

**NEW YORK STATE
MEDICAID PROGRAM**

DURABLE MEDICAL EQUIPMENT

FEE SCHEDULE

Table of Contents

4.0	General Information and Instructions.....	2
4.1	Medical/Surgical Supplies.....	6
4.2	Enteral Therapy.....	23
4.3	Hearing Aid Battery.....	26
4.4	Durable Medical Equipment.....	27
4.5	Orthotics.....	51
4.6	Prescription Footwear.....	74
4.7	Prosthetics.....	77

4.0 NEW YORK STATE FEE SCHEDULE

SUPPLY/EQUIPMENT/APPLIANCE/ PRESCRIPTION FOOTWEAR CODES

GENERAL INFORMATION AND INSTRUCTIONS

1. a. For dates of service **prior to September 1, 1999**, reimbursement for **Durable Medical Equipment** is limited to the **lower** of:

- the acquisition cost (by invoice to the Provider) plus 50%, or
- the usual and customary charge to the general public.

If the charge for an item of **Durable Medical Equipment** exceeds the price indicated for that item, attach an invoice to the claim form which shows the actual acquisition cost. Do not attach an invoice if the charge to Medicaid is less than or equal to the price indicated or the item was prior approved.

- b. For dates of service **on or after September 1, 1999**, reimbursement for **Durable Medical Equipment** is limited to the **lower** of:

- the price as indicated in the fee schedule for Durable Medical Equipment; or
- the usual and customary price charged to the general public.

- c. Reimbursement for Durable Medical Equipment with no price indicated in the fee schedule, Prescription Footwear and unlisted Supply Items is limited to the **lower** of:

- the acquisition cost (by invoice to the Provider) plus 50%, or
- the usual and customary charge to the general public.

If the charge for an item of Prescription Footwear exceeds the price indicated for that item, attach an invoice to the claim form which shows the actual acquisition cost. Do not attach an invoice if the charge to Medicaid is less than or equal to the price indicated or the item was prior approved.

- d. Effective January 1, 2005, reimbursement for Enteral Therapy indicated By Report is limited to the lower of:

- the actual acquisition cost (by invoice to the provider) plus 30%;or
- the usual and customary price charged to the general public.

2. Reimbursement for **Enteral Therapy, Medical/Surgical Supplies, Prosthetics and Orthotics** is limited to the lower of:
 - the price as indicated in the fee schedule for Durable Medical Equipment; or
 - the usual and customary price charged to the general public.
3. All equipment rentals require prior approval. (Exceptions to this rule are noted in the fee schedule.) Reimbursement for **equipment rentals** cannot exceed the monthly rental charge to the general public. Duration of rental and the monthly charge will be determined by the Department of Health at the time of prior approval.
4. Delivery and set up are included in the Medicaid - allowed charge for purchased or rented equipment.
5. Prior approval, dispensing validation, and prior authorization:
 - a. " _____ ", Underlined code numbers indicate that prior approval is required.
 - b. When the description is preceded by a "#", Electronic Medicaid Eligibility Verification System (EMEVS) dispensing validation is required.
 - c. When the description is preceded by a "*", voice interactive telephone prior authorization is required. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736.
6. Where the letters "PA" appear in the price column, the actual price must be determined at the time of the prior approval. Reimbursement is limited to the lower of the acquisition cost (by invoice to the provider) plus 50%, or the usual and customary charge to the general public.
7. **Oxygen and oxygen supplies:** Reimbursement will be an **all-inclusive monthly rate**. Home liquid oxygen services require DVS authorization. Gaseous oxygen and concentrators do not require prior approval.
8. Standards of coverage are included for high utilization items to clarify conditions under which Medicaid will reimburse for these items. Also see Section 2.
9. Any item dispensed in violation of Federal, State or Local Law is not reimbursable by New York State Medicaid.
10. Where brand names and model numbers appear in the fee schedule, they are intended to identify the type and quality of equipment expected, and are not exclusive of any comparable product by the same or another manufacturer.

Durable Medical Equipment Fee Schedule

11. Effective April 1, 2001, the additional charge for split size (mismatching) orthopedic footwear may be billed using code L3257 (EMEVs dispensing validation required).
12. **MMIS MODIFIERS:** The following MMIS Modifiers should be added to the five character alpha-numeric code when appropriate.

'-RP' Replacement and Repair:

- Allowed once per year (365 days) per device for patient-owned devices only. More frequent repairs to the device require prior approval.
 - Bill with the most specific code available with the modifier for the equipment or part being repaired.
 - Use of '-RP' is not needed when a code is available for a specific replacement part; use the specific code only when billing.
 - A price must be listed for the code in the fee schedule in order for '-RP' to be reimbursable without prior approval.
 - '-RP' is not to be billed in combination with A9900, E1340, L4210 or L7510 for repair or replacement of the same device.
- a. Indicates replacement and repair of **orthotic and prosthetic devices** which have been in use for some time.
 - Effective April 1, 2003, prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device.
 - For charges \$35.00 and under, use L4210 or L7510.
 - b. Indicates replacement and repair of **durable medical equipment** which has been in use for some time and is outside of warranty.
 - Effective April 1, 2005, prior approval is not required when the repair charge is less than 10% of the price listed on the code for the device.
 - If the charge is greater than 10% of the price, prior approval is required.
 - If no code is available (i.e. unlisted equipment) to adequately describe the repair or replacement of the equipment or part, use A9900.
 - E1340 (labor) may be billed in combination with A9900 if the labor component of the service combined with the charge for the replacement part would result in a charge greater than the fee for A9900.
 - Prior approval is required if the listed frequency or price for unlisted repair and replacement (A9900 and/or E1340) is exceeded.

'-RR' Rental - use the '-RR' modifier when DME is to be rented.

Only when '-RR' is noted under the code will up to four months rental at 10% of price listed be allowed without prior approval. DVS authorization is not required when billing '-RR'. All rental payments must be deducted from purchase price.

'-BO' Orally administered enteral nutrition, must be added to the five-digit alpha-numeric code as indicated, effective April 1, 2003.

Durable Medical Equipment Fee Schedule

13. **Acquisition Cost** means the line item cost from a manufacturer or wholesaler net of any rebates, discounts or other valuable considerations, mailing, shipping, handling, insurance costs or any sales tax.
14. For items listed in section **4.1 Medical/Surgical Supplies**, the quantity listed is **the maximum allowed per month**. If the fiscal order exceeds this amount, the provider must obtain prior approval.
15. **"BY REPORT" (BR):** When billing "By Report", appropriate documentation (e.g.: itemized invoice) indicating total cost of the item, and any other factors which may be pertinent, must be submitted with the claim.
16. **Orthopedic Footwear** may only be dispensed by a Provider who is certified or employs others who are certified by the American Board for Certification in Orthotics and Prosthetics, the Board for Certification in Pedorthics or the Board for Orthotist Certification.
17. **Filing Orders:** An original fiscal order for Medical/Surgical Supplies may not be filled more than 60 days after it has been initiated by the ordering practitioner unless prior approval is required. An original fiscal order for Durable Medical Equipment, Orthotics, Prescription Footwear and Prosthetics may not be filled more than 180 days after it has been ordered by the ordering practitioner. Oxygen systems and certain prior approved items (determined at the time of prior approval) are exempt from this requirement. **When an item requires prior approval, the fee schedule effective on the order date is applicable.**
18. **Frequency:** Durable medical equipment has limits on the frequency that items can be dispensed to an eligible recipient. If a recipient exceeds the limit on an item, prior approval must be requested with accompanying medical documentation as to why the limits need to be exceeded. The frequency for each item is listed by a superscript notation next to the procedure code. The following table lists the meaning of each notation:

F1=once/lifetime	F2=twice/lifetime	F3=once/5 years	F4=once/3 years
F5=once/2 years	F6=once/year	F7=twice/year	F8=three/two months
F9=once/month	F10=twice/month	F11=four/month	F12=once/day

4.1 MEDICAL/SURGICAL SUPPLIES

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>ADHESIVE TAPE/REMOVER</u>			
A4450	Tape, non-waterproof, per 18 square inches	(up to 300)	\$0.06
A4452	Tape, waterproof, per 18 square inches	(up to 100)	0.11
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	(up to 40)	1.90
<u>ANTISEPTICS</u>			
A4244	Alcohol or peroxide, per pint	473 ml	0.99
A4245	Alcohol wipes, per box(100's)	each (up to 5)	1.43
A4246	Betadine or pHisoHex solution, per pint	473 ml (up to 3)	2.96
<u>BREAST PUMPS</u>			
E0602/E0603 include all necessary supplies and collection containers (kit). Rental of hospital grade breast pumps is limited to Durable Medical Equipment vendors.			
E0602	Breast pump, manual, any type	each (up to 1)	17.31
E0603	#Breast pump, electric (AC and/or DC), any type	each (up to 1)	40.63
<u>CANES/CRUTCHES/ACCESSORIES</u>			
A4635	Underarm pad, crutch, replacement, each	each (up to 2)	2.69
A4636	Replacement, handgrip, cane, crutch or walker, each	each (up to 2)	3.53
A4637	Replacement, tip, cane, crutch, or walker, each	each (up to 5)	1.64
E0100	#Cane, includes canes of all materials, adjustable or fixed, with tip	each (up to 1)	12.00
E0105	#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)	each (up to 1)	18.75
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (over 23" height, no rotation option)	pair (up to 1)	58.93
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)	each (up to 1)	29.46

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)	\$23.93
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	each (up to 1)	11.96
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	pair (up to 1)	23.38
E0116	Crutch, underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip	each (up to 1)	11.69
<u>INCONTINENCE APPLIANCES AND CARE SUPPLIES</u>			
A4310	Insertion tray without drainage bag and without catheter (accessories only)	each (up to 10)	2.13
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to 10)	5.36
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	each (up to 10)	11.73
A4320	Irrigation tray with bulb or piston syringe, any purpose	each (up to 30)	1.67
A4322	Irrigation syringe, bulb or piston, each	each (up to 50)	1.01
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	each (up to 5)	1.80
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	each (up to 5)	7.83
A4334	Urinary catheter anchoring device, leg strap, each	each (up to 12)	1.36
<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month	PA
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 10)	1.31
A4344	Indwelling catheter, Foley type, two-way, all silicone	each (up to 10)	6.13
A4346	Indwelling catheter, Foley type, three-way for continuous irrigation, each	each (up to 10)	10.11
A4348	Male external catheter with integral collection compartment, extended wear, (e.g., 2 per month)	each (up to 2)	4.73
A4349	Male external catheter, with or without adhesive, disposable, each	each (up to 60)	1.51

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	each (up to 250)	\$0.81
<u>A4352</u>	Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, sil-icone, silicone elastomeric, or hydrophilic, etc.), each (for self-catheterization)	each (up to 250)	2.58
A4353	Intermittent urinary catheter, with insertion supplies	each (up to 60)	3.11
A4354	Insertion tray with drainage bag but without catheter	each (up to 30)	7.57

EXTERNAL URINARY SUPPLIES

A4356	External urethral clamp or compression device (not to be used for catheter clamp),each	each (up to 1)	39.24
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	each (up to 10)	3.68
A4358	Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each	each (up to 30)	4.13
A4359	#Urinary suspensory without leg bag, each	each (up to 1)	38.26

OSTOMY SUPPLIES

A4361	Ostomy faceplate, each	each (up to15)	11.99
A4362	Skin barrier; solid 4x4 or equivalent, each	each (up to 25)	3.86
A4364	Adhesive, liquid, or equal, any type, per ounce	each (up to 20)	2.12
A4365	Adhesive remover wipes, any type, per 50	each (up to 1)	12.35
A4366	Ostomy vent, any type, each	each (up to 10)	0.86
A4367	Ostomy belt, each	each	8.53
A4368	Ostomy filter, any type, each	each (up to 40)	0.30
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	each (up to 22)	2.04
A4371	Ostomy skin barrier, powder, per oz	each (up to 21)	2.49
A4372	Ostomy skin barrier, solid 4x4 or equivalent, with built-in convexity, each	each (up to15)	4.19
A4373	Ostomy skin barrier, with flange (solid, flexible or acccordian), with built-in convexity, any size, each	each (up to15)	7.11
A4376	#Ostomy pouch, drainable, with faceplate attached, rubber, each	each (up to 2)	44.03
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, ea	each (up to 15)	6.21
A4378	#Ostomy pouch, drainable, for use on faceplate, rubber, each	each (up to 2)	30.11

