



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**

Prosthetics, Orthotics, and Disposable Supplies

PA=Prepayment authorization required

Maryland Medicaid DMS/DME Program Approved List of Items

Modifiers are used for equipment services

APRIL 2020

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
MISCELLANEOUS SUPPLIES							
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 infusion 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		I/C
A4231	Infusion set for external insulin pump, needle type	Y/12 mos	Y	2 every 2 mo	4/1/20		I/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	I/C	4/1/20		I/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	Brst prsths adhsv attchmnt	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 (elsm pmp)	Y/12 mos		120 every 2 mo	4/1/20		16.54
A4306	Disposable Drug Delivery Sys, flow rate of less than 50 mil 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-way latex	Y/12 mos		60 every 2 mo	4/1/20		12.44
A4312	Catheter w/o bag 2-way silicone	Y/12 mos		60 every 2 mo	4/1/20		15.15
A4313	Catheter w/bag 3-way	Y/12 mos		60 every 2 mo	4/1/20		15.55
A4314	Cath w/drainage 2-way latex	Y/12 mos		60 every 2 mo	4/1/20		21.22
A4315	Cath w/drainage 2-way silicone	Y/12 mos		60 every 2 mo	4/1/20		22.13
A4316	Cath w/drainage 3-way	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		I/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-way silicone	Y/12 mos		20 every 2 mo	4/1/20		15.20
A4346	Cath indw foley3-way	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 tray 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 clmp 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 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 hvy 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, lager 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 flt	Y/12 mos		100 every 2 mo	4/1/20		2.67
A4413	Ostomy pouch, drnble, high output, w/flng (2 ppc svstem) 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 clsd w/barrier/filtr	Y/12 mos		100 every 2 mo	4/1/20		2.72
A4417	Ostomy pch w/bar/bltinconv/flte	Y/12 mos		100 every 2 mo	4/1/20		3.68
A4418	Ostomy pch clsd w/o bar w/filtr	Y/12 mos		100 every 2 mo	4/1/20		1.79
A4419	Ostomy pch, clsd for bar w/flange/filtr	Y/12 mos		60 every 2 mo	4/1/20		1.71
A4420	Ostomy pch clsd for bar w/lck/flng	Y/12 mos	Y	I/C	1/1/20		I/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 ostmy pch	Y/12 mos		400 every 2 mo	4/1/20		0.11
A4423	Ostomy pch for bar w/lck flange/filtr	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/filtr 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		3.54
A4426	Ostomy pch drain; for bar w/lck flng 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		2.69
A4427	Ostomy pch drain; for bar w/lck flng, w/filtr 2 pc sys	Y/12 mos		100 every 2 mo	4/1/20		2.75
A4428	Ostomy pch, urinary, w/est wr bar attch, w/fct-tyt tap w/valv 1 pc	Y/12 mos		60 every 2 mo	4/1/20		6.43
A4429	Ostomy pch, urinary, w/bar attch, w/blt-in-convx, w/fct-tyt tap w/vlv 1 pc	Y/12 mos		100 every 2 mo	4/1/20		8.14
A4430	Ostomy pch, urinary, w/ext wr bar attch w/blt-in convx, w/fct-tyt tap 1 pc	Y/12 mos		120 every 2 mo	4/1/20		8.41
A4431	Ostomy pch urinary; w/bar attch, w/fct-type 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-lck flng, w/fct-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/lck flng 2 pc	Y/12 mos		60 every 2 mo	4/1/20		3.31
A4434	Ostomy pch, urinary for use on bar w/lck flng, w/fct-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-waterprof, 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 yr	1/1/20		I/C
A4495	Thigh Length surgical stocking	Y/12 mos		4 per yr	1/1/20		60.90
A4500	Below Knee Length surgical stocking	Y/12 mos		4 per yr	1/1/20		49.65
A4510	Full Length surgical stocking	Y/12 mos	Y	4 per yr	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 yr	1/1/20		7.60
A4570	Splint	Y/12 mos	Y	2 per yr	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 yr	1/1/20		1.59
A4604	Tubing with integrated heating element for use w/PAP device	Y/12 mos		1 per yr	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	Transtrachael 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 reservior 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 clsd 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 atatched (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/flng	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 btl w/wo tine	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 deluxe feature of off-the shelf depth inlay shoe or custom mld shoe			2 per yr	1/1/20		22.44
A5510	Direct formed, compress mold to pt's foot w/o ext, inserts, prefab, per shoe, diabetic		Y	2 per yr	1/1/20		I/C
A5512	Multiple density insert, 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, include arch filler	Y/12 mos		2 per yr	1/1/20		38.22
A5514	Multi Den Insert, Direct Carve/Cast	Y/12 mos		2 per yr	1/1/20		38.22
DRESSINGS, COMPRESSION GARMENTS, NEBULIZERS, PAP AND TRACH SUPPLIES							
A6010	Collagen based wound filler, dry 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 dressing, Size 16 sq inches or less, each	Y/3 mos		60 every 2 mo	4/1/20		20.76
A6022	Collagen dressing, 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 dressing, more than 48 sq inches, each	Y/3 mos		20 every 2 mo	4/1/20		187.93
A6024	Collagen dressing, 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	I/C	1/1/20		I/C
A6154	Wound pouch each	Y/3 mos		40 every 2 mo	4/1/20		13.76
A6196	Alginate dressing <= 16 sq in	Y/3 mos		100 every 2 mo	4/1/20		7.27
A6197	Alginate dressing > 16 <= 48 sq in	Y/3 mos		40 every 2 mo	4/1/20		16.24
A6198	Alginate or other fiber gelling dressing, wound cover, > 48 sq.in, each dressing	Y/12 mos		2 every 2 mo	4/1/20		22.44
A6199	Alginate dressing wound filler	Y/3 mos		100 every 2 mo	4/1/20		5.22

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A6203	Composite drsg <= 16 sq in	Y/3 mos		400 every 2 mo	4/1/20		3.32
A6204	Composite drsg > 16 <= 48 sq in	Y/6 mos		120 every 2 mo	4/1/20		6.15
A6205	Composite dressing, > 48 sq.in., w/any size adh border, ea hc dressing	Y/12 mos		400 every 2 mo	4/1/20		31.46
A6206	Contact layer, 16 sq. in. or less, each dressing	Y/12 mos		400 every 2 mo	4/1/20		9.97
A6207	Contact layer > 16=16 sq in w/o bdr	Y/6 mos		400 every 2 mo	4/1/20		7.25
A6208	Contact layer, > 48 sq, in., each dressing	Y/12 mos		400 every 2 mo	4/1/20		19.93
A6209	Foam drsg <=16 sq in w/o bdr	Y/6 mos		200 every 2 mo	4/1/20		7.38
A6210	Foam drsg > 16 < 48 sq in w/o bdr	Y/6 mos		300 every 2 mo	4/1/20		19.68
A6211	Foam drg > 48 sq in w/o brdr	Y/6 mos		200 every 2 mo	4/1/20		29.00
A6212	Foam drg <= 16 sq in w/border	Y/6 mos		120 every 2 mo	4/1/20		9.59
A6213	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
A6214	Foam drg > 48 sq in w/border	Y/6 mos		120 every 2 mo	4/1/20		10.17
A6215	Foam dressing, wound filler, per gram	Y/12 mos		200 every 2 mo	4/1/20		14.67
A6216	Non-steril gauze <= 16 sq in	Y/6 mos		400 every 2 mo	4/1/20		0.04
A6217	Gauze, non-imprgn, non-strl, > 16 sq.in., < or = to 48 sq.in, w/o adh brdr	Y/12 mos		400 every 2 mo	4/1/20		3.81
A6218	Gauze, non-imprgn, non-strl, > 48 sq. in., w/o adhesive border, each drs	Y/12 mos		400 every 2 mo	4/1/20		17.09
A6219	Gauze <= 16 sq in w/border	Y/6 mos		400 every 2 mo	4/1/20		0.94
A6220	Gauze > 16 <= 48 sq in w/border	Y/6 mos		200 every 2 mo	4/1/20		2.56
A6221	Gauze, non-imprgn, > 48 sq. in., w/any size adh border, each dressing	Y/12 mos	Y	I/C	1/1/20		I/C
A6222	Gauze <= 16 in No w/sal w/o b	Y/6 mos		300 every 2 mo	4/1/20		2.11
A6223	Gauze > 16 <= 48 no w/sal w/o b	Y/6 mos		200 every 2 mo	4/1/20		2.41
A6224	Gauze > 48 in no w/sal w/o b	Y/6 mos		120 every 2 mo	4/1/20		3.56
A6228	Gauze, impregnated, water or normal saline, 16 sq. in. or less, w/o adh	Y/12 mos	Y	I/C	1/1/20		I/C
A6229	Gauze > 16 <= 48 sq in watr/sal	Y/6 mos		120 every 2 mo	4/1/20		3.56
A6230	Gauze, impreg, water or normal saline, > 48 sq. in., w/o adh border	Y/12 mos	Y	I/C	1/1/20		I/C
A6231	Gauze, hydrogel, 16 sq in. or less, each	Y/6 mos		60 every 2 mo	4/1/20		4.62
A6232	Gauze, impreg, hydrogel, for direct wound contact, >16 sq. in,	Y/12 mos		30 every 2 mo	4/1/20		6.77
A6233	Gauze, hydrogel, more than 48 sq inches, each	Y/6 mos		30 every 2 mo	4/1/20		18.94
A6234	Hydrocolld drg <= 16 w/o bdr	Y/3 mos		100 every 2 mo	4/1/20		6.46
A6235	Hydrocolld drg > 16 <= 48 w/o bdr	Y/3 mos		80 every 2 mo	4/1/20		16.61
A6236	Hydrocolld drg > 48 in w/o b	Y/3 mos		80 every 2 mo	4/1/20		26.91
A6237	Hydrocolld drg <= 16 in w/bdr	Y/3 mos		80 every 2 mo	4/1/20		7.81
A6238	Hydrocolld drg >16 <= 48 w/bdr	Y/3 mos		80 every 2 mo	4/1/20		22.52
A6239	Hydrocolloid drssng, wound cover, pad > 48 sq. in., w/any sz adh brdr	Y/12 mos	Y	I/C	1/1/20		I/C
A6240	Hydrocolld drg filler paste	Y/3 mos		8/per 6 fluid oz	4/1/20		12.10
A6241	Hydrocolloid drg filler dry	Y/3 mos		8/per 6 fluid oz	4/1/20		2.54

