1/20		8.05
ADDITIONAL OSTOMY SUPPLIES							
A5051	Pouch elsd w barr attached	Y/12 mos		120 every 2 mo	4/1/20		2.04
A5052	Clsd ostomy pouch w/o barr	Y/12 mos		200 every 2 mo	4/1/20		1.47
A5053	Closed ostomy pouch faceplate	Y/12 mos		60 every 2 mo	4/1/20		1.71
A5054	Closed ostomy pouch w/flange	Y/12 mos		100 every 2 mo	4/1/20		1.78
A5055	Stoma cap	Y/12 mos		60 every 2 mo	4/1/20		1.42
A5061	Pouch drainable w barrier at	Y/12 mos		120 every 2 mo	4/1/20		3.49
A5062	Ostomy pouch, drainable; w/o barrier attached (one piece) ea	Y/12 mos		200 every 2 mo	4/1/20		2.06
A5063	Drain ostomy pouch w/flange	Y/12 mos		200 every 2 mo	4/1/20		2.67
A5071	Urinary pouch w/barrier	Y/12 mos		200 every 2 mo	4/1/20		5.93
A5072	Urinary pouch w/o barrier	Y/12 mos		200 every 2 mo	4/1/20		3.49
A5073	Urinary pouch on barr w/flag	Y/12 mos		200 every 2 mo	4/1/20		3.14
A5081	Continent stoma plug	Y/12 mos		60 every 2 mo	4/1/20		3.27
A5082	Continent stoma catheter	Y/12 mos		60 every 2 mo	4/1/20		11.75
A5093	Ostomy accessory convex inse	Y/12 mos		60 every 2 mo	4/1/20		1.93
ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES							
A5102	Bedside drain bil w/wo line	Y/12 mos		10 every 2 mo	4/1/20		22.29
A5105	Urinary suspensory, with or without leg bag, with or without tube, each	Y/12 mos		10 every 2 mo	4/1/20		40.26
A5112	Urinary leg bag	Y/12 mos		20 every 2 mo	4/1/20		34.19

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A5113	Latex leg strap	Y/12 mos		2 every 2 mo	4/1/20		4.66
A5114	Leg strap: foam or fabric, replacement only, per set	Y/12 mos		2 every 2 mo	4/1/20		8.84
SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES							
A5120	Skin Barrier, wipes or swabs, each	Y/12 mos		500 every 2 mo	4/1/20		0.24
A5121	Solid skin barrier 6X6	Y/12 mos		120 every 2 mo	4/1/20		7.36
A5122	Solid skin barrier 8X8	Y/12 mos		72 every 2 mo	4/1/20		11.01
A5126	Disk/foam pad or adhesive	Y/12 mos		200 every 2 mo	4/1/20		1.29
A5131	Appliance cleaner	Y/12 mos		4 every 2 mo	4/1/20		15.65
A5200	Percutaneous catheter anchor	Y/12 mos		20 every 2 mo	4/1/20		11.15
DIABETIC SHOES, FITTING, AND MODIFICATIONS							
A5500	Diabetic shoe for density insert, per shoe			2 per yr	1/1/20		62.79
A5501	Diabetic custom molded shoe, per shoe			2 per yr	1/1/20		188.33
A5503	Diabetic shoe w/roller/rocker, per shoe			2 per yr	1/1/20		30.20
A5504	Diabetic shoe with wedge			2 per yr	1/1/20		30.20
A5505	Diabetic shoe w/metatarsal bar			2 per yr	1/1/20		30.20
A5506	Diabetic shoe w/offset heel			2 per yr	1/1/20		30.20
A5507	Modification in diabetic shoe			2 per yr	1/1/20		30.20
A5508	Diabetic delux feature of off-the shelf depth inlay shoe or custom mld shoe			2 per yr	1/1/20		22.44
A5510	Drct formed, cmprss mold to pt's ft w/o ext. inserts, prefab, per sh, diabet		Y	2 per yr	1/1/20		1/C
A5512	Multiple density inserts, for diabetics only, direct formed, molded to foot	Y/12 mos		2 per yr	1/1/20		25.61
A5513	Multiple density insert, for diabetics only, custom molded from model of foot, inclu arch filler	Y/12 mos		2 per yr	1/1/20		38.22
A5514	Multi Den Insert, Direct Carv/Cam	Y/12 mos		2 per yr	1/1/20		38.22
DRESSINGS, COMPRESSION GARMENTS, NEBULIZERS, PAP AND TRACH SUPPLIES							
A6010	Collagen based wound filler, drv form, per gram of collagen	Y/12 mos		10 every 2 mo	4/1/20		30.58
A6011	Collagen based wound filler, gel/paste per gram of collagen	Y/3 mos		60 every 2 mo	4/1/20		2.25
A6021	Collagen drsg, Size 16 sq inches or less, each	Y/3 mos		60 every 2 mo	4/1/20		20.76
A6022	Collagen drsg, more than 16 sq in but less than or equal to 48 sq inches, each	Y/3 mos		20 every 2 mo	4/1/20		20.76
A6023	Collagen drsg, more than 48 sq inches, each	Y/3 mos		20 every 2 mo	4/1/20		187.93
A6024	Collagen drsg, Wound filler, per 6 in	Y/3 mos		216 every 2 mo	4/1/20		6.11
A6025	Silicone gel sheet, each	Y/12 mos	Y	1/C	1/1/20		1/C
A6154	Wound pouch, each	Y/3 mos		40 every 2 mo	4/1/20		13.76
A6196	Algnate dressing ≤ 16 sq in	Y/3 mos		100 every 2 mo	4/1/20		7.27
A6197	Algnate drsg > 16 ≤ 48 sq in	Y/3 mos		40 every 2 mo	4/1/20		16.24
A6198	Algnate or other fiber gelling dressing, wound cover, > 48 sq.in, each drs	Y/12 mos		2 every 2 mo	4/1/20		22.44
A6199	Algnate drsg wound filler	Y/3 mos		100 every 2 mo	4/1/20		5.22

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A0203	Composite drsg ≤ 16 sq in	Y/3 mos		400 every 2 mo	4/1/20		3.32
A0204	Composite drsg > 16 < = 48 sq in	Y/6 mos		120 every 2 mo	4/1/20		6.15
A0205	Composite dressing, > 48 sq.in., w/ any size adh border, ca hc dressing	Y/12 mos		400 every 2 mo	4/1/20		31.46
A0206	Contact layer, 16 sq.in. or less, each dressing	Y/12 mos		400 every 2 mo	4/1/20		9.97
A0207	Contact layer > 16=16 sq in w/o bdr	Y/6 mos		400 every 2 mo	4/1/20		7.25
A0208	Contact layer, > 48 sq. in., each dressing	Y/12 mos		400 every 2 mo	4/1/20		19.93
A0209	Foam drsg ≤ 16 sq in w/o bdr	Y/6 mos		200 every 2 mo	4/1/20		7.38
A0210	Foam drsg > 16 < 48 sq in w/o bdr	Y/6 mos		300 every 2 mo	4/1/20		19.68
A0211	Foam drg > 48 sq in w/o bdr	Y/6 mos		200 every 2 mo	4/1/20		29.00
A0212	Foam drg ≤ 16 sq in w/ border	Y/6 mos		120 every 2 mo	4/1/20		9.59
A0213	Foam dressing, wound cover, pad > 16 sq. but less than 48 sq. in w/ adh brd	Y/12 mos		200 every 2 mo	4/1/20		7.47
A0214	Foam drg > 48 sq in w/ border	Y/6 mos		120 every 2 mo	4/1/20		10.17
A0215	Foam dressing, wound filler, per gram	Y/12 mos		200 every 2 mo	4/1/20		14.67
A0216	Non-steril gauze ≤ 16 sq in	Y/6 mos		400 every 2 mo	4/1/20		0.04
A0217	Gauze, non-impregn, non-sterl, > 16 sq.in., ≤ or = to 48 sq.in, w/o adh brdr	Y/12 mos		400 every 2 mo	4/1/20		3.81
A0218	Gauze, non-impregn, non-sterl, > 48 sq. in., w/o adhesive border, each drs	Y/12 mos		400 every 2 mo	4/1/20		17.09
A0219	Gauze ≤ 16 sq in w/ border	Y/6 mos		400 every 2 mo	4/1/20		0.94
A0220	Gauze > 16 < = 48 sq in w/ border	Y/6 mos		200 every 2 mo	4/1/20		2.56
A0221	Gauze, non-impregn, > 48 sq. in., w/ any size adh border, each dressing	Y/12 mos	Y	I/C	1/1/20		1/C
A0222	Gauze ≤ 16 in No w/ sal w/o b	Y/6 mos		300 every 2 mo	4/1/20		2.11
A0223	Gauze > 16 < = 48 no. w/ sal w/o b	Y/6 mos		200 every 2 mo	4/1/20		2.41
A0224	Gauze > 48 in no w/ sal w/o b	Y/6 mos		120 every 2 mo	4/1/20		3.56
A0228	Gauze, impregnated, water or normal saline, 16 sq. in. or less, w/o adh	Y/12 mos	Y	I/C	1/1/20		1/C
A0229	Gauze > 16 < = 48 sq in w/ sal	Y/6 mos		120 every 2 mo	4/1/20		3.56
A0230	Gauze, impreg, water or normal saline, > 48 sq. in., w/o adh border	Y/12 mos	Y	I/C	1/1/20		1/C
A0231	Gauze, hydrogel, 16 sq in. or less, each	Y/6 mos		60 every 2 mo	4/1/20		4.62
A0232	Gauze, impreg, hydrogel, for direct wound contact, > 16 sq. in.	Y/12 mos		30 every 2 mo	4/1/20		6.77
A0233	Gauze, hydrogel, more than 48 sq.inches, each	Y/6 mos		30 every 2 mo	4/1/20		18.94
A0234	Hydrocollid drg ≤ 16 w/o bdr	Y/3 mos		100 every 2 mo	4/1/20		6.46
A0235	Hydrocollid drg > 16 < = 48 w/o bdr	Y/3 mos		80 every 2 mo	4/1/20		16.61
A0236	Hydrocollid drg > 48 in w/o b	Y/3 mos		80 every 2 mo	4/1/20		26.91
A0237	Hydrocollid drg ≤ 16 in w/ bdr	Y/3 mos		80 every 2 mo	4/1/20		7.81
A0238	Hydrocollid drg > 16 < = 48 w/ bdr	Y/3 mos		80 every 2 mo	4/1/20		22.52
A0239	Hydrocollid dressing, wound cover, pad > 48 sq. in., w/ any sz adh brdr	Y/12 mos	Y	I/C	1/1/20		1/C
A0240	Hydrocollid drg filler paste	Y/3 mos		8/per 6 fluid oz	4/1/20		12.10
A0241	Hydrocollid drg filler drv	Y/3 mos		8/per 6 fluid oz	4/1/20		2.54

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A0242	Hydrogel drg <= 16 in w/o bdr	Y/6 mos		60 every 2 mo	4/1/20		5.98
A0243	Hydrogel drg > 16 <= 48 w/o bdr	Y/6 mos		80 every 2 mo	4/1/20		12.17
A0244	Hydrogel drg > 48 in w/o bdr	Y/6 mos		80 every 2 mo	4/1/20		38.79
A0245	Hydrogel drg <= 16 in w/bdr	Y/6 mos		50 every 2 mo	4/1/20		7.18
A0246	Hydrogel drg > 16 <= 48 in w/b	Y/6 mos		50 every 2 mo	4/1/20		9.81
A0247	Hydrogel drg > 48 sq in w/b	Y/6 mos		50 every 2 mo	4/1/20		23.49
A0248	Hydrogel drsg gel filler, per ounce	Y/6 mos		8 every 2 mo	4/1/20		16.05
A0250	Skin sealant, protectants, moisturizers, ointment, any type, any size	Y/12 mos		200 every 2 mo	4/1/20		1.82
A0251	Absorpt drg <= 16 sq in w/o b	Y/6 mos		500 every 2 mo	4/1/20		1.96
A0252	Absorpt drg > 16 <48 w/o bdr	Y/6 mos		200 every 2 mo	4/1/20		3.21
A0253	Absorot drg > 48 sq in w/o b	Y/6 mos		400 every 2 mo	4/1/20		6.26
A0254	Absorpt drg <= 16 sq in w/bdr	Y/6 mos		400 every 2 mo	4/1/20		1.18
A0255	Absorpt drg > 16 <+ 48 in w/bdr	Y/6 mos		400 every 2 mo	4/1/20		3.00
A0256	Specialty absorptv drsgng, wound cover, > 48 sq. in., w/ any sz.bdr., catch	Y/12 mos	Y	1/C	1/1/20		1/C
A0257	Transparent film <= 16 sq ub	Y/6 mos		400 every 2 mo	4/1/20		1.52
A0258	Transparent film > 16 <= 48 in	Y/12 mos		400 every 2 mo	4/1/20		4.25
A0259	Transparent film > 48 sq in	Y/12 mos		80 every 2 mo	4/1/20		10.80
A0260	Wound cleaners, any type, any size	Y/12 mos		1/C	1/1/20		19.89
A0262	Wound filler, drv form, per gram, not otherwise classified	Y/12 mos		2 every 2 mo	4/1/20		6.28
A0266	Impreg gauze no h20/sak/ward	Y/12 mos		400 every 2 mo	4/1/20		1.90
A0402	Sterile gauze <= 16 sq.in	Y/12 mos		750 every 2 mo	4/1/20		0.11
A0403	Sterile gauze > 16 <= 48 sq in	Y/12 mos		750 every 2 mo	4/1/20		0.42
A0404	Gauze, non-impregnated pad sz more than 48 sq. in., w/o adh border, ea	Y/12 mos		500 every 2 mo	4/1/20		0.57
A0407	Packing strips, non-impreg	Y/12 mos		400 every 2 mo	4/1/20		1.85
A0410	Eye pad, sterile	Y/12 mos		400 every 2 mo	4/1/20		0.37
A0411	Eye pad, non-sterile	Y/12 mos		200 every 2 mo	4/1/20		0.13
A0412	Eye Patch, occlusive	Y/12 mos		10 every 2 mo	4/1/20		1.86
A0441	Padding bandage w>=3" <5"/vd	Y/12 mos		400 every 2 mo	4/1/20		0.68
A0442	Conforming band n/s w<3"/vd	Y/12 mos		400 every 2 mo	4/1/20		0.15
A0443	Conforming band n/s w>3" <5"/vd	Y/12 mos		400 every 2 mo	4/1/20		0.27
A0444	Conform band n/s w>=5"/vd	Y/12 mos		400 every 2 mo	4/1/20		0.55
A0445	Conform band s w <3"/vd	Y/12 mos		400 every 2 mo	4/1/20		0.31
A0446	Conform band s w>=3" <5"/v	Y/12 mos		240 every 2 mo	4/1/20		0.39
A0447	Conform band s w >5"/vd	Y/12 mos		100 every 2 mo	4/1/20		0.68
A0448	Light compress band <3"/vd	Y/12 mos		100 every 2 mo	4/1/20		1.14
A0449	Light compress band >=3" <5"/vd	Y/12 mos		100 every 2 mo	4/2/20		1.73

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A6450	Light compress band >=5"/vd	Y/12 mos		20 every 2 mo	4/2/20		1.73
A6451	Moderate compress band w>=3"<5"/vd	Y/12 mos		20 every 2 mo	4/2/20		1.73
A6452	High compress band w>=5"/vd	Y/12 mos		100 every 2 mo	4/2/20		5.83
A6453	Self-adherent band w<=3"/vd	Y/12 mos		100 every 2 mo	4/2/20		0.62
A6454	Self-adherent band w>=3"<5"/vd	Y/12 mos		100 every 2 mo	4/2/20		0.77
A6455	Self-adherent band >=5"/vd	Y/12 mos		100 every 2 mo	4/2/20		1.38
A6456	Zinc paste bandage w >=3"<5"/vd	Y/12 mos		100 every 2 mo	4/2/20		1.25
A6457	Tubular Dressing with or without elastic, any width, per linear yard	Y/12 mos		60 every 2 mo	4/2/20		1.12
A6501	Compression Burn Garment Body Suit****	Y/12 mos	Y	1/C	1/1/20		1/C
A6502	Compression Burn Garment Chin Strap, custom fabricated****	Y/12 mos	Y	1/C	1/1/20		1/C
A6503	Compression Burn Garment Facial hood, custom fabricated****	Y/12 mos	Y	1/C	1/1/20		1/C
A6504	Compression Burn Garment Glove to wrist, custom fabricated	Y/6 mos		4 per vr	1/1/20		94.53
A6505	Compression Burn garment, glove to elbow, custom fabricated	Y/6 mos		4 per vr	1/1/20		160.64
A6506	Compression Burn Garment Glove to axilla, custom fabricated****	Y/6 mos	Y	1/C	1/1/20		1/C
A6507	Compression Burn Garment foot to knee length, custom fabricated****	Y/6 mos	Y	1/C	1/1/20		1/C
A6508	Compression Burn Garment foot to thigh length, custom fabricated****	Y/6 mos	Y	1/C	1/1/20		1/C
A6509	Compress Burn Garments upper trunk to waist incld arm opns (leotard) cf	Y/6 mos		2 per vr	1/1/20		207.58
A6510	Compress Burn Garments, trunk, incld arms down to leg opns (leotard) cf****	Y/6 mos	Y	1/C	1/1/20		1/C
A6511	Compress Burn Garments, lower trunk incld leg opns (pantv) custom fab****	Y/6 mos	Y	1/C	1/1/20		1/C
A6512	Compress Burn Garment, not otherwise classified****	Y/6 mos	Y	1/C	1/1/20		1/C
A6512	Slant inserts	Y/6 mos	Y	8 per vr	1/1/20		21.45
A6512	Zippers	Y/6 mos	Y	8 per vr	1/1/20		28.82
A6512	Silicones	Y/6 mos	Y	8 per vr	1/1/20		4.64
A6512	Web inserts	Y/6 mos	Y	4 per vr	1/1/20		70.81
A6513	Compress Burn Mask, face and/or neck, plastic or equal, custom fabricated	Y/6 mos	Y	1/C	1/1/20		1/C
A6530	Gradient compression Stocking, below knee, 18-30 mmhg, each	Y/6 mos		4 per vr	1/1/20		64.56
A6531	Gradient compression Stocking, below knee, 30-40 mmhg, each	Y/6 mos		4 per vr	1/1/20		42.72
A6532	Gradient Compression Stocking, below knee, 40-50 mmhg, each	Y/6 mos		4 per vr	1/1/20		60.20
A6533	Gradient compression Stocking, Thigh Length, 18-30 mmhg, each	Y/6 mos		4 per vr	1/1/20		100.38
A6534	Gradient compression Stocking, Thigh Length, 30-40 mmhg, each	Y/6 mos		4 per vr	1/1/20		112.87
A6535	Gradient compression Stocking, Thigh Length, 40-50 mmhg, each	Y/6 mos		4 per vr	1/1/20		131.25
A6536	Gradient compression Stocking, Full Length/Chap style, 18-30 mmhg, each	Y/6 mos		4 per vr	1/1/20		105.79
A6537	Gradient compression Stocking, Full Length/Chap style, 30-40 mmhg, each	Y/6 mos		4 per vr	1/1/20		105.79
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, ea	Y/6 mos		4 per vr	1/1/20		89.55
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	Y/6 mos		4 per vr	1/1/20		155.95
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	Y/6 mos		4 per vr	1/1/20		183.26

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A6541	Gradient compression stocking, waist length 40-50 mmhg, each	Y/6 mos	Y	I/C	1/1/20		1/C
A6544	Gradient compression stocking, Garter Belt	Y/6 mos	Y	I/C	1/1/20		1/C
A6549	Gradient compression stocking, Not otherwise specified	Y/6 mos		4 every 2 mo	4/1/20		132.72
A6550	Wound Care set, for negative pressure wound therapy elec pump, all supplies	Y/6 mos		114 every 2 mo	4/1/20		21.42
A7000	Disposable canister for pump	Y/6 mos		30 every 2 mo	4/1/20		6.63
A7001	Nondisposable pump canister	Y/6 mos		4 every 2 mo	4/1/20		32.67
A7002	Tubing used w suction pump	Y/6 mos		20 every 2 mo	4/1/20		3.78
A7003	Nebulizer administration set	Y/6 mos		10 every 2 mo	4/1/20		1.26
A7004	Disposable nebulizer sml vol	Y/6 mos		24 every 2 mo	4/1/20		1.05
A7005	Nondisposable nebulizer set	Y/6 mos		2 det vr	4/1/20		9.05
A7006	Filtered nebulizer admin set	Y/6 mos		24 every 2 mo	4/1/20		5.83
A7007	Lg vol nebulizer disposable	Y/6 mos		24 every 2 mo	4/1/20		2.58
A7008	Disposable nebulizer prefill	Y/6 mos		40 every 2 mo	4/1/20		10.85
A7009	Nebulizer reservoir bottle	Y/6 mos		4 every 2 mo	4/1/20		41.52
A7010	Disposable corrugated tubing	Y/6 mos		4 every 2 mo	4/1/20		12.78
A7012	Nebulizer water collec devic	Y/12 mos		30 every 2 mo	4/1/20		2.30
A7013	Disposable compressor filter	Y/6 mos		60 every 2 mo	4/1/20		0.46
A7014	Compressor nondispos filter	Y/6 mos		12 per yr	1/1/20		2.72
A7015	Aerosol mask used w nebulize	Y/6 mos		4 every 2 mo	4/1/20		1.03
A7016	Nebulizer dome & mouthpiece	Y/6 mos		4 every 2 mo	4/1/20		7.17
A7017	Nebulizer not used w oxygen	Y/6 mos		1 every 2 mo	4/1/20		94.70
A7018	Water, distilled, nebulizer, 1000 ml	Y/6 mos		20 every 2 mo	4/1/20		0.27
A7025	High freqcy chest wall osc svcs vests, replcmnt for use w/patient owned eqp	Y/6 mos		1 every 2 yrs	1/1/20	42.96	429.60
A7026	High freqcy chest wall osc svcs hose, replcmnt for use w/patient own eqp	Y/6 mos		1 every 2 yrs	1/1/20		28.38
A7027	Combination oral/nasal mask, used w/CPAP device, each	Y/6 mos	Y	2 every 6 mo	4/1/20		95.93
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Y/6 mos		4 every 2 mo	4/1/20		27.17
A7029	Nasal pillows for combination oral/nasal mask, replacement only, each	Y/6 mos	Y	4 every 2 mo	4/1/20		12.95
A7030	Full face mask used with PAP device (includes all supplies i.e pillows, cushions)	Y/6 mos		2 every 6 mo	4/1/20		75.45
A7031	Face mask interface, replacement for full face mask	Y/6 mos		2 every 2 mo	4/1/20		28.30
A7032	Cushion for use on Nasal Mask interface, replacement only, each	Y/12 mos		2 every 2 mo	4/1/20		15.71
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Y/12 mos		4 every 2 mo	4/1/20		12.99
A7034	Nasal intrfc (mask or cannula type) used w/PAP device, w/wo headstraps	Y/6 mos		2 every 6 mo	4/1/20		45.76
A7035	Headgear used with positive airway pressure device	Y/6 mos		1 every 6 mo	4/1/20		15.46
A7036	Chinstrap used with positive airway pressure device	Y/12 mos		1 every 6 mo	4/1/20		8.73
A7037	Tubing used with positive airway pressure device	Y/6 mos		2 every 6 mo	4/1/20		10.06