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each (up to 15)	\$5.38
A4380	#Ostomy pouch, urinary, with faceplate attached, rubber, each	each (up to 2)	47.59
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	each (up to 10)	3.53
A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	each (up to 15)	3.53
A4383	#Ostomy pouch, urinary, for use on faceplate, rubber	each (up to 2)	33.04
A4385	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, ea	each (up to 15)	5.35
A4387	Ostomy pouch closed, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)	3.19
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)	3.75
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	each (up to 15)	6.46
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	8.41
A4391	Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each	each (up to 15)	6.56
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	10.08
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	each (up to 15)	10.08
A4394	Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce	each (up to 8)	2.94
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	each (up to 60)	0.19
A4396	#Ostomy belt with peristomal hernia support	each (up to 2)	40.38
A4397	Ostomy irrigation supply; sleeve, each	each (up to 125)	2.73
A4398	Ostomy irrigation supply; bag, each	each (up to 125)	1.00
A4399	Ostomy irrigation supply; cone/catheter, including brush	each (up to 1)	13.98
A4400	Ostomy irrigation set	each (up to 30)	30.09
A4402	Lubricant, per ounce	(up to 20)	0.43
A4404	Ostomy ring, each	each (up to 15)	1.72

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	each (up to 18)	\$2.36
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	each (up to 18)	4.66
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)	8.69
A4408	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	each (up to 10)	8.64
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	each (up to 10)	4.80
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	each (up to 10)	4.80
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each (used after ostomy surgery)	each (up to 15)	6.26
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	each (up to 15)	4.45
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each	each (up to 15)	4.45
A4416	Ostomy pouch, closed, with barrier attached, with filter (one piece), each	each (up to 15)	2.61
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each	each (up to 15)	3.16
A4418	Ostomy pouch, closed; without barrier attached, with filter (one piece), each	each (up to 15)	2.06
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each	each (up to 15)	1.77
A4420	Ostomy pouch, closed; for use on barrier with locking flange (two piece), each	each (up to 15)	1.55
<u>A4421</u>	Ostomy supply; miscellaneous	each (up to 15)	PA
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each	each (up to 15)	1.90
A4424	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each	each (up to 15)	3.15
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each	each (up to 15)	3.61
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each	each (up to 15)	1.68

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each	each (up to 15)	\$2.55
A4458	#Enema bag with tubing, reusable	each (up to 1)	16.26
A5051	Pouch, closed; with barrier attached (1 piece), each	each (up to 150)	2.48
A5052	Pouch, closed; without barrier attached (1 piece), each	each (up to 50)	1.96
A5053	Pouch, closed; for use on faceplate, each	each (up to 60)	2.24
A5054	Pouch, closed; for use on barrier with flange (2 piece), each	each (up to 150)	1.68
A5055	Stoma cap	each	2.51
A5061	Pouch, drainable; with barrier attached (1 piece), each	each (up to 150)	3.37
A5062	Pouch, drainable; without barrier attached (1 piece), each	each (up to 150)	3.05
A5063	Pouch, drainable, for use on barrier with flange (2 piece system), each	each (up to 50)	2.27
A5071	Pouch, urinary; with barrier attached (1 piece), each	each (up to 50)	4.41
A5072	Pouch, urinary; without barrier attached (1 piece)each	each (up to 50)	4.16
A5073	Pouch, urinary; for use on barrier with flange (2 piece), each	each (up to 100)	3.34
A5081	Continent device; plug for continent stoma	each (up to 5)	3.37
A5082	Continent device; catheter for continent stoma	each (up to 1)	12.12
A5093	Ostomy accessory; convex insert	each (up to 5)	2.71

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5105	#Urinary suspensory; with leg bag, with or without tube	each (up to 5)	75.46
A5112	Urinary leg bag; latex	each (up to 5)	29.64
A5113	Leg strap; latex, replacement only, per set	pair (up to 2 pair)	1.86
A5114	Leg strap; foam or fabric, replacement only, per set	pair (up to 2 pair)	3.92
A5119	Skin barrier, wipes or swabs, per box 50	each box (up to 5)	9.88
A5121	Skin barrier; solid, 6x6 or equivalent, each	each (up to 25)	8.08
A5122	Skin barrier; solid, 8x8 or equivalent, each	each (up to 25)	15.16
A5126	Adhesive or non-adhesive; disc or foam pad	each (up to 30)	1.16
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	each (up to 1)	8.06
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	each (up to 30)	2.70

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>COMMODE ACCESSORIES</u>			
E0160	#Sitz type bath, or equipment, portable, used with or without commode	each (up to 1)	\$4.49
E0167	#Pail or pan for use with commode chair	each (up to 1)	5.40
E0275	Bed pan, standard, metal or plastic	each (up to 1)	3.78
E0276	#Bed pan, fracture, metal or plastic	each (up to 1)	4.25
E0325	#Urinal; male, jug-type, any material	each (up to 1)	2.90
E0326	#Urinal; female, jug-type, any material	each (up to 1)	7.20
<u>DIABETIC DIAGNOSTICS</u>			
A4250	Urine test or reagent strips or tablets, (100 tablets or strips)	each (up to 2)	18.36
A4253	Blood glucose test or reagent strips for home blood glucose monitor, (visual also), per 50 strips	50's (up to 5)	39.38
A4254	#Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each	each (up to 2)	4.65
A4256	#Normal, low and high calibrator solution/chips	each (up to 1)	8.62
E0607	#Home blood glucose monitor	each (up to 1)	76.58
<u>E2100</u>	Blood glucose monitor with integrated voice synthesizer		PA
<u>DIABETIC DAILY CARE</u>			
A4230	#Infusion set for external insulin pump, non needle cannula type	each (up to 30) (two month supply)	13.54
A4231	#Infusion set for external insulin pump, needle type	each (up to 24) (two-month supply)	5.10
A4244	Alcohol or peroxide, per pint	16 oz (up to 5)	0.99
A4245	Alcohol wipes, per box (100's)	each (up to 5)	1.43
A4258	Spring-powered device for lancet, each	each (up to 2)	12.95
A4259	Lancets, per box of 100	each (up to 5)	6.06
<u>FAMILY PLANNING PRODUCTS</u>			
A4267	Contraceptive supply, condom, male, each	each (up to 108)	0.39
A4268	Contraceptive supply, condom, female, each	each (up to 108)	3.00

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
--------------------	-----------------------	-----------------------------	---------------------

GLOVES

Gloves are reimbursable only when medically necessary for the recipient. Gloves are not reimbursable as personal protective equipment for employees or when included in a kit or tray (e.g., catheter or tracheostomy). Sterile gloves are only reimburseable when medically necessary.

A4927	#Gloves, non-sterile, per 100	100's (up to 1)	\$4.55
A4930	#Gloves, sterile, per pair	pair, up to 30	0.32

HEAT APPLICATION

E0210	#Electric heat pad, standard	each (up to 1)	14.40
E0215	#Electric heat pad, moist	each (up to 1)	20.93
E0220	Hot water bottle	each (up to 1)	4.88
E0238	Non-electric heat pad, moist	each (up to 1)	10.44

SYNTHETIC SHEEP SKIN AND DECUBITUS CARE

E0188	Synthetic sheepskin pad	each (up to 1)	18.75
E0191	Heel or elbow protector, each	each (up to 5)	2.81

MASTECTOMY CARE

L8000	Breast prosthesis, mastectomy bra	each (up to 5)	31.22
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	each (up to 5)	93.71
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	each (up to 5)	123.71
L8020	Breast prosthesis, mastectomy form	each (up to 4)	180.63
L8030	Breast prosthesis, silicone or equal	each (up to 4)	180.63
S8460	Camisole, post-mastectomy	each (up to 5)	37.46

RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES

NOTE: Supplies/parts are for patient-owned equipment only

<u>A4481</u>	Tracheostoma filter, any type, any size, each (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter)	each (up to 30)	PA
A4605	Tracheal suction catheter, closed system, each (for mechanical ventilation patient)	each (up to 15)	10.63
A4614	Peak expiratory flow meter, hand held	each (up to 1)	19.24
A4615	Cannula, nasal	each (up to 4)	0.98
A4616	Tubing, (oxygen), per foot (for patient owned respiratory equipment)	each (up to 30)	0.80
A4619	Face tent	each (up to 4)	1.29

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A4620	Variable concentration mask	each (up to 4)	\$2.29
A4623	Tracheostomy, inner cannula	each (up to 5)	5.60
A4624	Tracheal suction catheter, any type, other than closed system, each (tray)	each (up to 250)	1.40
A4625	Tracheostomy care kit for new tracheostomy	each (up to 90)	4.25
<p>Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape, gauze roll and tracheostomy tube holder.</p>			
A4626	Tracheostomy cleaning brush	each (up to 2)	1.51
A4628	Oropharyngeal suction catheter, each (e.g., Yankauer)	each (up to 5)	2.02
A4629	Tracheostomy care kit for established tracheostomy	each (up to 90)	3.08
<p>Consists of all necessary supplies for tracheostomy care. Includes but not limited to: tray, gloves, brush, gauze sponges, gauze tracheostomy dressing, pipe cleaners, cotton tip applicators, 30" twill tape and tracheostomy tube holder.</p>			
A7000	Canister, disposable, used with suction pump, each	each (up to 5)	4.35
A7002	Tubing, used with suction pump, each (suction connection tubes)	each (up to 30)	0.92
A7003	Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable	each (up to 2)	2.25
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	each (up to 5)	1.29
A7005	#Administration set, with small volume non filtered pneumatic nebulizer, non-disposable	each (up to 1)	16.19
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	each (up to 5)	2.89
A7013	Filter, disposable, used with aerosol compressor	each (up to 5)	0.11
A7014	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	each (up to 1)	0.80
A7015	Aerosol mask, used with DME nebulizer	each (up to 1)	1.06
A7038	Filter, disposable, used with positive airway pressure device	each (up to 5)	1.71
A7039	Filter, nondisposable, used with positive airway pressure device	each (up to 5)	2.40
A7523	Tracheostomy shower protector, each	each (up to 1)	7.65
A7525	Tracheostomy mask, each	each (up to 4)	1.68
E0605	#Vaporizer, room type (coverable for treatment of respiratory illness; warm or cool mist)	each (up to 1)	16.73
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	each (up to 9)	1.67

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	each (up to 6)	\$3.13
S8100	#Holding chamber or spacer for use with an inhaler or nebulizer; without mask	each (up to 2)	16.50
S8101	#Holding chamber or spacer for use with an inhaler or nebulizer; with mask	each (up to 2)	27.75
<u>S8189</u>	Tracheostomy supply, not otherwise classified	up to 1/month	PA

SUPPORT GOODS

A4462	Abdominal dressing holder, each	each (up to 5)	11.15
A4495	#Surgical stockings thigh length (compression 18-35 mmHg)	each (up to 4)	14.22
A4500	#Surgical stockings below knee length (compression 18-35 mmHg)	each (up to 4)	12.41
A4510	#Surgical stockings full length, each (e.g., pregnancy support, compression 18-35 mmHg)	each (up to 2)	36.39
A4565	Slings	each (up to 1)	6.47
A4570	Splint	each	1.97
L0120	Cervical, flexible, non-adjustable (foam collar)	each (up to 1)	6.80
L1825	KO, elastic knee cap, prefabricated, including fitting and adjustment	each (up to 2)	12.41
L1901	Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	6.87
L3701	Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	8.85
L3909	Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	10.86
L3911	Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	each (up to 2)	11.25

THERMOMETERS

A4931	Oral thermometer, reusable, any type, each	each (up to 1)	1.97
A4932	Rectal thermometer, reusable, any type, each	each (up to 1)	1.34

