



STATE OF MARYLAND
DHMH

Office of Health Services
 Medical Care Programs

Maryland Department of Health and Mental Hygiene
 201 W. Preston Street • Baltimore, Maryland 21201
 Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
 MEDICAL SUPPLY AND EQUIPMENT TRANSMITTAL NO. 51**

May16, 2001

Medical Supply and Equipment Providers

FROM: Joseph M. Millstone, Executive Director *JMM*
 Office of Health Services

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

Updated Approved List of Items

The Maryland Medical Assistance Program has updated the Disposable Medical Supplies/Durable Medical Equipment Approved List of Items, effective March 1, 2001.

Please note that unused procedure codes have been deleted from the Approved List. This process was performed to prepare for the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) conversion.

If you have further questions concerning this list, please call the Staff Specialist for Disposable Medical Supplies and Durable Medical Equipment at (410) 767-1739.

Reminder: Diabetic-monitoring supplies cannot be billed as point-of-sale pharmacy items. They must be billed on the HCFA 1500 using your DMS/DME provider number.

MARYLAND MEDICAL ASSISTANCE PROGRAM

DISPOSABLE MEDICAL SUPPLIES

AND

DURABLE MEDICAL EQUIPMENT

APPROVED LIST OF ITEMS

EFFECTIVE MARCH 1, 2001

20 22

**PREAUTHORIZATION REQUIREMENTS
COMAR 10.09.12.06**

A. Preauthorization is required for:

- (1) Disposable medical supplies listed in Regulations .04A and B with a charge exceeding \$300;
- (2) All incontinency pants and disposable under pads;
- (3) DME priced on the list of items as individual consideration (I/C)
- (4) Any rental of durable medical equipment after the third month of rental;
- (5) Osteogenesis stimulators; and
- (6) All repairs to purchased dme exceeding \$500.

B. Preauthorization is not required for:

- (1) Any disposable medical supplies and durable medical equipment for home kidney dialysis;
- (2) Prosthetic devices; and
- (3) DME on the approved list of items with both a procedure code and a purchase price under \$750.
- (4) Labor charges for repairs under three hours.

MARYLAND MEDICAL ASSISTANCE PROGRAM

**DISPOSABLE MEDICAL SUPPLIES
AND
DURABLE MEDICAL EQUIPMENT**

**APPROVED LIST OF ITEMS
Procedure Codes and Maximum Allowable Prices**

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General Notes Pertaining to DMS/DME

For certain categories of Disposable Medical Supplies and Durable Medical Equipment which are unlisted and/or priced by individual consideration (I/C), the word "specify" is shown, indicating that additional information is needed to process preauthorization requests and/or claim forms.

This information usually consists of the following:

1. Manufacturer's name;
2. Manufacturer's product number;
3. Number of individual items per packaging unit (for supplies and accessories);
4. Provider's usual and customary charge;

If this information cannot be provided, please attach a product sheet identifying each item, manufacturer, distributor, or supplier; or submit other appropriate information which describes the item(s) and identifies a contact source. In all these instances, please include addresses and telephone numbers as well.

Your cooperation in supplying this information initially will reduce the time to process your request or claim.

If you have questions or comments concerning this list please call (410) 767-1739 or you may send an e-mail to Howardc@dhmh.state.md.us.

Preauthorization Requirements

COMAR 10.09.12.06

A. Preauthorization is required for:

- (1) Disposable medical supplies listed in Regulations .04A and B with a charge exceeding \$300;
- (2) All incontinency pants and disposable underpads;
- (3) Osteogenesis stimulators;
- (4) Durable medical equipment priced on the approved list of items as individual consideration (I/C);
- (5) Disposable medical supplies and durable medical equipment not on the approved list of items;
- (6) Any rental of durable medical equipment after 3 months of rental; and
- (7) All repairs to purchased durable medical equipment exceeding \$500.

B. Preauthorization is not required for:

- (1) Prosthetic devices; and
- (2) Durable medical equipment on the approved list with both a procedure code and a purchase price under \$750.

**MARYLAND MEDICAL ASSISTANCE PROGRAM
DISPOSABLE MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT
APPROVED LIST OF ITEMS**

Key

I/C - Individual Consideration
 NC - Not Covered
 UC - Usual and Customary
 AN - As Needed

Part 1: DISPOSABLE MEDICAL SUPPLIES

**ADMINISTRATION SUPPLIES FOR INTRAVENOUS MEDICATION AND
PARENTAL NUTRITION**

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1030	Injection cap, needles	\$ 5.00	each	90
X1000	Administration Set for intravenous medication (with filter)	10.70	each	90
X1001	Administration Set for intravenous medication (without filter)	4.55	each	90
X1047	Administration set for ambulatory infusion pump	33.00	each	30
X1049	Central line tray	10.00	each	10
X1002	Filter for intravenous medication administration (when sold separately)	2.45	each	90
X1043	IV extension set	10.50	each	30
X1051	Sharps disposable container, 1 quart capacity	4.28	each	6
X1052	Sharps disposable container, 5 quart capacity	5.93	each	6
X1053	Sharps disposable container, 8 quart capacity	8.99	each	6
X1044	Infusion Bag, disposable, for mechanical driver	5.93	each	90
X1045	Infusion Bag, multi-use for mechanical driver	7.45	each	90
X1054	Syringe only, 0.5ml or 1ml	.20	each	100
X1055	Syringe with needle, 0.5ml or 1ml	.31	each	100
X1056	Syringe only, 3ml	.16	each	100

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1057	Syringe with needle, 3ml	\$.23	each	100
X1058	Syringe only, 5ml	.26	each	100
X1059	Syringe with needle 5ml	.39	each	100
X1060	Syringe only, 6ml	.29	each	100
X1061	Syringe with needle, 6ml	.44	each	100
X1062	Syringe only, 10ml	.28	each	100
X1063	Syringe with needle, 10ml	.41	each	100
X1064	Syringe only, 12ml	.31	each	100
X1065	Syringe with needle, 12ml	.46	each	100
X1066	Syringe, 20ml	.76	each	100
X1067	Syringe, 30ml - 35ml	1.15	each	25
X1079	Unlisted Administration Supplies for intravenous medication	I/C		
X1003	Administration Set for parenteral feeding (with filter)	11.90	each	90
X1004	Administration Set for parenteral feeding (without filter)	8.85	each	90
X1005	Filter for parenteral feeding (when sold separately)	3.15	each	90
X1006	Dravon Clamp for use with parenteral feeding	8.00	each	2
X1007	Injection Caps for use with parenteral feeding	2.50	each	30
X1019	Unlisted Administration supplies for parenteral nutrition (specify)	I/C		

ADMINISTRATION SUPPLIES FOR ENTERAL NUTRITION ONLY

X1011	Adapters for enteral feeding	1.10	each	100
X1012	Syringe for enteral feeding - 50-60ml	2.50	each	100
X1014	Syringe for enteral feeding - 20ml	.67	each	100
X1015	Syringe for enteral feeding - 10ml	.26	each	100
X1016	Syringe for enteral feeding - 5ml	.26	each	100
X1017	Syringe for enteral feeding - 3ml	.16	each	100
X1069	Syringe for enteral feeding - 0.5 or 1ml	.20	each	100
X1070	Syringe for enteral feeding - 6ml	.29	each	100
X1071	Syringe for enteral feeding - 12ml	.31	each	100
X1072	Syringe for enteral feeding - 30ml - 35ml	1.15	each	25