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A7038	Filter, disposable, used with positive airway pressure device	Y/6 mos		4 every 6 mo	4/1/20		1.79
A7039	Filter, non disposable, used with positive airway pressure device	Y/12 mos		1 per 6 mos	4/1/20		5.12
A7040	One way chest drain valve	Y/12 mos		4 every 2 mo	4/1/20		38.98
A7041	Water seal drainage container and tubing for implanted chest tube	Y/12 mos		4 every 2 mo	4/1/20		73.26
A7044	Oral interface used with positive airway pressure device, each	Y/6 mos		2 per yr	1/1/20		66.59
A7045	Exhalation port w/ or w/out swivel used w/ accessories for pos airway device	Y/6 mos		1 every 2 mo	4/1/20	1.05	10.46
A7046	Water chamber for humidifier, used with pap device, replacement, each	Y/6 mos		1 per 6 mos	4/1/20		10.68
A7048	Vacuum drainage coil unit & tubing kit, incl all supplies needed for collection unit change, for use w/ implanted catheter, each	Y/6 mos		4 every 2 mo	4/1/20		40.78
A7501	Tracheostoma valve, including diaphragm, each	Y/6 mos		1 per yr	1/1/20		103.71
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Y/6 mos		1 per yr	1/1/20		49.30
A7503	Filter holder, cap reusable, tracheostoma, each	Y/12 mos		10 per yr	1/1/20		11.20
A7504	Filter, tracheostoma, heat and moisture exc, each	Y/12 mos		60 every 2 months	4/1/20		0.68
A7505	Housing, reusable without adhesive, tracheostoma, each	Y/6 mos		200 every 2 months	4/1/20		4.63
A7506	Adhesive disc, tracheostoma valve, any type, each	Y/6 mos		60 every 2 months	4/1/20		0.32
A7507	Filter holder and filter without adhesive, tracheostoma, each	Y/6 mos		60 every 2 months	4/1/20		2.46
A7508	Housing with adhesive, tracheostoma, each	Y/6 mos		60 every 2 mo	4/1/20		2.83
A7509	Filter holder with filter, adhesive, tracheostoma, each	Y/6 mos		60 every 2 mo	4/1/20		1.39
A7520	Trach/larng tube, non-cuffed, (pvc), silicon or equal, each	Y/12 mos		20 every 2 mo	4/1/20		46.89
A7521	Trach/larng tube, cuffed, (pvc), silicone or equal, each	Y/12 mos		20 every 2 mo	4/1/20		46.45
A7522	Tracheostomy/larng tube, stainless steel or equal (sterilizable or reusable)	Y/12 mos		20 every 2 mo	4/1/20		44.60
A7523	Tracheostomy shower protector, each	Y/12 mos		6 every 2 mo	4/1/20		0.75
A7524	Tracheostomy stent/stud/button, each	Y/12 mos		6 every 2 mo	4/1/20		76.44
A7525	Tracheostomy mask, each	Y/12 mos		10 every 2 mo	4/1/20		2.04
A7526	Tracheostomy tube collar/holder, each	Y/12 mos		62 every 2 mo	4/1/20		3.35
A7527	Tracheostomy/larng. tube plug/stop, each	Y/12 mos		20 every 2 mo	4/1/20		3.54
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories			1 every 3 yrs	1/1/20		151.44
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories			1 every 3 yrs	1/1/20		151.44
A8002	Helmet, protective, soft, custom fabricated, inc. all components and accessories		Y	1 every 3 yrs	1/1/20		1/C
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Y	1 every 3 yrs	1/1/20		1/C
A8004	Soft, interface for helmet, replacement only		Y	1 every 3 yrs	1/1/20		1/C
A9275	Home Glucose Disposable Monitor, Includes test strips	Y/12 mos	Y	1/C	1/1/20		1/C

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system				1/1/20		26.22
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system				1/1/20		263.08
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system				1/1/20		482.28
A9279	Monitoring /feature /device, stand-alone or integrated, any type, inc. accessories			I/C	1/1/20		26.01
A9284	Spirometer, manual- including accessories	Y/12 mos		1 per yr	1/1/20		2.73
A9900	Miscellaneous DME supply, accessory, and/or svc comp, hcpcs (repair)	Y/6 mos		1 unit	1/1/20		under 500.00
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Y/12 mos	Y	I/C	1/1/20		I/C
A9999	Control III Solution, per pint	Y/12 mos	Y	I/C	1/1/20		9.32
A9999	Toothettes, each	Y/12 mos	Y	I/C	1/1/20		0.19
ENTERAL AND PARENTERAL THERAPY							
B4034	Enteral feed supply syringe, per day	Y/6 mos		31 per mo	1/1/20		5.19
B4035	Enteral feed supply kit, pump fed, per day	Y/6 mos		31 per mo	1/1/20		9.90
B4036	Enteral feed supply kit gravity fed, per day	Y/6 mos		31 per mo	1/1/20		6.80
B4081	Enteral NG tubing w/ stylet	Y/6 mos		15 per mo	1/1/20		18.37
B4082	Nasogastric tubing without stylet	Y/6 mos		30 per mo	1/1/20		13.66
B4083	Enteral stomach tube levine	Y/6 mos		30 per mo	1/1/20		2.10
B4087	Gastrostomy /jejunostomy tube, standard	Y/12 mos		6 per yr	1/1/20		30.32
B4088	Gastrostomy /jejunostomy tube, low-profile	Y/12 mos		6 per yr	1/1/20		107.11
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, ea	Y/6 mos	Y	I/C	1/1/20		I/C
B4220	Parenteral nutrition supply kit; premix, per day	Y/12 mos		31 per mo	1/1/20		7.65
B4222	Parenteral nutrition supply kit; home mix, per day	Y/12 mos		31 per mo	1/1/20		9.44
B4224	Parenteral nutrition adm kit, per day	Y/6 mos		30 per mo	1/1/20		22.69
B9002	Enteral infusion pump, any kind	Y/12 mos	Y	1 per yr	1/1/20		1041.91
B9004	Parenteral pump portable		Y		1/1/20		241.13
B9006	Parenteral pump stationary		Y		1/1/20		241.13
B9998	Miscellaneous enteral supplies, NOC-- Does not include g-tubes.	Y/6 mos	PA if over 300.00	31 per mo(1 Unit)	1/1/20		249.90
B9998	Feeding pump carry case	Y/12 mos	Y		1/1/20		85.60
B9999	Miscellaneous parenteral supplies, NOC	Y/6 mos	PA if over 300.00	31 per mo(1 Unit)	1/1/20		249.90
DURABLE MEDICAL EQUIPMENT E0100 - E9999							
CANES, CRUTCHES, WALKERS AND ATTACHMENTS							
E0100	Cane adjust/ fixed with tip				1/1/20		5.86
E0105	Cane adjust/ fixed with quad/3 pro				1/1/20		8.76

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E0110	Crutch forearm pair				1/1/20	15.78	71.61
E0111	Crutch forearm each				1/1/20	8.32	52.58
E0112	Crutch underarm pair wood				1/1/20	9.82	36.54
E0113	Crutch underarm each wood				1/1/20	5.07	20.88
E0114	Crutch underarm pair no wood				1/1/20	8.46	46.61
E0116	Crutch, underarm, other than wood, adjustable or fixed, w/pad, handrip, ea				1/1/20	5.35	27.40
E0117	Crutch, underarm, articulating, spring assisted, each				1/1/20	19.02	190.20
E0118	Crutch substitute, lower leg platform w/ or w/o wheels, each				1/1/20		113.90
E0130	Walker rigid adjust/fixed ht				1/1/20	3.68	36.80
E0135	Walker folding adjust/fixed				1/1/20	3.68	36.80
E0140	Walker w/trunk support support, adjust/fixed, anv type				1/1/20	21.56	215.60
E0141	Rigid walker wheeled wo seat				1/1/20	3.59	35.91
E0143	Walker folding wheeled				1/1/20	3.59	35.91
E0144	Enclosed walker w rear seat				1/1/20	23.17	231.70
E0147	Walker variable wheel resist, heavy duty				1/1/20	33.23	332.26
E0148	Walker heavy duty, without wheels, anv type, each				1/1/20	6.56	65.62
E0149	Walker heavy duty, wheeled, anv type, each				1/1/20	8.98	89.80
E0153	Forearm crutch platform atta				1/1/20	7.74	60.50
E0154	Walker platform attachment				1/1/20	4.17	41.67
E0155	Walker wheel attachment				1/1/20	1.81	18.09
E0156	Walker seat attachment				1/1/20	1.25	12.49
E0157	Walker crutch attachment				1/1/20	4.14	41.44
E0158	Walker leg extenders set of 4				1/1/20	1.77	17.67
E0159	Brake for wheeled walker				1/1/20	1.21	12.09
COMMODOES							
E0163	Commode chair, mobile or stationary, w/fsd arms				1/1/20	4.16	41.60
E0165	Commode chair, mobile or stationary, w/detachable arms				1/1/20	9.38	93.80
E0167	Pail or pan for use with commode chair, replacement only				1/1/20	0.92	9.17
E0168	Commode chair, extra wide, heavy duty, anv type each				1/1/20	9.30	92.96
DECUBITIS CARE EQUIPMENT							
E0181	Powered pressure reducing mattress overlay/pad, alternating, w/pump, heavy duty				1/1/20	12.10	121.00
E0182	Pump for alternating pressure pad, for replacement only				1/1/20	17.30	173.00
E0184	Drv pressure mattress				1/1/20	12.93	129.30
E0185	Gel pressure mattress pad				1/1/20	14.04	140.36
E0187	Water pressure mattress				1/1/20	18.50	185.00

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E0188	Synthetic Sheepskin pad				1/1/20	2.07	20.66
E0189	Lambwood sheepskin pad				1/1/20	3.88	38.79
E0190	Positioning cushion/pillow/wedge, any shape or size, inc. all components and access			2 every 6 mos	1/1/20		23.29
E0191	Protector heel or elbow				1/1/20	1.02	9.87
E0193	Powered air flotation bed		Y		1/1/20	565.11	5651.10
E0194	Air fluidized bed		Y		1/1/20	2767.39	27673.90
E0196	Gel pressure mattress				1/1/20	26.71	267.10
E0197	Air pressure pad for mattress				1/1/20	15.32	153.20
E0198	Water pressure pad for mattress				1/1/20	21.88	218.80
E0199	Drv pressure pad for mattress				1/1/20	2.58	25.84
E0202	Phototherapy light w/photom (bilirubin)			per day	1/1/20	61.83	
E0217	Water circulating heat pad w/pump (T-Pump)				1/1/20	46.39	416.71
E0240	Bath/shower chair, with or w/o wheels, standard		Y		1/1/20		42.00
E0240	Bath/shower chair, with or w/o wheels, bariatric		Y		1/1/20		63.53
E0240	Bath/shower chair, including accessories, pediatric/adult		Y		1/1/20		495.57
E0240	Shower commode chair, standard with or w/o tilt		Y		1/1/20		833.27
E0240	Rehab shower commode chair w/o tilt, including accessories		Y		1/1/20		1180.00
E0240	Rehab shower commode chair w/ tilt, including accessories		Y		1/1/20		1587.67
E0240	Rehab bath transfer system without tilt, including accessories		Y		1/1/20		2023.00
E0240	Rehab bath transfer system with tilt, including accessories		Y		1/1/20		2375.00
E0247	Transfer bench for tub or toilet w/ or /w/o commode opening				1/1/20		62.31
E0248	Transfer bench, heavy duty, for tub or toilet w/ or w/o commode opening				1/1/20		115.73
HOSPITAL BEDS AND ACCESSORIES							
E0250	Hosp bed fixed ht w/mattress, any type side rails				1/1/20	49.61	496.10
E0251	Hosp bed fixed ht w/o mattress and any type side rails				1/1/20	45.53	455.30
E0255	Hospital bed var ht w/mattress and any type side rails				1/1/20	50.20	502.00
E0256	Hospital bed, var ht, hi-lo, w/out mattress and with any type side rails				1/1/20	48.48	484.80
E0260	Hosp bed semi-elect w/mattress and with any type side rails				1/1/20	50.20	502.00
E0261	Hosp bed semi-elect w/o mattress and with any type side rails				1/1/20	50.20	502.00
E0265	Hosp bed total electr w/matt w/side rails		Y		1/1/20	124.09	1240.90
E0266	Hosp bed total electr w/o mattress and with any type side rails		Y		1/1/20	107.98	1079.80
E0271	Mattress innerspring				1/1/20	9.44	94.47
E0272	Mattress foam rubber				1/1/20	11.49	114.92
E0275	Bed pan standard				1/1/20	1.23	12.32
E0276	Bed pan fracture				1/1/20	1.06	10.64

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E0277	Powered pres-redth air matrs		Y		1/1/20	148.27	1482.70
E0290	Hosp bed fx ht w/o rails w/mattress				1/1/20	46.82	468.20
E0291	Hosp bed fx ht w/o rails w/o mattress				1/1/20	37.21	372.10
E0292	Hosp bed var ht w/o rail w/mattress				1/1/20	49.35	493.50
E0293	Hosp var ht w/o rail w/o mattress				1/1/20	46.66	466.60
E0294	Hosp bed semi-lect w/mattress and w/o side rails				1/1/20	50.20	502.00
E0295	Hosp bed semi-lect w/o mattress and w/o side rails				1/1/20	50.20	502.00
E0296	Hosp bed total elect w/matt w/out side rails				1/1/20	96.82	968.20
E0297	Hosp bed total elect w and w/o mattress				1/1/20	85.44	854.40
E0300	Pediatric crib, hospital grade, fully enclosed, w or w/o top enclosure		Y		1/1/20	215.75	2157.50
E0301	Hospital bed, heavy duty, ex wide, w/wght capt, 350-600 lbs w/o mattress		Y		1/1/20	127.19	1271.90
E0302	Hospital bed, ex hvy dtv, ex wd, w/wrv > 600 lbs w/o mattress		Y		1/1/20	380.55	3805.50
E0303	Hospital bed, hvy dtv, ex wd, w eght > 350 lbs < or equal 600 lbs w/mattress		Y		1/1/20	128.63	1286.30
E0304	Hospital bed, ex hvy dtv, ex wd, w wght > 600 lbs w/mattress		Y		1/1/20	390.05	3900.50
E0305	Rails bed side half length				1/1/20	8.42	84.20
E0310	Rails bed side full length				1/1/20	8.76	87.66
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type		Y		1/1/20	172.08	1720.80
E0325	Urinal male jug-type			2 per yr	1/1/20	0.76	7.64
E0326	Urinal female jug-type			2 per yr	1/1/20	0.82	8.19
E0328	Pediatric hospital bed, manual, 360 degree side enclosure, top headboard, footboard and side rails up to 24 in. above the spring, incl mattress(Stockton)		Y		1/1/20	I/C	I/C
E0329	Pediatric hospital bed, electric or semi-electric, 360 degree side enclosure, top of headboard, and side rails up to 24 in above the spring, incl mattress****		Y		1/1/20	I/C	I/C
E0371	Non-powered mattress overlay		Y		1/1/20	148.27	1482.70
E0372	Powered air mattress overlay		Y		1/1/20	148.27	1482.70
E0373	Non-powered pressure mattress		Y		1/1/20	148.27	1482.70
OXYGEN AND RELATED RESPIRATORY EQUIPMENT							
E0424	Stationary comprss gas O2 sys, rental; inc container, contents, reg, flmtr	Y/12 mos		monthly	1/1/20	61.91	
E0425	Stationary comprss gas O2 sys,purchase; inc regltr, flwmttr, hmdfr, cann	Y/12 mos	Y		1/1/20	I/C	
E0431	Portable gas O2 sys, rental; inc contrn, resltr, flwmttr, humdfr, cannor mask	Y/12 mos		monthly	1/1/20	13.64	
E0434	Portable liquid O2 sys, rental; includes container, resrvtr, humdfr,flwrm, etc.	Y/12 mos		monthly	1/1/20	31.85	
E0435	Portable liquid O2 sys,purchase; inc contrn, resrvr, flwmttr, humdfr, gauze	Y/12 mos	Y		1/1/20	I/C	I/C
E0439	Stationary liquid O2 s7s, rental; inc contrn, contents, rgltr, flwmttr, etc	Y/12 mos		monthly	1/1/20	61.91	
E0440	Stationary liquid O2 sys,purchase; incl resrvtr, contents indicator, reg, etc	Y/12 mos	Y	monthly	1/1/20	I/C	I/C

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E0441	Oxygen contents, gaseous (for use w/ owned stationary sys) & portbl gas system)	Y/12 mos		1 unit/monthly	1/1/20	39.77	
E0442	Oxygen contents, liquid (for use w/ owned liquid strrv sys or whn both)	Y/12 mos		1 unit/monthly	1/1/20	39.77	
E0443	Portable O2 contents, gaseous (for use only w/portbl gas sys w/ no strrv)	Y/12 mos		4 units/monthly	1/1/20	36.34	
E0444	Portable O2 contents, liquid (for use only w/portable liq system)	Y/12 mos		4 units/monthly	1/1/20	36.34	
E0445	Oximeter for measuring blood oxygen levels, hand-held (digital)	Y/12 mos	Y**		1/1/20	50.71	507.08
E0445	Oximeter for measuring blood oxygen levels, continuous (home model)	Y/12 mos	Y**		1/1/20	108.33	1083.28
E0447	Portable Oxygen, concentrator, Liquid over 4 LPM	Y/12 mos		1 unit/monthly	1/1/20	54.50	
E0465	Home vent w/invasive interface. (e.g. trach tube)	Y/12 mos	Y	monthly	1/1/20	801.18	
E0466	Home vent w/non-invasive interface. (e.g. mask)	Y/12 mos	Y	monthly	1/1/20	801.18	
E0467	Home vent multi-function	Y/12 mos	Y	monthly	1/1/20	952.96	
E0470	Resp assist device (RAD), bi-lvl, w/o backup rate feature (BiPAP)	Y/12 mos	Y		1/1/20	87.57	875.70
E0471	RAD, bi-level w/backup non inv intrfc (BiPAP)	Y/12 mos	Y		1/1/20	219.68	2196.80
E0472	RAD, bi-level w/backup invasive interface (BiPAP)	Y/12 mos	Y		1/1/20	295.60	2956.00
E0480	Percussor, electric or pneumatic, home model	Y/12 mos			1/1/20	43.01	434.00
E0481	Intrapulm percussive ventilation sys & related accessories	Y/12 mos			1/1/20	1315.72	
E0482	Cough stimulating device, alternating positive & negative pressure	Y/12 mos	Y		1/1/20	400.55	4005.50
E0483	High frequev chest wall oscil air-pulse generator sys. (inc hoses & vests)ea	Y/12 mos	Y		1/1/20	1049.83	10498.30
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, ea.	Y/12 mos			1/1/20	3.65	36.47
IPPB MACHINES							
E0500	IPPB machine, all types, w/built-in neb; manual or automatic	Y/12 mos			1/1/20	104.13	1041.30
E0550	Humidifier, durable, for extensive supp during IPP, tx or O2 delivery	Y/12 mos	Y		1/1/20	42.08	420.80
E0561	Humidifier, non-heated, used w/ PAP	Y/12 mos			1/1/20	5.90	59.03
E0562	Humidifier, heated, used w/ PAP	Y/12 mos			1/1/20	11.54	115.36
COMPRESSORS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT							
E0565	Compressor, air power source for equip which is not self contrn or cvln drvn	Y/12 mos			1/1/20	35.41	354.10
E0570	Nebulizer with compression	Y/12 mos			1/1/20	4.55	45.50
E0572	Aerosol compressor, adj pressure, light duty, intermittent use	Y/12 mos			1/1/20	23.42	234.20
E0574	Ultrasonic generator with sm vol ultrasonic nebulizer	Y/12 mos			1/1/20	37.73	377.30
E0575	Nebulizer ultrasonic	Y/12 mos			1/1/20	89.94	899.40
E0580	Nebulizer for use w/regulator	Y/12 mos			1/1/20	11.26	112.61
E0585	Nebulizer w/compressor & he	Y/12 mos			1/1/20	23.81	238.10
SUCTION PUMP/ROOM VAPORIZERS							
E0600	Respiratory suction pump, home model, portable or stationary, electric	Y/12 mos			1/1/20	45.21	452.10
E0601	Continuous airway pressure (CPAP) device	Y/12 mos			1/1/20	33.75	337.50
E0602	Breast pump, manual, any type	Y/12 mos			1/1/20	2.92	29.15