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>UNDERPADS/DIAPERS</u>			
Diapers and underpads are covered only when medical need may be demonstrated. Diapers will not be covered when incontinence occurs as part of the normal developmental process, i.e., under age three. The dispenser must maintain documentation of measurements (e.g., waist/hip size, weight) which supports reimbursement for the specific size of diaper dispensed, and may not bill multiple sizes for the same recipient.			
A4335	Incontinence supply; miscellaneous	up to 1/month	PA
A4554	#Disposable underpads, all sizes, (e.g., Chux's)	each (up to 300)	\$0.28
T4521	#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")	each (up to 250)	0.47
T4522	#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")	each (up to 250)	0.51
T4523	#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")	each (up to 250)	0.68
T4524	#Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip >59")	each (up to 250)	0.72
T4529	#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)	each (up to 250)	0.30
T4530	#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)	each (up to 250)	0.36
T4533	#Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)	each (up to 250)	0.39
T4535	#Disposable liner/shield/guard/pad/undergarment, for incontinence, each	each (up to 250)	0.28
T4537	#Incontinence product, protective underpad, reusable, bed size, each	each (up to 3)	13.44
T4539	#Incontinence product, diaper/brief, reusable, any size, each	each (up to 5)	5.31
T4540	#Incontinence product, protective underpad, reusable, chair size, each	each (up to 3)	7.19

WOUND DRESSINGS

A6010	#Collagen based wound filler, dry form, per gram of collagen	up to 24	4.51
A6011	#Collagen based wound filler, gel/paste, per gram of collagen	up to 27	3.86
A6021	#Collagen dressing, pad size 16 sq. in. or less, each	up to 5	19.88
A6022	#Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each	up to 5	38.50
A6023	#Collagen dressing, pad size more than 48 sq. in., each	up to 5	76.88

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6024	#Collagen dressing wound filler, per 6 inches	up to 3	\$11.50
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	up to 20	5.50
A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing	up to 20	6.43
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	up to 10	14.52
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	up to 20	2.76
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	1.58
A6201	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	2.70
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	2.11
A6204	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	4.09
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	5.65
A6206	Contact layer, 16 sq. in., or less, each dressing	up to 20	1.53
A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	up to 20	2.68
A6208	Contact layer, more than 48 sq. in., each dressing	up to 10	6.50
A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	1.66
A6210	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	3.57
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 20	8.09
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	3.99
A6213	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	9.06
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	17.59
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 100	0.04

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 100	\$0.08
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 25	0.19
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 100	0.22
A6220	Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30	1.08
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 10	2.42
A6222	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	1.44
A6223	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 50	1.71
A6224	Gauze, impregnated, other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	up to 12	1.79
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	1.62
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30	1.69
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	1.82
A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	up to 30	1.32
A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing	up to 30	4.01
A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	up to 30	5.57
A6234	Hydrocolloid dressing, wound cover pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	5.69
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. without adhesive border, each dressing	up to 30	11.26

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	\$13.88
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	5.07
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each dressing	up to 30	7.73
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30	10.54
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	up to 20	7.88
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	up to 25	1.54
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	3.06
A6243	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 30	6.49
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	14.05
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	3.56
A6246	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 30	7.39
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30	18.77
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	up to 30	4.16
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 20	2.13
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 20	2.54
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 20	3.61

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 20	\$1.07
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	up to 20	1.71
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 20	3.85
A6257	Transparent film, 16 sq. in. or less, each dressing	up to 30	0.35
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30	1.16
A6259	Transparent film, more than 48 sq. in., each dressing	up to 30	2.46
<u>A6261</u>	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	up to 20	PA
<u>A6262</u>	Wound filler, dry form, per gram, not elsewhere classified	up to 20	PA
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	up to 20	2.01
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 100	0.13
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	up to 100	0.25
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 25	0.35
A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard	up to 30	1.91
A6410	Eye pad, sterile, each	up to 50	0.23
A6411	Eye pad, non-sterile, each	up to 50	0.16
A6412	Eye patch, occlusive, each	up to 30	0.27
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	up to 30	2.30
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	up to 90	0.04
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.06
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 90	0.08

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 90	\$0.06
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.10
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 90	0.18
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	up to 90	0.06
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.09
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	up to 90	0.16
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 90	0.17
A6452	High compression bandage, elastic, knitted/woven load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard	up to 15	1.22
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	up to 30	0.40
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	up to 30	0.57
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	up to 30	0.68
A6456	Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	up to 20	0.80

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
<u>VARIOUS MISCELLANEOUS</u>			
A4216	Sterile water/saline, 10ml	up to 120	\$0.35
A4217	Sterile water/saline, 500ml	up to 10	1.58
A4221	#Supplies for maintenance of drug infusion catheter, per week (list drug separately) (bill monthly)	each unit (up to 100 units per month)	1.00
Use for all supplies necessary for maintenance of drug infusion catheters and external pumps, and/or supplies necessary for the administration of drugs (except insulin) not otherwise listed in the fee schedule			
<u>A4649</u>	Surgical supply; miscellaneous	once/month	PA
A4660	#Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type	up to 1	20.59
<u>A9999</u>	Miscellaneous DME supply or accessory, not otherwise specified	once/month	PA
E0710	Restraints, any type (body, chest, wrist or ankle)	each (up to 4)	13.65
<u>T5999</u>	Supply, not otherwise specified (limited to the following previously state-defined codes):		
Z2003	Plastic strips	50's (up to 5)	2.81
Z2110	Low profile tube/button/port kit (for recipients who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This kit includes tube/button/port, syringes, extension and/or decompression tubing and obturator if indicated.)	up to 1/3 months	114.58
Z2351	Basal thermometer	each (up to 1)	10.41
Z2156	Sterile 6" wood applicator w/cotton tips	100's (up to 1)	2.74
Z2640	Incentive spirometer	each (up to 1)	5.88
Z2744	Nasal aspirator	each (up to 1)	2.54

4.2 ENTERAL THERAPY

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES</u>			
<p>Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes.</p>			
B4034	#Enteral feeding supply kit; syringe, per day	up to 30/mo	\$ 1.8772
B4035	#Enteral feeding supply kit; pump fed, per day	up to 30/mo	8.3203
B4036	#Enteral feeding supply kit; gravity fed, per day	up to 30/mo	5.1638
B4081	#Nasogastric tubing with stylet	up to 1/mo	16.1692
B4082	#Nasogastric tubing without stylet	up to 2/mo	10.0633
B4083	#Stomach tube - Levine type	up to 2/mo	1.0748
B4086	#Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each (includes replacement extension/decompression tubing for low profile tube/button/port) (see <u>T5999</u> , p. 4-35 for low profile kit)	up to 1/mo	22.89
B4100	#Food thickener, administered orally, per ounce	up to 180/mo	0.53

1. Enteral nutritional therapy is covered for nasogastric, jejunostomy or gastrostomy tube feeding or as a liquid oral nutritional therapy when there is a documented diagnostic condition where caloric and dietary nutrients from food cannot be absorbed or metabolized (the inability to sustain oneself nutritionally by eating food) and the condition is one where enteral nutritional therapy is generally considered by the medical community as the treatment of choice to produce medical benefit. Medical necessity for enteral nutritional therapy must be substantiated by documented physical findings and/or laboratory data. The therapy must be an integral component of a documented medical treatment plan and ordered in writing by an authorized prescriber. It is the responsibility of the prescriber to maintain documentation in the recipient's record regarding the medical necessity for enteral nutritional therapy. Standard milk-based infant formulas are not reimbursable by Medicaid. Non-standard infant formulas are reimbursable by Medicaid under the appropriate enteral therapy code.

2. The calculation for pricing enteral formula is as follows: Number of calories per can divided by 100 equals the number of caloric units per can.

3. Effective April 1, 2003, enteral formula requires voice interactive prior authorization, as indicated by the "*" next to the code description. The prescriber must write the prior authorization number on the fiscal order and the dispenser completes the authorization process by calling (866) 211-1736. The following worksheet will assist the dispenser in completing this process.

Durable Medical Equipment Fee Schedule

NEW YORK STATE MEDICAID PROGRAM
ENTERAL FORMULA PRIOR AUTHORIZATION
DISPENSER WORKSHEET (Rev. 4/05)

To facilitate the process, be prepared to answer these questions when you call the voice interactive Enteral Prior Authorization Call Line at **1-866-211-1736** and choose **Option 4.**

1. Enter the 11-digit prior authorization number obtained by the prescriber and written on the fiscal order.	_____
2. Enter the recipient CIN (Client Identification Number) of the patient for which the enteral formula is ordered. The automated system will then confirm that a valid, unused prior authorization number exists for this patient. (Client ID number is 2 alpha/5 numeric/1 alpha.)	_____
3. Enter your MMIS Provider ID Number .	_____
4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) Category of Service .	_____
5. Enter a telephone number where you can be reached.	(____) _____ - _____
6. Enter numeric portion of HCPCS code of enteral being prescribed. See the Enteral Products Classification List published in Medicaid Update for further information. The system will add the two-digit alpha BO modifier (indicating oral administration) to the HCPCS code, if applicable (shaded area). Products categorized under the same HCPCS code must be combined into one prior authorization request by the prescriber .	<p>B _____</p> <p><i>Your claim must match the full five digit or seven digit code on the prior authorization record for payment to be made. The full code is reported to you on the telephone system.</i></p>
7. Record caloric units authorized per month (calculated by the telephone system from the prescriber's input of enteral formula calories per day, then divided by 100 and multiplied by 30 days to equal caloric units per month, i.e., a month's supply of formula)	_____ CALORIC UNITS/MONTH
8. Record the authorization activation date (today), and the prior authorization expiration date. Use the same authorization number for each refill. New authorizations cannot be activated until 10 days prior to expiration date of the existing authorization.	<p>___/___/___ ACTIVATION DATE</p> <p>___/___/___ EXP. DATE</p>

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES (continued)</u>			
B4149	*Enteral formula, 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	up to 600 caloric units/mo	\$1.2100 per caloric unit
B4150	*Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.5315 per caloric unit
B4152	*Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.4046 per caloric unit
B4153	*Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	2.0271 per caloric unit
B4154	*Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.8500 per caloric unit
B4155	*Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g. glutamine, arginine), fat (e.g. medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	up to 300 caloric units/mo	2.3000 per caloric unit
B4157	*Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	4.5800 per caloric unit

NOTE: Products categorized under codes B4154, B4155, B4157 and B4162 are reimbursable using "By Report" rules when the charge is greater than the price listed.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Quantity</u>	<u>Price</u>
B4158	*Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	\$0.7300 per caloric unit
B4159	*Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	0.8400 per caloric unit
B4161	*Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through and enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	1.3500 per caloric unit
B4162	*Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units/mo	4.5800 per caloric unit
<u>B9998</u>	Not otherwise classified enteral supplies (e.g., Liquid Vitamin E, Enfamil AR, Vivonex Flavor Packets)		PA
S8265	#Haberman feeder for cleft lip/palate	up to 2/month	15.63

4.3 HEARING AID BATTERY

<u>Code</u>	<u>Product</u>	<u>Quantity/Size</u>	<u>Price</u>
L8621	Zinc air battery for use with cochlear implant device, replacement, each	each (up to 60)	0.75
V5266	Battery for use in hearing device (any type)	each (up to 8)	0.75

NOTE: To be priced by the State on a periodic basis at retail less 20 percent. When billing for batteries on the claim form the "Quantity Dispensed" field refers to the individual number of batteries dispensed not number of packages dispensed.

4.4 DURABLE MEDICAL EQUIPMENT

<u>Code</u>	<u>Product</u>	<u>Price</u>
-------------	----------------	--------------

HOSPITAL BEDS AND ACCESSORIES

A hospital bed is covered if the recipient is bed-confined (not necessarily 100 percent of the time) and the recipient's condition necessitates positioning of the body in a way not feasible in an ordinary bed or attachments are required which could not be used on an ordinary bed. Bed enclosures are not reimbursable by Medicaid.