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A6242	Hydrogel drg <= 16 in w/o bdr	Y/6 mos		60 every 2 mo	4/1/20		5.98
A6243	Hydrogel drg > 16 <= 48 w/o bdr	Y/6 mos		80 every 2 mo	4/1/20		12.17
A6244	Hydrogel drg > 48 in w/o bdr	Y/6 mos		80 every 2 mo	4/1/20		38.79
A6245	Hydrogel drg < = 16 in w/bdr	Y/6 mos		50 every 2 mo	4/1/20		7.18
A6246	Hydrogel drg > 16 <= 48 in w/b	Y/6 mos		50 every 2 mo	4/1/20		9.81
A6247	Hydrogel drg > 48 sq in w/b	Y/6 mos		50 every 2 mo	4/1/20		23.49
A6248	Hydrogel drsg gel filler, per ounce	Y/6 mos		8 every 2 mo	4/1/20		16.05
A6250	Skin sealant, protectants, moisturizers, ointment, any type, any size	Y/12 mos		200 every 2 mo	4/1/20		1.82
A6251	Absorpt drg <= 16 sq in w/o b	Y/6 mos		500 every 2 mo	4/1/20		1.96
A6252	Absorpt drg > 16 <48 w/o bdr	Y/6 mos		200 every 2 mo	4/1/20		3.21
A6253	Absorot drg > 48 sq in w/o b	Y/6 mos		400 every 2 mo	4/1/20		6.26
A6254	Absorpt drg <= 16 sq in w/bdr	Y/6 mos		400 every 2 mo	4/1/20		1.18
A6255	Absorpt drg > 16 <+ 48 in w/bdr	Y/6 mos		400 every 2 mo	4/1/20		3.00
A6256	Specialty absorptv drssng, wound cover, > 48 sq. in., w/any sz.brdr, each	Y/12 mos	Y	I/C	1/1/20		I/C
A6257	Transparent film <= 16 sq ub	Y/6 mos		400 every 2 mo	4/1/20		1.52
A6258	Transparent film > 16<= 48 in	Y/12 mos		400 every 2 mo	4/1/20		4.25
A6259	Transparent film > 48 sq in	Y/12 mos		80 every 2 mo	4/1/20		10.80
A6260	Wound cleaners, any type, any size	Y/12 mos		I/C	1/1/20		19.89
A6262	Wound filler, dry form, per gram, not otherwise classified	Y/12 mos		2 every 2 mo	4/1/20		6.28
A6266	Impreg gauze no h20/sak/yard	Y/12 mos		400 every 2 mo	4/1/20		1.90
A6402	Sterile gauze <= 16 sq in	Y/12 mos		750 every 2 mo	4/1/20		0.11
A6403	Sterile gauze > 16 <= 48 sq in	Y/12 mos		750 every 2 mo	4/1/20		0.42
A6404	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
A6407	Packing strips, non-impreg	Y/12 mos		400 everu 2 mo	4/1/20		1.85
A6410	Eye pad, sterile	Y/12 mos		400 every 2 mo	4/1/20		0.37
A6411	Eye pad, non-sterile	Y/12 mos		200 every 2 mo	4/1/20		0.13
A6412	Eye Patch, occlusive	Y/12 mos		10 every 2 mo	4/1/20		1.86
A6441	Padding bandage w>=3" <5"/yd	Y/12 mos		400 every 2 mo	4/1/20		0.68
A6442	Conforming band n/s w<3"/yd	Y/12 mos		400 every 2 mo	4/1/20		0.15
A6443	Conforming band n/s w>3"<5"/yd	Y/12 mos		400 every 2 mo	4/1/20		0.27
A6444	Conform band n/s w>=5"/yd	Y/12 mos		400 every 2 mo	4/1/20		0.55
A6445	Conform band s w <3"/yd	Y/12 mos		400 every 2 mo	4/1/20		0.31
A6446	Conform band s w>=3" <5"/v	Y/12 mos		240 every 2 mo	4/1/20		0.39
A6447	Conform band s w >5:/yd	Y/12 mos		100 every 2 mo	4/1/20		0.68
A6448	Light compress band <3"/yd	Y/12 mos		100 every 2 mo	4/1/20		1.14
A6449	Light compress band >=3" <5"/yd	Y/12 mos		100 every 2 mo	4/2/20		1.73