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E0603	Breast pump, electric (AC and /or DC), any type	Y/12 mos			1/1/20	8.30	83.02
E0604	Breast pump, electric (AC and /or DC), Hospital Grade -rental only	Y/12 mos			1/1/20	56.21	
E0605	Vaporizer, room type				1/1/20	2.61	26.09
E0606	Postural drainage board				1/1/20	22.67	226.70
MONITORING EQUIPMENT							
E0607	Blood glucose monitor home	Y/12 mos			1/1/20	6.60	65.98
E0618	Apnea Monitor, without recording feature	Y/12 mos	Y		1/1/20	274.39	2743.90
E0619	Apnea Monitor, with recording feature	Y/12 mos	Y**		1/1/20	299.88	
PATIENT LIFTS							
E0621	Patient lift, sling or seat				1/1/20	7.14	71.37
E0625	Patient lift, bathroom or toilet (ex: Aqua Lift)		Y		1/1/20		1/C
E0627	Seat lift mechanism, electric, any type				1/1/20	19.45	194.54
E0629	Seat lift mechanism, non-electric, any type				1/1/20	19.45	194.54
E0630	Patent hydraulic lift with seat or sling (ex: Hover Lift)				1/1/20	48.46	484.60
E0635	Patient electric lift, with seat or sling				1/1/20	90.47	904.70
E0637	Sit to stand seat lift		Y		1/1/20		1/C
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels		Y		1/1/20		1/C
E0639	Patient Lift, moveable from room to room w/disassembly & reassembly includes all components/accessories		Y		1/1/20	93.64	936.40
E0640	Patient lift, fixed system, includes all components/accessories		Y		1/1/20	93.64	936.40
E0641	Standing frame system, multi-position (e.g. 3-way stander) any size including pediatric, with or without wheels		Y		1/1/20		1/C
E0642	Standing frame system, mobile (dynamic stander), any sz including pediatric		Y		1/1/20		1/C
PNEUMATIC COMPRESSOR AND APPLIANCES							
E0650	Pneuma compressor non-segment				1/1/20	87.42	678.09
E0651	Pneuma compressor non-segment home model w/o calibrated grad pressure	Y/12 mos			1/1/20	90.69	906.92
E0652	Pneuma compress w/cal pressure	Y/12 mos	Y		1/1/20	517.41	5174.06
E0655	Pneumatic appliance, half arm	Y/12 mos			1/1/20	12.53	104.70
E0656	Pneumatic appliance, trunk	Y/12 mos			1/1/20	57.07	570.70
E0660	Pneumatic appliance, full leg	Y/12 mos			1/1/20	16.41	134.10
E0665	Pneumatic appliance, full arm	Y/12 mos			1/1/20	13.89	119.13
E0666	Pneumatic appliance, half leg	Y/12 mos			1/1/20	14.06	115.91
E0667	Seg pneumatic appliance, full leg	Y/12 mos			1/1/20	31.97	319.72
E0668	Seg pneumatic appliance, full arm	Y/12 mos			1/1/20	37.09	370.90

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E0669	Seg pneumatic appliance, half leg	Y/12 mos			1/1/20	17.19	171.87
E0670	Seg pneumatic appliance, w/pneumatic compressor, integrated, 2 full legs and trunk	Y/12 mos	Y		1/1/20	120.99	1209.89
E0671	Pressure pneum appliance, full leg	Y/12 mos			1/1/20	41.02	410.15
E0672	Pressure pneum appliance, full arm	Y/12 mos			1/1/20	31.87	318.67
E0673	Pressure pneum appliance, half leg	Y/12 mos			1/1/20	26.48	264.81
E0675	Pneumatic comp device, high pressure,	Y/12 mos	Y		1/1/20	379.73	3797.30
E0676	Intermittent limb compression device (inc all accessories) NOS	Y/12 mos	Y		1/1/20		1/C
E0705	Transfer Board, or Device, any type, each	Y/12 mos			1/1/20	3.60	36.01
TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS (TENS)							
E0720	Tens two lead	Y/12 mos			1/1/20	5.63	56.33
E0730	Tens four lead	Y/6 mos			1/1/20	5.61	56.13
E0731	Conductive garment for tens/	Y/6 mos			1/1/20	7.24	72.36
E0744	Neuromuscular stim for scoli	Y/12 mos			1/1/20	76.86	768.60
E0745	Neuromuscular stim for shock	Y/12 mos			1/1/20	75.14	751.40
E0747	Elec osteogen stim not spine	Y/12 mos	Y		1/1/20	365.91	3659.14
E0748	Elec osteogen stim spinal	Y/12 mos	Y		1/1/20	384.2	3842.00
E0760	Osteogenesis stimulator, noninvasive, ultrasound	Y/12 mos	Y		1/1/20	319.26	3192.63
E0762	Transcutaneous electrical joint stimulation device sys, includes accessories	Y/12 mos	Y		1/1/20	108.58	1085.80
E0764	Functional neuromuscular stimulator, transcu stim of muscles, entire sys	Y/12 mos	Y		1/1/20	1092.81	10928.10
E0769	Electrical stimulation or electromagnetic wound tx device****	Y/12 mos	Y		1/1/20		1/C
E0770	Functional neuromuscular stimulator, transcu stim of nerves, i.e RT-300	Y/12 mos	Y		1/1/20		1/C
INFUSION SUPPLIES							
E0776	IV pole				1/1/20	12.44	124.36
E0779	Ambulatory infusion pump, mech, reusable, for infusion 8 hrs or greater	Y/12 mos			1/1/20	15.67	156.70
E0780	Mech amb infusion pump < 8 hrs	Y/12 mos			1/1/20		10.24
E0781	External ambulatory infus pump	Y/12 mos	Y		1/1/20	209.38	2093.80
E0784	Ext amb infusion pump insulin	Y/12 mos	Y		1/1/20	377.54	3775.40
E0791	Parenteral infusion pump sta	Y/12 mos	Y		1/1/20	248.74	2487.40
TRACTION -ALL TYPES							
E0830	Ambulatory traction device, all types, each	Y/12 mos	Y		1/1/20	1/C	1/C
TRACTION - CERVICAL							
E0840	Traction frame, attached to headboard, cervical traction				1/1/20	16.12	72.35
E0849	Traction equipment, cervical, free-standing stand/frame, pneu, other than mand				1/1/20	50.89	508.90
E0850	Traction stand free standing				1/1/20	14.25	103.73
E0855	Cervical traction equipment				1/1/20	48.82	488.20

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
TRACTION - OVERDOOR, EXTREMITY AND PELVIC							
E0860	Traction equip, overdoor, cervical				1/1/20	6.43	35.46
E0870	Traction frame attach footboard				1/1/20	13.24	106.99
E0880	Traction stand free stand extrem				1/1/20	16.90	105.37
E0890	Traction frame attach pelvic				1/1/20	32.42	118.89
E0900	Traction stand free stand pelvic				1/1/20	23.20	107.55
TRAPEZE EQUIPMENT, FRACTURE FRAME, AND OTHER ORTHOPEDIC DEVICES							
E0910	Trapeze bars, also known as Patient helper, attached to bed, w/ grab bar				1/1/20	8.91	89.10
E0911	Trapeze bar, heavy duty, for patient weight cap > 250 lbs, attached to bed				1/1/20	34.09	340.90
E0912	Trapeze bar, heavy duty, for patient weight cap > 250 lbs, free standing, ebar				1/1/20	63.87	638.70
E0920	Fracture frame, attached to bed, includes weights				1/1/20	45.58	455.80
E0930	Fracture frame, free-standing, includes weights				1/1/20	45.10	451.00
E0935	Continuous Passive motion exercise device for use on knee only		Y	Daily	1/1/20	22.47	
E0936	Continuous passive motion exercise device for use other than knee****		Y		1/1/20	I/C	I/C
E0940	Trapeze bar free standing				1/1/20	16.77	167.70
E0941	Gravity assisted traction device, any type				1/1/20	42.86	428.60
E0942	Cervical head harness/halter				1/1/20	2.32	19.39
E0944	Pelvic belt/harness/ boot				1/1/20	4.56	42.09
E0945	Belt/Harness extremity				1/1/20	4.38	37.32
E0946	Fracture frame dual w cross bars, attached to bed				1/1/20	58.42	584.20
E0947	Fracture frame attachments pelvic				1/1/20	52.78	509.04
E0948	Fracture frame attachment cervical				1/1/20	50.16	501.61
E0950	Wheelchair accessory, trav, each				1/1/20	5.96	59.58
WHEELCHAIR ACCESSORIES							
E0951	Heel loop/holder, any type, w or w/o ankle strap, each				1/1/20	1.00	10.03
E0952	Toe loop/holder, any type, each				1/1/20	1.40	13.99
E0953	Wheelchair accessory, lateral thigh or knee support, any type inc fixed mounting hardware, ea				1/1/20	6.04	60.35
E0954	Wheelchair accessory, foot box, any type, inc attachment and mounting hardware, ea foot				1/1/20	4.39	43.90
E0955	Wheelchair accessory, headrest, cushioned, any type, inc fix mounting hrdwr				1/1/20	11.7	117.00
E0956	Wheelchair accessory, lateral trunk or hip support, prefab, any type, incl fx mt				1/1/20	6.04	60.35
E0957	Wheelchair accessory, medial thigh support, any type, w/ hardware				1/1/20	9.42	94.18
E0958	Wheelchair att - conv 1 arm drive				1/1/20	33.53	335.30
E0959	Amputee adapter				1/1/20	3.67	36.68
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, w/hardware				1/1/20	5.61	56.08

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E0961	Wheelchair brake extension				1/1/20	1.61	16.09
E0966	Wheelchair head rest extensi				1/1/20	5.44	54.44
E0967	Manual wheelchair accessory, hand rim w/protections, any type, replacement				1/1/20	5.86	58.55
E0968	Wheelchair commode seat				1/1/20	16.33	163.30
E0969	Wheelchair narrowing device				1/1/20	14.38	143.80
E0970	Wheelchair no. 2 footplates				1/1/20		43.49
E0971	Wheelchair anti-tipping device, each				1/1/20	2.38	23.83
E0973	Wheelchair accessory,adj height armrests, ea				1/1/20	4.23	42.31
E0974	Wheelchair grade-aid				1/1/20	5.64	56.40
E0978	Wheelchair positioning belt/saferv belt/prlvic strap, each				1/1/20	1.96	19.57
E0980	Wheelchair saferv vest				1/1/20	3.26	32.64
E0981	Seat upholstery, replacement only				1/1/20	3.51	35.05
E0982	Back upholstery, replacement only				1/1/20	3.88	38.81
E0983	Manual wheelchair, power add-on to convert to motorized whchr, joystick including accessories (dFix)		Y		1/1/20	253.30	2533.00
E0984	Manual wheelchair, power add-on to convert to motorized wheelchair,tiller including accessories (eFix)		Y		1/1/20	160.36	1603.60
E0985	Wheelchair seat lift mechanism				1/1/20	17.65	176.50
E0986	Manual wheelchair accessory, push activated power assist, each		Y		1/1/20	480.34	4803.40
E0990	Wheelchair elevating leg res				1/1/20	5.39	53.90
E0992	Wheelchair solid seat insert				1/1/20	5.75	57.52
E0994	Wheelchair arm rest				1/1/20	1.62	16.24
E0995	Wheelchair calf rest/pack, replacement only, ea				1/1/20	2.20	21.99
E1002	Wheelchair accessory, power seating sys, tilt only		Y		1/1/20	312.54	3125.40
E1003	Power seating sys, recline only, w/o shear reduction		Y		1/1/20	365.81	3658.10
E1004	Power seating sys, recline only w/mech shear reduction		Y		1/1/20	402.08	4020.80
E1005	Power seating sys, recline only, w/power shear reduction		Y		1/1/20	439.85	4398.50
E1006	Power seating sys, combo tilt & recline w/power shear reduction		Y		1/1/20	542.32	5423.20
E1007	Power seating sys, combo tilt and recline, w/mech shear reduction		Y		1/1/20	673.18	6731.80
E1008	Power seating sys, combo tilt & recline, w/o shear reduction		Y		1/1/20	690.50	6905.00
E1009	Addition to power seating sys, mech linked leg elevation sys, inc pushrod		Y		1/1/20	I/C	I/C
E1010	Addition to power seating sys, power leg elevation system, inc leg rest, pair				1/1/20	93.83	938.30
E1011	Modification to pcd w/c, width adjustmnt pkg (not to be disp w/initial chair)		Y		1/1/20		I/C
E1012	Center mount power elevating leg rest (rental only if not used on w/c K8035-K0864)		Y		1/1/20	93.83	938.30
E1014	Reclining back, addition to pediatric wheelchair				1/1/20	36.07	360.70

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E1015	Shock absorber for manual wheelchair				1/1/20	9.20	91.91
E1016	Shock absorber for power wheelchair				1/1/20	8.71	87.14
E1017	Heavy duty shock absorber for heavy duty or extra hvv div manual wheelchair		Y		1/1/20	I/C	I/C
E1018	Heavy duty shock absorber for heavy duty or extra hvv div power wheelchair		Y		1/1/20	I/C	I/C
E1020	Residual limb support system for w/c any type , incld hardware				1/1/20	13.95	139.50
E1028	Manual swngawv, retractable or removable hardware for joystick or other cont				1/1/20	10.57	105.70
E1029	Ventilator trav, fixed				1/1/20	31.44	314.40
E1030	Ventilator trav, gimbaled				1/1/20	98.74	987.40
E1035	Multi-positional patient transfer system , with integrated seat.		Y		1/1/20	456.08	4560.80
WHEELCHAIRS - FULLY RECLINING							
E1050	Wheelchair fixed full length arms				1/1/20	85.48	854.80
E1060	Fully-reclining wheelchair, detach arms, swng-awv detach elev legrests		Y		1/1/20	122.4	1224.00
E1070	Fully-reclining wheelchair, detach arms, swng-awv detachable legrests				1/1/20	91.94	919.40
E1083	Hermi-Wheelchair, fixed full length arms, swng-awv detach, elev legrest				1/1/20	77.76	777.60
E1084	Hermi-Wheelchair, detachble arms, elevating legrests				1/1/20	96.87	968.70
E1087	High-strength lightweight wheelchair: fx full-length arms, swngawv, detach, elev lgr		Y		1/1/20	124.95	1249.50
E1088	High strength lightweight Wheelchair, detachable arms		Y		1/1/20	126.56	1265.60
E1089	High-strength lightweight wheelchair; fx length arms, swngawv, detachl footrests				1/1/20	66.27	662.74
E1090	High Strength lightweight Wheelchair, detachable arms, swng detach ft rsts				1/1/20	88.41	884.11
E1092	Wide, heavy duty wheelchair, detach arms, dsk or full length, swng		Y		1/1/20	107.87	1078.70
E1093	Wide, heavy duty wheelchair, detach arms, detachable footrests				1/1/20	97.55	975.50
E1100	Semi-reclining wheelchair: fx full length elevating legrests		Y		1/1/20	102.5	1025.00
E1110	Semi-reclining wheelchair: detach arms, elevating legrest				1/1/20	93.22	932.20
E1150	Standard Wheelchair, detach arms (desk) or full length, elevating leg rest				1/1/20	80.51	805.10
E1160	Standard Wheelchair, fixed full length arms, elevating leg rests				1/1/20	61.73	617.30
E1161	Manual adult sized wheelchair, with tilt-in space		Y		1/1/20	253.64	2536.40
WHEELCHAIRS- AMPUTEE							
E1170	Amputee Wheelchair, fixed full length arms, swng-awv detach elev legrests				1/1/20	74.97	749.70
E1171	Amputee Wheelchair, fixed full length arms, w/out footrests or legrests				1/1/20	73.31	733.10
E1172	Amputee Wheelchair, detachable arms, w/out footrests or legrests				1/1/20	96.75	967.50
E1180	Amputee Wheelchair, detachable arms, swing-away detachable footrest				1/1/20	85.05	850.50
E1190	Amputee Wheelchair, detachble arms, swing-awv detachble elev leg rests				1/1/20	98.27	982.70
E1195	Heavy duty wheelchair: fx full length arms, elevating legrests		Y		1/1/20	114.61	1146.10
E1200	Amputee Wheelchair, fixed full length arms, swng-away detachble footrest				1/1/20	85.92	859.20
WHEELCHAIRS - SPECIAL SIZE							
E1221	Wheelchair w/ fixed arms, footrests				1/1/20	46.92	469.20

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E1222	Wheelchair w/ fixed arms, elevating legrests				1/1/20	66.93	669.30
E1223	Wheelchair w/ detachable arms, footrests				1/1/20	67.80	678.00
E1224	Wheelchair w/ detachable arms, elevating legrests				1/1/20	79.98	799.80
E1225	Semi-reclining back for customized wheelchair				1/1/20	29.61	296.10
E1226	Wheelchair accessory, manual fully reclining back				1/1/20	28.28	282.82
E1227	Special height arms for wheelchair				1/1/20	27.40	274.03
E1228	Special back height for wheelchair				1/1/20	23.53	235.30
E1229	Wheelchair, pediatric size, not otherwise specified		Y		1/1/20	149.37	1493.69
E1230	Power-Operated Vehicle, 3 or 4 wheel, non-highway		Y		1/1/20	186.72	1967.44
E1231	Wheelchair, pediatric sized, tilt-in-space, rigid, adj, w/ seating system		Y		1/1/20	120.24	1202.38
E1232	Wheelchair, pediatric sized, tilt-in-space, folding, adj, W/ seating system		Y		1/1/20	211.18	2111.80
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adj w/o seating system		Y		1/1/20	218.8	2188.00
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adj, W/ seating system		Y		1/1/20	190.49	1904.90
E1235	Wheelchair, pediatric size rigid, adjustable, w/ seating system		Y		1/1/20	183.43	1834.30
E1236	Wheelchair, pediatric size, folding, adjustable, w/ seating system		Y		1/1/20	161.82	1618.20
E1237	Wheelchair, pediatric size, rigid, adjustable, w/o seating system		Y		1/1/20	163.23	1632.30
E1238	Wheelchair, pediatric size, folding adjustable, without seating system		Y		1/1/20	161.82	1618.20
WHEELCHAIRS - LIGHTWEIGHT							
E1240	Lightweight Wheelchair, detachable arms, swing-away detachable legrests				1/1/20	86.63	866.30
E1270	Lightweight Wheelchair, fixed full length arms, swing-away detachable legrests				1/1/20	74.77	747.70
WHEELCHAIRS - HEAVY DUTY							
E1280	Wide heavy duty Wheelchair, detachable arms, elevating leg rests		Y		1/1/20	129.62	1296.20
E1295	Wide heavy duty Wheelchair, fixed full length arms, elevating leg rests		Y		1/1/20	109.62	1096.20
E1296	Special wheelchair seat height from floor				1/1/20	41.93	412.67
E1297	Special wheelchair seat depth, by upholstery				1/1/20	11.48	103.30
E1298	Special w/ c depth and/ or width, by construction				1/1/20	36.39	355.61
ADDITIONAL OXYGEN RELATED EQUIPMENT							
E1355	Oxygen supplies stand/rack				1/1/20		21.00
E1372	Oxy supply heater for nebulizer				1/1/20	10.05	100.50
E1390	Oxygen concentrator				1/1/20	61.91	
E1391	Oxygen concentrator, dual delivery port			monthly	1/1/20	61.91	
E1392	Portable Oxygen, concentrator, rental			monthly	1/1/20	31.85	
E1399	Miscellaneous DME		Y		1/1/20	1/C	1/C
E1405	O2/water vapor enrich w/heat			monthly	1/1/20	84.82	
E1406	O2/water vapor enrich w/o heat			monthly	1/1/20	65.56	
OTHER ORTHOPEDIC DEVICES/SUCTION PUMPS/GLUCOSE MONITORS/COMMUNICATION BOARDS							

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E1800	Adjust elbow ext/flex device		Y		1/1/20	120.97	1209.70
E1801	Bi-directional static progressive stretch elbow device, includes cuffs		Y		1/1/20	120.16	1201.60
E1802	Dynamic adjl forearm pron/supin device, includes soft interface material		Y		1/1/20	322.72	3227.20
E1805	Adjust wrist ext/flex device		Y		1/1/20	124.77	1247.70
E1806	Bi-directional static progress stretch wrist device , includes cuffs				1/1/20	98.67	986.70
E1810	Adjust knee ext/flex device		Y		1/1/20	123.03	1230.30
E1811	Bi-directional progressv stretch knee device, w/rnge motion adjl, inc cuffs		Y		1/1/20	124.98	1249.80
E1812	Dynamic knee, extension/flexion device w/active resistance control				1/1/20	84.92	849.20
E1815	Adjust ankle ext/flex device		Y		1/1/20	124.77	1247.70
E1816	Bi-directional static progress strch ankle device w/rnge of motn adjl, inc cuffs		Y		1/1/20	126.91	1269.10
E1818	Bi-directional static progress strch forearm pron/sup dvc w/rng of mo adjl, cuf		Y		1/1/20	129.57	1295.70
E1820	Soft interface material				1/1/20	7.62	76.14
E1821	Soft interface material,bi-directional static progress stretch device				1/1/20	10.39	103.92
E1825	Adjust finger ext/flex device		Y		1/1/20	124.77	1247.70
E1830	Adjust toe ext/flex device		Y		1/1/20	124.77	1247.70
E1840	Dynamic adjustable shoulder flexion/abd/rotation device, inc sft, infce		Y		1/1/20	367.65	3676.50
E1841	Multi-directional static progressive strch shoulder device, includes cuffs		Y		1/1/20	447.32	4473.20
E1902	Communication board, non-electronic aug or alt communication device		Y		1/1/20	I/C	I/C
E2000	Gastric suction pump, home model, portale or stationary, electric				1/1/20	48.25	482.50
E2100	Blood glucose monitor w/integrated voice synthesizer				1/1/20	61.12	635.13
E2101	Blood glucose monitor w/integrated lancing/blood sample				1/1/20	18.62	186.19
	OTHER WHEELCHAIR ACCESSORIES						
					1/1/20		
E2201	Manual w/ch acc seat w>= 20" < 24"				1/1/20	22.22	222.24
E2202	Non standard seat width 24-27 inch				1/1/20	32.61	326.12
E2203	Non standard frame depth < 22 inch				1/1/20	32.12	321.21
E2204	Seat frame depth, 22 to 25 inch				1/1/20	55.70	556.97
E2205	Manual wheelchair accessory, handrim w/projections, any type, replacement				8/1/19	2.76	27.58
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each				1/1/20	2.93	29.31
E2207	W/C accessory-crutch-cane holder				1/1/20	3.67	36.72
E2208	Wheelchair accessory, cylinder tank carrier, each				1/1/20	5.67	56.68
E2209	Wheelchair accessory, arm trough, w/without hand support, each				1/1/20	6.79	67.93
E2210	Wheelchair accessory, bearings, any type, replacement only, each				1/1/20	0.41	4.09
E2211	Manual Wheelchair accessory, pneumatic propulsion tire, any size, each				1/1/20	2.79	27.86