E0250 ^{F3} '-RR'	Hospital bed, fixed height, with any type side rails, with mattress	\$444.33
------------------------------	--	----------

A standard hospital bed is one which conforms to accepted industry standards, consisting of a modified gatch spring assembly, mattress, bed ends with casters, two manually operated foot end cranks, is equipped with IV sockets and is capable of accommodating/supporting a trapeze bar, side rails, an overhead frame and other accessories.

E0255 ^{F3} '-RR'	#Hospital bed, variable height, hi-lo, with any type side rails, with mattress	605.58
------------------------------	---	--------

In addition to criteria for a standard hospital bed, a multi-height bed is covered when necessary for recipient transfer due to his or her medical condition and/or documented attendant limitations warranting multi-height potential.

E0260 ^{F3} '-RR'	#Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress	869.49
E0265 ^{F3} '-RR'	#Hospital bed, total electric (head, foot and height adjustments), with any type siderails, with mattress	1,019.20
E0303 ^{F3} '-RR'	#Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (up to 48" width)	2,361.67
<u>E0304</u> ^{F3}	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	5,021.36

In addition to the preceding criteria for beds, an electric bed is covered when the recipient's condition is such that frequent change in body position is necessary and/or there may be an immediate need for a change in position (i.e., no delay in change can be tolerated) and the recipient can independently effect the adjustment by operating the controls.

E0271 ^{F5}	Mattress, inner spring	114.18
E0272 ^{F5}	Mattress, foam rubber	97.50
E0274 ^{F3}	Over-bed table	101.85
E0310 ^{F5}	#Bedside rails, full-length (telescoping, per pair)	115.35

<u>Code</u>	<u>Product</u>	<u>Price</u>
--------------------	-----------------------	---------------------

PRESSURE REDUCING SUPPORT SURFACES

Covered for bedridden or wheelchair-bound recipients and/or documented decubitus where conventional cushioning methods have failed. Air fluidized beds are not covered for the home setting. Medicaid reimbursement for pressure reducing support surfaces is based on the following coding assignments and coverage criteria.

For Group 1 surfaces (codes A4640, E0180, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0196, E0197, E0198, E0199 {see Section 4.1 for E0188}):

- Completely immobile, i.e. patient cannot make changes in body position, **or**
- Limited mobility, i.e. patient cannot independently make changes in body position significant enough to alleviate pressure **and** has any stage pressure ulcer on the trunk or pelvis **and** one of the following: impaired nutritional status, fecal or urinary incontinence, altered sensory perception or compromised circulatory status.

For Group 2 surfaces (codes E0193, E0277, E0371, E0372):

- Multiple Stage II pressure ulcers located on trunk or pelvis, patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate Group 1 support surface and the ulcers have worsened or remained the same over the past month, **or**
- Large or multiple Stage III or IV pressure ulcers on the trunk or pelvis, **or**
- Recent myocutaneous flap or skin graft surgery (past 60 days) for a pressure ulcer on the trunk or pelvis and the patient has been on at least a Group 2 support surface immediately prior to a recent discharge (past 30 days) from a hospital or nursing home.

A4640 ^{F6}	#Replacement pad for use with medically necessary alternating pressure pad owned by patient	\$38.83
E0180 ^{F5}	Pressure pad, alternating with pump	117.38
E0181 ^{F5}	Pressure pad, alternating with pump, heavy duty	121.46
E0182 ^{F3}	#Pump for alternating pressure pad (replacement only)	88.65
E0184 ^{F6}	#Dry pressure mattress	153.13
E0185 ^{F6}	#Gel or gel-like pressure pad for mattress, standard mattress length and width	165.74
E0186 ^{F6}	Air pressure mattress	91.55
E0187 ^{F6}	Water pressure mattress	61.20

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0190 ^{F5}	#Positioning cushion/pillow/wedge, any shape or size	\$22.04
<u>E0193</u> ^{F1} '-RR'	Powered air flotation bed (low air loss therapy)	4,543.50
E0196 ^{F6}	Gel pressure mattress	74.00
E0197 ^{F6}	Air pressure pad for mattress, standard mattress length and width	64.63
E0198 ^{F6}	Water pressure pad for mattress, standard mattress length and width	40.23
E0199 ^{F6}	Dry pressure pad for mattress, standard mattress length and width	19.48
<u>E0277</u> ^{F6} '-RR'	Power pressure reducing air mattress	3,961.75
<u>E0371</u> ^{F1} '-RR'	Non-powered advance pressure reducing overlay for mattress, standard mattress length and width	3,801.20
<u>E0372</u> ^{F3} '-RR'	Powered air overlay for mattress, standard mattress length and width	1,412.00

IPPB MACHINES

Intermittent Positive Pressure Breathing Machines are covered if the recipient's ability to breathe is severely impaired and medical necessity is supported by diagnosis. The level of sophistication of the machine should be compatible with the recipient's need and be appropriate for home use.

A4618 ^{F11}	Breathing Circuits	2.95
E0500 ^{F6}	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	1,524.17

OXYGEN SYSTEMS (See Section 2)

Oxygen and related supplies are covered when prescribed for home oxygen therapy to treat a demonstrated severe breathing impairment. Because for many high volume oxygen users an oxygen concentrator represents a less expensive, medically appropriate alternative to containerized oxygen, quantity consumed should be a consideration in the type of equipment dispensed. Portable oxygen systems are covered when the prescriber's order specifies that the portable system is medically necessary. E0431 and E0434 may not be billed in combination. Reimbursement will be an **all-inclusive monthly rate**.

E0424 ^{F9}	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing	100.00
E0431 ^{F9}	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (includes contents)	45.00

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0434 ^{F9}	#Portable liquid oxygen systems, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	\$45.00
E0439 ^{F9}	#Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (per unit) (one unit= one liter per minute) (up to six units)	72.50
E1390 ^{F9}	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at prescribed flow rate	150.00

Monthly rate for code **E1390** includes portable/emergency gaseous supply. This supply would be in place for a power outage, malfunction of the concentrator, etc. for the homebound recipient, and is included in the monthly rate. **However**, portable oxygen **can** be billed in addition to the concentrator when the recipient requires portable oxygen to go out of the house for **normal** (non-emergency) **activities** such as appointments or grocery shopping, etc.

RESPIRATORY CARE

Ventilators (E0450, E0461, E0463, E0464) and BiPAP ST equipment (E0471 and E0472) will only be rented and are not to be billed in combination. As with all rentals, the monthly fee includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories or parts, loading or downloading software, and backup equipment as needed.

Requests for high frequency chest wall oscillation system (E0483) must be supported with documentation of diagnosis and treatment plan. All **airway clearance devices** (E0480, E0481, E0482, E0483) require an order from a PHCP-approved Cystic Fibrosis Center or a board-certified pulmonologist. Treatment failure with regular chest physical therapy, suctioning, nebulization, medication, spacers, and positive expiratory pressure devices must be documented along with other measures attempted to address contributing conditions (e.g., aspiration). The equipment ordered must have been successfully used in a hospital or other care setting and training provided to caregivers or recipient on use of equipment. These devices are rented initially.

<u>A7025</u> ^{F1}	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	275.00
<u>A7026</u> ^{F1}	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	28.75
A7030 ^{F3}	#Full face mask used with positive airway pressure device, each	188.64
A7031 ^{F3}	#Face mask interface, replacement for full face mask, each	69.77
A7032 ^{F7}	#Replacement cushion for nasal application device, each	41.10
A7033 ^{F7}	#Replacement pillows for nasal application device, pair	41.10

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
A7034 ^{F7}	#Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	\$48.86
A7035 ^{F7}	#Headgear used with positive airway pressure device	29.55
A7036 ^{F7}	#Chinstrap used with positive airway pressure device	14.10
A7037 ^{F7}	#Tubing used with positive airway pressure device	21.16
A7044 ^{F3}	#Oral interface used with positive airway pressure device, each	120.91
A7045^{F7}	#Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	33.80
<u>E0445^{F3}</u> '-RR'	Oximeter device for measuring blood oxygen levels non-invasively (including alarm, probe and sensor, with or without printer)	878.83
E0450 ^{F9}	#Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)	731.00/ month
E0461^{F9}	#Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	731.00/ month
E0463^{F9}	#Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	731.00/ month
E0464^{F9}	#Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	731.00/ month
E0470 ^{F3} '-RR'	#Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (BiPAP)('RR'= \$190/month)	2,088.50
E0471 ^{F9}	#Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (BiPAP ST)	190.00/ month
E0472 ^{F9}	#Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (BiPAP ST)	190.00/ month
E0480 ^{F3} '-RR'	#Percussor, electric or pneumatic, home model	355.46
E0481 ^{F9}	#Intrapulmonary percussive ventilation system and related accessories	190.00/ month

Purchase price reached at 24 months.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0482 ^{F9}	#Cough stimulating device, alternating positive and negative airway pressure (manual or automatic)	\$190.00/ month
	Purchase price reached at 24 months.	
<u>E0483</u> ^{F9}	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	195.00/ month
	Initial rental: 3 months. Purchase price reached at 60 months.	
<u>E0550</u> ^{F6}	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	136.64
'-RR'		
E0561 ^{F3}	#Humidifier, nonheated, used with positive airway pressure device (for recipient-owned equipment only)	116.99
'-RR'		
<u>E0565</u> ^{F3}	Compressor, air power source for equipment which is not self-contained or cylinder driven	377.69
'-RR'		
	A compressor is covered only as an air power source for medically necessary durable medical equipment that is not self-contained.	
E0570 ^{F6}	#Nebulizer, with compressor	117.89
E0575 ^{F3}	#Nebulizer, ultrasonic, large volume	433.91
	Ultrasonic nebulizers are covered where the presence of chronic obstructive pulmonary disease necessitates the greatest possible degree of nebulization in order to effect a therapeutic response.	
E0580 ^{F9}	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	105.38
E0600 ^{F3}	Respiratory suction pump, home model, portable or stationary, electric	290.66
E0601 ^{F3}	#Continuous airway pressure (CPAP) device	496.20
'-RR'		
	For purchase, filter, tubing and headgear are included with all new CPAP units and should NOT be billed with the initial set-up. Supplies are also included in rental.	
S8185 ^{F6}	#Flutter device (positive expiratory pressure device)	54.00
S8999 ^{F3}	Resuscitation bag (manual resuscitator for use by patient on artificial respiration during power failure or other catastrophic event)	189.43

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>TRACTION EQUIPMENT, VARIOUS</u>		
E0849 ^{F1} '-RR'	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	\$371.70
E0855 ^{F1} '-RR'	Cervical traction equipment not requiring additional stand or frame	502.63
E0860 ^{F3}	Traction equipment, overdoor, cervical	21.36
E0890 ^{F3}	Traction frame, attached to footboard, pelvic traction	80.83
E0900 ^{F3}	Traction stand, free standing, pelvic traction (e.g., Buck's)	78.54
E0910 ^{F3} '-RR'	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	173.33
E0940 ^{F3} '-RR'	Trapeze bar, free standing, complete with grab bar	254.98
E0946 ^{F3} '-RR'	Fracture, frame, dual with cross bars, attached to bed (e.g. Balken, Four Poster)	514.42
<u>WALKERS (ANY WIDTH)</u>		
E0130 ^{F2}	Walker, rigid (pick-up), adjustable or fixed height	37.33
E0135 ^{F2}	Walker, folding (pick-up), adjustable or fixed height	47.63
E0140 ^{F3}	#Walker, with trunk support, adjustable or fixed height, any type.	1,664.24
Provides complete adjustment of center of gravity and trunk angle and support, and stimulates walking movements for an adult or child who requires gait training or retraining due to severe motor and balance dysfunction. Includes all necessary prompts/pads and locking casters and/or brakes. Does not include headrest or tray.		
E0141 ^{F2}	#Walker, rigid, wheeled, adjustable or fixed height	156.75
E0143 ^{F2}	#Walker, folding, wheeled, adjustable or fixed height	130.03
E0144 ^{F3}	#Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	363.92
Provides safety and promotes unassisted walking, may include brake and/or variable resistance wheels. For an adult or child who requires enclosure and seat due to motor and balance dysfunction.		
E0147 ^{F3}	#Walker, heavy duty, multiple braking system, variable wheel resistance	306.70
E0148 ^{F3}	#Walker, heavy duty, without wheels, rigid or folding, any type, each	127.05
E0149 ^{F3}	#Walker, heavy duty, wheeled, rigid or folding, any type	223.20
E0153 ^{F7}	Platform attachment, forearm crutch, each (supports arm)	61.29
E0154 ^{F7}	Platform attachment, walker, each (supports arm)	81.10
E0155 ^{F7}	Wheel attachment, rigid pick-up walker, per pair	36.09

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0156 ^{F3}	#Seat attachment, walker	\$26.43
E0157 ^{F7}	Crutch attachment, walker, each	20.09
E0159 ^{F7}	Brake attachment for wheeled walker, replacement, each	14.92
<u>E8000</u> ^{F3}	Gait trainer, pediatric size, posterior support, includes all accessories and components	PA

Provides support and encourages upright positioning for walking for individuals requiring gait training/retraining due to **mild to moderate** motor and balance dysfunction.