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1018	Tubing for enteral feeding pediatric	\$ 3.00	each	90
X1020	Tubing for enteral feeding adult	6.30	each	90
B4081	Nasogastric tubing	46.50	each box/50	15
X1021	Administration Set for enteral feeding	5.30	each	90
X1022	Administration Set for enteral feeding with 500/600ml. bag or container	7.85	each	90
X1023	Administration Set for enteral feeding with 1000ml. bag or container	.20	each	30
X1024	Administration Set for enteral feeding with 1200ml. bag or container	11.45	each	30
X1025	Administration Set for enteral feeding with 1400ml. (and above) bag or container	11.80	each	30
X1026	Container or Bag for enteral feeding - 500/600ml.	5.75	each	90
X1027	Container or Bag for enteral feeding 1000/1200ml	6.25	each	90
X1028	Container or Bag for enteral feeding - 1400ml and above	7.25	each	90
X1046	Adapter, pediatric	5.00	each	90
X1031	Administration Set, with filter - pediatric	14.00	each	90
X1032	Administration Set for ambulatory infusion pump	33.00	each	50
X1034	Extension Set, standard	2.09	each	90
X1035	Extension Set, with port(s)	5.40	each	90
X1036	Extension Set or bolus feeding replacement, "MIC-Key" type	1.50	each	50
X1038	Gastrostomy Feeding Tube, 5cc and 20cc balloon, "MIC-Key" type, all sizes	44.78	each	6
X1037	Gastrostomy Feeding Kit, Skin Level, "MIC-Key" type, all sizes	132.00	each	4
X1040	Gastrostomy Feeding Device System, "Button" type, sterile, complete	194.00	each	
X1042	Feeding Tube for Gastrostomy Device "Button" type, replacement, all sizes	10.50	each	90
X1041	Decompression Tube for Gastrostomy Devices "Button" type, replacement, all sizes	13.13	each	60

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1796	Sharps Disposable Container, 1 quart capacity	\$ 4.28	each	6
X1797	Sharps Disposable Container, 5 quart capacity	5.93	each	6
X1798	Sharps Disposable Container, 8 quart capacity	8.99	each	6
X1029	Unlisted administration supplies for enteral nutrition (specify)	I/C		

(NOTE: Covered I.V. and Nutrition Infusion Pumps are listed under Durable Medical Equipment)

DIABETIC MONITORING SUPPLIES

URINE KETONE MONITORING SUPPLIES

X1320	Reagent Strips	8.26	50's	4
X1321	Reagent Strips	13.62	100's	2

URINE GLUCOSE AND KETONE MONITORING SUPPLIES

X1420	Reagent Strips	9.76	50's	5
X1421	Reagent Strips	17.09	100's	4

BLOOD GLUCOSE MONITORING SUPPLIES

X1510	Reagent or Test Strips	23.81	25's	2
X1511	Reagent or Test Strips	44.39	50's	4
X1512	Reagent or Test Strips	76.40	100's	

(NOTE: Home Blood Glucose Monitor is listed under Durable Medical Equipment)

FINGER STICKING AIDS

X1610	Device	19.41	each	1
X1611	Lancets	10.51	100's	2

X1612 Lancets 13.55 200's

OSTOMY AND PERMANENT URINARY INCONTINENCE SUPPLIES

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
A4364	Adhesive for Ostomy or Catheter, Liquid, Cement, Powder or Paste, any composition	\$ 4.00	per ounce	10
X4666	Adhesive Paste, with skin barrier, 2oz	6.72	per ounce	10
A5126	Adhesive, Disc or Foam Pad	7.18	Pkg of 10	4
A4455	Adhesive Remover or Solvent	2.00	per ounce	10
X4600	Ostomy Adhesive Remover, wipes	12.50	box of 50	2
X4601	External Catheter	1.64	each	100
X4602	External Catheter, male, reusable	6.76	each	30
A4347	Male External Catheter, with or without adhesive with or without anti-reflux device	19.68	dozen	8
X4603	Foley Catheter, 2-way, latex	4.34	each	36
X4604	Foley Catheter, 2-way, silicone-coated	6.25	each	36
A4338	Indwelling Catheter, Foley type, 2-way latex with coating (Teflon, silicone, elastomer, etc.)	8.85	each	30
A4345	Indwelling Catheter, Foley type, 2-way, all silicone	11.30	each	30
X4605	Foley Catheter, 2 way, silicone with elastomer coating	12.05	each	30
A4346	Indwelling Catheter, Foley type, 3-way, for continuous irritation	18.44	each	30
X4606	Intermittent Catheter, male/female	1.92	each	100
X4607	Catheter, red rubber	1.91	each	60
X4608	Catheter, red rubber, Tieman type	4.68	each	36
X4609	Self-Catheter, female	.65	each	100
X4610	Self-Catheter, long, male/female	1.20	each	100
X4611	Self-Catheter, pediatric/adolescent	.90	each	100
X4612	Urethral Catheter, all purpose, rubber, disposable	.83	each	100
X4613	Urethral Catheter, plastic	1.82	each	100
X4614	Utility Catheter, Robinson/Nelaton type	1.46	each	100
X4615	Catheter Care Tray	5.81	each	90
X4616	Catheter Clamp	1.00	each	5
X4617	Connective Tubing, external catheter	2.19	each	30
X4618	Catheter Extension Tubing	1.46	each	20

<u>Procedure Code</u>	<u>Item Description</u>	<u>Per Unit</u>	<u>Pricing Unit</u>	<u>Units per Service</u>
X4619	Drain/Tube Attachment Device	7.30	each	10
X4620	Ileal Bladder Appliance	42.45	each	5
X4663	"Duoderm" Dressing (4 x 4s), ostomy only	37.15	box of 5	5
X4621	Mounting Ring for ileostomy appliance, white vinyl flexible	13.73	each	15
X4622	Incontinency Pants, disposable (requires preauth)	.85	each	400
A4354	Insertion Tray with Drainage Bag without catheter	7.74	each	30
X4624	Insertion Tray with Drainage with catheter	9.04	each	30
A4399	Ostomy Irrigation Supply, Cone/Catheter, including brush	.25	each	30
A4400	Ostomy Irrigation Set	60.00	each	5
A4397	Irrigation Supply, Sleeve	5.00	each	40
A4322	Irrigation Syringe, bulb or piston	1.40	each	25
A4320	Irrigation Tray for bladder irrigation with bulb/piston syringe	4.81	each	15
A4355	Irrigation Tubing Set, for continuous bladder irrigation through a 3-way indwelling Foley catheter	4.84	each	30
A4367	Ostomy Belt	9.50	each	2
A5093	Ostomy Accessory, Convex Insert	2.25	each	20
A4361	Ostomy Face Plate	19.25	each	5
X4627	Ostomy Gasket	8.85	pkg of 10	10
A4404	Ostomy Ring	2.25	each	30
X4628	Ostomy Tape, 1" roll	1.73	each	5
X4629	Ostomy Tape 2" roll	4.50	each	5
A4454	Tape, all types, all sizes (Ostomy other than above) (specify)	I/C		
A5051	Pouch, Closed, with barrier (1 piece)	3.00	each	30
A5052	Pouch, Closed, without barrier attached (1 piece) (disposable)	2.09	each	100
A5054	Pouch, Closed (2 piece)	1.60	each	100
Incontinence pants, reusable, pair	X9650	10.40	each	
Incontinence pads, for reusable pants, regular absorbency	X1793	11.70	pack of 20	
Incontinence pads, extra absorbent pack of 12	X1794	8.91	NC	NC
Incontinence pads, extra absorbent	X1795	13.74	NC	NC

pack of 20 or 25

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
A5073	Pouch, urinary (2 piece)	3.40	each	100
X4667	Pouch, mini (2 piece)	1.50	each	100
A5062	Pouch, Drainable, without barrier attached (1 piece) (reusable)	2.76	each	100
X4665	Pouch, Drainable system, with barrier (1 piece)	4.62	each	100
A5063	Pouch, Drainable for use on barrier with flange (2-piece system)	2.50	each	100
A5071	Pouch, urinary with barrier (1 piece)	5.00	each	100
X4631	Protective Dressing, spray-on	1.88	per ounce	10
X4632	Protective Dressing, wipes	10.00	box of 50	2
X4633	Protective Powder, 1oz.	8.50	each	15
X4634	Karaya Powder, 1oz.	3.50	ounce	4
X4635	Karaya Gum Powder, 12 oz.	11.10	each	3
A4363	Skin Barrier, Liquid (spray, brush, etc.)	6.00	per ounce	10
A4362	Skin Barrier, Solid, 4 x 4 or equivalent	3.75	each	60
A5121	Skin Barrier, Solid, 6 x 6 or equivalent	8.25	each	60
A5122	Skin Barrier, 8 x 8 or equivalent	15.00	each	36
A5123	Skin Barrier with flange (solid flexible or accordion), any size	7.00	each	100
A5055	Stoma Cap	2.75	each	100
X4636	Stoma Mini Pouch, closed	.98	each	100
X4637	Tincture of Benzoin, spray	1.95	each	10
X4638	Extension/Connective Tubing - to connect leg bag to external or Foley catheter, plastic, sterile	5.77	each	15
X4639	Extension/Connective Tubing - to connect bag to McGuire urinal series, latex, non-sterile	7.78	each	15
A4554	Underpads disposable, all sizes (requires preauth)	.60	each	300
X4640	Urinary Diversion Pouch, with anti-reflux valve and night drain adapter	6.50	each	20
A4357	Bedside Drainage Bag, day or night, with or without anti-reflux device, with or without tube (urinary)	10.00	each	36
A4358	Urinary Leg Bag, vinyl, with or without tube	5.25	each	36