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A6450	Light compress band >=5"/yd	Y/12 mos		20 every 2 mo	4/2/20		1.73
A6451	Moderate compress band w>=3"<5"/yd	Y/12 mos		20 every 2 mo	4/2/20		1.73
A6452	High compress band w>=5"/yd	Y/12 mos		100 every 2 mo	4/2/20		5.83
A6453	Self-adherent band w<3"/yd	Y/12 mos		100 every 2 mo	4/2/20		0.62
A6454	Self-adherent band w>=3"<5"/yd	Y/12 mos		100 every 2 mo	4/2/20		0.77
A6455	Self-adherent band >=5"/yd	Y/12 mos		100 every 2 mo	4/2/20		1.38
A6456	Zinc paste bandage w >=3"<5"/yd	Y/12 mos		100 every 2 mo	4/2/20		1.25
A6457	Tublar Dressing with or without elastic, any wdth, 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	I/C	1/1/20		I/C
A6502	Compression Burn Garment Chin Strap, custom fabricated****	Y/12 mos	Y	I/C	1/1/20		I/C
A6503	Compression Burn Garment Facial hood, custom fabricated****	Y/12 mos	Y	I/C	1/1/20		I/C
A6504	Compression Burn Garment Glove to wrist, custom fabricated	Y/6 mos		4 per yr	1/1/20		94.53
A6505	Compression Burn garment, glove to elbow, custom fabricated	Y/6 mos		4 per yr	1/1/20		160.64
A6506	Compression Burn Garment Glove to axilla, custom fabricated****	Y/6 mos	Y	I/C	1/1/20		I/C
A6507	Compression Burn Garment foot to knee length, custom fabricated****	Y/6 mos	Y	I/C	1/1/20		I/C
A6508	Compression Burn Garment foot to thigh length, custom fabricated****	Y/6 mos	Y	I/C	1/1/20		I/C
A6509	Comprss Burn Garmnts upper trunk to waist incld arm opns (leotard) cf	Y/6 mos		2 per yr	1/1/20		207.58
A6510	Comprss Burn Garmnts, trunk, incld arms down to leg opns (leotard) cf****	Y/6 mos	Y	I/C	1/1/20		I/C
A6511	Comprss Burn Garmnts, lower trnk incld leg opngs (panty) custom fab****	Y/6 mos	Y	I/C	1/1/20		I/C
A6512	Comprss Burn Garmnt, not otherwise classified****	Y/6 mos	Y	I/C	1/1/20		I/C
A6512	Slant inserts	Y/6 mos	Y	8 per yr	1/1/20		21.45
A6512	Zippers	Y/6 mos	Y	8 per yr	1/1/20		28.82
A6512	Silicones	Y/6 mos	Y	8 per yr	1/1/20		4.64
A6512	Web inserts	Y/6 mos	Y	4 per yr	1/1/20		70.81
A6513	Compress Burn Mask, face and/or neck, plastic or equal, custom fabricated	Y/6 mos	Y	I/C	1/1/20		I/C
A6530	Gradient compression Stocking, below knee, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/20		64.56
A6531	Gradient compression Stocking, below knee, 30-40 mmhg, each	Y/6 mos		4 per yr	1/1/20		42.72
A6532	Gradient Compression Stocking, below knee, 40-50 mmhg, each	Y/6 mos		4 per yr	1/1/20		60.20
A6533	Gradient compression Stocking, Thigh Length, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/20		100.38
A6534	Gradient compression Stocking, Thigh Length, 30-40 mmhg, each	Y/6 mos		4 per yr	1/1/20		112.87
A6535	Gradient compression Stocking, Thigh Length, 40-50 mmhg, each	Y/6 mos		4 per yr	1/1/20		131.25
A6536	Gradient compression Stocking, Full Length/Chap style, 18-30 mmch, each	Y/6 mos		4 per yr	1/1/20		105.79
A6537	Gradient compression Stocking, Full Length/Chap style, 30-40 mmch, each	Y/6 mos		4 per yr	1/1/20		105.79
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, ea	Y/6 mos		4 per yr	1/1/20		89.55
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	Y/6 mos		4 per yr	1/1/20		155.95
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	Y/6 mos		4 per yr	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		I/C
A6544	Gradient compression stocking, Garter Belt	Y/6 mos	Y	I/C	1/1/20		I/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 per yr	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 sys vest, replcmnt for use w/patien owned eqp	Y/6 mos		1 every 2 yrs	1/1/20	42.96	429.60
A7026	High freqcy chest wall osc sys 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/ 6mos	Y	2 every 6 mo	4/1/20		95.93
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Y/ 6mos		4 every 2 mo	4/1/20		27.17
A7029	Nasal pillows for combination oral/nasal mask, replacement only, each	Y/ 6mos	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/ 12mos		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 swiver 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 coll 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 reuseable, 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, reuseable 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/laryng tube, non-cuffed, (pvc), silicon or equal, each	Y/12 mos		20 every 2 mo	4/1/20		46.89
A7521	Trach/laryng tube, cuffed, (pvc), silicone or equal, each	Y/12 mos		20 every 2 mo	4/1/20		46.45
A7522	Tracheostomy/laryng 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/laryng, 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		I/C
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Y	1 every 3 yrs	1/1/20		I/C
A8004	Soft, interface for helmet, replacement only		Y	1 every 3 yrs	1/1/20		I/C
A9275	Home Glucose Disposable Monitor, Includes test strips	Y/12 mos	Y	I/C	1/1/20		I/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	Reciever(monitor); external, for use with interstitial continuous glucose monitoring system				1/1/20		482.28
A9279	Monitoring/feature/device, stand-alone or intergrated, 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 srvc 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	I/C
B4220	Parenteral nutrition supply kit; premix, per day	Y/12 mos		31per 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	104.19	1041.91
B9004	Parenteral pump portable		Y		1/1/20	241.13	2411.31
B9006	Parenteral pump stationary		Y		1/1/20	241.13	2411.31
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	20.82
E0105	Cane adjust/fixed with quad/3 pro				1/1/20	8.76	48.50

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, handgrip, 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, any 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, any type, each				1/1/20	6.56	65.62
E0149	Walker heavv duty, wheeled, any 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/fxd 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, any 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	Dry 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	Lambswood 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	Dry 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 /wo 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-electr w/mattress and with any type side rails				1/1/20	50.20	502.00
E0261	Hosp bed semi-electr 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-redu air mattrs		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-elct w/mattress and w/o side rails				1/1/20	50.20	502.00
E0295	Hosp bed semi-elect 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 hvv dty, ex wd, w/wty > 600 lbs w/o mattress		Y		1/1/20	380.55	3805.50
E0303	Hospital bed, hvv dty, ex wd, w eght > 350 lbs < or equal 600 lbs w/mattress		Y		1/1/20	128.63	1286.30
E0304	Hospital bed, ex hvv dty, 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		Y		1/1/20	I/C	I/C
	and side rails up to 24 in. above the spring, inc mattress(Stockton)				1/1/20		
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, flwmtr, hmdfr, cann	Y/12 mos	Y		1/1/20	I/C	
E0431	Portable gas O2 sys, rental; inc contn, regltr, flwmtr, humfr, cannor mask	Y/12 mos		monthly	1/1/20	13.64	
E0434	Portable liquid O2 sys, rental; includes container, resrvr, humdfr,flwm, etc.	Y/12 mos		monthly	1/1/20	31.85	
E0435	Portable liquid O2 sys, purchase; inc contr, resrvr, flwmtr, humdfr, gauze	Y/12 mos	Y	monthly	1/1/20	I/C	I/C
E0439	Stationary liquid O2 s7s, rental; inc contr, contents, rgltr, flwmtr, etc	Y/12 mos		monthly	1/1/20	61.91	
E0440	Stationary liquid O2 sys, purchase; incl resrvr, 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) & prtbl gas system)	Y/12 mos		1 unit/monthly	1/1/20	39.77	
E0442	Oxygen contents, liquid (for use w/owned liquid stnry sys or whn both)	Y/12 mos		1 unit/monthly	1/1/20	39.77	
E0443	Portable O2 contents, gaseous (for use only w/prtbl gas sys w/no stnry)	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 freqcy 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			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 contn or cyln 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