WHEELED MOBILITY EQUIPMENT

GENERAL GUIDELINES

Wheeled mobility equipment is covered if the recipient's medical condition is such that without the use of the equipment, the recipient would otherwise be confined to bed, chair or home and the recipient is not ambulatory or not functionally ambulatory. A prior approval request must, at the least, include the following documentation of medical necessity:

1. A list of all **current wheeled mobility equipment** (e.g., make, model, serial number, age) and explain why it no longer meets the recipient's medical needs (e.g., give cost estimates of repair of equipment).
2. A description of the **equipment and accessories as ordered** (e.g., make, model, size, seat and back dimensions) and provide relevant recipient **measurements** (e.g., height, weight, chest, shoulders, thighs, legs).
3. A **narration of medical necessity** for the wheeled mobility equipment and related accessories and an estimate of how long the equipment will be needed (e.g., degree of ambulation in customary environment, medical conditions, intended use, amount of time daily the equipment is used).
4. A statement of the **alternatives** considered or attempted (e.g., manual versus power, off the shelf versus custom accessories) and why these alternatives do not meet the medical need.
5. A description of the **customary environment** and **caregiver supports** (e.g., skilled nursing facility, OMRDD-certified residence, private home, home health or waiver services); give details of the results of **trial of equipment** in this environment (e.g., fitting through doorways, access to home, transportable, ability to safely operate).

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
-------------	----------------	--------------

MANUAL WHEELCHAIRS

Reimbursement price for all manual wheelchairs includes:

- any type arm style or armrest, arm pad
- seat or cushion (a medically indicated non-standard seat, back cushion or seating system that is not included by the manufacturer may be billed separately)
- standard leg rest
- standard footrest
- safety belt/pelvic strap (2-point)
- solid tires and casters, metal hand rims
- brakes

These parts may not be billed separately with a new wheelchair.

<u>E1161</u> ^{F3}	Manual adult size wheelchair, includes tilt-in-space	\$2,166.50
<u>E1229</u> ^{F3}	Wheelchair, pediatric size, not otherwise specified	PA
<u>E1233</u> ^{F3}	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	2,451.60
<u>E1234</u> ^{F3}	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	2,362.05

Documentation for tilt-in-space wheelchairs must include, but is not limited to, information that the recipient is dependent for transfers **and** has a plan of care that addresses the need for frequent positioning changes that do not always include a tilt position. Pediatric tilt-in-space wheelchairs satisfy the medical needs of the average sized child and feature growth capability, attendant or user controlled tilt, multi position tilt, transit system, attendant handles, 10-18" width, 13-18" depth and standard back heights. Adult tilt-in-space wheelchairs satisfy the medical needs of the average sized adult and feature attendant or user controlled tilt, multi position tilt, attendant handles, 10-19" width and standard depth and back height.

K0001 ^{F5}	#Standard wheelchair '-RR'	280.39
---------------------	---------------------------------------	--------

A standard adult wheelchair is one that would satisfy the medical needs of the average sized adult who is able to self-propel the wheelchair or propel with assistance. This wheelchair features heavy steel cross adult frame and fixed rear axle position, 16/18" width, 16" depth, and 16/18/20" back.

K0002 ^{F5}	#Standard hemi (low-seat) wheelchair '-RR'	465.32
---------------------	---	--------

A standard adult hemi wheelchair is one that would satisfy the medical needs of the average sized adult or child who is able to self-propel the wheelchair or propel with assistance, and who may exhibit disarticulation of one or both extremities or requires a low seat. This wheelchair features heavy steel cross frame and fixed rear axle position, 16/18" width, 16" depth, and 16-18" back.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
K0003 ^{F5}	#Lightweight wheelchair	\$559.50
<p>A lightweight wheelchair is covered when it can be demonstrated that the recipient's medical condition and the weight of the wheelchair affects the recipient's ability to self-propel, and is suitable for an adult or child of average size with marginal propulsion skills. This wheelchair features an adult, hemi or pediatric folding frame, aluminum or steel cross frame, fixed rear axle position, 14/16/18" width, 16/18" depth, and 16-18" back.</p>		
K0004 ^{F3}	#High strength, lightweight wheelchair '-RR'	810.86
<p>A high strength lightweight wheelchair is covered when it can be demonstrated that the recipient's medical condition and the weight of the wheelchair affects the recipient's ability to self-propel and is suitable for an adult or child of average size with marginal propulsion skill and/or high demands on propulsion. This wheelchair features an adult, hemi, or pediatric folding frame, limited rear axle adjustment, lightweight tires and casters, 12/13/14/16/18/20" width, 16-19" depth and 16-19" back.</p>		
K0005 ^{F5}	Ultra lightweight wheelchair	1,658.34
<p>A high-strength multi-adjustable wheelchair, featuring low rolling resistance, fully adjusting rear axle, and folding or rigid pediatric or adult frame. In addition to the requirements for a lightweight wheelchair, an ultra lightweight wheelchair is covered when the recipient's medical condition and the position of the push rim in relation to the recipient's arms and hands is integral to the ability to self-propel the wheelchair effectively. Additionally, the weight distribution may be changed, adjusting the ease or difficulty of self-propulsion. This wheelchair features 11/12/13/14/16/17/18" width, 12-20" depth, and 17-20" back.</p>		
K0006 ^{F3}	#Heavy-duty wheelchair '-RR'	737.03
<p>A heavy-duty wheelchair is covered when it can be demonstrated that the recipient's body weight (over 250 lbs) and/or body measurements cannot be accommodated by standard sized wheelchairs. This wheelchair features a reinforced folding cross frame, reinforced seat and back, fixed rear axle position, calf pads, 20-22" width, 16/17/18" depth, and 18-20" back.</p>		
K0007 ^{F5}	Extra heavy-duty wheelchair	1,074.38
<p>An extra heavy-duty wheelchair is covered when the recipients body weight (over 300 lbs) and/or body measurements cannot be accommodated by a heavy-duty wheelchair. In addition to the features provided in a heavy-duty wheelchair, a double cross brace and dual or triple axle positioning, 19/20/22/24" width, 16-20" depth and low/medium/tall backs are featured.</p>		

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>K0009</u> ^{F5}	Other manual wheelchair/base	PA

This code is to be used for recipients with medical needs for features in addition to those indicated for the wheelchair and/or accessory codes listed. Custom-made wheelchairs feature a wheelchair frame that is uniquely constructed or substantially modified for a specific recipient and is covered if the feature needed is not available in an already manufactured wheelchair or accessory. The assembly of a wheelchair from modular components and the use of customized options do not meet the requirements for a custom-made wheelchair.

POWERED MOBILITY

Powered mobility equipment is covered for recipients who are physically unable to propel manual mobility equipment and are able to independently and safely operate powered mobility equipment. Only powered mobility equipment with four or more wheels will be covered. If a recipient qualifies for powered mobility equipment, a power operated vehicle non-highway or power wheelchair can be considered.

Reimbursement price for all power wheelchairs includes:

- any type arm style or armrest, arm pad
- seat or cushion (a medically indicated non-standard seat or back cushion that is not included by manufacturer may be billed separately)
- standard leg rest
- fixed or swing away joysticks
- any type footrest
- safety belt/pelvic strap (2-point)
- solid/pneumatic/semi-pneumatic tires, tubes and casters
- brakes
- electronics
- necessary batteries, chargers and battery cases
- motor and gear box

These parts may not be billed separately with a new wheelchair.

<u>K0010</u> ^{F3}	Standard weight frame motorized/power wheelchair	\$4,151.10
----------------------------	---	------------

A standard weight frame power chair features belt or direct drive, rear, mid or front wheel drive, can accommodate minimal modifications to frame, may feature minimal seat adjustment, is intended for use over hard, soft, sloped or uneven terrain and 14/16/18/20" width, 16-18" depth and 16-18" back. This wheelchair would satisfy the medical needs of the average-sized adult or child.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>K0011</u> ^{F5}	Standard weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	\$5,282.06

In addition to the features and requirements for K0010, documentation of medical necessity for programmable control parameters is required.

<u>K0012</u> ^{F5}	Lightweight portable motorized/power wheelchair	3,387.35
----------------------------	--	----------

A lightweight portable power wheelchair features four small wheels, direct drive, non-modifiable frame, may fold or disassemble for transport, is intended for use over hard surfaces with minimal inclines, 14/16/18/20" width, 12-18" depth, 16-18" back. This wheelchair would satisfy the medical needs of the average-sized adult or child.

<u>K0014</u> ^{F5}	Other motorized/power wheelchair base	PA
----------------------------	--	----

This code is to be used for recipients with medical needs for features in addition to those indicated for the wheelchair and/or accessory codes listed. A custom-made wheelchair frame is uniquely constructed or substantially modified for a specific recipient and is covered if the feature needed is not available in an already manufactured wheelchair or accessory. The assembly of a wheelchair from modular components and the use of customized options do not meet the requirements for a custom-made wheelchair.

<u>E1230</u> ^{F3}	Power operated vehicle (three or four wheel non-highway), specify brand name and model number	2,166.24
----------------------------	--	----------

If the recipient qualifies for powered mobility equipment, only a **four-wheel** power operated vehicle (POV) non-highway can be considered. A POV non-highway will be considered for recipients who do not require positioning aids (lateral supports, tilt-in-space, recline, leg rests, headrests, etc.) and can and will in the future independently maintain an upright position. The POV non-highway is **only** appropriate for mobility, **not** positioning. POV's non-highway includes standard swivel seating systems, batteries and electronics.

<u>E1239</u> ^{F3}	Power wheelchair, pediatric size, not otherwise specified	PA
----------------------------	--	----

WHEELED MOBILITY ACCESSORIES

Wheeled mobility accessories that are included in new equipment (as indicated in the Manual and Powered Mobility sections) **are reimbursable ONLY as replacement parts outside of warranty and are not to be billed with a new wheelchair. For new wheeled mobility devices, use accessory codes ONLY when included accessories do not meet a specific medical need.** For positioning features, documentation of medical necessity must include, but is not limited to, information that the recipient is dependent for transfers **and** has a plan of care which addresses the need for frequent positioning changes that do not always include a tilt or recline position.