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E2212	Manual Wheelchair accessory, tube for pneumatic propulsion tire, any sz,ea				1/1/20	0.49	4.93
E2213	Manual Wheelchair accessory, insert for pneumatic propulsion tire, any sz,ea				1/1/20	2.45	24.53
E2214	Manual Wheelchair accessory, pneumatic, caster tire, any size, each				1/1/20	2.63	26.32
E2215	Manual Wheelchair accessory, tube for pneumatic caster tire, any size,ea				1/1/20	0.82	8.23
E2216	Manual Wheelchair Accessory, foam filled propulsion tire, any size				1/1/20	3.53	35.32
E2217	Manual Wheelchair accessory, foam filled caster tire, any size, each				1/1/20	3.13	31.25
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each				1/1/20	3.53	35.32
E2219	Manual wheelchair accessory, foam caster tire, any size, each				1/1/20	3.13	31.25
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any sz, replacement only, ea				1/1/20	2.24	22.41
E2221	Manual Wheelchair accessory, solid (rubber/plastic) caster tire, any sz, replacement only, ea				1/1/20	2.12	21.18
E2222	Manual Wheelchair accessory, solid (rubber/plastic) cst tire w/intg wheel, replacement only, ea				1/1/20	1.76	17.61
E2224	Manual wheelchair accessory, propulsion wheel excluds tire, any size, replacement only, each				1/1/20	7.40	73.98
E2225	Manual wheelchair accessory, caster wheel, excluds tire, any size, each				1/1/20	1.47	14.70
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each				1/1/20	3.15	31.46
E2227	Gear Reduction Drive Wheel		Y		1/1/20	177.61	1776.10
E2228	MWC Acc, w/c brake				1/1/20	75.62	756.20
E2231	Solid seat support base, includes all hardware				1/1/20	10.69	106.94
E2291	Back, planar, for pediatric size wheelchair incl fix attach hardware, custom		Y		1/1/20		1/C
E2292	Seat, planar, for pediatric size wheelchair incl fix attach hardware, custom		Y		1/1/20		1/C
E2293	Back, contoured, for pediatric size wheelchair incl fix attach hardware, custom		Y		1/1/20		1/C
E2294	Seat, contoured, for pediatric size wheelchair incl fix attach hardware, custom		Y		1/1/20		1/C
E2300	Power wc acc, power seat elevation system		Y		1/1/20		1/C
E2301	Power standing system		Y		1/1/20		1/C
E2310	Electro connect b/w control				1/1/20	91.52	915.20
E2311	Electro connect b/w 2 or more systems		Y		1/1/20	184.68	1846.80
E2312	Mini-prop remote joystick		Y		1/1/20	191.50	1915.00
E2313	PWC harness, expand control				1/1/20	30.43	304.30
E2321	Hand interface joystick		Y		1/1/20	124.35	1243.50
E2322	Multi mech switches		Y		1/1/20	117.48	1174.80
E2323	Special joystick handle				1/1/20	5.73	57.26
E2324	Chin cup interface				1/1/20	3.71	37.30
E2325	Sip and puff interface		Y		1/1/20	112.29	1122.90

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E2326	Breath tube kit for sip and puff				1/1/20	29.45	294.50
E2327	Head control interface mech		Y		1/1/20	219.63	2196.30
E2328	Head/extremity control interface		Y		1/1/20	414.55	4145.50
E2329	Head control nonproportional		Y		1/1/20	149.70	1497.00
E2330	Head control proximity switch		Y		1/1/20	287.42	2874.20
E2331	Attendant control		Y		1/1/20	I/C	I/C
E2340	W/c width 20 - 23 inch seat frame				1/1/20	35.40	353.87
E2341	W/c width 24-27 in seat frame				1/1/20	53.09	530.85
E2342	W/c dpth 22-25 inch seat frame				1/1/20	44.24	442.38
E2343	Power wheelchair accessory, nonstand seat frame depth, 22-25 inches				1/1/20	70.78	707.82
E2351	Electronic SGD interface				1/1/20	59.48	594.83
E2360	W/c Battery, 22NF nonsealed lead acid				1/1/20	9.79	97.93
E2361	W/c Battery, 22NF sealed lead acid				1/1/20	9.30	92.98
E2362	W/c Battery, Gr24 nonsealed lead acid				1/1/20	8.78	87.76
E2363	W/c Battery, Gr24 sealed lead acid				1/1/20	11.32	113.15
E2364	W/c Battery, U1 nonsealed lead acid				1/1/20	9.53	95.28
E2365	W/c Battery, U1 sealed lead acid				1/1/20	6.10	61.02
E2366	Battery charger, single mode				1/1/20	11.81	118.08
E2367	Battery charger, dual mode				1/1/20	30.25	302.52
E2368	Power wheelchair component, drive wheel motor, replacement only				1/1/20	33.52	335.20
E2369	Power wheelchair component, drive wheel gear box, replacement only				1/1/20	30.25	302.50
E2370	Power wheelchair component, integrated drive wheel motor and gear box combo replacement only			1 unit	1/1/20	42.28	422.80
E2371	Power wheelchair accessory, group 27 sealed lead acid Battery (e.g. gel cell				1/1/20	11.10	110.99
E2372	Power wheelchair accessory, group 27 non-sealed lead acid Battery		Y		1/1/20	I/C	I/C
E2373	PWR w/c access, hand/chin cntrl interf, mini-proport, compact/short throw rmt jystk or touchpad prop incl all related electronics and fixed mounting hardware				1/1/20	66.67	666.70
E2374	PWR w/c access, hand/chin cntrl interf, stand remote, iystk (not incl contro), prop, incl all related electronics & fixed mounting hardware, replacement only				1/1/20	42.17	421.70
E2375	PWC acc., non-expandable contr, inc all related elect and mt hdwe, replacement only				1/1/20	54.22	542.20
E2376	PWC acc., expandable controller, inc all related elect and mt hdwe, replacement only		Y		1/1/20	104.76	1047.60

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E2377	PWC acc. expand contr. inc all related elect and mt hdwr upgrade prov at ini issue				1/1/20	38.81	388.10
E2378	PWC component, actuator, replacement only				1/1/20	45.35	453.50
E2381	PWC acc. pneumatic drive wheel tire, any size, replacement, each				1/1/20	5.03	50.30
E2382	PWC accessory, tube for pneumatic drive wheel tire, any size, replacement only, each				1/1/20	1.54	15.37
E2383	PWC acc. insert for pneumatic drive tire (removable) any type/size, repl only, each				1/1/20	10.22	102.22
E2384	PWC accessory, pneumatic caster tire, any size, replacement only, each				1/1/20	4.67	46.68
E2385	PWC accessory, tube for pneumatic caster tire, any size, replacement only, each				1/1/20	3.69	36.88
E2386	PWC accessory, foam filled drive wheel tire, any size, replacement only, each				1/1/20	7.85	78.48
E2387	PWC accessory, foam filled drive caster tire, any size, replacement only, each				1/1/20	3.72	37.24
E2388	PWC accessory, foam drive wheel tire, any size, replacement only each				1/1/20	4.01	40.14
E2389	PWC accessory, foam caster tire, any size, replacement only, each				1/1/20	2.24	22.43
E2390	PWC acc. solid (rubber/plastic) drive wheel tire, any size, replacement only, each				1/1/20	3.47	34.74
E2391	PWC acc. solid (rubber/plastic) caster tire, any size, replacement only, each				1/1/20	1.41	14.05
E2392	PWC acc. solid (rubber/plastic) caster tire, w/integ wheel, any size, replace only, each				1/1/20	3.52	35.21
E2393	PWC accessory, valve for pneumatic tire tube, any type, replacement only, each		Y		1/1/20	I/C	I/C
E2394	PWC accessory, drive wheel excludes tire, any size, replacement only, each		Y		1/1/20	4.70	46.94
E2395	PWC accessory, caster wheel excludes tire, any size, replacement only each		Y		1/1/20	3.31	33.06
E2396	PWC accessory, caster fork, any size, replacement only each		Y		1/1/20	4.11	41.14
E2397	PWC accessory, lith-based battery		Y		1/1/20	35.13	351.25
E2402	Neq press wound therapy pump		Y		1/1/20	561.72	5617.20
SPEECH GENERATING DEVICES							
E2500	Speech Generating Device, digitized pre-rec <=8min				1/1/20		386.15
E2502	Speech Generating device (SGD), prerec msg>8min <=20 min		Y		1/1/20	118.08	1180.81
E2504	SGD, prerec msg>20min<=40min		Y		1/1/20	155.77	1557.67
E2506	SGD, prerec msg > 40 min		Y		1/1/20	228.4	2284.00
E2508	SGD, spelling phys contact		Y		1/1/20	353.18	3531.83
E2510	SGD, w multi methods msg		Y		1/1/20	668.35	6683.52
E2512	SGD, accessory, mounting system		Y		1/1/20	I/C	I/C
E2599	SGD accessory, not otherwise classified		Y		1/1/20	I/C	I/C
ADDITIONAL WHEELCHAIR ACCESSORIES (CUSHIONS) & GAIT TRAINERS							
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth				1/1/20	3.01	30.07

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth				1/1/20	6.41	64.10
E2603	Skin protection wheelchair seat cushion width less than 22 inches, any depth				1/1/20	7.77	77.69
E2604	Skin protection wheelchair seat cushion width 22 inches or greater, any depth				1/1/20	11.16	111.59
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth				1/1/20	16.48	164.78
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth				1/1/20	27.04	270.36
E2607	Skin protection & positioning wheelchair cushion, width less than 22 inch				1/1/20	15.57	155.69
E2608	Skin protection & positioning wheelchair cushion, width 22 inches or greater				1/1/20	20.00	199.98
E2609	Custom fabricated wheelchair seat cushion, any size		Y		1/1/20		1/C
E2610	Wheelchair seat cushion, powered		Y		1/1/20		1/C
E2611	General use wheelchair back cushion, width less than 22 inches, any hght				1/1/20	12.72	127.23
E2612	General use wheelchair back cushion, width 22 inches or greater, any hght				1/1/20	23.36	233.64
E2613	Positioning w/c back cush, posterior, width less than 22 inches, any hght, brdw				1/1/20	23.99	239.93
E2614	Positioning w/c back cush, posterior, width 22 inches or greater, any hght, brdw				1/1/20	36.19	361.87
E2615	Positioning w/c back cush, posterior-lateral, width less than 22 inches, any hgt				1/1/20	28.15	281.50
E2616	Positioning w/c back cush, post-lateral, width 22 inches or greater, any hght				1/1/20	36.77	367.74
E2617	Custom fab wheelchair back cushion, any size, inc hardware		Y		1/1/20	1/C	1/C
E2619	Replacement cover for wheelchair cushion or back cushion, each				1/1/20	4.13	41.33
E2620	Positioning wheelchair back cush, planar back w/lateral supports, < 22 inch				1/1/20	29.13	291.30
E2621	Positioning wheelchair back cush, planar back w/lat supp 22 inches or >				1/1/20	35.14	351.40
E2622	Adjustable skin protect seat <22IN				1/1/20	26.22	262.17
E2623	Adjustable skin protect seat <22IN				1/1/20	33.15	331.53
E2624	Adjustable skin protect/positioning seat <22IN				1/1/20	26.64	266.41
E2625	Adjustable skin protect/positioning seat >22IN				1/1/20	32.97	329.71
E2626	W/C access, shldr elbow mobile arm support adjustable				1/1/20	52.13	521.33
E2627	W/C access, shldr elbow mobile arm support adjustable, rancho type				1/1/20	79.56	795.56
E2628	W/C access, shldr elbow mobile arm support adjustable, reclining				1/1/20	63.32	633.15
E2629	W/C access, shldr elbow mobile arm support adjustable, friction type				1/1/20	80.47	804.68
E2630	W/C access, shldr elbow mobile arm support adjustable, volke type				1/1/20	52.97	529.68
E2631	W/C access, addition to mobile arm support elevating proximal				1/1/20	22.99	229.94
E2632	W/C access, addition to mobile arm support offst or lat rocker arm w/elas				1/1/20	14.17	141.65
E2633	W/C access, addition to mobile arm support supinator				1/1/20	11.73	117.29
E8000	Gait trainer, pediatric size, post support, incl all accessories & components		Y		1/1/20		1/C
E8001	Gait trainer, pediatric size, upright support, incl all accessories & components		Y		1/1/20		1/C
E8002	Gait trainer, pediatric size, anterior support, incl all accessories & components		Y		1/1/20		1/C
K CODES (TEMPORARY) K0000-K9999 ASSIGNED TO DME							
K0001	Standard wheelchair				1/1/20	17.82	178.20

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
K0002	Std heni (low seat) whlchr				1/1/20	30.82	308.20
K0003	Lightweight wheelchair				1/1/20	24.90	249.00
K0004	High strength lwr whlchr				1/1/20	32.74	327.40
K0005	Ultralightweight wheelchair		Y		1/1/20	182.56	1825.63
K0006	Heavy duty wheelchair				1/1/20	49.12	491.20
K0007	Extra Heavy duty wheelchair				1/1/20	68.15	681.50
K0009	Other manual wheelchair base				1/1/20	70.58	705.80
K0010	Standard weight frame power wheelchair		Y		1/1/20	404.25	4042.50
K0011	Standard weight power wheelchair w/control		Y		1/1/20	493.38	4933.80
K0012	Light weight portable power wheelchair		Y		1/1/20	302.64	3026.40
K0014	Other power wheelchair base		Y		1/1/20	1/C	1/C
K0015	Detach non-adjust hght armrst				1/1/20	10.52	105.20
K0017	Detach adjust armrst base				1/1/20	3.98	39.79
K0018	Detach adjust armrst upper				1/1/20	2.25	22.49
K0019	Arm pad, replacement only, each				1/1/20	1.10	11.03
K0020	Fixed adjust armrst pair				1/1/20	3.90	38.98
K0037	High mount flip-up footrest, only, ea				1/1/20	3.74	37.43
K0038	Leg strap each				1/1/20	1.99	19.88
K0039	Leg strap in stype each				1/1/20	4.27	42.70
K0040	Adjustable angle footplate				1/1/20	4.13	41.26
K0041	Large size footplate each				1/1/20	4.08	40.81
K0042	Standard size footplate, replacement only, each				1/1/20	2.62	26.21
K0043	First lower extension tube, replacement only				1/1/20	1.62	16.18
K0044	First upper hanger bracket, replacement only				1/1/20	1.41	14.08
K0045	Footrest complete assembly, replacement only				1/1/20	4.63	46.30
K0046	Elevating legrest, lower extension tube, replacement only, each				1/1/20	1.63	16.29
K0047	Elevating legrest, upper hanger bracket, replacement only, each				1/1/20	5.76	57.55
K0050	Ratchet assembly, replacement only				1/1/20	2.67	26.70
K0051	Cam release assem first/lgrst, replacement only				1/1/20	4.22	42.24
K0052	Swingaway detach footrest, replacement only				1/1/20	5.41	54.06
K0053	Elevat footrest articulate				1/1/20	6.91	69.11
K0056	Seat ht <17 or >= 21 lwr wc				1/1/20	7.33	73.34
K0065	Spoke protectors				1/1/20	3.74	37.41
K0069	Rear whl complete solid tire, replacement only				1/1/20	7.69	76.93
K0070	Rear whl compl pneum tire, replacement only				1/1/20	12.12	121.20
K0071	Front casir compl pneum tire, replacement only				1/1/20	8.74	87.41

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
K0072	Fmt estr crmpl sem-pneum tire, replacement only				1/1/20	5.48	54.82
K0073	Caster pin lock, each				1/1/20	2.86	28.56
K0077	Front castir assemble, complete, w/solid tire, replacement only, each				1/1/20	4.10	41.01
K0105	IV Hanger, each				1/1/20	7.92	79.22
K0108	Wheelchair component or accessory, not otherwise classified		Y		1/1/20		1/C
K0195	Elevating footrests, pair (for use with capped rental wheelchair base)				1/1/20	0.84	8.36
MISCELLANEOUS							
K0552	Supplies for external non-insulin drug infusion pmp, syring type cartridge, sterile	Y/12 mos		20 per month	1/1/20		2.35
K0553	Ther CGM supply allowance, includes all supplies & access, 1 mo = 1 uos	Y/12 mos	Y	1 per month	1/1/20		189.35
K0554	Ther CGM receiver/monitor	Y/12 mos	Y	1 per yr	1/1/20	19.51	195.13
K0601	Replacement battery, silver oxide 1.5 volts	Y/12 mos			1/1/20		1.06
K0602	Replacement battery, silver oxide 3.0 volts	Y/12 mos			1/1/20		6.01
K0603	Replacement battery, alkaline 1/5 volts	Y/12 mos			1/1/20		0.54
K0604	Replacement battery, lithium 3.6 volts	Y/12 mos			1/1/20		5.79
K0605	Replacement battery, lithium 4.5 volts	Y/12 mos			1/1/20		13.85
K0606	Auto external defib, w/integrated electrocardiogram analysis, garment type	Y/12 mos	Y		1/1/20	2,486.76	
K0607	Replace battery for AED	Y/12 mos			1/1/20	19.18	191.80
K0669	Wheelchair accessory, seat or back cushion****	Y/12 mos	Y		1/1/20	1/C	1/C
K0730	Controlled dose inhalation drug delivery system	Y/12 mos	Y		1/1/20	170.24	1702.40
K0733	Battery for power wheelchair, 12-24 amp hour, sealed lead acid	Y/12 mos	Y		1/1/20	2.30	22.95
K0738	Portable Oxygen, concentrator, rental	Y/12 mos			1/1/20	31.85	
REPAIRS							
K0739	Repair of purchased DMF (labor component, per 15 minutes)			12 units	8/1/19		17.76
POWER WHEELCHAIRS							
K0800	POV Group 1, std, up to 300 lbs.		Y		1/1/20	67.49	674.89
K0801	POV Group 1, heavy duty, 301-450 lbs.		Y		1/1/20	123.60	1236.04
K0802	POV, Group 1, very heavy duty, 451-600 lbs.		Y		1/1/20	166.24	1662.43
K0806	POV, Group 2, std, up to 300 lbs.		Y		1/1/20	117.94	1179.40
K0807	POV, Group 2, heavy duty, 301-450 lbs.		Y		1/1/20	182.78	1827.77
K0808	POV, Group 2, very heavy duty, 451-600 lbs.		Y		1/1/20	282.54	2825.43
K0812	POV, not otherwise classified (noc)		Y		1/1/20		1/C
K0813	PWC, Group 1, std, portable, sling/solid seat and back		Y		1/1/20	210.87	2108.70
K0814	PWC, Group 1, std, port captains chair, up to and including 300 lbs.		Y		1/1/20	216.69	2166.90
K0815	PWC, Group 1, std, seat and back, up to and including 300 lbs.		Y		1/1/20	236.08	2360.80
K0816	PWC, Group 1, std, captains chair, up to and including 300 lbs.		Y		1/1/20	221.00	2210.00

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
K0820	PWC, Group 2, std. port, seat and back, up to and including 300 lbs.		Y		1/1/20	214.12	2141.20
K0821	PWC, Group 2, std. port, captains chair, up to and including 300 lbs.		Y		1/1/20	221.26	2212.60
K0822	PWC, Group 2, std. sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	236.68	2366.80
K0823	PWC, Group 2, std. captains chair, up to and including 300 lbs.		Y		1/1/20	221.26	2212.60
K0824	PWC, Group 2, std. heavy duty, slings/solid seat and back, 301-450 lbs.		Y		1/1/20	330.59	3305.90
K0825	PWC, Group 2, heavy duty, captains chair, 301-450 lbs.		Y		1/1/20	317.34	3173.40
K0826	PWC, Group 2, very heavy duty, sling/solid seat and back, 451-600 lbs.		Y		1/1/20	539.12	5391.20
K0827	PWC, Group 2, very heavy duty, captains chair, 451-600 lbs.		Y		1/1/20	478.05	4780.50
K0828	PWC, Group 2, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		1/1/20	715.84	7158.40
K0829	PWC, Group 2, extra heavy duty, captains chair, 600 lbs. or more		Y		1/1/20	688.58	6885.80
K0830	PWC, Group 2, std. seat elevator-sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13	293.44	2934.40
K0831	PWC, Group 2, std. seat elevator, captains chair, up to and including 300 lbs.		Y		7/1/13	291.44	2934.40
K0835	PWC, Group 2, std. sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	303.03	3030.30
K0836	PWC, Group 2, std. sing power opt., captains chair, up to and including 300 lbs.		Y		1/1/20	314.31	3143.10
K0837	PWC, Group 2, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/20	388.68	3886.80
K0838	PWC, Group 2, heavy duty, sing power opt., captains chair, 301-450 lbs.		Y		1/1/20	344.50	3445.00
K0839	PWC, Group 2, very heavy duty, single power opt., sl/sd seat and back, 451-600 lbs		Y		1/1/20	516.30	5163.00
K0840	PWC, Group 2, extra heavy duty, sing power opt., sl/sd seat and back, 601 or more lbs.		Y		1/1/20	792.68	7926.80
K0841	PWC, Group 2, std. multiple power opt., sl/sd seat and back, up to including 300 lbs.		Y		1/1/20	341.50	3415.00
K0842	PWC, Group 2, std. multiple power opt., captains chair, up to and including 300 lbs.		Y		1/1/20	341.00	3410.00
K0843	PWC, Group 2, heavy duty, multiple power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/20	404.81	4048.10
K0848	PWC, Group 3, std. sling/solid seat and back, up to and including 300 lbs.		Y		1/1/20	674.65	6746.50
K0849	PWC, Group 3, std. captains chair, up to and including 300 lbs.		Y		1/1/20	648.63	6486.30
K0850	PWC, Group 3, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		1/1/20	782.55	7825.50
K0851	PWC, Group 3, heavy duty, captains chair, 301-450 lbs.		Y		1/1/20	752.44	7524.40
K0852	PWC, Group 3, very heavy duty, sling/solid seat and back, 401-600 lbs.		Y		1/1/20	904.20	9042.00
K0853	PWC, Group 3, very heavy duty, captains chair, 451-600 lbs.		Y		1/1/20	928.85	9288.50
K0854	PWC, Group 3, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		1/1/20	1,230.51	12305.10