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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		I/C
E0627	Seat lift mechanism, electric, anty type				1/1/20	19.45	194.54
E0629	Seat lift mechanism, non-electric, any type				1/1/20	19.45	194.54
E0630	Patient hydraulic lift with seat or sling (ex: Hoyer 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		I/C
E0638	Standing frame system, one position (e.g. upright, supine or prone stander), any size		Y		1/1/20		I/C
	including pediatric, with or without wheels				1/1/20		
E0639	Patient Lift, moveable from room to room w/disassembly & reassembly		Y		1/1/20	93.64	936.40
	includes all components/accessories				1/1/20		
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		Y		1/1/20		I/C
	including pediatric, with or without wheels						
E0642	Standing frame system, mobile (dynamic stander), any sz including pediatric		Y		1/1/20		I/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, intergrated, 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 appliane, 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		I/C
E0705	Transfer Board, or Device, anv 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 stem for shock	Y/12 mos			1/1/20	75.14	751.40
E0747	Elec osteogen sitm 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		I/C
E0770	Functional neuromuscular stimulator, transcu stim of nerves, i.e RT-300	Y/12 mos	Y		1/1/20		I/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	I/C	I/C
TRACTION - CERVICAL							
E0840	Traction frame, attached to headboard, cervical traction				1/1/20	16.12	72.35
E0849	Traction equipment, cervical, free-stnding stnd/ 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	Tract frame attach footboard				1/1/20	13.24	106.99
E0880	Tract stand free stand extrem				1/1/20	16.90	105.37
E0890	Traction frame attach pelvic				1/1/20	32.42	118.89
E0900	Tract 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 wght cap > 250 lbs, attached to bed				1/1/20	34.09	340.90
E0912	Trapeze bar, heavv duty, for patient wght cap > 250 lbs, free standing, gbar				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, freestanding, 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, tray, 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 suppt, 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 mouting 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	Whlchr 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/projections, 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/safety belt/prlvic strap, each				1/1/20	1.96	19.57
E0980	Wheelchair safety 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 (eFix)		Y		1/1/20	233.30	2333.00
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/pad, 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 ped w/c, width adjstmnt 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 hvy dty manual wchair		Y		1/1/20	I/C	I/C
E1018	Heavy duty shock absorber for heavy duty or extra hvy dty power whchair		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 swngawy, retratable or removable hardware for joystick or other cont				1/1/20	10.57	105.70
E1029	Ventilator tray, fixed				1/1/20	31.44	314.40
E1030	Ventilator tray, 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 fxed full length arms				1/1/20	85.48	854.80
E1060	Fully-reclining wheelchair, detch arms, swng-awy detch elev legrests		Y		1/1/20	122.4	1224.00
E1070	Fully-reclining wheelchair, detch arms, swng-awy detachable legrests				1/1/20	91.94	919.40
E1083	Hemi-Wheelchair, fixed full lengty arms, swng-awy dtchbl, elv legrest				1/1/20	77.76	777.60
E1084	Hemi-Wheelchair, dtchble arms, elevating legrests				1/1/20	96.87	968.70
E1087	High-strngth lghtwt wheelchair; fx full-length arms, swngawy, dtch, elv lgr		Y		1/1/20	124.95	1249.50
E1088	High Strength lightweight Wheelchair, detachabale arms		Y		1/1/20	126.56	1265.60
E1089	High-strngth lghtwt wheelchair; fx lenth arms, swngwy, dtchbl footrests				1/1/20	66.27	662.74
E1090	High Strength lightweight Wheelchair, detachable arms, swng dtch ft rst				1/1/20	88.41	884.11
E1092	Wide, heavy duty wheelchair; dtch arms, dsk or full length, swng		Y		1/1/20	107.87	1078.70
E1093	Wide, heavy duty wheelchair; dtch 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; dtch arms, elevating legrest				1/1/20	93.22	932.20
E1150	Standard Wheelchair, detch 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	233.64	2336.40
WHEELCHAIRS- AMPUTEE							
E1170	Amputee Wheelchair, fixed full length arms, swng-awy detch elv 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, detchble arms, swing-awy detchble 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, fied full length arms, swng-away detchble footrest				1/1/20	85.92	859.20
WHEELCHAIRS - SPECIAL SIZE							
E1221	Wheelchair w/fixed arms, footrests				1/1/20	46.92	469.20

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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 adi 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 progrss 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 adj, 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-directnl static progrss strtch ankle device w/rnge of motn adj, inc cuffs		Y		1/1/20	126.91	1269.10
E1818	Bi-drctnl static progrss strtch forearm pron/sup dvc w/rng of mo adj, 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 devc		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 intfee		Y		1/1/20	367.65	3676.50
E1841	Multi-directional static progressive strtch 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
					1/1/20		
	OTHER WHEELCHAIR ACCESSORIES				1/1/20		
					1/1/20		
E2201	Manual w/ch acc seat w>= 20" < 24"				1/1/20	22.22	222.24
E2202	Non standard seat width24-27 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

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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 sz,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 excls tire, any size, replacement only, each				1/1/20	7.40	73.98
E2225	Manual wheelchair accessory, caster wheel, excls 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 inc fx attch hardware, custom		Y		1/1/20		I/C
E2292	Seat, planar, for pediatric size wheelchair incl fix attch hardware, custom		Y		1/1/20		I/C
E2293	Back, contoured, for pediatric size wheelchair incl fix attch hardware, custom		Y		1/1/20		I/C
E2294	Seat, contoured, for peidatric size wheelchair incl fix attch hardware, custom		Y		1/1/20		I/C
E2300	Power wc acc, power seat elevation system		Y		1/1/20		I/C
E2301	Power standing system		Y		1/1/20		I/C
E2310	Electro connect btw control				1/1/20	91.52	915.20
E2311	Electro connect btw 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	Mult 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

HPCPS	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 nonpropotional		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 wdth 20 - 23 inch seat frame				1/1/20	35.40	353.87
E2341	W/c wdth 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, intergrated drive wheel motor and gear box combo replacemnt 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-propor, 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 contrl interf, stand remote jystk (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				1/1/20	4.70	46.94
E2395	PWC accessory, caster wheel excludes tire, any size, replacement only each				1/1/20	3.31	33.06
E2396	PWC accessory, caster fork, any size, replacement only each				1/1/20	4.11	41.14
E2397	PWC accessory, lith-based battery				1/1/20	35.13	351.25
E2402	Neg 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 wdth less than 22 inches, any depth				1/1/20	7.77	77.69
E2604	Skin protection wheelchair seat cushion wdth 22 inches or greater, any depth				1/1/20	11.16	111.59
E2605	Positioning wheelchair seat cushion, wdth less than 22 inches, any depth				1/1/20	16.48	164.78
E2606	Positioning wheelchair seat cushion, wdth 22 inches or greater, any depth				1/1/20	27.04	270.36
E2607	Skin protection & positioning wheelchair cushion, wdth less than 22 inch				1/1/20	15.57	155.69
E2608	Skin protection & positioning wheelchair cushion, wdth 22 inches or greater				1/1/20	20.00	199.98
E2609	Custom fabricated wheelchair seat cushion, any size		Y		1/1/20		I/C
E2610	Wheelchair seat cushion, powered		Y		1/1/20		I/C
E2611	General use wheelchair back cushion, wdth less than 22 inched, any hgth				1/1/20	12.72	127.23
E2612	General use wheelchair back cushion, wdth 22 inches or greater, any hgth				1/1/20	23.36	233.64
E2613	Positioning w/c bck cush, posterior, wdth less than 22 inches, any hgth, hrdw				1/1/20	23.99	239.93
E2614	Positioning w/c bck cush, posterior, wdth 22 inches or greater, any hgth, hdw				1/1/20	36.19	361.87
E2615	Positioning w/c bck cush, posterior-lateral, wdth less than 22 inches, any hgt				1/1/20	28.15	281.50
E2616	Positioning w/c bck cush, post-lateral, wdth 22 inches or greater, any hgth				1/1/20	36.77	367.74
E2617	Custom fab wheelchair back cushion, any size, inc hardware		Y		1/1/20	I/C	I/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 cack w/lat supp 22 inches or >				1/1/20	35.14	351.40
E2622	Ajustable skin protect seat <22IN				1/1/20	26.22	262.17
E2623	Ajustable skin protect seat <22IN				1/1/20	33.15	331.53
E2624	Ajustable skin protect/positioning seat <22IN				1/1/20	26.64	266.41
E2625	Ajustable 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, yoke 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, incls all accessories & components		Y		1/1/20		I/C
E8001	Gait trainer, pediatric size, upright support, incls all accessories & components		Y		1/1/20		I/C
E8002	Gait trainer, pediatric size, anterior support, incls all accessories & components		Y		1/1/20		I/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	Stnd hemi (low seat) whlchr				1/1/20	30.82	308.20
K0003	Lightweight wheelchair				1/1/20	24.90	249.00
K0004	High strength ltwt 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	I/C	I/C
K0015	Detach non-adjus hght armrst				1/1/20	10.52	105.20
K0017	Detach adjust armrest 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 armrest 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 frst/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 ltwt 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 castr 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	Frnt cstr 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 castr assemble, complete,wsolid 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		I/C
K0195	Elevating legrests, 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, syrng 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	I/C	I/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			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 DME (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		I/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

HPCPS	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, captians 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, captians chair, up to and including 300 lbs.		Y		1/1/20	221.26	2212.60
K0824	PWC, Group 2, std, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		1/1/20	330.59	3305.90
K0825	PWC, Group 2, heavy duty, captians 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, captians 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, captians 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, captians 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., captians 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., captians chair, 301-450 lbs.		Y		1/1/20	344.50	3445.00
K0839	PWC, Group 2, very heavy duty, single powr 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., captians 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, captians 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, captians 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, captians 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

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K0855	PWC, Group 3, extra heavy duty, captians 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., captians chair, up to and including 300 lbs.		Y		1/1/20	I/C	I/C
K0886	PWC, Group 4, heavv 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