<u>E0951</u> ^{F6}	# Heel loop/holder, any type, with or without ankle strap, each	31.41
<u>E0952</u> ^{F6}	#Toe loop/holder, any type, each	16.95

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0955 ^{F3}	# Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	\$198.28
E0956 ^{F3}	#Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	158.78
E0957 ^{F3}	#Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	132.19
<u>E0958</u> ^{F5}	Manual wheelchair accessory, one-arm drive attachment, each	PA
<u>E0960</u> ^{F5}	#Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware (includes padding)	81.20
E0961 ^{F5}	#Manual wheelchair accessory, wheel lock brake extension (handle), each	16.13
E0966 ^{F5}	#Manual wheelchair accessory, headrest extension, each	60.45
E0967 ^{F3}	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	65.66
E0971 ^{F6}	#Anti-tipping device, wheelchair	37.92
E0972 ^{F6}	Wheelchair accessory, transfer board or device, each	37.22
E0973 ^{F3}	#Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	100.13
E0974 ^{F5}	#Manual wheelchair accessory, anti-rollback device, each	44.55
E0977 ^{F6}	#Wedge cushion, wheelchair	28.27
E0978 ^{F5}	#Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (includes padding)	29.39
<u>E0986</u> ^{F3}	Manual wheelchair accessory, push activated power assist, each	PA
E0990 ^{F3}	#Wheelchair accessory, elevating leg rest, complete assembly, each	151.20
'-RR'		
E0992 ^{F6}	#Manual wheelchair accessory, solid seat insert	70.88
E0995 ^{F6}	#Wheelchair accessory, calf rest/pad, each	23.21
E0999 ^{F6}	#Pneumatic tire with wheel	114.97
<u>E1002</u> ^{F3}	Wheelchair accessory, power seating system, tilt only	PA
<u>E1003</u> ^{F3}	Wheelchair accessory, power seating system, recline only, without shear reduction	PA
<u>E1004</u> ^{F3}	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	PA
<u>E1005</u> ^{F3}	Wheelchair accessory, power seating system, recline only, with power shear reduction	PA
<u>E1006</u> ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	PA
<u>E1007</u> ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	PA
<u>E1008</u> ^{F3}	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	PA
<u>E1009</u> ^{F3}	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest, each	PA

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>E1011</u> ^{F3}	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	PA
<u>E1014</u> ^{F3} '-RR'	Reclining back, addition to pediatric size wheelchair	\$365.14
<u>E1020</u> ^{F3}	#Residual limb support system for wheelchair (with adjustable drop hooks)	278.25
<u>E1025</u> ^{F3}	#Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)	112.65
<u>E1026</u> ^{F3}	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)	192.90
<u>E1027</u> ^{F3}	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)	275.06
<u>E1028</u> ^{F3}	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	PA
<u>E1225</u> ^{F3}	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	PA
<u>E1226</u> ^{F3} '-RR'	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	491.09
<u>E1228</u> ^{F6}	Special back height for wheelchair	PA
<u>E1298</u> ^{F3}	Special wheelchair seat depth and/or width, by construction	PA
<u>E2201</u> ^{F3}	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	PA
<u>E2202</u> ^{F3}	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	PA
<u>E2203</u> ^{F3}	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	PA
<u>E2204</u> ^{F3}	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	PA
<u>E2205</u> ^{F3}	#Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	29.40
<u>E2206</u> ^{F7}	#Manual wheelchair accessory, wheel lock assembly, complete, each (brakes)	39.31
<u>E2291</u> ^{F3}	Back, planar, for pediatric size wheelchair including fixed attaching hardware	352.58
<u>E2292</u> ^{F3}	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	352.58
<u>E2293</u> ^{F3}	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	PA
<u>E2294</u> ^{F3}	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	PA
<u>E2324</u> ^{F6}	#Power wheelchair accessory, chin cup for chin control interface	52.00

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>E2325</u> ^{F3}	Power wheelchair accessory, sip and puff interface, non proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	\$1,346.83
<u>E2326</u> ^{F3}	Power wheelchair accessory, breath tube kit for sip and puff interface	307.40
<u>E2327</u> ^{F3}	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	2,306.14
<u>E2328</u> ^{F3}	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	3,877.32
<u>E2329</u> ^{F3}	Power wheelchair accessory, head control interface, contact switch mechanism, non proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	1,730.31
<u>E2330</u> ^{F3}	Power wheelchair accessory, head control interface, proximity switch mechanism, non proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	3,333.27
<u>E2340</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	282.80
<u>E2341</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	PA
<u>E2342</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches	PA
<u>E2343</u> ^{F3}	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	PA
<u>E2360</u> ^{F7}	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	112.34
<u>E2361</u> ^{F7}	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass mat)	117.40
<u>E2362</u> ^{F7}	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	148.05
<u>E2363</u> ^{F7}	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	167.40
<u>E2364</u> ^{F7}	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	101.11
<u>E2365</u> ^{F7}	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	86.61
<u>E2366</u> ^{F3}	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	183.80
<u>E2367</u> ^{F3}	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	PA
<u>E2368</u> ^{F3}	#Power wheelchair component, motor, replacement only	516.57

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E2369 ^{F3}	#Power wheelchair component, gear box, replacement only	\$449.94
E2370 ^{F3}	#Power wheelchair component, motor and gear box combination, replacement only	802.84
<u>E2399</u> ^{F3}	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	PA
E2601 ^{F5}	#General use wheelchair seat cushion, width less than 22 inches, any depth	68.85
E2602 ^{F5}	#General use wheelchair seat cushion, width 22 inches or greater, any depth	114.30
E2603 ^{F5}	#Skin protection wheelchair seat cushion, width less than 22 inches, any depth	110.77
E2604 ^{F5}	#Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	229.70
E2605 ^{F5}	#Positioning wheelchair seat cushion, width less than 22 inches, any depth	290.25
E2606 ^{F5}	#Positioning wheelchair seat cushion, width 22 inches or greater, any depth	387.00
E2607 ^{F5}	#Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	295.60
E2608 ^{F5}	#Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	354.00
<u>E2609</u> ^{F3}	Custom fabricated wheelchair seat cushion, any size	PA
E2611 ^{F5}	#General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	297.45
E2612 ^{F5}	#General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	364.05
<u>E2613</u> ^{F5}	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	393.04
<u>E2614</u> ^{F5}	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	543.93
<u>E2615</u> ^{F5}	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	431.44
<u>E2616</u> ^{F5}	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	608.58
<u>E2617</u> ^{F5}	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PA
E2618 ^{F3}	#Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware	171.20

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E2619 ^{F5}	#Replacement cover for wheelchair seat cushion or back cushion, each	\$51.32
<u>E2620</u> ^{F5}	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	574.76
<u>E2621</u> ^{F5}	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	PA
K0015 ^{F3}	#Detachable, nonadjustable height armrest, each	53.55
K0017 ^{F3}	#Detachable, adjustable height armrest, base, each	51.11
K0018 ^{F3}	#Detachable, adjustable height armrest, upper portion, each	28.55
K0019 ^{F6}	#Arm pad, each	12.55
K0037 ^{F3}	#High mount flip-up footrest, each	40.94
K0038 ^{F6}	#Leg strap, each	20.25
K0039 ^{F6}	#Leg strap, H style, each	51.30
K0040 ^{F3}	#Adjustable angle footplate, each	61.01
K0041 ^{F3}	#Large size footplate, each	47.36
K0042 ^{F3}	#Standard size footplate, each	15.95
K0043 ^{F3}	#Footrest, lower extension tube, each	14.66
K0044 ^{F3}	#Footrest, upper hanger bracket, each	16.64
K0045 ^{F3}	#Footrest, complete assembly	56.62
K0046 ^{F3}	#Elevating legrest, lower extension tube, each	19.53
K0047 ^{F3}	#Elevating legrest, upper hanger bracket, each	76.48
K0052 ^{F3}	#Swingaway, detachable footrests, each	92.44
K0053 ^{F3}	#Elevating footrests, articulating (telescoping), each	102.01
<u>K0056</u> ^{F3}	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	PA

Coverage of flat free, zero pressure and foam filled tires is limited to recipients who are independent in mobility or whose medical conditions indicate such tires. Rear wheel indicates the drive wheel of the powered mobility equipment.

K0064 ^{F6}	#Zero pressure tube (flat free insert), any size, each (for use with manual wheelchairs)	36.60
K0065 ^{F5}	#Spoke protectors, each	36.00
K0066 ^{F7}	#Solid tire, any size, each	14.63
K0067 ^{F7}	#Pneumatic tire, any size, each	15.00
K0068 ^{F7}	#Pneumatic tire tube, each	4.50
K0069 ^{F6}	#Rear wheel assembly, complete, with solid tire, spokes or molded, each	99.92
K0070 ^{F6}	#Rear wheel assembly, complete with pneumatic tire, spokes or molded, each	183.16
K0071 ^{F6}	#Front caster assembly, complete, with pneumatic tire, each	50.11
K0072 ^{F6}	#Front caster assembly, complete, with semipneumatic tire, each	42.30

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
K0073 ^{F6}	#Caster pin lock, each	\$16.60
K0074 ^{F7}	#Pneumatic caster tire, any size, each	11.21
K0075 ^{F6}	#Semipneumatic caster tire, any size, each	25.43
K0076 ^{F7}	#Solid caster tire, any size, each	10.08
K0077 ^{F6}	#Front caster assembly, complete, with solid tire, each	35.93
K0078 ^{F7}	#Pneumatic caster tire tube, each	5.60
K0090 ^{F6}	#Rear wheel tire for power wheelchair, any size, each	40.90
K0091 ^{F6}	#Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	20.07
K0092 ^{F6}	#Rear wheel assembly for power wheelchair, complete, each	95.40
K0093 ^{F6}	#Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	57.76
K0094 ^{F6}	#Wheel tire for power base, any size, each (limited to foam filled flat proof tires)	24.18
K0095 ^{F6}	#Wheel tire tube other than zero pressure for each base, any size, each	10.11
K0096 ^{F6}	#Wheel assembly for power base, complete, each	95.40
K0097 ^{F6}	#Wheel zero-pressure tire tube (i.e. non-drive wheel) (flat free insert) for power base, any size, each	27.94
K0098 ^{F6}	#Drive belt for power wheelchair	27.21
K0099 ^{F6}	#Front caster for power wheelchair	34.34
K0102 ^{F6}	Crutch and cane holder, each (for wheelchair)	43.50
K0105 ^{F4}	#IV hanger, each (for wheelchair)	46.97
K0106 ^{F6}	#Arm trough, each	107.16
K0108 ^{F6}	Other accessories (limited to wheeled mobility parts not listed)	PA
K0452 ^{F6}	Wheelchair bearings, any type	6.55

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

A4556 ^{F9}	Electrodes (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)	6.13
A4557 ^{F6}	Lead wires (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)	18.85
A4630 ^{F7}	#Replacement batteries for medically necessary transcutaneous electric nerve stimulator (TENS) owned by patient	2.46
A4632 ^{F7}	Replacement battery for external infusion pump, any type, each (also see K0601-K0605)	PA
A7520 ^{F7}	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	85.24
A7521 ^{F7}	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	147.43
A7522 ^{F7}	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	83.07

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
A7524 ^{F7}	Tracheostoma stent/stud/button, each	\$59.63

The maximum monthly rental amount for infusion pumps (codes B9002, B9004, B9006, E0781, E0791) is \$60.00. The maximum daily rental amount for a parenteral infusion pump for short-term use is \$5.00 per day up to a total of \$60.00 per month. The maximum monthly rental amount is applicable if a pump is left in the home for a monthly medication dose.

Medicaid rents with option to purchase. All rental fees must be deducted from purchase price.

B9002 ^{F3} '-RR'	Enteral nutrition infusion pump – with alarm	715.56
B9004 ^{F3} '-RR'	Parenteral nutrition infusion pump, portable	2,860.00
B9006 ^{F3} '-RR'	Parenteral nutrition infusion pump, stationary	2,039.92

Use codes E0163-E0168 for adaptive toileting systems, either free-standing or over toilet.

E0163 ^{F3}	Commode chair, stationary, with fixed arms	103.63
E0164 ^{F3}	Commode chair, mobile, with fixed arms	100.67
E0165 ^{F3}	Commode chair, stationary, with detachable arms	198.05
E0166 ^{F3}	Commode chair, mobile, with detachable arms	259.33
E0168 ^{F5}	#Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	131.53
E0175 ^{F3}	#Foot rest, for use with commode chair, each (one or two piece)	88.50
E0202 ^{F1}	#Phototherapy (bilirubin) light with photometer (rental only, blanket or overhead light)(treatment plan greater than 10 days requires prior approval)	10.00/ day
E0240 ^{F3}	Bath/shower chair, with or without wheels, any size	38.34
E0241 ^{F2}	Bathtub wall rail, each	27.07
E0243 ^{F2}	Toilet rail, each	35.87
E0244 ^{F3}	Raised toilet seat (with or without arms)	20.99
E0245 ^{F3}	Tub stool or bench	28.79
E0246 ^{F2}	Transfer tub rail attachment	48.10
E0247 ^{F3}	Transfer bench for tub or toilet with or without commode opening	89.83
E0248 ^{F3}	#Transfer bench, heavy duty, for tub or toilet with or without commode opening	170.34
E0604 ^{F7}	#Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)(rental only)	38.61/ month (up to 2 mo.)