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X4641	Leg Bag Extension Tube	\$ 2.44	each	36
X4642	Leg Bag Straps	4.58	each	15
X4643	Urostomy Appliance System, all sizes	31.15	each	2
A4335	Incontinence Supply, Miscellaneous (specify)	I/C		
A4421	Ostomy Supply, Miscellaneous (specify)	I/C		
X5799	Unlisted catheters/accessories (specify)	I/C		

(NOTE: Reuseable incontinence pads and pants are listed under miscellaneous DME)

SPINAL CORD DYSFUNCTION CARE SUPPLY KITS

X1100	Skin Care Kit I-A 4" x 4" sterile 8-ply gauze pads - 4 dozen Sterile cotton tipped applicators - 8 dozen packages of 2 each 1" porous surgical tape - 4 rolls	\$ 17.70	1 kit every 2 weeks	6
X1101	Skin Care Kit I-B 4" x 4" sterile 8-ply - gauze pads - 2½ dozen Sterile elastic 2-ply gauze bandages - 2½ dozen 4" rubber elastic bandages - 1 Sterile tongue blades - 2½ dozen	49.90	1 kit every 2 weeks	6
X1103	Urinary Incontinence Kit II-B 1" elastic adhesive bandages - 3 rolls Liquid skin cement 1 can (4 oz.) Unsterile catheter extension tubing with connector - 4	22.90	kit every month	3
X1104	Urinary Incontinence Kit II-C Alcohol wipes 3 boxes of 100 each pH testing paper - 1 roll of 15 feet 1" clear hypo allergenic tape - 3 rolls	16.65	1 kit every month	3
X1105	Bowel Incontinence Kit III-A Bisocodyl suppositories 10mg -- 1 box of 50 Disposable exam gloves - 1 box of 100 Lubricating jelly (5 oz.)	15.60	1 kit every 3 months	
X1106	Bowel Incontinence Kit III-B Disposable exam gloves - 1 box of 100	9.90	1 kit every 3 months	

lubricating jelly (5 oz.)

BURN GARMENTS

NOTE: Charges for burn garments shall include all fitting, dispensing, and follow-up care.

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Maximum Units per Service</u>
X1953	Glove to Wrist	77.36	each	4
X1954	Glove to Elbow	129.27	each	4
X1957	Arm Sleeve -- wrist to axilla	66.21	each	4
X1958	Arm Sleeve & Gauntlet -- metacarpals to axilla	88.95	each	4
X1971	Body Brief with Sleeves	228.03	each	2
X1972	Sleeveless Body Suit (to distal measurement) (above knee)	228.00	each	2
X1978	Foot Glove to Knee	124.23	each	2
X1980	Knee Length	49.93	each	2
X1981	Thigh Length	58.92	each	2

SUPPORT STOCKINGS, INDIVIDUALLY FORM-FITTED

NOTE: Charges for individually form-fitted support stockings shall include all fitting, dispensing, and follow-up care.

X1901	Mitten	\$ 52.00	each	4
X1908	Arm Sleeve & Gauntlet -- metacarpals to axilla	120.41	each	4
X1910	Arm Sleeve, Gauntlet & Shoulder Flap	139.82	each	4
X1915	Knee Length	59.60	each	4
X1916	Thigh Length	73.11	each	4
X1917	Waist Height, Two Legs, closed pubis	209.01	each	2
X1918	Waist Height, Two Legs, open pubis	209.01	each	2
X1922	Maternity, Two Legs	209.71	each	2
X1925	Waist Height, One Leg, plus stump	214.74	each	2
X1928	Waist Height, Two Stumps	214.74	each	2
X1931	Chap Style, Two Legs	226.34	each	2
X1932	Chap Style, One Leg	184.67	each	2
X1938	Fitting Fee	27.00	one time	

X1939 Accessories/Modifications for leg or arm (specify)I/C per year

OSTEOGENESIS STIMULATOR

NOTE: Charges for the osteogenesis stimulator shall include all follow-up care, batteries, repairs and replacement parts (with pre-auth required)

E0747	Osteogenesis Stimulator - Initial	686.66	
X1801	Osteogenesis Stimulator - First Evaluation (after six weeks)	686.66	each
X1802	Osteogenesis Stimulator - Second Evaluation (after three weeks)	686.66	

SUCTION SUPPLIES

X9150	Suction collection container, disposable standard	7.50	each	10
X9149	Suction collection container, disposable large capacity	12.00	each	10
X9055	Suction catheter	2.00	each	100
X9151	Suction connecting tubing 6 feet	2.50	each	10
X9153	Suction connecting tubing 9 feet	2.60	each	10
X9155	Suction connecting tubing 12 feet	4.45	each	10
X9158	Suction connecting tubing 100 feet, roll	45.50	roll	6

Miscellaneous Medical Supplies

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Per Unit</u>	<u>Per Units</u>	<u>Maximum Units</u>
Alcohol Wipes/Prep Pads	A4245	\$ 2.48	box of 200	24
Bandages-2ply, 131" x 3" width non-sterile	X1711	10.88	pack of 12	24
sterile	X1712	16.73	pack of 12	24
Bentadine or Iodine Swabs/Wipes 24	A4246	4.27	pint	
Bentadine or Iodine Swabs/Wipes	A4247	6.00	box of 25	24
Cotton-Tipped Wooden Applicators Sterile	X1748	7.13	box of 100	24
Disinfectant-"Control III"				
8 ounces	X1725	10.00 each	24	
16 ounces	X1726	15.00 each	24	
gallon	X1727	31.00 each	24	
Dressing, Control Gel Formula- Sterile ('DuoDerm' type)				
4" x 4"	X1713	7.65	each	60
6" x 6"	X1714	14.63	each	60
Extra thin 4" x 4"	X1715	5.30	each	60
Dressing, Flexible, 'Hydro-active' sterile ('DuoDerm' type)				
4" x 4"	X1716	7.65	each	60
8" x 8"	X1717	24.50	each	60
Dressing, Surgical 3" x 8", 3 strips per envelope	X1718	97.43	each	15
3" x 6", 1 strip per envelope	X1720	84.75	each	

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price Unit</u>	<u>Per Units</u>	<u>Maximum Units</u>
Dressing, transparent				
2" x 3" (approx. size)	X1722	\$.92	each	100
4" x 5" (approx. size)	X1723	2.93	each	100
5" x 7"	X1724	5.80	each	100
6" x 8"	X1721	7.46	each	100
Foam Pads, Self-adhering				
7/16" x 7 7/8" x 11 3/4"	X1730	40.50	pack of 10	3
1" x 7 7/8" x 11 3/4"	X1731	29.00	pack of 5	3
Germicide - "Solution II"				
8 ounces	X1735	7.64	each	24
16 ounces	X1736	11.29 each	24	
Gloves, Sterile and Non Sterile all sizes	A4927	40.00	box of 100	
Lemon Glycerin Swabs	X1737	6.00	box of 25	24
Lubricating Jelly 4.25-ounce	X1738	2.15	each	12
Pads, Gauze-Sterile, 12 ply				
2" x 2"	X1732	16.32	pack of 100	12
3" x 3"	X1733	19.49	pack of 100	12
4" x 4"	X1734	32.16	pack of 100	12
Skin Creams				
up to 2 ounces	X1762	7.94	each	12
up to 5 ounces	X1763	10.88	each	12
up to 9 ounces	X1764	13.49	each	12
Skin Paste				
2.5 ounce tube	X1765	10.79	each	12
Sodium Chloride 0.9% Solution				
500 ml. bottle	X1805	6.70	each	12
1000 ml. bottle	X1806	7.87	each	12
Solution normal saline or 0.9% sodium chloride, 100 doses, 3 ml	X9712	25.00		