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
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 mo			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 chn			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 (TLSO)							
L0450	TLSO, flexible, trnk spprt, upper thoracic, prefab, incld fttng & adj			2 per year	1/1/20		140.99
L0452	TLSO, flexible, trnk spprt, upper thoracic, custom, incld fttng & adj		Y	1 per year	1/1/20	I/C	I/C
L0454	TLSO, trnk spprt, extds from sacroccocygeal, prefab, incld fttng & adj			2 per year	1/1/20		288.25
L0456	TLSO, trnk spprt, thoracic region, prefab, incld fttng & adj			2 per year	1/1/20		826.63
L0458	TLSO, Triplanar Control, modular segmnt spnl systm, two rigid plst shll			2 per year	1/1/20		741.23
L0460	TLSO, (same as L0458 -anterior exts from symphs pubis to sternal notch			2 per year	1/1/20		834.31
L0462	TLSO, (same as L0460 with three rigid plastic shells)			2 per year	1/1/20		1037.75
L0464	TLSO, (same as L0460 & L0462 with four rigid plastic shells			2 per year	1/1/20		1235.42
L0466	TLSO, Saggital Control, rigid posterior frame and flex soft anterior apron			2 per year	1/1/20		300.27
L0468	TLSO, Saggital Control, (same as L0466 extends from sacrococygeal)			2 per year	1/1/20		397.81
L0470	45.77			2 per year	1/1/20		507.64
L0472	TLSO, hyperextension, rigid anterior and lateral fram ext from symphysis			2 per year	1/1/20		321.95
L0480	TLSO, Triplanar control, one piece rigid plastic shell w/out interface lnr			2 per year	1/1/20		1133.78
L0482	TLSO, (same as L0480 - with interface liner)			2 per year	1/1/20		1316.93
L0484	TLSO, Triplanar Control, two piece (same as L0482), lateral strngth, cf			2 per year	1/1/20		1415.00
L0486	TLSO, Triplanar Control, otwo piece (s/a L0484). Pstr ext cust fab			2 per year	1/1/20		1501.24
L0488	TLSO, Triplanar Control, one piece (s/a L0482) prefab, incl fttng & adjts			2 per year	1/1/20		834.31
L0490	TLSO, Triplanar, one piece rigid plastic shell, w/overlapping reinfrc ant			2 per year	1/1/20		235.13
L0491	TLSO, 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 (CTLSO)							
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 plvc-scr1 supprt, w/rigid or semi rigid panels, prefab		Y	2 per year	1/1/20		147.08
L0624	Sacroliac orthosis, prvds plvc-scr1 spprt, custom fabricated****		Y	2 per year	1/1/20	I/C	I/C
L0625	Lumbar Orthosis (LO), flexible, prvds lmbr suport, 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 orths, 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 contro, 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-crnl, w/rigid ant & post frame/panels, cust fb			2 per year	1/1/20		1096.19
L0639	Lumbar-sacral orthosis, saggital-crnl control, rigid shell/panel, pre fab			2 per year	1/1/20		892.67
L0640	Lumbar-sacral orthosis, saggital-crnl 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, saggital-crnl control, rigid shell/panel, off the shelf			2 per year	1/1/20		892.87
L0700	Ctlso a-p-l control molded			2 per year	1/1/20		1627.72
L0710	Ctlso a-p-l control w/inter			2 per year	1/1/20		1662.92
HALO PROCEDURE							
L0810	Halo cervical into jckt vest			2 per year	1/1/20		2079.70
L0820	Halo cervical into body jack			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	L.S.O corset front			2 per year	1/1/20		96.16
L0974	TLSO full corset			2 per year	1/1/20		142.80
L0976	L.S.O 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	Addition to spinal orthosis, NOS		Y	2 per year	1/1/20	I/C	I/C
CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE) SCOLIOSIS PROCEDURES							
L1000	Ctlso Milwaukee initial model			2 per year	1/1/20		1633.10
L1001	Ctlso infant immobilizer		Y	50 per year	1/1/20	I/C	I/C
L1010	Ctlso 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 CTLSO 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

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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 othosis 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	Pelv 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 abduction			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 trilat			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 & jo			2 per year	1/1/20		121.48
L1830	KO immobilizer canvas longit			2 per year	1/1/20		73.88
L1831	KO pos locking joint			4 per year	1/1/20		244.61
L1832	KO adj jnt pos rigid support			2 per year	1/1/20		563.12
L1833	KO adj jnt pos r sup pre otsko			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, regid, 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 multiligamentous 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, rigid 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, any material, single or double upright, contro, auto lock			2 per year	1/1/20		3405.76
L2010	KAFO sng solid stirrup w/o j			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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L2038	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)							
L2040	HKAFO torsion bil rot straps			2 per year	1/1/20		175.96
L2050	HKAFO torsion cable hip pelv			2 per year	1/1/20		379.29
L2060	HKAFO torsion ball bearing i			2 per year	1/1/20		462.29
L2070	HKAFO torsion unilat rot strap			2 per year	1/1/20		118.70
L2080	HKAFO unilat torsion cable			2 per year	1/1/20		286.39
L2090	AFO tib fx cast synthetic mo			2 per year	1/1/20		349.14
L2106	AFO tib fx cast plaster mold			2 per year	1/1/20		541.37
L2108	AFO tib fx cast molded to pt			2 per year	1/1/20		942.62
L2112	AFO tibial fracture soft			2 per year	1/1/20		433.56
L2114	AFO tib fx semi-rigid			2 per year	1/1/20		543.80
L2116	AFO tibial fracture rigid			2 per year	1/1/20		625.69
L2126	KAFO fem fx cast thermoplas			2 per year	1/1/20		1046.67
L2128	KAFO fem fx cast molded to p			2 per year	1/1/20		1482.15
L2132	KAFO femoral fx cast soft			2 per year	1/1/20		803.57
L2134	KAFO fem fx cast semi-rigid			2 per year	1/1/20		857.47
L2136	KAFO femoral fx cast rigid			2 per year	1/1/20		1023.45
ADDITIONS TO FRACTURE ORTHOSIS							
L2180	Plas shoe insert w ank joint			2 per year	1/1/20		95.51
L2182	Drop lock knee			4 per year	1/1/20		79.14
L2184	Limited motion knee joint			4 per year	1/1/20		108.79
L2186	Adj motion knee jnt lerman t			4 per year	1/1/20		150.06
L2188	Quadrilateral brim			4 per year	1/1/20		287.36
L2190	Waist belt			4 per year	1/1/20		74.26
L2192	Pelvic band & belt thigh fla			6 per year	1/1/20		326.04
L2200	Limited ankle motion ea jnt			6 per year	1/1/20		37.86
L2210	Dorsiflexion assist each joi			6 per year	1/1/20		54.80
ADDITIONS TO LOWER EXTREMITY ORTHOSIS, SHOE-ANKLE SHIN-KNEE							
L2220	Dorsi & plantar flex ass/res			6 per year	1/1/20		65.20
L2230	Split flat caliper stirr & p			6 per year	1/1/20		61.10
L2232	Additions to lower extremity orthosis, rocker bottom for total AFO, cust fab only			2 per year	1/1/20		82.72
L2240	Roung caliper and plate atta			6 per year	1/1/20		75.62