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
K0855	PWC, Group 3, extra heavy duty, captains chair, 601 lbs or more		Y		1/1/20	1,162.40	11624.00
K0856	PWC, Group 3, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	724.15	7241.50
K0857	PWC, Group 3, std, sing power opt., captains chair, up to and including 300 lbs.		Y		1/1/20	738.67	7386.70
K0858	PWC, Group 3, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/20	898.47	8984.70
K0859	PWC, Group 3, heavy duty, sing power opt., captains chair, 301-450 lbs.		Y		1/1/20	856.80	8568.00
K0860	PWC, Group 3, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		1/1/20	1,283.58	12835.80
K0861	PWC, Group 3, multiple power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	725.31	7253.10
K0862	PWC, Group 3, heavy duty, multiple power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/20	898.47	8984.70
K0863	PWC, Group 3, very heavy duty, multiple power opt., sl/sd seat and back, 451-600 lbs.		Y		1/1/20	1,283.58	12835.80
K0864	PWC, Group 3, x-heavy duty, multiple power opt., sl/sd seat and back, 601 lbs or more		Y		1/1/20	1,527.46	15274.60
K0868	PWC, Group 4, std, sling/solid seat and back, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0869	PWC, Group 4, std, captains chair, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0870	PWC, Group 4, heavy duty, sling/solid seat/back, 301-450 lbs.		Y		1/1/20	I/C	I/C
K0871	PWC, Group 4, very heavy duty, sling/solid seat/back, 451-600 lbs.		Y		1/1/20	I/C	I/C
K0877	PWC, Group 4, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0878	PWC, Group 4, std, sing power opt., captain's chair, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0879	PWC, Group 4, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		1/1/20	I/C	I/C
K0880	PWC, Group 4, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		1/1/20	I/C	I/C
K0884	PWC, Group 4, std, mult power opt., sl/sd seat and back, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0885	PWC, Group 4, std, multiple power opt., captains chair, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0886	PWC, Group 4, heavy duty, multiple power opt., sl/sd seat and back 301-450 lbs.		Y		1/1/20	I/C	I/C
K0890	PWC, Group 5, ped, sing power opt., sl/sd seat and back, up to and including 125 lbs.		Y		1/1/20	I/C	I/C

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K0891	PWC, Group 5, ped, mult power opt., sl/sd seat and back, up to and including 125 lbs.		Y		1/1/20	I/C	I/C
ORTHOTIC DEVICES - SPINAL							
L0112	Cranial cervical orthosis			2 per year	1/1/20		1163.28
L0120	Cerv flexible non-adjustable			2 per year	1/1/20		22.26
L0130	Flex thermoplastic collar no			2 per year	1/1/20		157.38
L0140	Cervical semi-rigid adjustab			2 per year	1/1/20		52.05
L0150	Cerv rig adj, molded chin			2 per year	1/1/20		95.47
L0160	Cerv semi-rig wire occ/mand			2 per year	1/1/20		124.70
L0170	Cervical, molded to patient model			2 per year	1/1/20		513.50
L0172	Cerv col thermplas foam 2 pi			2 per year	1/1/20		111.34
L0174	Cerv col foam 2 piece w thor			2 per year	1/1/20		218.73
L0180	Cervical, multiple post collar, occipital/mandibular supports, adj.			2 per year	1/1/20		303.31
L0190	Cerv collar supp adj cerv ba			2 per year	1/1/20		394.42
L0200	Cerv col supp adj bar & thor			2 per year	1/1/20		411.18
L0220	Thoracic rib belt custom fabrica			2 per year	1/1/20		112.29
THORACIC-LUMBAR-SACRAL ORTHOSIS (TILSO)							
L0450	TILSO, flexible, trnk spprt, upper thoracic, prefab, incl fting & adj			2 per year	1/1/20		140.99
L0452	TILSO, flexible, trnk spprt, upper thoracic, custom, incl fting & adj		Y	1 per year	1/1/20	I/C	I/C
L0454	TILSO, trnk spprt, extds from sacrococcygeal, prefab, incl fting & adj			2 per year	1/1/20		288.25
L0456	TILSO, trnk spprt, thoracic region, prefab, incl fting & adj			2 per year	1/1/20		826.63
L0458	TILSO, Triplanar Control, modular segmnt spnl svstm, two rigid plast shl			2 per year	1/1/20		741.23
L0460	TILSO, (same as L0458 -anterior exts from symphs pubis to sternal notch			2 per year	1/1/20		834.31
L0462	TILSO, (same as L0460 with three rigid plastic shells)			2 per year	1/1/20		1037.75
L0464	TILSO, (same as L0460 & L0462 with four rigid plastic shells			2 per year	1/1/20		1235.42
L0466	TILSO, Triplanar Control, rigid posterior frame and flex soft anterior apron			2 per year	1/1/20		300.27
L0468	TILSO, Sagittal Control, (same as L0466 extends from sacrococcygeal)			2 per year	1/1/20		397.81
L0470		45.77		2 per year	1/1/20		507.64
L0472	TILSO, hyperextension, rigid anterior and lateral fram ext from symphysis			2 per year	1/1/20		321.95
L0480	TILSO, Triplanar control, one piece rigid plastic shell w/out interface lnr			2 per year	1/1/20		1133.78
L0482	TILSO, (same as L0480 -with interface liner)			2 per year	1/1/20		1316.93
L0484	TILSO, Triplanar Control, two piece (same as L0482), lateral strngth, cf			2 per year	1/1/20		1415.00
L0486	TILSO, Triplanar Control, otwo piece (s/a L0484). Pstr ext cust fab			2 per year	1/1/20		1501.24
L0488	TILSO, Triplanar Control, one piece (s/a L0482) prefab, incl fting & adists			2 per year	1/1/20		834.31
L0490	TILSO, Triplanar, one piece rigid plastic shell, w/overlapping reinforce ant			2 per year	1/1/20		235.13
L0491	TILSO, Sagittal-coronal control, modular segmented spinal system, two rigid			2 per year	1/1/20		638.32

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L0492	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid			2 per year	1/1/20		419.80
LUMBAR-SACRAL ORTHOSIS (LSO)							
CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSSO)							
L0621	Sacroliac orthosis, flexible, provides pelvic-sacral support, prefabricated			2 per year	1/1/20		73.42
L0622	Sacroliac orthosis, flexible, provides pelvic-sacral support, custom fabricated			2 per year	1/1/20		240.47
L0623	Sacroliac orthosis, prvds plve-scd supprt,w/rigid or semi rigid panels, prefab		Y	2 per year	1/1/20		147.08
L0624	Sacroliac orthosis, prvds plve-scd spprt, custom fabricated****		Y	2 per year	1/1/20	I/C	I/C
L0625	Lumbar Orthosis (LO), flexible, prvds lmr supprt, post ext fr L-1 to L-5, prfb			2 per year	1/1/20		45.77
L0626	Lumbar Orthosis, sagittal control, w/rigid post panel(s), prefabricated			2 per year	1/1/20		64.78
L0627	Lumbar Orthosis, sagittal control, w/rigid post & anterior panel(s), prefab			2 per year	1/1/20		341.46
L0628	Lumbar-sacral orthosis, flexible, prefabricated			2 per year	1/1/20		69.73
L0629	Lumbar-sacral orthosis, flexible, custom fabricated		Y	2 per year	1/1/20	I/C	I/C
L0630	Lumbar-sacral orthosis, sagittal control, prefabricated			2 per year	1/1/20		134.61
L0631	Lumbar-sacral orthosis, w/rigid anterior & posterior, prefab			2 per year	1/1/20		853.22
L0632	Lumbar-sacral orthosis, sagittal control, custom fabricated		Y	2 per year	1/1/20	I/C	I/C
L0633	Lumbar-sacral orthosis, sagittal-coronal control, pre fabricated			2 per year	1/1/20		238.34
L0634	Lumbar-sacral orthosis, sagittal-coronal control, custom fabricated		Y	2 per year	1/1/20	I/C	I/C
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, pre fabricated			2 per year	1/1/20		762.14
L0636	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, custom fab			2 per year	1/1/20		1128.26
L0637	Lumbar-sacral orthosis, sagittal-coronal, w/rigid ant & post frame/panels, prf			2 per year	1/1/20		892.50
L0638	Lumbar-sacral orthosis, sagittal-cml, w/rigid ant & post frame/panels, cust fb			2 per year	1/1/20		1096.19
L0639	Lumbar-sacral orthosis, sagittal-cml control, rigid shell/panel, pre fab			2 per year	1/1/20		892.67
L0640	Lumbar-sacral orthosis, sagittal-cml control, rigid shell/panel, custom fab			2 per year	1/1/20		869.72
L0648	LSO sag r an/pos pnl pre ots			1 per year	1/1/20		853.22
L0650	Lumbar-sacral orthosis, sagittal-cml control, rigid shell/panel, off the shelf			2 per year	1/1/20		892.87
L0700	Cilso a-p-l control molded			2 per year	1/1/20		1627.72
L0710	Cilso a-p-l control w/inter			2 per year	1/1/20		1662.92
HALO PROCEDURE							
L0810	Halo cervical into ickt vest			2 per year	1/1/20		2079.70
L0820	Halo cervical into body tack			2 per year	1/1/20		1866.67
L0830	Halo cerv into Milwaukee typ			2 per year	1/1/20		2630.67
L0859	Addition to Halo procedure, magnetic resonance image, any material			2 per year	1/1/20		1096.31
L0861	Halo replacement liner/interface			2 per year	1/1/20		179.14
TORSO SUPPORT							
ADDITIONS TO SPINAL ORTHOSIS							
L0970	TLSO corset front			4 per year	1/1/20		107.07

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L0972	LSO corset front			2 per year	1/1/20		96.16
L0974	TLSO full corset			2 per year	1/1/20		142.80
L0976	LSO full corset			1 per year	1/1/20		127.32
L0978	Axillary crutch extension			1 per year	1/1/20		168.05
L0980	Peroneal straps pair			1 per year	1/1/20		18.34
L0982	Stocking supp grips set of f			2 per year	1/1/20		12.96
L0984	Protective body sock each			7 per year	1/1/20		53.82
L0999	Additon to spinal orthosis, NOS		Y	2 per year	1/1/20	1/C	1/C
CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (C/TLSO) (MILWAUKEE) SCOLIOSIS PROCEDURES							
L1000	Ciso Milwaukee initial model			2 per year	1/1/20		1633.10
L1001	Ciso infant immobilizer		Y	50 per year	1/1/20	1/C	1/C
L1010	Ciso axilla sling			2 per year	1/1/20		53.44
L1020	Kyphosis pad floating			2 per year	1/1/20		68.82
L1025	Addtl to C/TLSO or scoliosis, kyphosis pad, floating			2 per year	1/1/20		121.37
L1030	Lumbar bolster pad			2 per year	1/1/20		50.65
L1040	Lumbar or lumbar rib pad			2 per year	1/1/20		66.28
L1050	Sternal pad			2 per year	1/1/20		79.91
L1060	Thoracic pad			2 per year	1/1/20		95.84
L1070	Trapezius sling			2 per year	1/1/20		93.58
L1080	Outrigger			2 per year	1/1/20		52.64
L1085	Outrigger bil w/vert extens			2 per year	1/1/20		142.41
L1090	Lumbar sling			2 per year	1/1/20		94.21
L1100	Ring flange plastic/leather			2 per year	1/1/20		150.45
L1110	Ring flange plastic/leather mol			2 per year	1/1/20		203.35
L1120	Cover for upright each			2 per year	1/1/20		34.39
THORACIC-LUMBAR SACRAL ORTHOSIS (TLSO) (LOW PROFILE)							
L1200	furnish initial orthosis only			2 per year	1/1/20		1247.55
L1210	lateral thoracic extension			2 per year	1/1/20		208.34
L1220	Anterior thoracic extension			2 per year	1/1/20		199.03
L1230	Milwaukee type superstructur			2 per year	1/1/20		510.16
L1240	Lumbar derotation pad			2 per year	1/1/20		68.97
L1250	Anterior asis pad			2 per year	1/1/20		68.97
L1260	Anterior thoracic derotation			2 per year	1/1/20		70.41
L1270	Abdominal pad			2 per year	1/1/20		71.54
L1280	Rib gusset (elastic) each			2 per year	1/1/20		82.28
L1290	Lateral trochanteric pad			2 per year	1/1/20		65.14

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
OTHER SCOLIOSIS PROCEDURES							
L1300	Body jacket mold to patient			1 per year	1/1/20		1466.61
L1310	Post-operative body jacket			1 per year	1/1/20		1506.94
L1499	Spinal orthosis NOS		Y	10 per year	1/1/20	I/C	I/C
HIP ORTHOSIS (HO) - FLEXIBLE							
L1600	Abduct hip flex frejka w cvr			4 per year	1/1/20		102.60
L1610	Abduct hip flex frejka covr			4 per year	1/1/20		45.28
L1620	Abduct hip flex pavlik hame			2 per year	1/1/20		128.24
L1630	Abduct control hip semi-flex			2 per year	1/1/20		134.92
L1640	Pelvic band/spread bar thigh c			2 per year	1/1/20		410.70
L1650	HO abduction hip adjustable			2 per year	1/1/20		207.83
L1652	HO, bilateral thigh cuffs/adj abdc spreader bar, adult size, pre fab			2 per year	1/1/20		296.27
L1660	HO abduction static plastic			2 per year	1/1/20		136.26
L1680	Pelvic & hip control thigh c			2 per year	1/1/20		970.14
L1685	Post-op hip abduct custom fa			2 per year	1/1/20		990.08
L1686	HO post-op hip abducton			2 per year	1/1/20		914.21
L1690	Combination bilateral HO			2 per year	1/1/20		1607.21
LEG PERTHES							
L1700	Leg perthes orth toronto typ			2 per year	1/1/20		1215.93
L1710	Legg perthes orth newington			2 per year	1/1/20		1423.38
L1720	Legg perthes orthosis tri lat			2 per year	1/1/20		1049.20
L1730	Legg perthes orth scottish r			2 per year	1/1/20		901.16
L1755	Legg perthes pattn bottom t			2 per year	1/1/20		1430.09
KNEE-ANKLE-FOOT ORTHOSIS (KAFO) - OR ANY COMBINATION							
L1810	KO elastic with joints			2 per year	1/1/20		78.41
L1812	KO elastic w/joints pre ots			2 per year	1/1/20		78.41
L1820	KO elas w/condyle pads & to			2 per year	1/1/20		121.48
L1830	KO immobilizer canvas lonsait			2 per year	1/1/20		73.88
L1831	KO pos locking joint			4 per year	1/1/20		244.61
L1832	KO adj int pos rigid support			2 per year	1/1/20		563.12
L1833	KO adj int pos r sup pre orsko			2 per year	1/1/20		563.12
L1834	KO w/O joint rigid molded to			2 per year	1/1/20		618.09
L1836	KO, rigid, rigid, w/o joints (s), includes soft interface material, prefab			2 per year	1/1/20		110.91
L1840	KO derot ant cruciate custom			2 per year	1/1/20		823.30
L1843	KO single upright custom fit			2 per year	1/1/20		745.76
L1844	KO w/adj rot cntrl molded			2 per year	1/1/20		1292.61

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L1845	KO w/ adj flex/ext rotat cus			2 per year	1/1/20		773.88
L1846	KO w adj flex/ext rotat mold			2 per year	1/1/20		948.85
L1847	KO adjustable w air chambers			2 per year	1/1/20		478.05
L1850	KO Swedish type			2 per year	1/1/20		242.03
L1851	KO Single upright prefab ots			2 per year	1/1/20		745.76
L1852	KO double upright prefab oth			2 per year	1/1/20		773.88
L1860	KO supracondylar socket mold			2 per year	1/1/20		854.39
ANKLE-FOOT ORTHOSIS (AFO)							
L1900	AFO spring wire drsflx calf bd			2 per year	1/1/20		214.80
L1902	AFO ankle gauntlet			4 per year	1/1/20		74.23
L1904	AFO molded ankle gauntlet			2 per year	1/1/20		446.36
L1906	AFO multiligamentus ankle supp. pref. ots			2 per year	1/1/20		95.75
L1907	AFO supramalleolar custom			4 per year	1/1/20		467.67
L1910	AFO sing bar clasp attach sh			2 per year	1/1/20		217.46
L1920	AFO sing upright w/adjust s			2 per year	1/1/20		278.36
L1930	AFO plastic			2 per year	1/1/20		188.36
L1932	AFO, negd anterior tib sect, total carb or equal, prefab, inc fit & adjustments			2 per year	1/1/20		741.67
L1940	AFO molded to patient plastic			2 per year	1/1/20		393.77
L1945	AFO molded plas rig ant tib			2 per year	1/1/20		941.43
L1950	AFO spiral molded to pt plas			2 per year	1/1/20		624.21
L1951	AFO spiral prefabricated			2 per year	1/1/20		698.01
L1960	AFO pos solid ank plastic mo			2 per year	1/1/20		470.80
L1970	AFO plastic molded w/ankle j			4 per year	1/1/20		566.57
L1971	AFO w/ankle joint, prefab			4 per year	1/1/20		389.57
L1980	AFO sing solid stirrup calf			2 per year	1/1/20		292.22
L1990	AFO doub solid stirrup calf			2 per year	1/1/20		354.92
KNEE-ANKLE-FOOT ORTHOSIS (KAFO) - OR ANY COMBINATION							
L2000	KAFO sing fre stirr thi/calf			4 per year	1/1/20		840.86
L2005	KAFO, anv material, single or double upright, contro, auto lock			2 per year	1/1/20		3405.76
L2010	KAFO sng solid stirrup w/o i			2 per year	1/1/20		784.40
L2020	KAFO dbl solid stirrup band/			2 per year	1/1/20		987.67
L2030	KAFO dbl solid stirrup w/o j			2 per year	1/1/20		896.58
L2034	KAFO full plastic, single upright, custom fabricated			2 per year	1/1/20		1693.45
L2035	KAFO plastic pediatric size			2 per year	1/1/20		145.44
L2036	KAFO plastic double free knee motion			2 per year	1/1/20		1530.87
L2037	KAFO plastic single free knee motion			2 per year	1/1/20		1428.22

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1.2038	KAFO, full plastic, with or w/o free motion knee, multi-axis ankle, custom fab			2 per year	1/1/20		1450.85
TORSION CONTROL; HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)							
1.2040	HKAFHO torsion bil rot straps			2 per year	1/1/20		175.96
1.2050	HKAFHO torsion cable hip pelv			2 per year	1/1/20		379.29
1.2060	HKAFHO torsion ball bearing			2 per year	1/1/20		462.29
1.2070	HKAFHO torsion unilat rot strap			2 per year	1/1/20		118.70
1.2080	HKAFHO unilat torsion cable			2 per year	1/1/20		286.39
1.2090	AFO tib fx cast synthetic mo			2 per year	1/1/20		349.14
1.2106	AFO tib fx cast plaster mold			2 per year	1/1/20		541.37
1.2108	AFO tib fx cast molded to pt			2 per year	1/1/20		942.62
1.2112	AFO tibial fracture soft			2 per year	1/1/20		433.56
1.2114	AFO tib fx semi-rigid			2 per year	1/1/20		543.80
1.2116	AFO tibial fracture rigid			2 per year	1/1/20		625.69
1.2126	KAFO fem fx cast thermoplas			2 per year	1/1/20		1046.67
1.2128	KAFO fem fx cast molded to p			2 per year	1/1/20		1482.15
1.2132	KAFO femoral fx cast soft			2 per year	1/1/20		803.57
1.2134	KAFO fem fx cast semi-rigid			2 per year	1/1/20		857.47
1.2136	KAFO femoral fx cast rigid			2 per year	1/1/20		1023.45
ADDITIONS TO FRACTURE ORTHOSIS							
1.2180	Plas shoe insert w ank joint			2 per year	1/1/20		95.51
1.2182	Drop lock knee			4 per year	1/1/20		79.14
1.2184	Limited motion knee joint			4 per year	1/1/20		108.79
1.2186	Adj motion knee int lerman t			4 per year	1/1/20		150.06
1.2188	Quadrilateral brim			4 per year	1/1/20		287.36
1.2190	Waist belt			4 per year	1/1/20		74.26
1.2192	Pelvic band & belt thigh fla			6 per year	1/1/20		326.04
1.2200	Limited ankle motion ea int			6 per year	1/1/20		37.86
1.2210	Dorsiflexion assist each toi			6 per year	1/1/20		54.80
ADDITIONS TO LOWER EXTREMITY ORTHOSIS, SHOE-ANKLE SHIN-KNEE							
1.2220	Dorsi & plantar flex ass/res			6 per year	1/1/20		65.20
1.2230	Split flat caliper stirr & p			6 per year	1/1/20		61.10
1.2232	Additions to lower extremity orthosis, rocker bottom for total AFO, cust fab only			2 per year	1/1/20		82.72
1.2240	Round caliper and plate atra			6 per year	1/1/20		75.62