<u>Item Description</u>	<u>Procedure Code</u>	<u>Price</u>	<u>Pricing Unit</u>	<u>Maximum Units</u>
5 ml	X9713	32.50	each	1
Sponges-Drain and I.V., Sterile, fenestrated				
2" x 2", 6 ply	X1758	\$15.68	pack of 70	3
4" x 4", 6 ply	X1750	19.43	pack of 70	3
Sponges-Dressing, Sterile				
4" x 3"	X1756	5.93	pack of 50	3
4" x 4"	X1757	6.89	pack of 50	3
Sponges-Dressing, Sterile, 2's, 4" x 4" 6 ply				
	X1751	3.43	pack of 50	3
Sponges-Gauze covered, non-sterile				
3" x 3"	X1753	6.14	pack of 100	3
4" x 4"	X1754	10.94	pack of 100	3
Sponges-Gauze, Sterile, 2's				
2" x 2" 8-ply	X1759	5.54	pack of 100	12
3" x 3" 12-ply	X1760	6.89	pack of 80	12
4" x 4" 12-ply	X1761	6.41	pack of 50	12
4" x 4" 8 ply	X1752	9.74	pack of 100	3
Sponges-Soft net facing, non-sterile 4" x 4"				
	X1755	9.89	box of 100	
Water (sterile and distilled)				
250-500 ml. bottle	X1745	6.42	each	12
1000 ml. bottle	X1746	7.49	each	12
1500 ml. bottle	X1747	10.27	each	12
Tape-Paper				
1/2" width x 10 yards	X1783	.50	each	12
1" width x 10 yards	X1784	1.00	each	12
2" width x 10 yards	X1785	2.00	each	12

Maximum			Tap Price		Pricing
<u>Item Description</u>	<u>Code</u>	<u>Unit</u>	<u>Procedure</u>	<u>Per</u>	<u>Units</u>
Tape-Plastic, clear, perforated					
1/2" width x 10 yards	X1780	1.11		each	12
2" width x 10 yards	X1781	2.21		each	12
3" width x 10 yards	X1789	4.42		each	12
Tape-Multi-Purpose, silk					
1" width x 10 yards	X1786	1.66		each	12
2" width x 10 yards	X1787	3.31		each	12
3" width x 10 yards	X1788	4.97		each	12
Tape-Elastic					
1" x 10 yards	X1777	\$ 1.75		each	12
2" x 10 yards	X1778	3.49		each	12
Tooth Cleaning Applicators, disposable	X1710	4.58		pack of 20	24
Wrap-Elastic, non-adhesive, self-adherent, 5 yards					
1 inch	X1790	1.77		each	12
2 inches	X1791	3.14		each	12
3 inch	X1792	3.98		each	12

WOUND CARE SUPPLIES

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Units Per Service</u>
A6154	Wound Pouch	\$ 107.64	Bx/10	2
A6196	Alginate Dressing, cover 16 sq. in. or less	60.59	Bx/10	4
A6197	Alginate Dressing, cover 16 - 48 sq. in	96.04	Bx/5	2
A6199	Alginate Dressing, filler	32.00	Bx/5	5
A6200	Composite Dressing, 16 sq. in. or less w/out adhesive border	75.26	Bx/10	2
A6201	Composite Dressing, 16 - 48 sq. in. w/out adhesive border	82.82	Bx/5	3
A6202	Composite Dressing, more than 48 sq. in. w/out adhesive border	137.97	Bx/5	2
A6203	Composite Dressing, 16 sq in. or less, with adhesive border	34.10	Bx/50	4
A6204	Composite Dressing, 16 -48 sq. in. with adhesive border	133.33	Bx/25	2
A6209	Foam Dressing, cover, 16 sq. in. or less, w/out adhesive border	32.00	Bx/10	5
A6210	Foam Dressing, cover, 16- 48 sq. in. w/out adhesive border	45.53	Bx/10	5
A6211	Foam Dressing, cover, more than 48 sq. in., w/out adhesive border	57.63	Bx/10	4
A6212	Foam Dressing, cover, 16 sq. in or less, w/adhesive border	80.00	Bx/10	3

<u>Procedure Code</u>	<u>Item Description</u>	<u>Price Per Unit</u>	<u>Pricing Unit</u>	<u>Units Per Service</u>
A6214	Foam Dressing, cover, more than 16 sq. in. w/adhesive border	\$ 90.00	Bx/10	3
A6219	Gauze, non-impregnated 16 sq. in. or less, w/adhesive border	27.50	Bx/50	4
A6220	Gauze, non-impregnated more than 16 sq. in., w/adhesive border	55.94	Bx/25	4
A6222	Gauze, impregnated , other than water or normal saline, 16 sq. in. or less, w/out adhesive border	35.99	Bx/50	3
A6223	Gauze, impregnated, other than water or normal saline, 17 to 48 sq. in., w/out adhesive border	88.82	Bx/50	2
A6224	Gauze, impregnated, other than water or normal saline, more than 48 sq. in.	27.71	Bx/12	5
A6229	Gauze, impregnated, water or normal saline, 17 to 48 sq. in., w/out adhesive border	27.71	Bx/12	5
A6234	Hydrocolloid Dressing, cover, 16 sq. in or less, w/out adhesive border	27.76	Bx/5	10
A6235	Hydrocolloid Dressing, cover, 17 to 48 sq. in.,w/out adhesive border	73.10	Bx/10	4
A6236	Hydrocolloid Dressing, cover, more than 48 sq. in., w/out adhesive border	60.59	Bx/10	4

Maximum Procedure Per <u>Code</u> <u>Service</u>	<u>Item Description</u>	<u>Price Per Unit</u>	Pricing <u>Unit</u>	Units
A6237	Hydrocolloid Dressing, cover 16 sq. in. or less, w/adhesive border	\$ 52.08	Bx/10	4
A6238	Hydrocolloid Dressing, cover, more than 16 sq. in., w/adhesive border	93.57	Bx/	3
A6240	Hydrocolloid Dressing, filler paste	17.78	per 2 fluid ounce tube	4
A6242	Hydrogel Dressing, cover, 16 sq. in. or less, w/out adhesive border	60.05	Bx/10	3
A6243	Hydrogel Dressing, cover, 17 to 48 sq. in., w/out adhesive border	56.82	Bx/10	4
A6244	Hydrogel Dressing, cover more than 48 sq. in., w/out adhesive border	121.02	Bx/10	2
A6245	Hydrogel Dressing, cover, 16 sq. in. or less, w/adhesive border	23.51	Bx/	5
A6246	Hydrogel Dressing, cover, 17 to 48 sq. in.,	36.45	Bx/	5
A6247	Hydrogel Dressing, cover, more than 48 sq. in., w/adhesive border	46.90	Bx/	5
A6248	Hydrogel Dressing, filler, gel	7.50	per 3 fluid ounce tube	4
A6257	Transparent film, 16 sq. in. or less	65.10	Bx/100	
A6258	Transparent film, 17 to 48 sq in.	73.68	Bx/50	4
A6259	Transparent film, more than 48 sq. in.	69.28	Bx/10	4
A6265	Tape	12.00	Bx/12	2