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L2250	Foot plate molded stirrup at			6 per year	1/1/20		306.58
L2260	Reinforced solid stirrup			6 per year	1/1/20		159.61
L2265	Long tongue stirrup			6 per year	1/1/20		93.77
L2270	Varus/Valgus strap padded/li			6 per year	1/1/20		43.96
L2275	Plastic mod low ext pad/line			6 per year	1/1/20		103.66
L2280	Molded inner boot			2 per year	1/1/20		362.46
L2300	Abduction bar jointed adjust			2 per year	1/1/20		227.28
L2310	Abducted bar-straight			2 per year	1/1/20		113.81
L2320	Non-molded to patient mode			2 per year	1/1/20		163.83
L2330	Lacer molded to patient mode			2 per year	1/1/20		342.93
L2335	Anterior swing band			2 per year	1/1/20		211.73
L2340	Pre-tibial shell molded to p			2 per year	1/1/20		458.35
L2350	Prosthetic type socket mold			2 per year	1/1/20		791.63
L2360	Extended steel shank			6 per year	1/1/20		41.20
L2370	Patten bottom			2 per year	1/1/20		266.95
L2375	Torsion ank & half solid sti			4 per year	1/1/20		112.75
L2380	Torsion straight knee joint			4 per year	1/1/20		98.02
L2385	Straight knee joint heavy du			6 per year	1/1/20		106.65
L2387	Addition to lower extremity Polycentric knee joint, for custom fab knee			6 per year	1/1/20		153.65
L2390	Offset knee joint each			6 per year	1/1/20		89.30
L2395	Offset knee joint heavy duty			4 per year	1/1/20		124.58
L2397	Suspension sleeve lower ext			4 per year	1/1/20		97.05
ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS							
L2405	Addition to knee joint, drop lock, each			6 per year	1/1/20		72.45
L2415	Knee joint cam lock each joi			6 per year	1/1/20		100.95
L2425	Knee disc/dial lock/adj flex			6 per year	1/1/20		119.14
L2430	Knee jnt ratchet lock ea jnt			4 per year	1/1/20		119.14
L2492	Knee lift loop drop lock rin			6 per year	1/1/20		108.17
ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/SCHIAL WEIGHT BEARING							
L2500	Thi/glut/ischia wgt bearing			6 per year	1/1/20		258.77
L2510	Th/wght bear quad-lat brim m			2 per year	1/1/20		580.59
L2520	Th/wght bear quad-lat brim c			2 per year	1/1/20		382.99
L2525	Th/wght bear nar m-l brim mo			2 per year	1/1/20		1033.31
L2526	Th/wght bear nar m-l brim cu			6 per year	1/1/20		589.67
L2530	Thight/wght bear lacer non-mo			6 per year	1/1/20		187.08
L2540	Thi/wght bear lacer molded			6 per year	1/1/20		336.63

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L2550	Thight/wght bear high roll cu			2 per year	1/1/20		228.68
ADDITIONS: PELVIC AND THORACIC CONTROL							
L2570	Hip clevis type 2 posit jnt			2 per year	1/1/20		379.25
L2580	Pelvic control pelvic sling			2 per year	1/1/20		369.54
L2600	Hip clevis/thrust bearing fr			2 per year	1/1/20		202.35
L2610	Hip clevis/thrust bearing lo			2 per year	1/1/20		214.34
L2620	Pelvic control hip heavy dut			2 per year	1/1/20		241.00
L2622	Hip joint adjustable flexion			2 per year	1/1/20		273.22
L2624	Hip adj flex ext abduct cont			2 per year	1/1/20		263.66
L2627	Plastic mold recipro hip & c			2 per year	1/1/20		1438.74
L2628	Metal frame recipro hip & ca			6 per year	1/1/20		1415.22
L2630	Pelvic control band & belt u			2 per year	1/1/20		197.17
L2640	Pelvic control band & belt b			2 per year	1/1/20		267.58
L2650	Pelv & thor control gluteal			2 per year	1/1/20		113.93
L2660	Thoracic control thoracic ba			6 per year	1/1/20		148.40
L2670	Thorac cont paraspinal uprig			2 per year	1/1/20		143.91
L2680	Thorac cont lat support upri			2 per year	1/1/20		133.31
L2750	Plating chrome/nickel pr bar			4 per year	1/1/20		66.56
L2755	Carbon graphite lamination			10 per year	1/1/20		108.28
L2760	Extension per extension per			12 per year	1/1/20		48.38
L2768	Orthotic side bar disconnect device, per bar			2 per year	1/1/20		108.28
L2780	Non-crrosive finish			12 per year	1/1/20		53.89
L2785	Drop lock retainer each			6 per year	1/1/20		25.34
L2795	Knee control full kneecap			2 per year	1/1/20		68.72
L2800	Knee cap medial or lateral p			2 per year	1/1/20		105.63
L2810	Knee control condylar pad			6 per year	1/1/20		82.92
L2820	Soft interface below knee se			6 per year	1/1/20		69.15
L2830	Soft interface above knee se			6 per year	1/1/20		74.80
L2840	Tibial length sock fx or equ			6 per year	1/1/20		44.22
L2850	Femoral lgth sock fx or equa			8 per year	1/1/20		49.30
L2861	Knee or ankle, concentric adjustable torsion style mechanism		Y	6 per year	1/1/20	I/C	I/C
L2999	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							
L3000	Foot insert Berkeley shell			2 per year	1/1/20		261.09
L3001	Foot insert, removable, molded to patient model, Spenco model, each			2 per year	1/1/20		109.93

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
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, longitdl, arch supprt ea			2 per year	1/1/20		144.85
L3020	Foot insert, removable, molded to patient mdl, lngtdl/metatrsl spprt, 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	I/C	I/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	I/C	I/C
L3202	Oxford w supinator/pronator child		Y	3 per year	1/1/20	I/C	I/C
L3203	Oxford w supinator/pronator jun		Y	3 per year	1/1/20	I/C	I/C
L3204	Hightop w supp/pronator infant		Y	3 per year	1/1/20	I/C	I/C
L3206	Hightop w supp/pronator child		Y	3 per year	1/1/20	I/C	I/C
L3207	Hightop w supp/pronator junior		Y	3 per year	1/1/20	I/C	I/C
L3208	Surgical boot, each infant		Y	3 per year	1/1/20	I/C	I/C
L3209	Surgical boot, each child		Y	3 per year	1/1/20	I/C	I/C
L3211	Surgical boot, each junior		Y	3 per year	1/1/20	I/C	I/C
L3212	Benesch boot pair infant		Y	3 per year	1/1/20	I/C	I/C
L3213	Benesch boot pair child		Y	3 per year	1/1/20	I/C	I/C
L3214	Benesch boot pair junior		Y	3 per year	1/1/20	I/C	I/C
L3215	Orthopedic ftwear ladies oxford, each		Y	3 per year	1/1/20	I/C	I/C
L3216	Orthopedic ftwear, ladies shoe, depth inlay, each		Y	3 per year	1/1/20	I/C	I/C
L3217	Ladies shoes hightop depth		Y	3 per year	1/1/20	I/C	I/C
L3219	Orthopedic mens shoe, oxford		Y	3 per year	1/1/20	I/C	I/C
L3221	Orthopedic mens shoes dpth		Y	3 per year	1/1/20	I/C	I/C
L3222	Mens shoes hightop depth inl		Y	3 per year	1/1/20	I/C	I/C
L3223	Mens surgical boot each		Y	1 per year	1/1/20	I/C	I/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	I/C	I/C

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L3252	Shoe molded plastazote cust		Y	3 per year	1/1/20	I/C	I/C
L3253	Shoe molded plastazote cust		Y	3 per year	1/1/20	I/C	I/C
L3254	Orth foot non-std size/w		Y	3 per year	1/1/20	I/C	I/C
L3255	Orth foot non-std size/w		Y	3 per year	1/1/20	I/C	I/C
L3257	Orth foot add change splint		Y	3 per year	1/1/20	I/C	I/C
L3260	Ambulatory surgical boot each-nylon			3 per year	1/1/20		18.21
L3265	Plastazole sandal each		Y	1 per year	1/1/20	I/C	10.88
SHOE MODIFICATIONS - LIFTS							
L3300	Lift, elevation, heel, tapered to metatarsals, per inch			4 per year	1/1/20		43.33
L3310	Shoe lift elev heel/sole neo			6 per year	1/1/20		67.65
L3320	Shoe lift elev heel/sole cor			3 per year	1/1/20		312.02
L3330	Lift, elevation, metal extension (skate)			6 per year	1/1/20		470.38
L3332	Lift, elevation, inside shoe, taperd, up to one-half inch			2 per year	1/1/20		61.29
L3334	Lift, elevation, heel, per inch			3 per year	1/1/20		31.72
SHOE MODIFICATIONS - WEDGES							
L3340	Shoe wedge each			3 per year	1/1/20		70.85
L3350	Shoe sole wedge			3 per year	1/1/20		19.05
L3360	Shoe sole wedge outside sole			3 per year	1/1/20		29.60
L3370	Shoe sole wedge between sole			3 per year	1/1/20		41.19
L3380	Shoe clubfoot wedge			3 per year	1/1/20		41.19
L3390	Shoe outflare wedge			3 per year	1/1/20		41.19
L3400	Shoe metarsal bar wedge			3 per year	1/1/20		33.84
L3410	Shoe metarsal bar between			3 per year	1/1/20		77.15
L3420	Full sole/heel wedge between			3 per year	1/1/20		45.47
L3430	Shoe heel count plast reinforc			4 per year	1/1/20		133.19
SHOE MODIFICATIONS - HEELS							
L3440	Heel leather reinforced			3 per year	1/1/20		63.44
L3450	Shoe heel sach cushion type			3 per year	1/1/20		87.75
L3455	Shoe heel new leather standard			3 per year	1/1/20		33.84
L3460	Shoe heel new rubber standard			3 per year	1/1/20		28.52
L3465	Shoe heel thomas with wedge			3 per year	1/1/20		48.62
L3470	Shoe heel Thomas extended to B			3 per year	1/1/20		51.79
L3480	Shoe heel pad & depress for			3 per year	1/1/20		51.79
L3485	Heel pad, removable for spur		Y	2 per year	1/1/20		I/C
MISCELLANEOUS SHOE ADDITIONS							
L3500	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	I/C	I/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	I/C	I/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 motio			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 ots			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, inclds 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, inclds one or more nontorsion joints, cs fab			2 per year	1/1/20		1027.05