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1.2250	Foot plate molded stirrup at			6 per year	1/1/20		306.58
1.2260	Reinforced solid stirrup			6 per year	1/1/20		159.61
1.2265	Long tongue stirrup			6 per year	1/1/20		93.77
1.2270	Varus/Valgus strap padded/li			6 per year	1/1/20		43.96
1.2275	Plastic mod low ext pad/line			6 per year	1/1/20		103.66
1.2280	Molded inner boot			2 per year	1/1/20		362.46
1.2300	Abduction bar jointed adjust			2 per year	1/1/20		227.28
1.2310	Abducted bar-straight			2 per year	1/1/20		113.81
1.2320	Non-molded to patient mode			2 per year	1/1/20		163.83
1.2330	Lacer molded to patient mode			2 per year	1/1/20		342.93
1.2335	Anterior swing band			2 per year	1/1/20		211.73
1.2340	Pre-tibial shell molded to p			2 per year	1/1/20		458.55
1.2350	Prosthetic type socket mold			2 per year	1/1/20		791.63
1.2360	Extended steel shank			6 per year	1/1/20		41.20
1.2370	Patten bottom			2 per year	1/1/20		266.95
1.2375	Torsion ank & half solid sti			4 per year	1/1/20		112.75
1.2380	Torsion straight knee joint			4 per year	1/1/20		98.02
1.2385	Straight knee joint heavy du			6 per year	1/1/20		106.65
1.2387	Additon to lower extremity Polycentric knee joint, for custom fab knee			6 per year	1/1/20		153.65
1.2390	Offset knee joint each			6 per year	1/1/20		89.30
1.2395	Offset knee joint heavy duty			4 per year	1/1/20		124.58
1.2397	Suspension sleeve lower ext			4 per year	1/1/20		97.05
ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS							
1.2405	Addition to knee joint, drop lock, each			6 per year	1/1/20		72.45
1.2415	Knee joint cam lock each foot			6 per year	1/1/20		100.95
1.2425	Knee disc/dial lock/adj flex			6 per year	1/1/20		119.14
1.2430	Knee int matchet lock ea int			4 per year	1/1/20		119.14
1.2492	Knee lift loop drop lock rin			6 per year	1/1/20		108.17
ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/SCHIAL WEIGHT BEARING							
1.2500	Thi/ glut/ischia wgt bearing			6 per year	1/1/20		258.77
1.2510	Th/ wght bear quad-lat brim m			2 per year	1/1/20		580.59
1.2520	Th/ wght bear quad-lat brim c			2 per year	1/1/20		382.99
1.2525	Th/ wght bear nar m-l brim mo			2 per year	1/1/20		1033.31
1.2526	Th/ wght bear nar m-l brim cu			6 per year	1/1/20		589.67
1.2530	Thight/ wght bear lacer non-mo			6 per year	1/1/20		187.08
1.2540	Thi/ wght bear lacer molded			6 per year	1/1/20		336.63

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1.2550	Thigh/weight bear high roll cu			2 per year	1/1/20		228.68
ADDITIONS: PELVIC AND THORACIC CONTROL							
1.2570	Hip clevis type 2 post int			2 per year	1/1/20		379.25
1.2580	Pelvic control pelvic sling			2 per year	1/1/20		369.54
1.2600	Hip clevis/thrust bearing fr			2 per year	1/1/20		202.35
1.2610	Hip clevis/thrust bearing lo			2 per year	1/1/20		214.34
1.2620	Pelvic control hip heavy dnt			2 per year	1/1/20		241.00
1.2622	Hip joint adjustable flexion			2 per year	1/1/20		273.22
1.2624	Hip adj flex ext abductor cont			2 per year	1/1/20		263.66
1.2627	Plastic mold recipro hip & c			2 per year	1/1/20		1438.74
1.2628	Metal frame recipro hip & ca			6 per year	1/1/20		1415.22
1.2630	Pelvic control band & belt u			2 per year	1/1/20		197.17
1.2640	Pelvic control band & belt b			2 per year	1/1/20		267.58
1.2650	Pelv & thor control gluteal			2 per year	1/1/20		113.93
1.2660	Thoracic control thoracic ba			6 per year	1/1/20		148.40
1.2670	Thorac cont paraspinal uprig			2 per year	1/1/20		143.91
1.2680	Thorac cont lat support upri			2 per year	1/1/20		133.31
1.2750	Plating chrome/nickel pr bar			4 per year	1/1/20		66.56
1.2755	Carbon graphite lamination			10 per year	1/1/20		108.28
1.2760	Extension per extension per			12 per year	1/1/20		48.38
1.2768	Orthotic side bar disconnect device, per bar			2 per year	1/1/20		108.28
1.2780	Non-erosive finish			12 per year	1/1/20		53.89
1.2785	Drop lock retainer each			6 per year	1/1/20		25.34
1.2795	Knee control full kneecap			2 per year	1/1/20		68.72
1.2800	Knee cap medial or lateral p			2 per year	1/1/20		105.63
1.2810	Knee control contd lar pad			6 per year	1/1/20		82.92
1.2820	Soft interface below knee se			6 per year	1/1/20		69.15
1.2830	Soft interface above knee se			6 per year	1/1/20		74.80
1.2840	Tibial length sock fx or equu			6 per year	1/1/20		44.22
1.2850	Femoral leth sock fx or equa			8 per year	1/1/20		49.30
1.2861	Knee or ankle, concentric adjustable torsion style mechanism		Y	6 per year	1/1/20	I/C	I/C
1.2999	Lower extremity orthosis NOS		Y	20 per year	1/1/20	I/C	I/C
ORTHOPEDIC SHOES							
INSERTS, ARCH SUPPORTS AND ABDUCTION AND ROTATION BARS							
1.3000	Foot insert Berkeley shell			2 per year	1/1/20		261.09
1.3001	Foot insert, removable, molded to patient model, Spenco model, each			2 per year	1/1/20		109.93

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L3002	Foot insert, removable, molded to patient model, Plastazote or equal, ea			2 per year	1/1/20		134.23
L3003	Foot insert, removable, molded to patient model, silicone gel, each			2 per year	1/1/20		144.85
L3010	Foot insert, removable, molded to patient model, longitud, arch support ea			2 per year	1/1/20		144.85
L3020	Foot insert, removable, molded to patient model, latitudl/metralsl sprprt, ea			2 per year	1/1/20		164.89
L3030	Foot arch support, remov prem			2 per year	1/1/20		63.44
L3031	Foot lamin/prepreg composite		Y	2 per year	1/1/20		101.80
L3100	Hallus-valgus night dynamic splint			3 per year	1/1/20		35.94
L3140	Abduction rotation bar shoe			2 per year	1/1/20		74.01
L3150	Abduction rotation bar w/o shoe			3 per year	1/1/20		67.65
L3160	Shoe styled positioning device, Torque heels		Y	3 per year	1/1/20	1/C	1/C
L3170	Foot, plastic, silicone or equal, Heel Stabilizer, each			4 per year	1/1/20		42.30
ORTHOPEDIC FOOTWEAR							
L3201	Oxford w. supinator/pronator inf		Y	3 per year	1/1/20	1/C	1/C
L3202	Oxford w. supinator/pronator child		Y	3 per year	1/1/20	1/C	1/C
L3203	Oxford w. supinator/pronator jun		Y	3 per year	1/1/20	1/C	1/C
L3204	Hightop w. supp/pronator infant		Y	3 per year	1/1/20	1/C	1/C
L3206	Hightop w. supp/pronator child		Y	3 per year	1/1/20	1/C	1/C
L3207	Hightop w. supp/pronator junior		Y	3 per year	1/1/20	1/C	1/C
L3208	Surgical boot, each infant		Y	3 per year	1/1/20	1/C	1/C
L3209	Surgical boot, each child		Y	3 per year	1/1/20	1/C	1/C
L3211	Surgical boot, each junior		Y	3 per year	1/1/20	1/C	1/C
L3212	Benesch boot pair infant		Y	3 per year	1/1/20	1/C	1/C
L3213	Benesch boot pair child		Y	3 per year	1/1/20	1/C	1/C
L3214	Benesch boot pair junior		Y	3 per year	1/1/20	1/C	1/C
L3215	Orthopedic fwear ladies oxford, each		Y	3 per year	1/1/20	1/C	1/C
L3216	Orthopedic fwear, ladies shoes, depth inlay, each		Y	3 per year	1/1/20	1/C	1/C
L3217	Ladies shoes hightop depth		Y	3 per year	1/1/20	1/C	1/C
L3219	Orthopedic mens shoe, oxford		Y	3 per year	1/1/20	1/C	1/C
L3221	Orthopedic mens shoes depth		Y	3 per year	1/1/20	1/C	1/C
L3222	Mens shoes hightop depth inl		Y	3 per year	1/1/20	1/C	1/C
L3223	Mens surgical boot each		Y	1 per year	1/1/20	1/C	1/C
L3224	Woman's shoe, oxford brace			2 per year	1/1/20		52.97
L3225	Man's shoe oxford brace			2 per year	1/1/20		54.39
L3230	Custom shoes depth inlay			2 per year	1/1/20		82.47
L3250	Custom mold shoe remov prost			2 per year	1/1/20		243.65
L3251	Shoe molded to pt silicone s		Y	3 per year	1/1/20	1/C	1/C

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L.3252	Shoe molded plastazote cust		Y	3 per year	1/1/20	1/C	1/C
L.3253	Shoe molded plastazote cust		Y	3 per year	1/1/20	1/C	1/C
L.3254	Orth foot non-std size/w		Y	3 per year	1/1/20	1/C	1/C
L.3255	Orth foot non-std size/w		Y	3 per year	1/1/20	1/C	1/C
L.3257	Orth foot add change splint		Y	3 per year	1/1/20	1/C	1/C
L.3260	Ambulatory surgical boot each-nylon			3 per year	1/1/20		18.21
L.3265	Plastazole sandal each		Y	1 per year	1/1/20	1/C	10.88
SHOE MODIFICATIONS - LIFTS							
L.3300	Lift, elevation, heel, tapered to metatarsals, per inch			4 per year	1/1/20		43.33
L.3310	Shoe lift elev heel/sole neo			6 per year	1/1/20		67.65
L.3320	Shoe lift elev heel/sole cor			3 per year	1/1/20		312.02
L.3330	Lift, elevation, metal extension (skate)			6 per year	1/1/20		470.38
L.3332	Lift, elevation, inside shoe, tapered, up to one-half inch			2 per year	1/1/20		61.29
L.3334	Lifts, elevation, heel, per inch			3 per year	1/1/20		31.72
SHOE MODIFICATIONS - WEDGES							
L.3340	Shoe wedge each			3 per year	1/1/20		70.85
L.3350	Shoe sole wedge			3 per year	1/1/20		19.05
L.3360	Shoe sole wedge outside sole			3 per year	1/1/20		29.60
L.3370	Shoe sole wedge between sole			3 per year	1/1/20		41.19
L.3380	Shoe clubfoot wedge			3 per year	1/1/20		41.19
L.3390	Shoe outflare wedge			3 per year	1/1/20		41.19
L.3400	Shoe metatarsal bar wedge			3 per year	1/1/20		33.84
L.3410	Shoe metatarsal bar between			3 per year	1/1/20		77.15
L.3420	Full sole/heel wedge between			3 per year	1/1/20		45.47
L.3430	Shoe heel count plast reinforc			4 per year	1/1/20		133.19
SHOE MODIFICATIONS - HEELS							
L.3440	Heel leather reinforced			3 per year	1/1/20		63.44
L.3450	Shoe heel sach cushion type			3 per year	1/1/20		87.75
L.3455	Shoe heel new leather standard			3 per year	1/1/20		33.84
L.3460	Shoe heel new rubber standard			3 per year	1/1/20		28.52
L.3465	Shoe heel thomas with wedge			3 per year	1/1/20		48.62
L.3470	Shoe heel Thomas extended to B			3 per year	1/1/20		51.79
L.3480	Shoe heel pad & depresso for			3 per year	1/1/20		51.79
L.3485	Heel pad, removable for spur		Y	2 per year	1/1/20		1/C
MISCELLANEOUS SHOE ADDITIONS							
L.3500	Shoe heel pad removable for			3 per year	1/1/20		24.31

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L3510	Ortho shoe add leather insole			3 per year	1/1/20		24.31
L3520	Ortho shoe add rub insole			3 per year	1/1/20		26.40
L3530	Ortho shoe add felt w leather insole			3 per year	1/1/20		26.40
L3540	Ortho shoe add half sole			3 per year	1/1/20		42.30
L3550	Ortho shoe add full sole			3 per year	1/1/20		7.38
L3560	Ortho shoe add standard toe tap			3 per year	1/1/20		19.05
L3570	Ortho shoe add instep extension			3 per year	1/1/20		70.85
L3580	Ortho shoe add instep velcro clos			3 per year	1/1/20		53.91
L3590	Ortho shoe convert firm to soft count			3 per year	1/1/20		44.40
L3595	Ortho shoe add march bar			3 per year	1/1/20		34.87
TRANSFER OR REPLACEMENT							
L3600	Transshoe calip plate exist			3 per year	1/1/20		63.44
L3610	Trans shoe caliper plate new			3 per year	1/1/20		83.50
L3620	Trans shoe solid stirrup existing			3 per year	1/1/20		63.44
L3630	Trans shoe solid stirrup new			3 per year	1/1/20		83.50
L3640	Shoe Dennis Browne splint both			3 per year	1/1/20		35.94
L3649	Orthopedic shoe modification NOS		Y	3 per year	1/1/20	1/C	1/C
ORTHOTIC DEVICES - UPPER LIMB							
SHOULDER ORTHOSIS (SO)							
L3650	Shoulder orthotic fig 8 abduction restrainer, pre-fab			2 per year	1/1/20		52.95
L3671	Shoulder orthosis, shoulder cap design, w/o joints, custom fabricated			2 per year	1/1/20		681.59
L3675	Shoulder orthosis, vest type abduction restrainer, canvas web or equal			2 per year	1/1/20		132.74
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefab****		Y	2 per year	1/1/20	1/C	1/C
ELBOW ORTHOSIS (EO)							
L3702	Elbow orthosis, w/o joints, custom fabricated			2 per year	1/1/20		218.42
L3710	Elbow elastic with metal joint			2 per year	1/1/20		121.75
L3720	Forearm/arm cuffs free motion			2 per year	1/1/20		543.28
L3730	Forearm/arm cuffs ext/flex a			2 per year	1/1/20		702.36
L3740	Cuffs adj lock w/active con			2 per year	1/1/20		832.71
L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj			2 per year	1/1/20		378.27
L3761	Elbow Orthosis, adj lock joint prefab ons			2 per year	1/1/20		378.27
L3762	Elbow Orthosis, rigid, w/o joints, includes soft interface, prefab			2 per year	1/1/20		81.33
L3763	EWHO, rigid, w/o joints, may include soft interface, straps, custom fab			2 per year	1/1/20		530.95
L3764	Elbow wrist hand orthosis, incls one or more nontorsion joints, cust fab			2 per year	1/1/20		693.02
L3765	Elbow wrist hand finger orthosis, rigid, w/o joints, custom fabricated			2 per year	1/1/20		969.90
L3766	Elbow wrist hand finger orthosis, incls one or more nontorsion joints, cs fab			2 per year	1/1/20		1027.05

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WRIST-HAND-FINGER ORTHOSIS (WHFO)							
L.3806	Whfo w./joint(s), custom fab			2 per year	1/1/20		343.60
L.3807	Whfo w. inflatable archamber			2 per year	1/1/20		189.14
L.3808	Whfo rigid, w/o joint(s), custom fab			2 per year	1/1/20		282.85
L.3809	Whfo w/o joints pre ots			1 per year	1/1/20		189.14
L.3890	Wrist or elbow, concentric adj. torsion style mech		Y	6 per year	1/1/20	1/C	1/C
DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION							
L.3900	Hinge extension/flex wrist/f			3 per year	1/1/20		1102.92
L.3901	Hinge ext/flex wrist finger			3 per year	1/1/20		1252.50
L.3904	Whfo electric custom fitted			3 per year	1/1/20		2281.69
L.3905	Wrist hand orthosis, incls one or more nontorsion joints, elastic bands, cfab			2 per year	1/1/20		750.13
OTHER WHIFOS - CUSTOM FITTED							
L.3906	Wrist hand orthosis, without joints, custom fabricated			2 per year	1/1/20		333.06
L.3908	Wrist cock-up non-molded			2 per year	1/1/20		52.41
L.3912	Flex glove w/elastic finger			2 per year	1/1/20		90.80
L.3913	Hand finger orthosis, without joints, may include soft interface, custom fab			2 per year	1/1/20		204.87
L.3915	WHFO w./nontor joints, prefab			2 per year	1/1/20		402.08
L.3917	Prefab metacarpal fx orthosis			50 per year	1/1/20		79.93
L.3919	Hand orthosis, w/o joints, custom fabricated			2 per year	1/1/20		204.87
L.3921	Hand finger orthosis, incls one or more nontorsion joints, custom fabricated			2 per year	1/1/20		242.96
L.3923	Hand finger orthosis, without joint, prefab, inc fitting and adj			4 per year	1/1/20		73.01
L.3924	HFO w/o joints pre ots			3 per year	1/1/20		73.01
L.3925	Finger orthosis, PIP/DIP with joint/spring			6 per year	1/1/20		39.16
L.3927	Finger orthosis, PIP/DIP without joint/spring			6 per year	1/1/20		26.44
L.3929	HFO non-torsion joint, prefab			6 per year	1/1/20		69.38
L.3931	WHFO Non-torsion joint, prefab			6 per year	1/1/20		142.08
L.3933	Finger orthosis, w/o joints, may incld soft interface, custom fab			6 per year	1/1/20		161.37
L.3935	Finger orthosis, nontorsion joint, custom fabricated			2 per year	1/1/20		167.09
L.3936	Addition of joint to upper extremity orthosis, any material; per joint		Y	6 per year	1/1/20	1/C	1/C
SHOULDER - ELBOW-WRIST-HAND ORTHOSIS (SEWHO)							
ABDUCTION POSITION, CUSTOM FITTED							
L.3960	SEWHO, airplane design abduction positioning			2 per year	1/1/20		573.13
L.3961	SEWHO, shoulder cap design, custom fabricated			2 per year	1/1/20		1270.85
L.3962	SEWHO Erb's palsy design abduction positioning			2 per year	1/1/20		559.04
L.3967	SEWHO, abduction positioning (airplane design)			2 per year	1/1/20		1500.45
ADDITIONS TO MOBILE ARM SUPPORTS							

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L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, custom fabricated			6 per year	1/1/20		1424.29
L3973	SEWH Orthosis, abd pstrg (airplane dsgr, custom fabricated			6 per year	1/1/20		1500.45
L3975	SEWHF orthosis, shoulder cap design, custom fabricated			6 per year	1/1/20		1270.85
L3976	SEWHF orthosis, Abduction pstrg design, custom fabricated			2 per year	1/1/20		1270.85
L3977	SEWHF orthosis, shoulder cap design, one or more nontorsion joints, cs fab			2 per year	1/1/20		1424.29
L3978	SEWHF orthosis, abduction pstrg (airplannedesign), custom fabricated			2 per year	1/1/20		1500.45
FRACTURE ORTHOSIS							
L3980	Upp ext fx orthosis humeral			2 per year	1/1/20		249.49
L3982	Upper ext fx orthosis rad/ul			2 per year	1/1/20		290.87
L3984	Upper ext fx orthosis wrist			2 per year	1/1/20		268.18
L3995	Sock fracture or equal each			4 per year	1/1/20		27.79
L3999	Upper Limb Orthosis, not otherwise classified		Y	6 per year	1/1/20	I/C	I/C
SPECIFIC REPAIR							
L4000	Repl girdle milwaukee orth			1 per year	1/1/20		1096.08
L4002	Replacement strap, any orthosis, includes all components, any length or type		Y	4 per year	1/1/20	I/C	I/C
L4010	Replace intralateral socket br			6 per year	1/1/20		534.36
L4020	Replace quadrat socket brim			6 per year	1/1/20		747.32
L4030	Replace socket brim cust fit			2 per year	1/1/20		402.00
L4040	Replace molded thigh lacer			2 per year	1/1/20		328.04
L4045	Replace non-molded thigh lac			2 per year	1/1/20		261.19
L4050	Replace molded calf lacer			2 per year	1/1/20		328.72
L4055	Replace non-molded calf lacer			2 per year	1/1/20		212.86
L4060	Replace high roll cuff			2 per year	1/1/20		253.05
L4070	Replace prox & dist upright			2 per year	1/1/20		224.08
L4080	Repl met band KAFO-AFO prox			2 per year	1/1/20		91.91
L4090	Repl met band KAFO-AFO calf/			2 per year	1/1/20		72.52
L4100	Repl leath cuff KAFO prox th			2 per year	1/1/20		95.23
L4110	Repl leath cuff KAFO-AFO cal			2 per year	1/1/20		71.74
L4130	Replace pretibial shell			2 per year	1/1/20		402.30
PROSTHETIC REPAIRS							
L4205	Repair orthotic device per I5 min			12 units	1/1/20		18.09
L4210	Repair or replace minor parts		Y	10 per year	1/1/20		32.94
L4350	Pneumatic ankle cntrl splint			4 per year	1/1/20		79.70
L4360	Pneumatic walking splint, custom			2 per year	1/1/20		245.00
L4361	Pneumatic walking splint, prefab			2 per year	1/1/20		245.00
L4370	Pneumatic full leg splint			2 per year	1/1/20		162.03

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L4386	Non-pneumatic walking splines, prefab, includes fitting and adjustments			2 per year	1/1/20		131.77
L4387	Non-pneumatic walk boot pre-oth			2 per year	1/1/20		131.77
L4392	Replacement soft interface material, static AFO			4 per year	1/1/20		19.55
L4394	Replace soft interface material, foot drop splint			4 per year	1/1/20		14.26
L4396	Static AFO			2 per year	1/1/20		139.46
L4398	Foot drop splint recumbent			2 per year	1/1/20		64.21
L4631	AFO walking boot type, custom fab			2 Per year	1/1/20		1325.27
PROSTHETIC PROCEDURES L5000-L9999							
LOWER LIMB -PARTIAL FOOT							
L5000	Shoe insert w arch toe filler			2 per year	1/1/20		472.80
L5010	Mold socket ank hgt w/toe f			4 per year	1/1/20		1032.74
L5020	Tibial tubercle hgt w/toe f			2 per year	1/1/20		1681.03
ANKLE							
L5050	Ank svms mold sekt sach ft			2 per year	1/1/20		1946.77
L5060	Svms met fr leath socket ar			2 per year	1/1/20		2342.97
BELOW KNEE							
L5100	Molded socket shin sach foot			2 per year	1/1/20		2028.02
L5105	Plast socket lts/thigh lacer			2 per year	1/1/20		3218.90
KNEE DISARTICULATION							
L5150	Mold sekt ext knee shin sach			2 per year	1/1/20		2978.90
L5160	Mold socket bant knee shin s			2 per year	1/1/20		3240.09
ABOVE KNEE							
L5200	Knee sing axis fric shin sach			2 per year	1/1/20		2822.40
L5210	No knee/ankle joints w/ft b			2 per year	1/1/20		2058.43
L5220	No knee joint with artic ali			2 per year	1/1/20		2339.78
L5230	Fem focal defic constant fri			2 per year	1/1/20		3227.01
HIP DISARTICULATION							
L5250	Hip canad sing axi cons fric			1 per year	1/1/20		4401.36
L5270	Tilt table locking hip sing			2 per year	1/1/20		4362.80
HEMIPLECTOMY							
L5280	Hemiplect canad sing axis			2 per year	1/1/20		4319.17
L5301	Below knee, molded socket, shin, SACH foot, endoskel system			2 per year	1/1/20		1947.68
L5321	Above knee, molded socket, open end, SACH foot, endoskel sys, single			2 per year	1/1/20		2788.05
L5331	Hip disarticulation, Canadian type, molded socket, SACH foot			2 per year	1/1/20		3945.20
L5341	Hemiplectomy, Canadian type, molded socket, SACH foot			2 per year	1/1/20		4287.19
IMMEDIATE POSTSURGICAL OR EARLY FITTING PROCEDURES							