Part II. DURABLE MEDICAL EQUIPMENT

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Rental Charge</u>	<u>Maximum Units per Service</u>
<u>Apnea Monitors and Accessories</u>					
Standard Monitor, electric/ 29 battery (AC/DC): daily rental infant	NC	\$ NC	X8361	\$ 7.45/day	
Standard Monitor, electric/ battery (AC/DC): monthly rental	NC	NC	X8362	224.00/mo.	
Monitor with memory daily rental	NC	NC	X8354	12.00/day	29
Monitor with memory monthly rental	NC	NC	X8364	350.00/mo.	
Recorder, daily rental	NC	NC	X8351	7.70/day	29
<u>Accessories:</u>					
Belt	X9352	10.80		NC	4
Belt Kit I (with cable)	X9358	72.80		NC	
Belt Kit II (without cable)	X9359	52.00		NC	
Disposable Red Dot Electrodes, 25/bag (or equivalent)	X9354	17.50		NC	6
Lead Wires - Straight End	X9355	9.25		NC	2
Lead Wires - Clip End	X9356	12.50		NC	3
Patient Cable	X9357	44.10		NC	
Patient Cables for portable infant monitor	X9363	I/C		NC	
Cardio-Trace Electrodes, 30/package (or equivalent)	X9364	17.50		NC	4
Unlisted Apnea Monitors/ Accessories (specify)	X9369	I/C		X8369	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Beds Hospital</u>					
Hospital Bed, fixed height, with mattress, without side rails	E0252	577.00	X8101	44.38	10 years
Hospital Bed, fixed height, with side rails, with mattress	E0250	748.00	X8081	57.54	10 years
Hospital Bed, fixed height, with side rails, without mattress	E0251	673.00	X8082	51.77	10 years
Hospital Bed, variable height, hi-lo, with side rails, with mattress	E0255	,257.00	X8083	95.69	10 years
Hospital Bed, semi-electric (head and foot adjustments), with mattress, with side rails,	E0260	1699.00	X8079	30.70	10 years
Hospital Bed, total electric (head, years foot and height adjustments), with mattress, with side rails	E0265	\$2,190.00	X8080	\$ 68.46	10
Hospital Bed, total electric (head, foot and height adjustments), without mattress, with side rails	E0266	2,050.00	X8084	157.69	10 years
<u>Accessories</u>					
Mattress, innerspring	E0271	194.00	X8085	14.92	2 years
Mattress, foam rubber	E0272	127.00	X8403	9.76	2 years
Mattress, eggcrate type	X9230	27.00	NC	NC	2 year
Bed Side Rails, half length	E0305	158.00	X8404	2.15	10 years
Bed Side Rails, full length	E0310	184.00	X8405	2.15	10 years
Unlisted Hospital Beds/ Accessories (specify)	X9119	I/C	X8119	I/C	
<u>Blood Glucose Monitoring Equipment</u>					
Home Blood Glucose Monitor	E0607	125.00	NC	NC	3 years
Home Blood Glucose Monitor with special features	E0609	I/C	NC	NC	3 years
Battery, Replacement	X9301	3.25	NC	NC	AN

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Braces & Supports</u>					
Support, back, lumbo-sacral	X9330	110.00	NC	NC	year
Support, back, lumbo-sacral, heat molded	X9370	135.00	NC	NC	year
Support, dorsal lumbar	X9331	150.00	NC	NC	1 year
Support, chair back/Knight spinal (including molded type)	X9333	250.00	NC	NC	3 years
Support, hyperextension, Jewett	X9332	225.00	NC	NC	1 year
Support, neck brace, 2-poster	X9337	220.00	NC	NC	1 year
Support, Taylor-Knight	X9334	295.00	NC	NC	1 year
Wilmington brace, with mold	X9343	650.00	NC	NC	1 year
Milwaukee brace, unlined	X9344	895.00	NC	NC	1 year
Milwaukee brace, lined	X9345	955.00	NC	NC	1 year
Boston brace, unlined	X9346	625.00	NC	NC	1 year
New Boston brace, lined	X9347	800.00	NC	NC	1 year
Boston jacket with "cow horns"	X9371	995.00	NC	NC	1 year
TLSO body jacket, lined	X9349	780.00	NC	NC	1 year
TLSO body jacket, lined with controls/pads	X9350	875.00	NC	NC	1 year
TLSO split body jacket "clamshell"/"bi-valve")	X9372	900.00	NC	NC	year
Orthoses-Custom					
Ankle-foot, solid/rigid, each articulated	X2001	450.00	NC	NC	
floor reaction	X2002	675.00	NC	NC	
	X2003	600.00	NC	NC	
Knee-Ankle-foot, each	X2004	1450.00	NC	NC	
Unlisted Braces/Supports (specify)	X9379	I/C	NC	NC	
<u>Canes , Crutches and Shower Chairs</u>					
Cane of all materials, adjustable or fixed, with tip	E0100	18.00	NC	NC	1 year
Cane, quad or three prong; includes canes of all materials, adjustable or fixed, with tips	E0105	45.00	NC	NC	1 year
Shower chairs					
small	X9642	413.00	NC	NC	2 years
medium	X9643	438.00	NC	NC	2 years
adolescent	X9644	463.00	NC	NC	2 years
adolescent/large	X9645	475.00	NC	NC	2 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Monthly Rental Charge</u>	<u>Maximum Life Expectancy</u>
Crutch, underarm, wood adjustable or fixed, with pads, tips, handgrips, each	E0113	\$ 20.00	NC	NC	6 months
Crutch, underarm, wood, adjustable or fixed, with pads, tips, handgrips, pair	E0112	39.00	NC	NC	6 months
Crutch, underarm, other than wood, adjustable or fixed, with pad, tip and handgrip, each	E0116	29.00	NC	NC	6 months
Crutches, underarm, other than wood adjustable or fixed, with pads, tips and handgrips, pair	E0114	58.00	NC	NC	6 months
Crutch, forearm, of various materials, adjustable or fixed, with tip and handgrips (Canadian or Lofstrand), each	E01	40.00	NC	NC	6 months
Crutch, forearm, of various materials, adjustable or fixed, with tips and handgrips (Canadian or Lofstrand), pair	E0110	80.00	NC	NC	6 months
Crutches, platform, pair	X9229	155.00	X8229	11.92	6 months
Crutch, platform, single	X9201	80.00	NC	NC	6 months
Unlisted crutches (specify)	X9202	I/C	X8202	I/C	I/C

Commodes

Commode Chair, stationary, with fixed arms	E0163	85.00	NC	NC	2 years
Commode Chair, stationary, with detachable arms	E0165	167.00	X8228	12.85	2 years
Commode Chair, adjustable, with fixed arms	X9111	90.00	NC	NC	2 years
Commode Chair, adjustable, with detachable arms	X9112	70.00	X8112	13.07	2 years
Commode Chair, adjustable, with attachment for pail or pan	X9113	164.00	X8113	12.62	2 years
Commode Chair, mobile, with fixed arms	E0164	147.00	X8116	11.31	2 years
Commode Chair, mobile, with detachable arms	E0166	225.00	X8117	7.31	2 years
Commode Chair, drop arms	X9225	167.00	X8225	2.85	2 years

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Commode Chair, drop arms,with soft seat, and pail or pan	X9114	\$ 200.00	NC	NC	
Commode Chair, large/extra wide/heavy duty	X9115	187.00	NC	NC	
Pail or Pan for use with commode chair	E0167	20.00	NC	NC	year

Enteral and Parenteral Nutrition Equipment

Enteral Nutrition Infusion Pump, with alarm	B9002	750.00	X8005	57.69	10 years
Enteral Nutrition Infusion Pump, pediatric	X9110	1,050.00	X8110	80.76	10 years
Parenteral Nutrition Infusion Pump, stationary (specify)	B9006	,752.00	X8001	134.77	10 years
Parenteral Nutrition Infusion Pump, portable	B9004	3,790.00	X8015	201.53	10 years
Battery Pack, Replacement	X9631	100.00	NC	NC	AN
IV Pole	E0776	105.00	X8002	8.00	10 years

Intravenous Medication Equipment

Ambulatory Infusion Pump with administrative equipment, worn by patient (Preauth required)	E0781	3,790.00	X8021	201.54	10 years
Battery Pack for Ambulatory Infusion Pump	X9118	100.00	NC	NC	AN