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
WRIST-HAND-FINGER ORTHOSIS (WHFO)							
L3806	Whfo w/joint(s), custom fab			2 per year	1/1/20		343.60
L3807	Whfo w inflatable airchamber			2 per year	1/1/20		189.14
L3808	Whfo rigid, w/o joint(s), custom fab			2 per year	1/1/20		282.85
L3809	Whfo w/o joints pre ots			1 per year	1/1/20		189.14
L3890	Wrist or elbow, concentric adj torsion style mech		Y	6 per year	1/1/20	I/C	I/C
DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION							
L3900	Hinge extension/flex wrist/f			3 per year	1/1/20		1102.92
L3901	Hinge ext/flex wrist finger			3 per year	1/1/20		1252.50
L3904	Whfo electric custom fitted			3 per year	1/1/20		2281.69
L3905	Wrist hand orthosis, inclds one or more nontorsion joints, elastic bands, cfab			2 per year	1/1/20		750.13
OTHER WHFOS - CUSTOM FITTED							
L3906	Wrist hand orthosis, without joints, custom fabricated			2 per year	1/1/20		333.06
L3908	Wrist cock-up non-molded			2 per year	1/1/20		52.41
L3912	Flex glove w/elastic finger			2 per year	1/1/20		90.80
L3913	Hand finger orthosis, without joints, may include soft interface, custom fab			2 per year	1/1/20		204.87
L3915	WHO w/nontor joints, prefab			2 per year	1/1/20		402.08
L3917	Prefab metacarpl fx orthosis			50 per year	1/1/20		79.93
L3919	Hand orthosis, w/o joints, custom fabricated			2 per year	1/1/20		204.87
L3921	Hand finger orthosis, inclds one or more nontorsion joints, custom fabricated			2 per year	1/1/20		242.96
L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj			4 per year	1/1/20		73.01
L3924	HFO w/o joints pre ots			3 per year	1/1/20		73.01
L3925	Finger orthosis, PIP/DIP with joint/spring			6 per year	1/1/20		39.16
L3927	Finger orthosis, PIP/DIP without joint/spring			6 per year	1/1/20		26.44
L3929	HFO non-torsion joint, prefab			6 per year	1/1/20		69.38
L3931	WHFO Non-torsion joint, prefab			6 per year	1/1/20		142.08
L3933	Finger orthosis, w/o joints, may incld soft interface, custom fab			6 per year	1/1/20		161.37
L3935	Finger orthosis, nontorsion joint, custom fabricated			2 per year	1/1/20		167.09
L3956	Addition of joint to upper extremity orthosis, any material; per joint		Y	6 per year	1/1/20	I/C	I/C
SHOULDER - ELBOW-WRIST-HAND ORTHOSIS (SEWHO)							
ABDUCTION POSITION, CUSTOM FITTED							
L3960	SEWHO, airplane design abduction positioning			2 per year	1/1/20		573.13
L3961	SEWHO, shoulder cap design, custom fabricated			2 per year	1/1/20		1270.85
L3962	SEWHO Erb's palsey design abduction positioning			2 per year	1/1/20		559.04
L3967	SEWHO, abduction positioning (airplane design)			2 per year	1/1/20		1500.45
ADDITIONS TO MOBILE ARM SUPPORTS							

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, custom fabricated			6 per year	1/1/20		1424.29
L3973	SEWH Orhosis, abd pstng (airplane dsgn, 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 pstng 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 pstng (airplanedesign), 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 trilateral socket br			6 per year	1/1/20		534.36
L4020	Replae quadlat 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 lace			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	Repel 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 15 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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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 lschal 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 thermopis			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 hydracadence			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 ling w/hydraul swig			6 per year	1/1/20		2078.89
L5614	4-bar link above knee w/swng			6 per year	1/1/20		1405.25
L5616	Ak univ multiplex sys 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 symes			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 disartacula			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
L5630	Syme typ expandable wall sckt			6 per year	1/1/20		380.71
L5631	Ak/knee disartic acrylic soc			2 per year	1/1/20		455.26
L5632	Symes type ptb brim design s			6 per year	1/1/20		188.35
L5634	Symes type poster opening so			6 per year	1/1/20		258.83
L5636	Symes type medial opening so			6 per year	1/1/20		216.14
L5637	Below knee total contact			4 per year	1/1/20		288.72
L5638	Below knee leather socket			6 per year	1/1/20		412.83
L5639	Below knee wood socket			6 per year	1/1/20		968.46
L5640	Knee disarticulat leather so			6 per year	1/1/20		589.64
L5642	Above knee leather socket			6 per year	1/1/20		527.88
L5643	Hip flex inner socket ext fr			6 per year	1/1/20		1320.31
L5644	Above knee wood socket			6 per year	1/1/20		501.03
L5645	Ak flexibl inner socket ext			2 per year	1/1/20		676.84
L5646	Below knee air cushion socket			6 per year	1/1/20		464.78
L5647	Below knee suction socket			2 per year	1/1/20		674.77
L5648	Above knee air cushion socket			2 per year	1/1/20		558.49
L5649	Isch containmt/narrow mi-l so			4 per year	1/1/20		1695.50
L5650	Tot contact ank/knee disart s			2 per year	1/1/20		414.12
L5651	Ak flex inner socket ext fra			2 per year	1/1/20		1018.72
L5652	Suction susp ak/knee disart			2 per year	1/1/20		369.84
L5653	Knee disart expand wall sock			6 per year	1/1/20		493.70
ADDITIONS: SOCKET INSERT AND SUSPENSION							
L5654	Socket insert symes			2 per year	1/1/20		281.33
L5655	Socket insert below knee			2 per year	1/1/20		238.20
L5656	Socket insert knee articulat			2 per year	1/1/20		335.54
L5658	Socket insert aboveknee			2 per year	1/1/20		326.77
L5661	Multi-durometer symes			2 per year	1/1/20		567.85
L5665	Multi-durometer below knee			2 per year	1/1/20		434.34
L5666	Below knee cuff suspension			2 per year	1/1/20		64.54
L5668	Socket insert w/o lock lower			2 per year	1/1/20		86.17
L5670	Bk molded supracondylar susp			2 per year	1/1/20		262.34
L5671	add to lwr ext, below knee/above knee, ecd socket insert			2 per year	1/1/20		421.95
L5672	Bk removable medial brim sus			2 per year	1/1/20		320.54
L5673	Socket insert w/lock mech			4 per year	1/1/20		595.97
L5676	Bk knee joints single axis p			2 per year	1/1/20		307.39
L5677	Bk knee joints polycentric p			2 per year	1/1/20		418.25

