2016 DURABLE MEDICAL EQUIPMENT FEE SCHEDULE CHANGES

Effective for dates of service on or after 07/01/2016, please note the following fee changes.

| Code | Description | New Fee |
|--------------|---|-----------|
| A7030 | #Full face mask used with positive airway pressure device, each | \$143.21 |
| B4149 | *Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit | \$ 0.99 |
| E0165 | #Commode chair, mobile or stationary, with detachable arms (removable, drop down or swing away) | \$174.18 |
| E0168 | #Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each | \$153.52 |
| E0271 | #Mattress, inner spring | \$157.21 |
| E0784 | #External ambulatory infusion pump, insulin | \$4399.30 |
| <u>E2510</u> | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | \$5345.62 |
| E2607 | #Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth | \$244.22 |
| L5685 | #Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each | \$95.53 |

For questions on policy and coverage, call the Division of Operations and Systems at (800) 342-3005 option 1.

For questions on billing, call Computer Sciences Corporation at (800) 343-9000