Nebulizers and Accessories

Aerosol compressor, complete system compressor unit, medication cup, connector fitting, tubing, hand-held nebulizer, and mouth piece, face mask, or tracheostomy collar or T-tube	X9016	130.00	X8016	0.00	2 years
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<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Aerosol compressor, ultrasonic complete system with ultrasonic aerosol chamber with blower, medication cup, connector fitting, corrugated tubing, and mouth piece, face mask, or tracheostomy collar or T-tube	X9017	\$ 165.00	X8017	\$ 12.69	2 years
Compressor System pneumatic stationary (pulmo-aide, type)	X9725	180.00	X8725	14.00	2 years
Same, portable with battery adapter charge, power cord	X9726	420.00	X8726	33.00	2 years
Nebulizer Replacement kit	X9707	2.25	NC	NC	5 /month.
Nebulizer Mask Kit	X9722	4.05	NC	NC	2/month
Administrative Set used with nebulizer	K0171	3.75	NC	NC	5/month
Aerosol Mask used with nebulizer	K0180	6.25	NC	NC	2/ year
Filter, disposable used with nebulizer	K0178	2.00	NC	NC	2/month
Filter, non-disposable used with nebulizer	K0179	2.00	NC	NC	1/month
Unlisted nebulizers/accessories (specify)	X9729	I/C	X8729	I/C	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
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Prosthetic Devices

NOTE: Charges for prosthetic devices shall include the cost of the device as well as necessary stump covers or harnesses, power sources, and all fitting, dispensing, and follow-up care.
Does not require preauthorization

Artificial Eye:

Prosthetic, eye, plastic, custom	V2623	\$ U/C	NC	NC	
Prosthetic eye, not otherwise classified	V2629	U/C	NC	NC	

Breast Prosthesis (including mastectomy form and 2 mastectomy bras):

Unilateral	X3100	U/C	NC	NC	
Bilateral	X3101	U/C	NC	NC	
Lower Limb - Partial Foot	X3200	U/C	NC	NC	
Lower Limb - Below Knee	X3202	U/C	NC	NC	
Lower Limb - Above Knee	X3204	U/C	NC	NC	
Lower Limb - Endoskeletal - Below Knee	X3207	U/C	NC	NC	
Lower Limb - Endoskeletal - Above Knee	X3209	U/C	NC		
Lower Limb - Endoskeletal - Hip Disarticulation	X3210	U/C	NC	NC	
Upper Limb - Partial Hand	X3212	U/C	NC	NC	
Upper Limb - Below Elbow	X3214	U/C	NC	NC	
Upper Limb - Endoskeletal - Shoulder Disarticulation	X3222	U/C	NC	NC	
Repair of Prosthetic Device, hourly rate (specify repair and rate)	L7500	I/C	NC		
Repair Prosthetic Device, Repair Replace Minor Parts (specify)	L7510	I/C	NC		
Unlisted Prosthetic Devices/ Accessories (specify)	X3299	U/C	NC	NC	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
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Suction Equipment and Accessories

Suction Machine, Stationary	X9050	234.00	NC	NC	
Suction Machine, AC/DC (electric/battery)	X9152	780.00	X8152	60.00	10 years
Suction Pump, home model, portable	E0600	600.00	X8153	46.15	10 years
Suction Device, Yankauer type	X9157	6.32	NC	NC	2/month
Suction Device for airway mucus clearance ("flutter" type)	X9670	140.00	NC	NC	1 year
Unlisted Suction Equipment/ Accessories (specify)	X9159	I/C	X8159	I/C	I/C

TENS (Transcutaneous Electrical Nerve Stimulator)

TENS, two lead, localized stimulation	E0720	515.00	X8310	39.62	year
TENS, four lead, larger area/ multiple nerve stimulation	E0730	593.00	X831	45.62	year

Accessories

Battery	X9312	\$ 4.15	NC	\$ NC	AN
Battery Pack	X9318	60.00	NC	NC	AN
Gel, tube	X9313	3.10	NC	NC	AN
Tape Patches, pack of 100 (or equivalent)	X9314	10.40	NC	NC	
Lead Wires, set	X9315	16.00	NC	NC	AN
Electrode, disposable, each	X9316	2.00	NC	NC	AN
Electrode, reusable, each X9317 AN			5.00	NC	NC

Traction Equipment

Traction, Frame, attached to headboard, simple cervical traction	E0840	52.70	NC	NC	year
Traction, complete, Buck X9325		62.50	NC	NC	
Traction Stand, Buck	X9324	40.00			1 year
Traction Stand for hospital bed	X9129	43.00			1 year
Fracture Frame, Bed (specify)	X9123	I/C	X8123	I/C	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
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Walkers

Walker, rigid (pick up), adjustable or fixed height	E0130	64.00	X8223	4.62	2 years
Walker, folding (pick up), adjustable or fixed height	E0135	79.00	X8227	6.00	2 years
Walker, wheeled, without seat	E0141	103.00	X8226	7.92	2 years
Walker, platform attachment for	X9236	84.00	NC	NC	2 years
Walker, adjustable height, with wheels	X9218	132.00	NC	NC	2 years
Walker, adjustable height and width, with wheels	X9219	185.00	NC	NC	2 years
Walker, folding, pediatric	X9690	100.00	NC	NC	2 years
Walker, large/extra wide/heavy duty	X9694	225.00	NC	NC	2 years
Walker, pediatric, standard	X9237	83.00	NC	NC	2 years
Walker, pediatric, with wheels	X9238	140.00			2 years
Walker, pediatric, posture control with wheels	X9220	211.00	NC	NC	2 years
Walker, pediatric, adjustable height and width, with wheels	X9222	275.00	NC	NC	2 years
Walkcane or hemi-walker	X9239	67.00	NC	NC	2 years

Walker Accessories

Wheeled foot piece, pair	X9695	33.10	NC	NC	6months
Wheeled foot pieces, swivel, pair	X9696	44.00	NC	NC	6 months
Platform attachment, pediatric only	X9697	106.00	NC	NC	6 months
Leg Extensions for walker	E0158	36.00	X8240	2.76	6 months