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L5678	Bk joint covers pair			2 per year	1/1/20		33.68
L5679	Socket insert w/o lock mech			6 per year	1/1/20		496.63
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded			2 per year	1/1/20		293.79
L5681	Initial containmt/narrow mi-l so			50 per year	1/1/20		1095.40
L5682	Add to lower etremity, below knee, thigh lacer, gluteal/ischial, molded			6 per year	1/1/20		530.50
L5683	Add to lwr extr, below knee/above knee, custom socket insert			4 per year	1/1/20		1095.40
L5684	Add to lower ext, below knee, fork strap			2 per year	1/1/20		40.83
L5685	Add to lower ext pros, below knee, suspens/sealing sleeve			4 per year	1/1/20		106.67
L5686	Bk back check			2 per year	1/1/20		55.06
L5688	Bk waist belt webbing			2 per year	1/1/20		51.82
L5690	Bk waist belt padded and lin			2 per year	1/1/20		100.33
L5692	Ak pelvic control belt light			2 per year	1/1/20		116.46
L5694	Ak pelvic control belt pad/l			2 per year	1/1/20		153.89
L5695	Ak sleeve susp neoprene/equa			2 per year	1/1/20		161.43
L5696	Ak/knee disartic pelvic join			2 per year	1/1/20		176.42
L5697	Ak/knee disartic pelvic band			2 per year	1/1/20		71.66
L5698	Ak/knee disartic silesian ba			2 per year	1/1/20		89.13
L5699	Shoulder harness			2 per year	1/1/20		158.17
REPLACEMENTS							
L5700	Replace socket below knee			2 per year	1/1/20		2443.84
L5701	Replace socket above knee			6 per year	1/1/20		3031.81
L5702	Replace socket hip			6 per year	1/1/20		3821.13
L5704	Custom shape cover below knee			2 per year	1/1/20		498.29
L5705	Custom shape cover above knee			2 per year	1/1/20		913.56
L5706	Custom shape cover knee disart			6 per year	1/1/20		891.06
L5707	Custom shape cover hip disart			6 per year	1/1/20		1197.12
ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM							
L5710	Knee-shin exo sng axi mnl loc			6 per year	1/1/20		305.09
L5711	Knee-shin exo mnl lock ultra			6 per year	1/1/20		462.82
L5712	Knee-shin exo frict swg & st			6 per year	1/1/20		365.53
L5714	Knee-shin exo variable frict			6 per year	1/1/20		376.94
L5716	Knee-shin exo mech stance ph			6 per year	1/1/20		618.26
L5718	Knee-shin exo frct swg & sta			2 per year	1/1/20		772.76
L5722	Knee-shin pneum swg frct exo			2 per year	1/1/20		806.40
L5724	Knee-shin exo fluid swing ph			2 per year	1/1/20		1280.41
L5726	Knee-shin ext jnts fld swig e			2 per year	1/1/20		1681.31

HPCPS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Current Price
L5728	Knee-shin fluid swg & stance			2 per year	1/1/20		2094.70
L5780	Knee-shin pneum/hydra pneum			2 per year	1/1/20		1009.96
L5781	Vacuum pump, residual limb volume management and moisture			6 per year	1/1/20		3332.00
L5782	Vacuum pump, residual limb volume management, heavy duty			6 per year	1/1/20		3512.68
COMPONENT MODIFICATION							
L5785	Exoskeletal system below knee ultra light			2 per year	1/1/20		440.73
L5790	Exoskeletal ak ultra-light m			2 per year	1/1/20		609.93
L5795	Exsoskehip ultra-light mate			2 per year	1/1/20		910.79
L5810	Endoskel knee-shin mnl lock			2 per year	1/1/20		423.71
L5811	Endoskeletal knee shin system, ultra light material			2 per year	1/1/20		618.66
L5812	Endo knee-shin frct swg & st			2 per year	1/1/20		479.54
L5814	Endo knee-shin hydral swg ph			6 per year	1/1/20		3092.73
L5816	Endo knee-shin polyc mch sta			2 per year	1/1/20		721.42
L5818	Endo knee-shin frct swg & st			2 per year	1/1/20		814.62
L5822	Endo knee-shin pneum swg frc spc			2 per year	1/1/20		1580.44
L5824	Endo knee-shin fluid spc			2 per year	1/1/20		1300.89
L5826	Minature knee joint			2 per year	1/1/20		2626.63
L5828	Endo knee-shin fluid swg/sta			2 per year	1/1/20		2479.78
L5830	Endo knee-shin pneum/swg pha			2 per year	1/1/20		1761.99
L5840	Multi-axial knee/shin system			2 per year	1/1/20		3107.06
L5845	Knee-shin gys stance flexion			2 per year	1/1/20		1492.61
L5848	Endo Knee-shin system, hydraulic stance, dampening feature, w/without adjustable			2 per year	1/1/20		895.48
L5850	Endo ak/hip knee extens assi			2 per year	1/1/20		112.67
L5855	Mech hip extension assist			2 per year	1/1/20		261.98
L5856	Add to lower extremity pros, endoskel-knee-shin, swing & stance phase		Y	4 per year	1/1/20		19991.06
L5857	Add to lower extremity pros, endoskel-knee-shin, swing phase only		Y	4 per year	1/1/20		7093.61
L5910	Endo below knee alignable sv			2 per year	1/1/20		309.41
L5920	Endo ak/hip alignable system			2 per year	1/1/20		450.09
L5925	Above knee manual lock			2 per year	1/1/20		285.03
L5930	High activity knee frame		Y	2 per year	1/1/20		2802.99
L5940	Endo bk ultra-light material			6 per year	1/1/20		425.51
L5950	Endo ak ultra-light material			6 per year	1/1/20		718.83
L5960	Endo hip ultra-light material			2 per year	1/1/20		861.04
L5962	Below knee flex cover system			2 per year	1/1/20		498.61
L5964	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 pvlo		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 knee, 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	Elb 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 splt 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 DISARTC/INTERSCAPULAR THORACIC							
L6200	Elbow mold outsid 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, frarm			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 dsg cast chg wrst/elb			2 per year	1/1/20		1109.09
L6382	Postop dsg cast chg elb dis/			2 per year	1/1/20		1327.19
L6384	Postop dsg cast chg shlder/t			2 per year	1/1/20		1619.54
L6386	Postop ea cast chg & realign			2 per year	1/1/20		388.38
L6388	Postop applicat rigid dsg on			2 per year	1/1/20		272.92
ENDOSKELETAL: BELOW ELBOW/ ELBOW DISARTC/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 disar 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	Flexible metal hinge pair			2 per year	1/1/20		141.23
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type			6 per year	1/1/20		342.88
L6615	Disconnect locking wrist uni			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 ihoit pai			2 per year	1/1/20		239.88
L6641	Excursion ampliffier pulley t			2 per year	1/1/20		159.43
L6642	Excursion amplifier lever ty			2 per year	1/1/20		226.98
L6645	Shoulder flexion-abduction j			2 per year	1/1/20		275.66
L6646	Shoulder joint, multipstnl lckng, flexion, adj			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/shlder saddle			2 per year	1/1/20		143.03
L6675	Harness figure of 8 sing con			2 per year	1/1/20		101.87
L6676	Harness figure of 8 duval con			2 per year	1/1/20		102.88
L6677	Harness, triple control, simultaneous operation of terminal device elbow			2 per year	1/1/20		247.04
L6680	Test sock wrist disart/bel e			4 per year	1/1/20		196.81
L6682	Test sock elbw disart/above			4 per year	1/1/20		220.58
L6684	Test socket 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 sock 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

[illegible]

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 chrgr six volt otto			1 per year	1/1/20		228.34
L7364	Twelve volt battery utah/equ			2 per year	1/1/20		422.08
L7366	Battery chrgr 12 volt utah/e			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, carbn 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 intergrated 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 foam, 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 prothesis, 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	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	I/C	I/C
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each			1 per year	1/1/20		34.88
L8509	Trach-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 dialator			50 per year	1/1/20		78.52
L8631	MCP joint repl 2 pc or more			50 per year	1/1/20		1807.84
L8659	Interphalangeal 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	I/C	I/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 +) fiberglas		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) fibergls		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		33.35
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 unlisted 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 neb; 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 neb; 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 supply, 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 (gauntlet), 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 undrwr/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 underwear/pull-on, reusable, any size, each	Y/12 mos		24 per yr	8/1/19		7.69
T4539	Incontinence product, diaper/brief, reusable, any size, each	Y/12 mos		24 per yr	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 DME, 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
	**A provider dispensing incontinence supplies <u>MUST</u> 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 EVS before dispensing any item. Also, ensure with recipient that supplies have not been recieved 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 Meidcaid 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