Hospital or professional grade breast pump coverage is limited to cases of prematurity (including multiple gestation), neurologic disorders, genetic abnormalities (e.g., Down's Syndrome), anatomic and mechanical malformations (e.g., cleft lip and palate), congenital malformations requiring surgery (e.g., respiratory, cardiac, gastrointestinal, CNS), prolonged infant hospitalization, or other conditions that prevent normal breastfeeding (e.g. respiratory compromise). DVS authorization is available for up to 2 months. Prior approval is required for cases requiring more than 2 months rental (e.g. extreme prematurity, less than 28 weeks gestation).

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0619 ^{F9}	Apnea monitor, with recording feature	\$190.00/ month

Apnea monitors will only be rented. Prior approval for rental is not required for children less than one year of age when prescribed through an Infant Apnea Center approved by the Physically Handicapped Children's Program (PHCP). As with all rentals, the monthly fee includes all necessary features and equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories or parts, loading or downloading software, and backup equipment as needed. When billing for the apnea monitor rental, enter the MMIS provider number for the Apnea Center under Ordering/Referring Provider. For children under 1 year of age, the child must be seen at an approved apnea center **or** the primary physician (even if a pediatric pulmonologist) must obtain approval from an approved center (this can be done via phone, faxing/mailing the record, or tele-conference). If this is impossible, a 6 month Prior Approval may be issued if all the necessary documentation from the primary physician to medically justify the equipment is submitted.

E0621 ^{F6}	Sling or seat, patient lift, canvas or nylon	69.88
E0628 ^{F1}	#Separate seat lift mechanism for use with patient owned furniture-electric	189.00
E0629 ^{F1}	#Separate seat lift mechanism for use with patient owned furniture-non-electric	133.50
E0630 ^{F1}	#Patient lift, hydraulic with seat or sling	1,035.36

Patient lifts are covered if the severity of the medical condition is such that periodic movement is necessary to effect improvement or to retard deterioration of that condition, and the alternative to use of this device is wheelchair or bed confinement. A **separate seat lift mechanism** is covered if all of the following criteria are met:

1. The patient must have severe arthritis of the hip or knee or have a severe neuromuscular disease.
2. The seat lift mechanism must be a part of the physician's course of treatment and be prescribed to effect improvement, or arrest or retard deterioration in the patient's condition. (The physician ordering the seat lift mechanism must be the treating physician or a consulting physician for the disease or condition resulting in the need for a seat lift. The physician's record must document that all appropriate therapeutic modalities (e.g. medication, physical therapy) have been tried and failed to enable the patient to transfer from a chair to a standing position.)
3. The patient must be completely incapable of standing up from a regular armchair or any chair in their home. (The fact that a patient has difficulty, or is even incapable of getting up from a chair, particularly a low chair, is not sufficient justification for a seat lift mechanism. Almost all patients who are capable of ambulating can get out of an ordinary chair if the seat height is appropriate and the chair has arms.)
4. Once standing, the patient must have the ability to ambulate.

Coverage is limited to those types which operate smoothly, can be controlled by the patient, and effectively assist a patient in standing up and sitting down without other assistance.

Excluded from coverage is the type of lift which operates by spring release mechanism with a sudden, catapult-like motion and jolts the patient from a seated to a standing position.

Patient and seat lift equipment (E0628, E0629 & E0630) are not to be billed in combination.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
E0638 ^{F1}	#Standing frame system, any size, with or without wheels (positioning only, see L1510 for upright only) (Prior approval required for uses other than bone density or trunk strength development and for ages 21 and over)	\$1,404.00
<p>Pneumatic compression devices are covered for the treatment of generalized or refractory lymphedema or refractory edema from venous insufficiency only when all less invasive treatments have been attempted and are unsuccessful. The following documentation is required as an attachment to all claims for pneumatic compression devices: patient history, diagnosis, underlying causes and prognosis, symptoms and objective findings, (including measurements, the pressures to be used and expected duration of use of device), full description of attempts to use less invasive treatments and outcomes of such treatments, responsible party for monitoring patient compliance and response to treatment, description of instructions for post-compression pump treatment, rental or purchase, and a copy of the fiscal order.</p>		
E0650 ^{F2}	Pneumatic compressor, non-segmental home model, (Lymphedema pump)	531.06
E0655 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	56.04
E0660 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	175.34
E0665 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	135.15
E0666 ^{F3}	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	89.56
E0730 ^{F5}	#Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation (TENS) (dual channel)	76.25
<u>E0747</u> ^{F3}	Osteogenesis stimulator electrical, noninvasive, other than spinal applications	2,000.00

Non-spinal applications are covered if there is long-standing (three months or more) non-union of long bone or tarsal/metatarsal fracture, failed fusion or congenital pseudarthrosis, and the alternative to using the device would be surgery (bone graft or amputation).

<u>E0748</u> ^{F3}	Osteogenic stimulator electrical, noninvasive, spinal applications	2,000.00
----------------------------	---	----------

Spinal applications are covered in at least one of the following circumstances: failed spinal fusion where a minimum of nine months has elapsed since the last surgery, following multilevel spinal fusion surgery, or following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<u>E0760</u> ^{F6}	Osteogenesis stimulator, low intensity ultrasound, non-invasive	\$2,000.00
<p>Ultrasound bone growth stimulators are covered when medically necessary, prior approved, and ordered by a board certified or board eligible orthopedic surgeon for non-union fractures of the tibial shaft as evidenced by: an assessment of why the fracture is non-union, no evidence of healing based on a minimum of three sequential monthly examinations, at least 50% of the fractures are in apposition, no more than ten degrees of anterior or posterior angulation, no more than fifteen degrees of lateral angulation in either varus or valgus, and other contributing factors that would affect bone growth such as age, smoking, etc. Under no circumstances will ultrasound bone growth stimulation be approved for true synovial synarthrosis.</p>		
<u>E0776</u> ^{F2} '-RR'	I.V. pole	59.62
<u>E0781</u> ^{F3} '-RR'	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	2,647.67
<u>E0784</u> ^{F3}	External ambulatory infusion pump, insulin	5,128.83
<u>E0791</u> ^{F3} '-RR'	Parenteral infusion pump, stationary, single or multichannel	2,039.92
<p>Covered if both the therapy and the prescribed pump are appropriate for home use and adequate supervision by the physician is specified on the prescription. Also see Section 2.2.15.</p>		
<u>E1399</u> ^{F9}	Durable medical equipment, miscellaneous	PA
<u>E2402</u> ^{F9}	Negative pressure wound therapy electrical pump, stationary or portable (rental only, includes all necessary supplies)	65.00/ day

Dedicated speech generating devices require prior approval and are covered when medically necessary. Documentation of medical necessity must be included with the prior approval request. The request must include the physician prescription (includes specifications for the device and the necessary therapy and training to allow the individual to meet his/her communication potential) and the evaluation worksheet and report completed by a NYS licensed Speech Language Pathologist (SLP). Providers of dedicated speech generating devices are expected 1) to be knowledgeable about the items they dispense and provide information to the individual about the use and care of the item; 2) assist physician and SLP in coordinating training on the device; 3) provide information regarding warranty services and uphold the terms of the warranty; 4) are responsible for any needed replacements or repairs that are due to defects in quality or workmanship. Dedicated speech generating devices are speech aids that provide an individual who has a severe speech impairment with the ability to meet functional speaking needs and are characterized by:

- Being a dedicated speech generating device, are used solely by the individual who has a severe speech impairment;
- May have digitized speech output using pre-recorded messages with defined recording times;

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
<i>(continued)</i>		
	<ul style="list-style-type: none"> • May have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection technique, or multiple methods of device access. 	
Devices which are not dedicated, and thus non-covered, are characterized by:		
	<ul style="list-style-type: none"> • Capability (locked or unlocked) of running software for purposes other than for speech generation, e.g., devices that can also run a word processing package, an accounting program, or perform other non-medical functions; • Laptop computers, desktop computers, tablet computers or personal digital assistants, which may be programmed to perform the same function as a speech generating device, are non-covered since they are not primarily medical in nature and do not meet the definition of durable medical equipment. 	
A device that is useful to someone without severe speech impairment is not considered a dedicated speech generating device. Note: all batteries are included in reimbursement for new devices.		
E2500 ^{F3}	#Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	\$391.06
<u>E2502</u> ^{F3}	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	1,195.80
<u>E2504</u> ^{F3}	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	1,577.42
<u>E2506</u> ^{F3}	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	2,312.96
<u>E2508</u> ^{F3}	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	3,576.61
<u>E2510</u> ^{F3}	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	6,768.25
<u>E2512</u> ^{F3}	Accessory for speech generating device, mounting system	PA
<u>E2599</u> ^{F3}	Accessory for speech generating device, not otherwise classified	PA
K0601 ^{F8}	#Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	1.10
K0602 ^{F8}	#Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	7.65
K0603 ^{F8}	#Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	0.57
K0604 ^{F8}	#Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	8.11
K0605 ^{F8}	#Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	14.60

Durable Medical Equipment Fee Schedule

<u>Code</u>	<u>Product</u>	<u>Price</u>
L7900 ^{F1}	Vacuum erection system Limited to diagnosis of impotence, with an order from an urologist or neurologist.	\$183.75
L8500 ^{F2}	Artificial larynx, any type	830.20
L8501 ^{F7}	#Tracheostomy speaking valve	66.87
L8505 ^{F7}	#Artificial larynx replacement battery/accessory, any type	46.50
L8507 ^{F10}	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	35.10
L8510 ^{F3}	#Voice amplifier	198.94
L8511 ^{F7}	#Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	37.80
L8514 ^{F7}	#Tracheoesophageal puncture dilator, replacement only, each	48.60
L8515 ^{F5}	#Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	49.64
T5001 ^{F1}	#Positioning seat for persons with special orthopedic needs, for use in vehicles (prior approval required for age less than 2 or over 10)	513.75
 <u>SERVICING, PARTS, REPAIRS</u>		
A9900 ^{F7}	#Miscellaneous DME supply, accessory, and/or service component of another HCPCS code (limited to repair/replacement of equipment and parts not listed and less than \$100.00, requires prior approval if more than twice per year)	99.99
A9901 ^{F12}	#DME delivery, set up, and/or dispensing service component of another HCPCS code	10.00
Use only when a major medical equipment item must be moved to the provider's shop for repair or when a major medical equipment item is serviced in the recipient's home. This code is intended to pay once per roundtrip from the provider's place of business to pick-up or return the medical equipment item requiring repair at the provider's place of business or to service the item in the recipient's home.		
E1340 ^{F9}	#Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes (more than 2 hours requires prior approval)	5.75

Code

Price

4.5 ORTHOTICS

1. This schedule is applicable to both children and adults.
2. The providers shall be responsible for any needed repairs or replacements due to defects in quality or workmanship that appear within three months of delivery. This does not include adjustments or replacements necessitated by anatomical changes.
3. Replacements and repairs: used to indicate replacement and repair of orthotic and prosthetic devices which have been in use for some time. Prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device. When specific replacement and repair codes are available, they should be used instead of the code for the device with '-RP'. For charges \$35.00 and under, use L4210.
4. The fees contained in this schedule will be paid under State-administered programs, and are to be considered full payment for the services rendered. The provider shall make no additional charge to the recipient.
5. Unless otherwise specified all fees are for the unilateral, single unit or "each."
6. All normal necessary pads and straps are included in the prices quoted.
7. For home visit, see L9900