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Wheelchairs</u>					
Standard Wheelchair, fixed full length arms, fixed or swing away detachable footrests	E1130	\$ 703.29	X8204	\$54.10	5 years
Standard Wheelchair, detachable arms (desk or full length) swing away detachable footrests	E1140	942.48	X8244	54.08	5 years
Standard Wheelchair, fixed full length arms, elevating legrests	E1160	800.87	X8242	61.60	5 years
Standard Wheelchair, detachable arms (desk) or full length, elevating legrests	E1150	1041.25	X8203	80.10	5 years
Fully-Reclining Wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	E1060	1156.68	X8255	88.97	5 years
Fully-Reclining Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1070	1101.94	X8254	84.76	5 years
Lightweight Wheelchair, E1240 detachable arms (desk or full length), swing-away detachable elevating legrests		1047.72	X8257	80.59	5 years
Lightweight Wheelchair, fixed full length arms, swing-away detachable footrests	E1250	894.88	X8407	68.84	5 years
Lightweight Wheelchair, E1260 detachable arms (desk or full length), swing-away detachable footrests		958.11	X8256	73.70	5 years
Lightweight Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1270	15.03	X8408	85.77	5 years
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing away detachable elevating legrests	E1088	1235.22	X8060	95.02	5 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
High Strength Lightweight Wheelchair, detachable arms (desk or full length), swing away detachable footrest	E1090	79.29	X8062	90.71	5 years
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), elevating legrests	E1280	962.71	X8075	74.05	2 years
Wide Heavy Duty Wheelchair, fixed full length arms, swing away detachable footrest	E1285	840.14	X8076	64.63	2 years
Wide Heavy Duty Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1290	1021.02	X8077	78.54	5 years
Wide Heavy Duty Wheelchair, fixed full length arms, elevating legrests	E1295	910.35	X8078	70.03	5 years
Wheelchair, child's, with , adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X9247	852.00	X8247	65.54	2 years
Wheelchair, child's reclining, with adjustable height, removable full or desk length arms, swing-away detachable elevating legrests	X9249	1,143.00	X8249	\$ 87.92	2 years
Wheelchair, growing: Same as Standard Wheelchairs					
Hemi-Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1083	998.41	X8410	76.80	5 years
Hemi-Wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests	E1084	1094.80	X8253	84.21	5 years
Hemi-Wheelchair, fixed full length arms, swing-away detachable footrests	E1085	677.	X8406	52.08	5 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Hemi-Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1086	1059.10	X8252	81.47	5 years
Amputee Wheelchair, fixed full length arms, swing-away detachable elevating legrests	E1170	800.87	X8414	61.60	5 years
Amputee Wheelchair, fixed full length arms, with out footrests or legrests	E1171	681.87	X8068	52.45	5 years
Amputee Wheelchair, detachable arms (desk or full length), without footrests or legrests	E1172	714.00	X8069	54.92	5 years
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable footrest	E1180	942.48	X8070	72.50	5 years
Amputee Wheelchair, detachable arms (desk or full length), swing-away detachable elevating leg rests	E1190	\$ 1078.14	X8071	\$ 82.93	5 years
Amputee Wheelchair, fixed full length arms, swing-away detachable footrests	E1200	1059.10	X8415	81.47	5 years
Motorized Wheelchair, detachable arms (desk or full length), swing-away detachable footrests	E1213	3,243.84	X8267	249.53	5 years
Motorized Wheelchair, detachable arms (desk or full length), swing-away elevating leg rests	E1211	3,449.85	X8267	265.37	5 years
Motorized Wheelchair, detachable adjustable height arms, swing-away detachable footrests with heel loops	X9266	7,073.01	X8266	544.07	5 years
Motorized Wheelchair, detachable adjustable height arms, swing-away detachable elevating leg rests	X9268	7297.55	X8268	561.35	5 years
Wheelchair, specially sized or constructed (Indicate brand name, model number, and medical justification)	E1220	I/C	X8299	I/C	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Wheelchair, Repairs (parts and labor) or Non- or routine service, requiring the skill of a technician)	E1350	I/C	NC	NC	AN
Power-Operated Vehicle, 3 or 4 wheel, non-highway (Indicate brand name and model number)	E1230	2,069.91	X8074	159.22	5 years
Pediatric Transporter (stroller, buggy etc.) (Indicate brand name and model number)	X9289	420.00	NA	NA	2 years
<u>Wheelchair Accessories</u>					
Amputee Adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	E0959	102.30	NC	NC	AN
Anti-Tipping Device (pair)	E0971	52.00	NC	NC	AN
Adjustable Height Detachable Arms, desk or full length (pair)	E0973	93.50	NC	NC	AN
Attachment to convert any wheelchair to one-arm drive (specify)	E0958	I/C	NC	NC	AN
Replacement Batteries for medically necessary electric wheelchair owned by patient (specify)	E1005	I/C	NC	NC	AN
Battery, each (specify)	E1068	I/C	NC	NC	AN
Deep Cycle Battery (specify)	E1069	I/C	NC	NC	AN
Belt, Safety, with airplane buckle	E0978	42.00	NC	NC	AN
Belt, Safety, with Velcro closure	E0979	30.00	NC	NC	AN
Toggle Brakes	X9264	21.00	NC	NC	AN
Brake Extensions (pair)	E0961	31.00	NC	NC	AN
Cushion, Gel	X9240	195.00	NC	NC	AN
Cushion, Foam	X9258	47.00	NC	NC	AN
Cushion, Jay/Roho type (or equivalent)	X9259	340.00	NC	NC	AN
Footrests, extra large (pair)	X9221	68.00	NC	NC	AN
No. 2 Foot plates, except for elevating leg rests (pair)	E0970	58.00	NC	NC	AN

<u>Item Description</u>	<u>Procedure Code</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
“Grade-Aid” (device to prevent rolling back on an incline)	E0974	\$ 77.00	NC	NC	AN
Hand Rims with 8 vertical rubber-tipped projections, pair	E0967	420.00	NC	NC	AN
Hook-on Head Rest Extension	E0966	158.00	NC	NC	AN
Loop, Heel, each	E0951	16.50	NC	NC	AN
Loop, Toe, each	E0952	19.80	NC	NC	AN
Narrowing Device	E0969	94.00	NC	NC	AN
Solid Back Insert	X9262	110.00	NC	NC	AN
Sold Seat Insert	E0992	108.00	NC	NC	AN
Pneumatic Tire, each	E0953	41.80	NC	NC	AN
Pneumatic Tire with wheel, each	E0999	83.60	NC	NC	AN
Power Attachment (to convert any wheelchair to motorized wheelchair) (specify)	E1065	I/C	NC	NC	AN
Tire, Pneumatic, Caster, each	E1000	8.50	NC	NC	6 months
Semi-Pneumatic, Caster, each	E0954	27.30	NC	NC	6 months
Tray	E0950	168.00	NC	NC	5 years
Legrest, elevating, each	E0990	140.80	NC	NC	5 years
Unlisted Wheelchair Accessories (specify)	E1399	I/C	NC	NC	I/C
<u>Wheelchair Modifications</u>					
Reinforced Seat Upholstery	E0975	38.50	NC	NC	year
Reinforced Back Upholstery	E0976	42.00	NC	NC	year
Full Reclining Back	X9272	448.69	NC	NC	year
Special Back Height	X9274	187.00	NC	NC	year
Special Seat Height from floor	E1296	312.00	NC	NC	year
Special Seat Depth, by upholstery	E1297	104.00	NC	NC	year
Special Seat Depth and/or Width, by construction (specify)	E1298	I/C	NC	NC	1 year
Special Seat Width, by upholstery for customized wheelchair	X9275	104.00	NC	NC	1 year
Unlisted Wheelchair Modifications (specify)	E1399	I/C	NC	NC	I/C

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code</u> <u>Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Pediatric Adaptive/Positioning Accessories</u> (For transporters or wheelchairs only)					
Abductor, stationary	X9160	\$ 174.00	NC	NC	1 year
Abductor, removable with adjustable hardware	X9161	284.00	NC	NC	1 year
Cushions, small	X9162	20.00	NC	NC	1 year
Foot Rest addition	X9167	135.00	NC	NC	1 year
Foot Straps	X9168	25.00	NC	NC	1 year
Headrest, fixed	X9169	70.00	NC	NC	
Headrest, removable, with hardware	X9170	130.00	NC	NC	1 year
Insert, hinged, with leg extensions	X9172	195.00	NC	NC	1 year
Lateral Supports, small	X9173	134.00	NC	NC	AN
Lateral Supports, medium	X9174	139.00	NC	NC	AN
Lateral Supports, large	X9175	144.00	NC	NC	AN
Pelvic Straps	X9176	60.00	NC	NC	AN
Tray	X9181	160.00	NC	NC	AN
Tray, with hardware	X9182	185.00	NC	NC	AN
Vest Support, small	X9183	40.00	NC	NC	AN
Vest Support, medium	X9184	46.00	NC	NC	AN
Vest Support, large	X9185	52.00	NC	NC	AN
Wedge Support, large	X9188	60.00	NC	NC	AN
Seating System		I/C	NC	NC	AN
Unlisted Pediatric Adaptive/Positioning Accessories (specify)	E1399	I/C	NC	NC	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
<u>Miscellaneous Equipment</u>					
Augmentative Communication Equipment	X9559	\$ I/C	NC	\$ NC	
Augmentative Accessories (provided after initial purchase)	X9558	I/C	NC	NC	
Bed Pan, metal or plastic	E0275	10.00	NC	NC	2 years
Blood Pressure Equipment economy kit	X9527	25.00	NC	NC	1 year
cuff with bladder	X9528	15.00	NC	NC	1 year
Collar, rigid, cervical	X9340	18.00	NC	NC	6 months
Collar, rigid, Philadelphia	X9341	36.50	NC	NC	6 months
Drug Delivery System, spacer, bag or reservoir with or without mask, for metered dose inhaler	A4627	36.75	NC	NC	6 months
Phototherapy Unit	NC	N/C	E0202	50.00 (daily)	
Patient Lift, hydraulic, with seat or sling	E0630	1000.00	X8124	55.23	5 years
Sling or Seat, patient lift canvas or nylon	E0621	80.25	NC	NC	year
Pressure Pad, Alternating, with pump	E0180	77.00	X8140	13.61	3 years
Pad Only	X9141	23.00	NC	NC	3 years
Splint, cock-up wrist	X9339	13.00	NC	NC	6 months
Splint, positioning, hand	X9338	65.00	NC	NC	6 months
Splint, positioning, foot	X9342	65.00	NC	NC	6 months
Transfer Bench, padded	X9638	169.00	NC	NC	2 years
with commode seat, padded	X9684	206.00	NC	NC	2 years
Trapeze Bar (a/k/a Patient Helper), attached to bed, with grab bar	E0910	129.00	X8121	9.93	2 years
Trapeze Bar, free standing, complete with grab bar	E0940	279.00	X8400	21.46	5 years
Vaporizer, room	E0605	15.00	NC	NC	2 years