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L5400	Postop dress & cast chg bk			2 per year	1/1/20		1020.94
L5410	Postop dsq bk ea add cast ch			2 per year	1/1/20		447.30
L5420	Postop dsq & 1 cast chg ak/d			2 per year	1/1/20		1289.41
L5430	Postop dsq ak ea add cast ch			2 per year	1/1/20		569.16
L5450	Postop app non-wft bear dsq			2 per year	1/1/20		364.10
L5460	Postop app non-wgt bear clsg			2 per year	1/1/20		536.66
INITIAL PROSTHESIS							
L5500	Init bk ptb plaster direct			2 per year	1/1/20		1089.47
L5505	Init ak ischal plstr direct			2 per year	1/1/20		1475.43
PREPARATORY PROSTHESIS							
L5510	Prep BK ptb plaster molded			2 per year	1/1/20		1234.99
L5520	Prep BK ptb thermopls direct			2 per year	1/1/20		1219.88
L5530	Prep BK ptb thermopls molded			2 per year	1/1/20		1544.11
L5535	Prep BK ptb open end socket			2 per year	1/1/20		1521.71
L5540	Prep BK ptb laminated socket			2 per year	1/1/20		1606.86
L5560	Prep AK ischial plast molded			2 per year	1/1/20		1648.70
L5570	Prep AK ischial direct form			2 per year	1/1/20		1714.07
L5580	Prep AK ischial thermo mold			2 per year	1/1/20		2001.06
L5585	Prep AK ischial open end			2 per year	1/1/20		2170.38
L5590	Prep AK ischial laminated			2 per year	1/1/20		2039.22
L5595	Hip disartic sach thermopls			2 per year	1/1/20		3584.39
L5600	Hip disartic sach laminat mold			2 per year	1/1/20		3909.58
ADDITIONS; LOWER EXTREMITY							
L5610	Above knee hydracandence			6 per year	1/1/20		1756.27
L5611	Ak 4 bar link w/fric swing			6 per year	1/1/20		1366.73
L5613	Ak 4 bar link w/hydraul swig			6 per year	1/1/20		2078.89
L5614	4-bar link above knee w/swing			6 per year	1/1/20		1405.25
L5616	Ak univ multiplex svx frict			6 per year	1/1/20		1152.11
L5617	AK/BK self-aligning unit ea			2 per year	1/1/20		465.93
L5618	Test socket svms			6 per year	1/1/20		268.41
L5620	Test socket below knee			4 per year	1/1/20		235.83
L5622	Test socket knee disarticula			6 per year	1/1/20		360.17
L5624	Test socket above knee			6 per year	1/1/20		343.64
L5626	Test socket hip disarticulat			2 per year	1/1/20		483.03
L5628	Test socket hemipelvectomy			2 per year	1/1/20		457.50
L5629	Below knee acrylic socket			2 per year	1/1/20		349.37

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
1.5630	Some typ expandable wall sockt			6 per year	1/1/20		380.71
1.5631	Alk/knee disartic acrylic soc			2 per year	1/1/20		455.26
1.5632	Svmes type pfb brim design s			6 per year	1/1/20		188.35
1.5634	Svmes type poster opening so			6 per year	1/1/20		258.83
1.5636	Svmes type medial opening so			6 per year	1/1/20		216.14
1.5637	Below knee total contact			4 per year	1/1/20		288.72
1.5638	Below knee leather socket			6 per year	1/1/20		412.83
1.5639	Below knee wood socket			6 per year	1/1/20		968.46
1.5640	Knee disarticulat leather so			6 per year	1/1/20		589.64
1.5642	Above knee leather socket			6 per year	1/1/20		527.88
1.5643	Hip flex inner socket ext fr			6 per year	1/1/20		1320.31
1.5644	Above knee wood socket			6 per year	1/1/20		501.03
1.5645	Alk flexibl inner socket ext			2 per year	1/1/20		676.84
1.5646	Below knee air cushion socket			6 per year	1/1/20		464.78
1.5647	Below knee suction socket			2 per year	1/1/20		674.77
1.5648	Above knee air cushion socket			2 per year	1/1/20		558.49
1.5649	Isch containmt/narrow mt-l so			4 per year	1/1/20		1695.50
1.5650	Tot contact ank/knee disart s			2 per year	1/1/20		414.12
1.5651	Alk flex inner socket ext fra			2 per year	1/1/20		1018.72
1.5652	Suction susp alk/knee disart			2 per year	1/1/20		369.84
1.5653	Knee disart expand wall sock			6 per year	1/1/20		493.70
ADDITIONS: SOCKET INSERT AND SUSPENSION							
1.5654	Socket insert svmes			2 per year	1/1/20		281.33
1.5655	Socket insert below knee			2 per year	1/1/20		238.20
1.5656	Socket insert knee articulat			2 per year	1/1/20		335.54
1.5658	Socket insert aboveknee			2 per year	1/1/20		326.77
1.5661	Multi-durometer svmes			2 per year	1/1/20		567.85
1.5665	Multi-durometer below knee			2 per year	1/1/20		434.34
1.5666	Below knee cuff suspension			2 per year	1/1/20		64.54
1.5668	Socket insert w/o lock lower			2 per year	1/1/20		86.17
1.5670	Bk molded supracondylar susp			2 per year	1/1/20		262.34
1.5671	add to hwr ext. below knee/avove knee, eold socket insert			2 per year	1/1/20		421.95
1.5672	Bk removable medial brim sus			2 per year	1/1/20		320.54
1.5673	Socket insert w/lock meeh			4 per year	1/1/20		595.97
1.5676	Bk knee joints single axis p			2 per year	1/1/20		307.39
1.5677	Bk knee joints polycetric p			2 per year	1/1/20		418.25

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
1.5678	Bk joint covers pair			2 per year	1/1/20		33.68
1.5679	Socket insert w/o lock mech			6 per year	1/1/20		496.63
1.5680	Addition to lower extremity, below knee, thigh lacer, nonmolded			2 per year	1/1/20		293.79
1.5681	Initial containm/narrow mi-l so			50 per year	1/1/20		1095.40
1.5682	Add to lower extremity, below knee, thigh lacer, gluteal/ischial, molded			6 per year	1/1/20		530.50
1.5683	Add to lwr extr, below knee/above knee, custom socket insert			4 per year	1/1/20		1095.40
1.5684	Add to lower ext, below knee, fork strap			2 per year	1/1/20		40.83
1.5685	Add to lower ext pros, below knee, suspens/scaling sleeve			4 per year	1/1/20		106.67
1.5686	Bk back check			2 per year	1/1/20		55.06
1.5688	Bk waist belt webbing			2 per year	1/1/20		51.82
1.5690	Bk waist belt padded and lin			2 per year	1/1/20		100.33
1.5692	Alk pelvic control belt light			2 per year	1/1/20		116.46
1.5694	Alk pelvic control belt pad/1			2 per year	1/1/20		153.89
1.5695	Alk sleeve susp neoprene/squa			2 per year	1/1/20		161.43
1.5696	Alk/knee disartic pelvic join			2 per year	1/1/20		176.42
1.5697	Alk/knee disartic pelvic band			2 per year	1/1/20		71.66
1.5698	Alk/knee disartic silesian ba			2 per year	1/1/20		89.13
1.5699	Shoulder harness			2 per year	1/1/20		158.17
REPLACEMENTS							
1.5700	Replace socket below knee			2 per year	1/1/20		2443.84
1.5701	Replace socket above knee			6 per year	1/1/20		3031.81
1.5702	Replace socket hip			6 per year	1/1/20		3821.13
1.5704	Custom shape cover below knee			2 per year	1/1/20		498.29
1.5705	Custom shape cover above knee			2 per year	1/1/20		913.56
1.5706	Custom shape cover knee disart			6 per year	1/1/20		891.06
1.5707	Custom shape cover hip disart			6 per year	1/1/20		1197.12
ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM							
1.5710	Knee-shin exo sng axi mnl loc			6 per year	1/1/20		305.09
1.5711	Knee-shin exo mnl lock ultra			6 per year	1/1/20		462.82
1.5712	Knee-shin exo frict swg & st			6 per year	1/1/20		365.53
1.5714	Knee-shin exo variable frict			6 per year	1/1/20		376.94
1.5716	Knee-shin exo mech stance ph			6 per year	1/1/20		618.26
1.5718	Knee-shin exo frict swg & sta			2 per year	1/1/20		772.76
1.5722	Knee-shin pneum swg fret exo			2 per year	1/1/20		806.40
1.5724	Knee-shin exo fluid swing ph			2 per year	1/1/20		1280.41
1.5726	Knee-shin ext ints fld swig c			2 per year	1/1/20		1681.31

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
1.5728	Knee-shin fluid swg & stance			2 per year	1/1/20		2094.70
1.5780	Knee-shin pneu/hydra pneu			2 per year	1/1/20		1009.96
1.5781	Vacuum pump, residual limb volume management and moisture			6 per year	1/1/20		3332.00
1.5782	Vacuum pump, residual limb volume management, heavy duty			6 per year	1/1/20		3512.68
COMPONENT MODIFICATION							
1.5785	Exoskeletal system below knee ultra light			2 per year	1/1/20		440.73
1.5790	Exoskeletal ak ultra-light m			2 per year	1/1/20		609.93
1.5795	Exoskehip ultra-light mate			2 per year	1/1/20		910.79
1.5810	Endoskel knee-shin mnl lock			2 per year	1/1/20		423.71
1.5811	Endoskeletal knee shin system, ultra light material			2 per year	1/1/20		618.66
1.5812	Endo knee-shin frct swg & st			2 per year	1/1/20		479.54
1.5814	Endo knee-shin hydral swg ph			6 per year	1/1/20		3092.73
1.5816	Endo knee-shin polyc mech sta			2 per year	1/1/20		721.42
1.5818	Endo knee-shin frct swg & st			2 per year	1/1/20		814.62
1.5822	Endo knee-shin pneu swg fre spc			2 per year	1/1/20		1580.44
1.5824	Endo knee-shin fluid spc			2 per year	1/1/20		1300.89
1.5826	Miniature knee joint			2 per year	1/1/20		2626.63
1.5828	Endo knee-shin fluid swg/sta			2 per year	1/1/20		2479.78
1.5830	Endo knee-shin pneu/swg pha			2 per year	1/1/20		1761.99
1.5840	Multi-axial knee/shin system			2 per year	1/1/20		3107.06
1.5845	Knee-shin gvs stance flexion			2 per year	1/1/20		1492.61
1.5848	Endo Knee-shin system, hydraulic stance, dampening feature, w/without adjustable			2 per year	1/1/20		895.48
1.5850	Endo ak/hip knee extens assi			2 per year	1/1/20		112.67
1.5855	Mech hip extension assist			2 per year	1/1/20		261.98
1.5856	Add to lower extremity pros, endoskel-knee-shin, swing & stance phase		Y	4 per year	1/1/20		19991.06
1.5857	Add to lower extremity pros, endoskel-knee-shin, swing phase only		Y	4 per year	1/1/20		7093.61
1.5910	Endo below knee alignable sv			2 per year	1/1/20		309.41
1.5920	Endo ak/hip alignable system			2 per year	1/1/20		450.09
1.5925	Above knee manual lock			2 per year	1/1/20		285.03
1.5930	High activity knee frame		Y	2 per year	1/1/20		2802.99
1.5940	Endo bk ultra-light material			6 per year	1/1/20		425.51
1.5950	Endo ak ultra-light material			6 per year	1/1/20		718.83
1.5960	Endo hip ultra-light material			2 per year	1/1/20		861.04
1.5962	Below knee flex cover system			2 per year	1/1/20		498.61
1.5964	Above knee flex cover system			2 per year	1/1/20		893.13

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L5966	Hip flexible cover system		Y	2 per year	1/1/20		1150.48
L5968	Multiaxial ankle w dorsiflex start	Y	Y	2 per year	1/1/20		3026.18
L5970	Foot external keel sach foot			2 per year	1/1/20		186.22
L5972	Flexible keel foot			6 per year	1/1/20		298.96
L5974	Foot single axis ankle/foot			6 per year	1/1/20		252.24
L5975	Combo ankle/foot prosthesis			6 per year	1/1/20		386.05
L5976	Energy storing foot			6 per year	1/1/20		475.06
L5978	Ft prosth multiaxial ankl/ft			6 per year	1/1/20		247.55
L5979	Multi-axial ankle/ft prosth		Y	2 per year	1/1/20		1986.45
L5980	Flex foot system		Y	2 per year	1/1/20		3145.18
L5981	Flex walk sys low ext prosth		Y	2 per year	1/1/20		2718.60
L5982	Exoskeletal axial rotation u			2 per year	1/1/20		490.40
L5984	Endoskeletal axial rotation			2 per year	1/1/20		486.05
L5985	Lwr ext dynamic prosth pylon			2 per year	1/1/20		235.17
L5986	Multi-axial rotation unit			2 per year	1/1/20		540.40
L5987	Shank ft w vert load pylon		Y	2 per year	1/1/20		5990.62
L5988	Vertical shock reducing pylon		Y	2 per year	1/1/20		1663.61
L5990	User adjustable heel height		Y	2 per year	1/1/20		1510.82
L5993	Addition to lower ext, HD feature, foot only, weight >300 lb.		Y	3 per year	1/1/20	I/C	I/C
L5994	Addition to lower ext, HD feature, foot only, weight >300 lbs.		Y	2 per year	1/1/20	I/C	I/C
L5995	Addition to lower ext, heavy duty feature, other than foot or knee (for patient weight > 300 lbs)		Y	1 per year	1/1/20	I/C	I/C
L5999	Lower extremity prosthesis NOS		Y	15 per year	1/1/20	I/C	I/C
UPPER LIMB/PARTIAL HAND							
L6000	Par hand robin-aid fthm rem			2 per year	1/1/20		1127.11
L6010	Hand robin-aids little/ring			2 per year	1/1/20		1254.29
L6020	Part hand robin-aids no fing			2 per year	1/1/20		1169.42
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis.			2 per year	1/1/20		6210.75
WRIST DISARTICULATION							
L6050	Wrst MLD sick fix hng tri pad			2 per year	1/1/20		1611.41
L6055	Wrst mold sock w/exp interfa			2 per year	1/1/20		2561.41
BELOW ELBOW							
L6100	E/lb mold sock flex hinge pad			2 per year	1/1/20		1632.61
L6110	Elbow mold sock suspension t			2 per year	1/1/20		1731.65
L6120	Elbow mold doub splnt soc sta			2 per year	1/1/20		2018.00
L6130	Elbow stump activated lock h			2 per year	1/1/20		2195.96

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
ELBOW DISARTICULATION/ABOVE ELBOW/SHOULDER DISARTIC/INTERSCAPULAR THORACIC							
L6200	Elbow mold, outside lock hinge			2 per year	1/1/20		2314.18
L6205	Elbow molded w/expand inter			2 per year	1/1/20		3856.34
L6250	Above elbow, molded double wall socket, internal locking, elbow, frame			2 per year	1/1/20		2277.93
L6300	Shoulder disart, molded socket, shoulder bulkhead, locking, elbow, forearm			2 per year	1/1/20		3160.39
L6310	Shoulder passive restor comp			2 per year	1/1/20		2599.00
L6320	Shoulder passive restor cap			2 per year	1/1/20		1449.66
L6350	Thoracic intern lock elbow			2 per year	1/1/20		3322.66
L6360	Thoracic passive restor comp			2 per year	1/1/20		2727.72
L6370	Thoracic passive restor cap			2 per year	1/1/20		2053.54
IMMEDIATE AND EARLY POSTSURGICAL PROCEDURES							
L6380	Postop dsq cast chg wrst/elb			2 per year	1/1/20		1109.09
L6382	Postop dsq cast chg elb dis/			2 per year	1/1/20		1327.19
L6384	Postop dsq cast chg shldr/t			2 per year	1/1/20		1619.54
L6386	Postop ca cast chg & realign			2 per year	1/1/20		388.38
L6388	Postop applicat rigid dsq on			2 per year	1/1/20		272.92
ENDOSKELETAL: BELOW ELBOW/ ELBOW DISARTIC/ABOVE ELBOW/SHOLDER/INTERCAPULAR							
L6400	Below elbow prosth tiss shap			2 per year	1/1/20		1972.50
L6450	Elb disart prosth tiss shap			2 per year	1/1/20		2615.32
L6500	Above elbow prosth tiss shap			2 per year	1/1/20		2617.46
L6550	Shldr disart prosth tiss shap			2 per year	1/1/20		3234.71
L6570	Scap thorac prosth tiss shap			2 per year	1/1/20		3924.82
L6580	Wrist/elbow bowden cable mol			2 per year	1/1/20		1370.01
L6582	Wrist/elbow bowden cbl dir f			2 per year	1/1/20		1167.50
L6584	Elbow fair lead cable molded			2 per year	1/1/20		1891.15
L6586	Elbow fair lead cable dir fo			2 per year	1/1/20		1654.36
L6588	Shdr fair lead cable molded			2 per year	1/1/20		2730.96
L6590	Shdr fair lead cable direct			2 per year	1/1/20		2498.07
L6600	Polycentric hinge pair			2 per year	1/1/20		168.56
L6605	Single pivot hinge pair			2 per year	1/1/20		157.34
L6610	Elexible metal hinge pair			2 per year	1/1/20		141.23
L6611	Addition to upper extremity prosthesis, external powered, additional switch, anv type			6 per year	1/1/20		342.88
L6615	Disconnect locking wrist unit			2 per year	1/1/20		174.15
L6616	Disconnect insert locking wr			2 per year	1/1/20		73.36
L6620	Flexion-friction wrist unit			2 per year	1/1/20		273.32

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L6621	flexion-friction wrist unit, use with external powered terminal device			2 per year	1/1/20		1904.77
L6623	Spring-ass rot wrst w/latch			2 per year	1/1/20		625.62
L6624	Upper extremity addition, flexion/extension and rotation wrist unit			2 per year	1/1/20		3136.26
L6625	Rotation wrst w/cable lock			2 per year	1/1/20		455.24
L6628	Quick disconn hook adapter o			2 per year	1/1/20		465.22
L6629	Lamination collar w/couplin			2 per year	1/1/20		124.11
L6630	Stainless steel any wrist			2 per year	1/1/20		182.82
L6632	Latex suspension sleeve each			2 per year	1/1/20		60.98
L6635	Lift assist for elbow			2 per year	1/1/20		169.34
L6637	Nudge control elbow lock			2 per year	1/1/20		351.50
L6638	Electric locking feature, only for use w/manually powered elbow			4 per year	1/1/20		2082.51
L6640	Shoulder abduction ihoist pat			2 per year	1/1/20		239.88
L6641	Excursion amplifier pulley t			2 per year	1/1/20		159.43
L6642	Excursion amplifier lever tv			2 per year	1/1/20		226.98
L6645	Shoulder flexion-abduction i			2 per year	1/1/20		275.66
L6646	Shoulder joint, multipntsl lckng, flexion, adi			2 per year	1/1/20		2626.57
L6647	Shoulder lock mechanism, body powered actuator			2 per year	1/1/20		432.39
L6648	Shoulder lock mechanism, external powered actuator			2 per year	1/1/20		2708.87
L6650	Shoulder universal joint			2 per year	1/1/20		287.13
L6655	Standard control cable extra			2 per year	1/1/20		63.72
L6660	Heavy duty control cable			2 per year	1/1/20		77.86
L6665	Teflon or equal cable lining			2 per year	1/1/20		44.51
L6670	Hook to hand cable adapter			2 per year	1/1/20		42.20
L6672	Harness chest/ shldr saddle			2 per year	1/1/20		143.03
L6675	Harness figure of 8 dual con			2 per year	1/1/20		101.87
L6676	Harness, triple control, simultaneous operation of terminal device elbow			2 per year	1/1/20		102.88
L6677	Test sock wrist disart/bel c			2 per year	1/1/20		247.04
L6680	Test sock wrist disart/bel c			4 per year	1/1/20		196.81
L6682	Test sock elbow disart/above			4 per year	1/1/20		220.58
L6684	Test sock shldr disart/tho			2 per year	1/1/20		295.69
L6686	Suction socket			4 per year	1/1/20		549.87
L6687	Frame typ socket bel elbow/w			2 per year	1/1/20		489.30
L6688	Frame typ socket above elb/dis			2 per year	1/1/20		473.31
L6689	Frame typ socket shoulder di			2 per year	1/1/20		571.57
L6690	Frame typ sock interscap-tho			2 per year	1/1/20		618.99
L6691	Removable insert each			2 per year	1/1/20		370.18