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Durable Medical Equipment, not otherwise classified (specify)	E1399	\$ I/C	X8999	\$ I/C	I/C
<u>Repairs to Durable Medical Equipment</u>					
Repair or non-routine services for dme requiring the skill of a technician, labor component, per 1 hr., up to 3 hours	E1340	60.00	NC	NC	

PEDIATRIC MEDICAL EQUIPMENT AND SUPPLIES

Durable Medical Equipment and Accessories-Purchase

NOTE: See separate list for Equipment Rentals

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Activity Chair, adaptive High-back	X9545	494.00
Bath chair - adjustable, adaptive small	X9534	294.00
medium	X9503	319.00
large X9504		344.00
extra large	X9542	357.00
Bath Seat - tilting, adaptive medium	X9523	289.00
adolescent	X9524	325.50
adolescent, large	X9525	335.00
Extension Legs or Head Pad/Support, each	X9526	103.00
Beds		
crib	X9133	2,888.00
mattress	X9134	62.50
bumper pads	X9135	112.50
top cover	X9136	344.00
youth bed	X9130	3,738.00
mattress	X9132	269.00

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
Bolster Chair-adaptive, including adjustable/swing-away armrests		
small	X9561	\$ 425.00
medium	X9562	432.00
Adolescent/large	X9563	438.00
complete including 3 bolsters, 2 pr. sandals	X9564	619.00
Chair - Multi-Purpose, adaptive	X9505	65.00
Commode Chair/Potty Chair, adaptive		
small	X9142	332.00
adolescent	X9144	432.00
Commode Chair/Rolling Shower Chair, adaptive		
with large rear wheels	X9565	999.00
with swivel rear casters	X9566	940.00
Corner Chair - adjustable, adaptive	X9567	413.00
Feeder Seat, adaptive		
small	X9530	128.00
Wedge to convert feeder seat to floor sitter	X9533	97.00
Floor Sitter, adaptive		
small	X9508	98.00
medium	X9509	110.00
with adjustable angle	X9568	150.00
Footwear, Orthopedic/Corrective		
Open toe shoes, straight or reverse last, pair	X9570	51.95
small	X9571	55.95
large X9572		58.95
Dennis Brown Bar	X9573	20.95

<u>Item Description</u>	<u>Procedure Code</u> <u>Purchase</u>	<u>Maximum Purchase Price</u>
Fillauer Bar	X9574	\$ 44.95
Depth Inlay Shoe (aka extra depth), pair	X9575	10.00
Orthotic Inserts, custom-molded (flexible semi-rigid, rigid), pair	X9576	150.00
Custom molded shoes, pair	X9579	350.00
Lift on shoe, each,		
each 1/4 inch	X9577	10.00
each 1 inch	X9578	45.00
Gait Trainer-adjustable, adaptive small	X9582	688.00
Head Support-Hensinger type		
large	X9587	110.00
mounted, extra small	X9588	105.00
small	X9513	115.00
medium	X9514	125.00
Heel or Elbow Protector, each	E0191	
Helmet-protective		
soft shell	X9540	65.00
hard shell X9541		90.00
super small/super large	X9625	190.00
chin guard	X9626	36.00
Mobile Stander-adaptive, with body support system,		
small	X9594	994.00
medium	X9595	1,119.00
adolescent	X9596	1,744.00
adolescent, large	X9597	2,063.00
Peak Flowmeter	X9634	
Pressure Pad - bed pad or mattress, reusable		
standard	X9501	20.00
heavy duty	X9502	32.00
Prone Board/Adaptive Stander, adjustable		
small	X9516	619.00
medium	X9635	669.00
adolescent	X9636	1,081.00

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Scales		
Baby-Portable home care 20 kg. 50 grams or 36 lbs. x 1/4 lbs.	X9518	65.00
Balance beam, 16 kg. x 10 grams or 36 lbs. x 1/8 oz.	X9519	270.00
Mechanical, 15 kg. x 5 grams or 31 lbs. x 1/4 oz.	X9520	224.00
Beam, dual reading 40 lbs. x ½ oz. and 17.5 kg. x .01 kg.	X9641	310.00
Diaper, bowl type (aka 'Pee Wee')	X9543	197.50
Shower Chair - adjustable, adaptive adolescent	X9644	463.00
adolescent/large	X9645	475.00
Side- Lying Board - adjustable adolescent	X9646	344.00
trunk support block	X9647	71.90
Standing Frame - adjustable	X9648	707.00
Stethoscope	X9084	15.00
Supine Board-adjustable child X9671		1,232.00
adolescent	X9672	1,375.00
Thermometer-standard rectal or oral	X9673	2.50
ear (instant)	X9675	80.00

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
Toddler Chair, adaptive with adjustable back	X9682	164.00
Urinometer	X9522	8.00
<u>Vest/Trunk Support</u> (Whitworth type)		
Extra support, naugahyde small/medium	X9546	91.00
large	X9547	98.00
Lightweight, nylon cotton weave small/medium	X9548	84.00
large	X9549	89.00
Walkers		
Standard	X9237	83.00
folding	X9690	100.00
with wheels	X9238	140.00
adustable, with wheels and seat	X9222	275.00
large/extra wide/heavy duty	X9694	225.00
walker, posture control with wheels	X9220	211.00
Walker Accessories		
leg extensions (set of 4)	E0158	36.00
wheeled foot piece, pair	X9695	33.00
wheeled foot piece, swivel, pair	X9696	44.00
platform attachment, pediatric only	X9697	106.00
Wedge, abductor	X9560	46.88

Respiratory Medical Equipment and Accessories

* **Note:** These codes can also be used to bill for adults

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Maximum Monthly Rental Charge</u>	<u>Life Expectancy</u>
Bi-Pap Ventilator Support System					
With Mask	NC	\$ NC	X8718	\$ 461.00	
With Headgear	NC	NC	X8719	468.00	
Bi-Pap Ventilator Accessories					
Mask, replacement	X9718	51.35	NC	NC	
Headgear, replacement	X9719	35.35	NC	NC	
Cannula, Nasal	A4615	1.45	NC	NC	
Cannula, tubing, 7 feet	X9702	1.60	NC	NC	
Humidification Heater System (Cascade type)					
	X9720	780.00	X8720	\$60.00	
Humidification Kit, (aka Trach Vent or Heat/Moisture exchange)					
	X9703	4.75	NC	NC	
Humidification Filter, each					
	X9704	2.30	NC	NC	
Manometer	X9721	42.00	NC	NC	
Oxygen Analyzer	X9708	240.00	X8708	\$ 18.50	

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>	<u>Procedure Code Rental</u>	<u>Monthly Rental Charge</u>	<u>Life Expectancy</u>
Pulse Oximeter With Recorder	NC	NC	X8709	500.00 16.00 daily rate	
Multi-use probe (aka Sensor, Transducer)	NC	NC	X8728	13.00	
Respirator Support System - Ventilator with accessory power source and Humidity system, appropriate circuits (including tubing, connectors, adaptors, thermal indicator) and secondary low pressure alarm	NC	NC	X8094	520.00	
Resusciator, manual	NC	NC	X8711	13.50	

USED MEDICAL EQUIPMENT

<u>Item Description</u>	<u>Procedure Code Purchase</u>	<u>Maximum Purchase Price</u>
<u>Beds, Hospital</u>		
Hospital Bed, total electric (head, foot and height adjustments), with mattress, with side rails	X7114	,642.50
Hospital Bed, total electric (head, foot and height adjustments), without mattress, with side rails	X7115	1,537.50