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L6692	Silicone gel insert or equal			2 per year	1/1/20		474.39
L6693	Locking elbow forearm enthal			2 per year	1/1/20		2364.21
L6694	Add to upper extrem pros. below elbow/above elbow, fab from exist mold (for)			8 per year	1/1/20		595.97
L6695	Add to upper extrem pros. below elbow/above elbow, fab from exist mold (not)			8 per year	1/1/20		496.63
L6696	Add to upper extrem pros. for use w/ or w/o locking mech, initial only			8 per year	1/1/20		1095.40
L6697	Add to upper extrem pros. below elbow/abv elbow, other than initial			8 per year	1/1/20		1095.40
L6698	Add to upper extrem pros. excludes socket insert			8 per year	1/1/20		421.95
TERMINAL DEVICES HOOKS							
L6703	Terminal device, passive hand/mitt, any material, any size			2 per year	1/1/20		300.00
L6704	Terminal device, sport/recreation/work attachment, any material, any size			2 per year	1/1/20		496.78
L6706	Terminal device, hook, mechanical volun opening, any material, any size, lined/unlined			2 per year	1/1/20		295.98
L6707	Terminal device, hook, mechanical volun closing, any material, any size, lined/unlined			2 per year	1/1/20		1247.44
L6708	Terminal device, hand, mechanical volun opening, any material/size, line/unlined			2 per year	1/1/20		709.56
L6709	Terminal device, hand, mechanical volun closing, any material/size, line/unlined			4 per year	1/1/20		1148.38
L6805	Addition to terminal device, modifier wrist unit			2 per year	1/1/20		305.35
L6810	Additional to terminal device, precision pinch device			4 per year	1/1/20		166.44
HANDS							
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device			2 per year	1/1/20		3404.52
L6882	Microprocessor control feature, add to upper limb			2 per year	1/1/20		2582.49
L6884	Replacer socket, above el/elbow disarticulation, molded to patient, w/wo ext power			2 per year	1/1/20		1893.80
L6885	Replacer socket, shoulder, disarticulation, molded to patient, w/wo ext power			2 per year	1/1/20		2727.72
L6890	Production glove			2 per year	1/1/20		144.28
L6895	Custom glove			2 per year	1/1/20		525.14
L6900	Hand restorat thumb/1 finger			2 per year	1/1/20		1362.88
L6905	Hand restorat multiple fi			2 per year	1/1/20		1337.97
L6910	Hand restoration no fingers			2 per year	1/1/20		1373.52
L6915	Hand restoration replacmnt			2 per year	1/1/20		531.05
BASE DEVICES							

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L6920	Wrist disarticul switch ctrl			2 per year	1/1/20		6538.76
L6925	Wrist disart myoelectronic c			2 per year	1/1/20		7168.37
L6930	Below elbow switch control			2 per year	1/1/20		6185.82
L6935	Below elbow myoelectronic ct			2 per year	1/1/20		7319.85
L6940	Elbow disarticulation switch			2 per year	1/1/20		8064.35
L6945	Elbow disart myoelectronic c			2 per year	1/1/20		9019.82
L6950	Above elbow switch control			2 per year	1/1/20		8546.49
L6955	Above elbow myoelectronic ct			2 per year	1/1/20		10394.18
L6960	Shldr disartic switch contro			2 per year	1/1/20		11035.01
L6965	Shldr disartic myoelectronic			2 per year	1/1/20		12640.57
L6970	Interscapular-thor switch ct			2 per year	1/1/20		13586.08
L6975	Interscap-thor myoelectronic			2 per year	1/1/20		14999.21
L7007	Electric hand, switch or myoelectric controlled, adult			2 per year	1/1/20		3076.75
L7008	Electric hand, switch or myoelectric controlled,pediatric			2 per year	1/1/20		5197.75
L7009	Electric hook, switch or myoelectric controlled, adult			2 per year	1/1/20		3146.33
L7040	Prehensile actuator, switch controlled			2 per year	1/1/20		2467.69
L7045	Electron hook, switch or myoelectric controlled,pediatric			2 per year	1/1/20		1371.10
L7170	Electronic elbow hosmer swit			2 per year	1/1/20		4973.91
ELBOW							
L7180	Electronic elbow utah myoele			2 per year	1/1/20		29618.32
L7181	Electronic elbow, microprocessor, simultaneous control of elbow term dev			2 per year	1/1/20		33367.01
L7185	Electron elbow adolescent sw			2 per year	1/1/20		5092.46
L7186	Electron elbow child switch			2 per year	1/1/20		7776.61
L7190	Elbow adolescent myoelectron			2 per year	1/1/20		6630.19
L7191	Elbow child myoelectronic ct			2 per year	1/1/20		8376.04
L7259	Electron wrist rotator, any			2 per year	1/1/20		3537.10
L7260	Electron wrist rotator otto			2 per year	1/1/20		2010.21
L7261	Electron wrist rotator utah			2 per year	1/1/20		3701.50
BATTERY COMPONENTS AND REPAIRS							
L7360	Six volt bat otto bock/eq ea			2 per year	1/1/20		253.46
L7362	Battery chgr six volt otto			1 per year	1/1/20		228.34
L7364	Twelve volt battery utah/esq			2 per year	1/1/20		422.08
L7366	Battery chgr 12 volt utah/c			1 per year	1/1/20		568.64
L7367	Lithium ion battery, replacement			2 per year	1/1/20		324.22
L7368	Lithium ion battery charger			1 per year	1/1/20		420.28

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L7400	Add to upp ext prosth elb/wrst. ultralite material(titanium, carbon fibr, or equal)			2 per year	1/1/20		255.24
L7403	Add to upper ext prosth elb/wrst disarticulation (acrylic)			2 per year	1/1/20		306.66
L7499	Upper extremity prosthesis NOS		Y	1 per year	1/1/20		I/C
L7510	Prosthetic device repair minor parts		Y	5 per year	1/1/20		230.52
L7520	Repair prosthetic device per 15 min			12 units (3 hrs)	1/1/20		24.57
L7700	Pros Soc Insert Gasket/Seal			2 per year	1/1/20		122.24
BREAST PROSTHESIS							
L8000	Mastectomy bra, w/o integrated breast form, any size, any type			3 per year	1/1/20		30.97
L8001	Mastectomy bra, w/integrated form, unilateral, any size, any type			2 per year	1/1/20		104.47
L8002	Mastectomy bra, w/integrated form, bilateral, any size, any type			2 per year	1/1/20		137.38
L8010	Mastectomy sleeve			4 per year	1/1/20		50.62
L8015	Ext breastprosthesis garment			2 per year	1/1/20		49.92
L8020	Mastectomy form			2 per year	1/1/20		212.23
L8030	Breast prosthesis silicone w/o adhesive			2 per year	1/1/20		274.68
L8035	Custom breast prosthesis			2 per year	1/1/20		3050.92
L8039	Breast prosthesis, NOS		Y	1 per year	1/1/20		I/C
L8042	Orbital prosthesis, provided by non-phys		Y	1 per year	1/1/20		2874.57
L8043	Upper facial prosthesis provided by NPP				1/1/20		3219.55
PROSTHETIC SOCKS							
L8400	Sheath below knee			36 per yr	1/1/20		14.73
L8410	Sheath above knee			36 per yr	1/1/20		19.68
L8415	Sheath upper limb			10 per year	1/1/20		19.35
L8417	Pros sheath/sock w gel cushn			36 per yr	1/1/20		62.58
L8420	Prosthetic sock multi ply BK			36 per yr	1/1/20		17.38
L8430	Prosthetic sock multi ply AK			36 per yr	1/1/20		18.78
L8435	Pros sock multi ply upper lm			12 per year	1/1/20		17.83
L8440	Shrinker below knee			10 per year	1/1/20		35.48
L8460	Shrinker above knee			10 per year	1/1/20		56.53
L8465	Shrinker, upper limb			10 per year	1/1/20		50.05
L8470	Pros sock single ply BK			72 per yr	1/1/20		5.66
L8480	Pros sock single ply AK			72 per yr	1/1/20		7.81
L8485	Pros sock single ply upper l			10 per year	1/1/20		9.81
L8499	Unlisted Misc prosthetic service		Y	10 per year	1/1/20		I/C
L8500	Artificial larynx			1 per year	1/1/20		746.44
L8501	Tracheostomy speaking valve	Y/12 mos		12 per year	1/1/20		102.48

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L8505	Artificial larynx replacement battery/accessory, any type (AUDIOLOGY)		Y	5 per year	1/1/20	1/C	1/C
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each			1 per year	1/1/20		34.88
L8509	Tracheo-esoph voice prosthesis, MD inserted, any type, each			2 per year	1/1/20		90.94
L8510	Voice amplifier			1 per year	1/1/20		210.43
L8511	Indwelling trach insert			50 per year	1/1/20		60.57
L8512	Gel cap for trach voice pros			50 per year	1/1/20		1.80
L8513	Trach pros cleaning device, pipet, brush, or equal, replacement only			50 per year	1/1/20		4.33
L8514	Replace trach puncture dilator			50 per year	1/1/20		78.52
L8631	MCP joint repl 2 pc or more			50 per year	1/1/20		1807.84
L8639	Intrahalangeal joint replacement			50 per year	1/1/20		1606.96
L9900	Orthotic and prosthetic supply, accessory, or or service		Y	1 per year	1/1/20	1/C	1/C
TEMPORARY CODES FOR CAST SUPPLIES							
Q4001	Body cast adult, w or w/o head, plaster		Y		1/1/20		43.21
Q4002	Body cast adult, w or w/o head, fiberglass		Y		1/1/20		163.28
Q4003	Shoulder cast, adult (11 yrs +), plaster		Y		1/1/20		31.03
Q4004	Shoulder cast, adult (11 yrs +), fiberglass		Y		1/1/20		107.42
Q4005	long arm cast, adult (11 yrs +), plaster		Y		1/1/20		11.44
Q4006	long arm cast, adult (11 yrs +), fiberglass		Y		1/1/20		25.78
Q4007	Long arm cast, pediatric (0-10 yrs), plaster		Y		1/1/20		5.72
Q4008	Long arm cast, pediatric (0-10 yrs), fiberglass		Y		1/1/20		12.89
Q4009	Short arm cast, adult (11 yrs +), plaster		Y		1/1/20		7.64
Q4010	Short arm cast, adult (11 yrs +), fiberglass		Y		1/1/20		17.19
Q4011	Short arm cast, pediatric (0-10 yrs), plaster		Y		1/1/20		3.81
Q4012	Short arm cast, pediatric (0-10 yrs), fiberglass		Y		1/1/20		8.61
Q4013	Gauntlet cast (includes lower forearm and hand), adult (11 yrs +) plaster		Y		1/1/20		13.91
Q4014	Gauntlet cast (includes lower forearm and hand), adult (11 yrs +) fiberglass		Y		1/1/20		23.44
Q4015	Gauntlet cast (includes lower forearm and hand) pediatric (0-10 yrs) plstr		Y		1/1/20		6.96
Q4016	Gauntlet cast (includes lower forearm and hand) pediatric (0-10 yrs) fiberglass		Y		1/1/20		11.72
Q4017	Long arm splint, adult (11 yrs +), plaster		Y		1/1/20		8.03
Q4018	Long arm splint, adult (11 yrs +), fiberglass		Y		1/1/20		12.81
Q4019	Long arm splint, pediatric (0-10 yrs), plaster		Y		1/1/20		4.03
Q4020	Long arm splint, pediatric (0-10 yrs), fiberglass		Y		1/1/20		6.43
Q4021	Short arm splint, adult (11 yrs +), plaster		Y		1/1/20		5.95
Q4022	Short arm splint, adult (11 yrs +), fiberglass		Y		1/1/20		10.73
Q4023	Short arm splint, pediatric (0-10 yrs) plaster		Y		1/1/20		2.99
Q4024	Short arm splint, pediatric (0-10 yrs) fiberglass		Y		1/1/20		5.38

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
Q4025	Hip spica (one or both legs), adult (11 yrs +), plaster		Y		1/1/20		33.55
Q4026	Hip spica (one or both legs), adult (11 yrs +), fiberglass		Y		1/1/20		104.15
Q4027	Hip spica (one or both legs), pediatric (0-10 yrs), plaster		Y		1/1/20		16.69
Q4028	Hip spica (one or both legs), pediatric (0-10 yrs), fiberglass		Y		1/1/20		52.11
Q4029	Long leg cast, adult (11 yrs +), plaster		Y		1/1/20		25.52
Q4030	Long leg cast, adult (11 yrs +), fiberglass		Y		1/1/20		67.15
Q4031	Long leg cast, pediatric (0-10 yrs), plaster		Y		1/1/20		12.74
Q4032	Long leg cast, pediatric (0-10 yrs), fiberglass		Y		1/1/20		33.58
Q4033	Long leg cylinder cast, adult (11 yrs +), plaster		Y		1/1/20		23.80
Q4034	Long leg cylinder cast, adult (11 yrs +), fiberglass		Y		1/1/20		59.17
Q4035	Long leg cylinder cast, pediatric (0-10 yrs), plaster		Y		1/1/20		11.89
Q4036	Long leg cylinder cast, pediatric (0-10 yrs), fiberglass		Y		1/1/20		29.61
Q4037	Short leg cast, adult (11 yrs +), plaster		Y		1/1/20		14.50
Q4038	Short leg cast, adult (11 yrs +), fiberglass		Y		1/1/20		36.35
Q4039	Short leg cast, pediatric (0-10 yrs), plaster		Y		1/1/20		7.28
Q4040	Short leg cast, pediatric (0-10 yrs), fiberglass		Y		1/1/20		18.18
Q4041	Long leg splint, adult (11 yrs +), plaster		Y		1/1/20		17.65
Q4042	Long leg splint, adult (11 yrs +), fiberglass		Y		1/1/20		30.13
Q4043	Long leg splint, pediatric (0-10 yrs), plaster		Y		1/1/20		8.83
Q4044	Long leg splint, pediatric (0-10 yrs), fiberglass		Y		1/1/20		15.08
Q4045	Short leg splint, adult (11 yrs +), plaster		Y		1/1/20		10.25
Q4046	Short leg splint, adult (11 yrs +), fiberglass		Y		1/1/20		16.47
Q4047	Short leg splint, pediatric (0-10 yrs), plaster		Y		1/1/20		5.10
Q4048	Short leg splint, pediatric (0-10 yrs), fiberglass		Y		1/1/20		8.25
Q4049	Finger splint, static		Y		1/1/20		1.86
Q4050	Cast supplies, for unlistered types and materials of casts		Y		1/1/20	I/C	40.70
Q4051	Sling supplies, misc (includes thermoplastics, strapping, fasteners, etc.,		Y		1/1/20	I/C	29.47
TEMPORARY NATIONAL CODES (including incontinence supplies)							
S1015	IV tubing extension set	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S1040	Cranial remolding orthosis, rigid, w/soft interface material, custom, fabricated		Y	I/C	8/1/19	I/C	I/C
S8100	Holding chamber or spacer for use w/inhaler or nebu; w/o mask	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8101	Holding chamber or spacer for use w/inhaler or nebu; w/mask	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8120	Oxygen contents, gaseous, refills	Y/12 mos		4 per mo	8/1/19		14.06
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Y/12 mos		300 lbs per mo	8/1/19		0.66
S8185	Flutter Device	Y/12 mos		2 per mo	8/1/19		28.08
S8186	Swivel adaptor			2 per mo	8/1/19		4.50

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
S8189	Tracheostomy suppl, not otherwise classified	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8189	Saline bullets per box of 100	Y/12 mos	Y	I/C	8/1/19		7.31
S8189	Cotton Tipped Applicators 6" per box of 100 (sterile only)	Y/12 mos	Y	I/C	8/1/19		4.12
S8210	Mucus Trap	Y/12 mos		12 per mo	8/1/19		2.07
S8265	Haberman feeders	Y/12 mos		10 per yr	8/1/19		2.17
S8420	Gradient pressure aid (sleeve and glove combo), custom made	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8421	Gradient pressure aid (sleeve and glove combo), ready made	Y/12 mos		3 per yr	8/1/19		65.55
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8424	Gradient pressure aid (sleeve), ready made	Y/12 mos		3 per yr	8/1/19		52.44
S8425	Gradient pressure aid (glove), custom made, medium weight	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8426	Gradient pressure aid (glove), custom made, heavy duty	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8427	Gradient pressure aid (glove), ready made	Y/12 mos		3 per yr	8/1/19		81.49
S8428	Gradient pressure aid (glove), ready made	Y/12 mos		3 per yr	8/1/19		39.31
S8429	Compression bandage, roll	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8430	Padding for compression bandage, roll	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8431	Compression bandage, roll	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
S8450	Splint, prefab, digit		Y	I/C	8/1/19	I/C	I/C
S8451	Splint, prefab, wrist or ankle		Y	I/C	8/1/19	I/C	I/C
S8452	Sling, prefab, elbow		Y	I/C	8/1/19	I/C	I/C
S8999	Resuscitation bag	Y/12 mos	Y	2 per yr	8/1/19		20.43
T1999	Miscellaneous therapeutic items & supplies, noc	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
INCONTINENCE SUPPLIES							
T4521	Adult sized disposable incontinence product, brief/diaper, small	Y/12 mos		240 per mo/180 per mo	8/1/19		0.63
T4522	Adult sized disposable incontinence product, brief/diaper, medium	Y/12 mos		240 per mo/180 per mo	8/1/19		0.63
T4523	Adult sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/180 per mo	8/1/19		0.88
T4524	Adult sized disposable incontinence product, brief/diaper, extra large	Y/12 mos		240 per mo/180 per mo	8/1/19		0.98
T4525	Adult sized disposable incontinence product, protective undrwr/pull-on, sm	Y/12 mos		240 per mo/180 per mo	8/1/19		0.98
T4526	Adult sized disposable incontinence product, protective undrwr/pull-on, med	Y/12 mos		240 per mo/180 per mo	8/1/19		0.98
T4527	Adult sized disposable incontinence product, protective undrwr/pull-on, large	Y/12 mos		240 per mo/180 per mo	8/1/19		0.98
T4528	Adult sized disposable incontinence product, protective undrwr/pull-on, XL	Y/12 mos		240 per mo/180 per mo	8/1/19		0.98
T4529	Pediatric sized disposable incontinence product, brief/diaper, sm/medium	Y/12 mos		240 per mo/180 per mo	8/1/19		0.57
T4530	Pediatric sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/180 per mo	8/1/19		0.57
T4531	Pediatric sized dispos incont product, protective underwear/pull-on, sm/med	Y/12 mos		240 per mo/180 per mo	8/1/19		0.93
T4532	Pediatric sized disp incont product, protective underwear/pull-on, large	Y/12 mos		240 per mo/180 per mo	8/1/19		0.95
T4533	Youth sized disposable incontinence product, brief/diaper, each	Y/12 mos		240 per mo/180 per mo	8/1/19		0.61

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
T4534	Youth sized disposable incontinence product, protective undwvr/pull-on	Y/12 mos		240 per mo./180 per mo	8/1/19		1.00
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Y/12 mos		200 per mo	8/1/19		0.37
T4536	Incontinence product, protective underwvr/pull-on, reusable, any size, each	Y/12 mos		24 per vr	8/1/19		7.69
T4539	Incontinence product, diaper/brief, reusable, any size, each	Y/12 mos		24 per vr	8/1/19		5.92
T4541	Incontinence product, disposable underpad, large, each	Y/12 mos		135 per mo./100 per mo	8/1/19		0.51
T4542	Incontinence product, disposable underpad, small, each	Y/12 mos		135 per mo./100 per mo	8/1/19		0.50
T4543	Incontinence product, brief/diaper, bariatric, each	Y/12 mos		I/C	8/1/19		1.75
T5999	Supply, not otherwise specified	Y/12 mos	Y	I/C	8/1/19	I/C	I/C
NATIONAL T-CODES							
T5001	Positioning seat for special orthopedic needs - Small (for feeding issues only - includes accessories)		Y		8/1/19		2173.60
T5001	Positioning seat for special orthopedic needs - Small Hi/Lo(for feeding issues only - includes accessories)		Y		8/1/19		2899.60
T5001	Positioning seat for special orthopedic needs - Med (for feeding issues only - includes accessories)		Y		8/1/19		2238.60
T5001	Positioning seat for special orthopedic needs - Med Hi/Lo(for feeding issues only - includes accessories)		Y		8/1/19		3051.10
T5001	Positioning seat for special orthopedic needs - Lge (for feeding issues only - includes accessories)		Y		8/1/19		2391.35
T5001	Positioning seat for special orthopedic needs - Lge Hi/Lo(for feeding issues only - includes accessories)		Y		8/1/19		3535.35
K0900	Customized DMF, other than wheelchair - Specialized Adaptive Car Seat		Y		8/1/19		I/C
PROSTHETIC EYES							
V2623	Prosthetic, eye, plastic, custom made			1 each	1/1/20		761.45
V2624	Polishing/Resurfacing of ocular prosthesis				1/1/20		68.86
V2625	Enlargement of ocular prosthesis				1/1/20		313.96
V2626	Reduction of ocular prosthesis				1/1/20		169.24
V2627	Scleral cover shell				1/1/20		1093.04
V2628	Fabrication and fitting of ocular conformer				1/1/20		258.09
V2629	Prosthetic, eye, not otherwise classified		Y		1/1/20	I/C	I/C

NOTES:

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
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**A provider dispensing incontinence supplies MUST verify with participant/caregiver whether another provider is dispensing incontinence supplies

**I/C -- Includes various items. Do not set rate

** When billing pulse oximeters please submit orders that specifically state whether hand-held or home model is needed

** When billing apnea monitors please submit orders that specifically state whether the recording feature is needed

**When billing repairs, please send invoice/repair ticket stating what has to be repaired

**Please include face-to-face evaluations with PA request for all HCPCS specified by CMS/Medicaid

**Please review PA column. Some codes no longer require prepayment authorization

**To assist in the expeditious processing of your request, ALWAYS send current clinical and/or PT notes when requesting mobility and equipment used for therapy

**All incontinence pants for recipients 16 yrs or older have a direct bill maximum limit of 180 per month/ underpads 100 per month

**All incontinence pants for recipients 3-15 yrs old have a direct bill maximum limit of 240 per month/ underpads 135 per month

**Verify EYS before dispensing any item. Also, ensure with recipient that supplies have not been received from another provider within 30 days

** For payment methodologies on I/C codes and detailed payment procedures, please see COMAR 10.09.12.07 and 10.09.18.07

** Please visit <https://mmcp.health.maryland.gov/communitysupport/Pages/Home.aspx> for provider updates

** When billing by paper or electronically, please leave the area reserved for Pre-Auth blank if a preauthorization is not required

** Please see COMAR 10.09.12.04E(2). Provider must relay to the recipient that the equipment has been purchased by Medicaid and remains the property of DHMH

** Please see COMAR 10.09.12.03H & 10.09.12.07O for recycling regulations. Please ensure that recipient knows to call the provider when equipment/supplies are no longer needed

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
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** To prevent a delay in processing your request, please include invoice or MSRP information for items that are considered I/C