ORTHOTIC DEVICES - SPINAL

CERVICAL

E0701	#Helmet with face guard and soft interface material, prefabricated	\$144.70
L0100	Cranial orthosis (helmet), with or without soft interface, molded to patient model	426.00
L0110	Cranial orthosis (helmet), with or without soft-interface, non-molded (head protector, soft/hard)	97.33
<u>L0112</u>	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	PA
L0120	Cervical, flexible, non-adjustable (foam collar)	6.47
L0130	Cervical, flexible, thermoplastic collar, molded to patient	357.00
L0140	Cervical, semi-rigid, adjustable (plastic collar)	50.00
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	74.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	\$79.50
L0170	Cervical, collar, molded to patient model	357.00
L0172	Cervical, collar, semi-rigid thermoplastic foam, two piece	75.00
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	130.00
<u>S1040</u>	Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	PA

MULTIPLE POST COLLAR

L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	233.00
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	311.75
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	322.50

SPINAL-THORACIC

L0210	Thoracic, rib belt	35.00
L0220	Thoracic, rib belt, custom fabricated	98.00

LUMBAR ORTHOSIS

K0634	Lumbar orthosis, flexible, provides lumbar support, posterior extends from I1 to below I-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	43.27
K0635	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from I1 to below I-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	61.25
K0636	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from I-1 to below I-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	322.98

<u>Code</u>		<u>Price</u>
<u>THORACIC-LUMBAR-SACRAL-ORTHOISIS</u>		
K0618	TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	\$543.13
K0619	TLSO, sagittal-coronal control modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction andf terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes sstraps and closures, prefabricated, includes fitting and adjustment	356.79
L0430	Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)	1118.91
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	144.00
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	330.85
L0454	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment	270.00
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, includes fitting and adjustment	275.12

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L0458	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	\$400.18
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	400.18
L0462	TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	400.18
L0464	TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, prefabricated, includes fitting and adjustment	400.18
L0466	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	225.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L0468	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	\$307.50
L0470	TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	402.39
L0472	TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	295.00
L0474	TLSO, triplanar control, rigid posterior frame with flexible soft apron anterior with multiple straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in the sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	562.11
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	900.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L0482	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,442.24
L0484	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1,432.83
L0486	TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	1,523.40
L0488	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	1,118.91
L0490	TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment	846.58

LUMBAR-SACRAL ORTHOSIS

K0637	#Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	65.92
--------------	--	-------

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
K0638	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	\$175.00
K0639	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	127.26
K0640	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	806.64
K0641	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1,150.00
K0642	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	225.31
K0643	Frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	759.92
K0644	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	765.98

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
K0645	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	\$1,136.01
K0646	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	844.13
K0647	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	1,036.35
K0648	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s) posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	844.13
K0649	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	822.21

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>SACROILIAC ORTHOSIS</u>		
K0630	#Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	\$72.82
K0631	#Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	183.65
K0632	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	212.50
K0633	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	212.50
 <u>CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)</u>		
<u>ANTERIOR-POSTERIOR-LATERAL CONTROL</u>		
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	1,237.50
L0710	CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)	1,480.00
 <u>HALO PROCEDURE</u>		
L0810	Halo procedure cervical halo incorporated into jacket vest	2,000.00
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1,320.00
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	2,225.00
L0861	Addition to halo procedure, replacement liner/interface material	89.42
 <u>POST SURGICAL SUPPORTS</u>		
L0960	Torso support, postsurgical support, pads for postsurgical support	55.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>ADDITIONS TO SPINAL ORTHOSES</u>		
L0970	TLSO, corset front	\$44.00
L0972	LSO, corset front	40.00
L0974	TLSO, full corset	78.00
L0976	LSO, full corset	78.00
L0978	Axillary crutch extension	68.00
L0980	Peritoneal straps, pair	10.00
L0982	Stocking supporter grips, set of four (4)	10.00
L0984	Protective body sock, each	21.00
<u>L0999</u>	Addition to spinal orthosis, not otherwise specified	PA

NOTE: Orthotic devices – scoliosis procedures

The orthotic care of scoliosis differs from other orthotic care in that the treatment is more dynamic in nature and utilizes ongoing, continual modification of the orthosis to the recipient's changing condition. This coding structure uses the proper names, or eponyms, of the procedures because they have historic and universal acceptance in the profession. It should be recognized that variations to the basic procedures described by the founders/developers are accepted in various medical and orthotic practices throughout the country. All procedures include model of recipient when indicated.

SCOLIOSIS-CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (MILWAUKEE)

L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	\$1,375.00
<u>L1005</u>	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	2,514.93
L1010	Addition to cervical-thoracic-lumbar-sacral(CTLSO) or scoliosis orthosis, axilla sling	30.00
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad, each	23.00
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	150.00
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	40.00
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	30.00
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	30.00
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	45.00
L1070	Addition to CTLSO or scoliosis orthosis, trapeze sling	30.00
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	10.00
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	85.00
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	71.51
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	50.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	\$181.56
L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each	4.60

THORACIC-LUMBAR-SACRAL ORTHOSIS (LOW-PROFILE)

L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	1,000.00
L1210	Addition to TLSO, (low profile), thoracic extension	235.00
L1220	Addition to TLSO, (low profile), anterior thoracic extension	240.00
L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	362.00
L1240	Addition to TLSO (low profile), lumbar deterioration pad	45.00
L1250	Addition to TLSO (low profile), anterior ASIS pad	35.00
L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	35.00
L1270	Addition to TLSO, (low profile), abdominal pad	40.00
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	55.00
L1290	Addition to TLSO (low profile), lateral trochanteric pad	40.00

OTHER SCOLIOSIS PROCEDURES

L1300	Other scoliosis procedure, body jacket molded to patient model	1,450.00
L1310	Other scoliosis procedure, postoperative body jacket	1,405.00
<u>L1499</u>	Spinal orthosis, not otherwise specified	PA

THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO)

L1500	Thoracic-hip-knee-ankle, orthosis (THKAO), mobility frame (Newington, Parapodium types)	870.00
L1510	THKAO, standing frame, with or without tray and accessories (upright) (see E0638 for positioning)	975.00
L1520	THKAO, swivel walker	2,546.00

ORTHOTIC DEVICES – LOWER LIMB

NOTE: Lower Limb: The procedures in L1600-L2999 are considered as “Base” or “Basic Procedures” and may be modified by listing procedure from the “Additions Sections” and adding them to the base procedure.

HIP ORTHOSIS (HO) - FLEXIBLE

L1600	Hip orthosis (HO), abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment	56.00
-------	---	-------

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment	\$27.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment	75.00
L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	80.00
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs custom fabricated	525.00
L1650	HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment	95.00
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	95.00
L1660	HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	70.00
L1680	HO, abduction control of hip joints, dynamic pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type) custom fabricated	533.50
L1685	HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated	850.00
L1686	HO, abduction control of hip joint, post-operative hip abduction type, prefabricated, includes fitting and adjustments	750.00
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	1,434.95

LEGG PERTHES

L1700	Legg perthes orthosis, (Toronto type), custom fabricated	900.00
L1710	Legg perthes orthosis, (Newington type), custom fabricated	990.00
L1720	Legg perthes orthosis, trilateral, (Tachdijan type), custom fabricated	785.00
L1730	Legg perthes orthosis, (Scottish Rite type), custom fabricated	750.00
L1750	Legg perthes orthosis, legg perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment	50.00
L1755	Legg perthes orthosis, (Paten Bottom type), custom fabricated	900.00

KNEE ORTHOSIS (KO)

L1800	Knee orthosis (KO), elastic with stays, prefabricated, includes fitting and adjustment	38.00
L1810	KO, elastic with joints, prefabricated, includes fitting and adjustment	75.00
L1815	KO, elastic or other elastic type material with condylar pads, prefabricated, includes fitting and adjustment	65.63
L1820	KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	110.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L1825	KO, elastic knee cap, prefabricated, includes fitting and adjustment	\$37.25
L1830	KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment	65.00
L1831	KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	208.13
L1832	KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment	549.18
L1834	KO, without knee joint, rigid, custom fabricated	595.41
L1836	KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment	104.84
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	597.50
L1843	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	634.53
L1844	KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	1,107.70
L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment	693.00
L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated	850.00
L1847	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	406.75
L1850	KO, Swedish type, prefabricated, includes fitting and adjustment	185.00
L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	950.00
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	964.00
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated(SK)	617.00
L1870	KO, double upright, thigh and calf lacers with knee joints, custom fabricated	873.77
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated	503.00

ANKLE-FOOT ORTHOSIS (AFO)

L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	185.00
-------	--	--------

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L1902	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	\$45.00
L1904	AFO, molded ankle gauntlet, custom fabricated	290.00
L1906	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	75.00
L1907	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	397.93
L1910	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	145.00
L1920	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	228.00
L1930	AFO, plastic or other material, prefabricated, includes fitting and adjustment	194.00
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	410.00
L1940	AFO, plastic or other material, custom fabricated	410.00
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	410.00
L1950	AFO, spiral (IRM type), plastic, custom fabricated	690.00
L1951	AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	593.92
L1960	AFO, posterior solid ankle, plastic, custom fabricated	550.00
L1970	AFO, plastic, with ankle joint, custom fabricated	750.00
L1971	AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	331.47
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated	250.00
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated	295.00
<u>KNEE-ANKLE-FOOT-ORTHOSIS (OR ANY COMBINATION)</u>		
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated	650.00
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated	2,828.47
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated	750.00
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated	775.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated	\$705.00
L2035	KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	130.74
L2036	KAFO, full plastic, double upright, free knee, with or without free motion ankle, custom fabricated	1,554.50
L2037	KAFO, full plastic, single upright, free knee, with or without free motion ankle, custom fabricated	1,554.50
L2038	KAFO, full plastic, without knee joint, multi-axis ankle, custom fabricated	1,100.00
L2039	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, with or without free motion ankle, custom fabricated	1,100.00

TORSION CONTROL – HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)

L2040	Hip-knee-ankle-foot, orthosis (HKAFO) torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	75.00
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	295.00
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated	310.00
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	65.00
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	210.00
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated	225.00

FRACTURE ORTHOSES

L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	427.50
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	625.00
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	350.00
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	375.00
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	427.50
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	850.00
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	1,200.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	\$750.00
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	675.00
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	975.00

ADDITIONS TO FRACTURE ORTHOSIS

L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	50.00
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	35.00
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	35.00
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	120.00
L2188	Addition to lower extremity fracture orthosis quadrilateral brim	455.00
L2190	Addition to lower extremity fracture orthosis, waist belt	67.00
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	290.00

ADDITIONS TO LOWER EXTREMITY ORTHOSES: SHOE – ANKLE – SHIN – KNEE

L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	55.50
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	57.76
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	30.00
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	182.00
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	380.00
L2265	Addition to lower extremity, long tongue stirrup	85.00
L2270	Addition to lower extremity, varus/valgus correction (“T”) strap, padded/lined or malleolus pad	32.00
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	150.00
L2280	Addition to lower extremity, molded inner boot	270.00
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	315.00
L2310	Addition to lower extremity, abduction bar-straight	60.00
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	260.00
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	480.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L2335	Addition to lower extremity, anterior swing band	\$75.00
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	255.00
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthosis)	975.00
L2360	Addition to lower extremity, extended steel shank	50.00
L2370	Addition to lower extremity, Patten bottom	130.00
L2375	Addition to lower extremity, torsion control ankle joint and half solid stirrup	45.00
L2380	Addition to lower extremity, torsion control straight knee joint, each joint	26.00
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	32.00
L2390	Addition to lower extremity, offset knee joint, each joint	26.00
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	26.00
L2397	Addition to lower extremity orthosis, suspension sleeve	24.00

ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS

L2405	Addition to knee joint, lock; drop, stance or swing phase, each joint	35.00
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	45.00
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	122.50
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	122.50
L2492	Addition to knee joint, lift loop for drop lock ring	45.00

ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT BEARING

L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	168.00
L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	720.00
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	450.00
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	2,000.00
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	1,200.00
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	250.00
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	264.00
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	310.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>ADDITIONS – PELVIC AND THORACIC CONTROL</u>		
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each	\$155.00
L2580	Addition to lower extremity, pelvic control, pelvic sling	350.00
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	85.00
L2610	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	310.00
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	330.00
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	140.00
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	250.00
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1,110.00
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1,110.00
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	400.00
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	490.50
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	27.50
L2660	Addition to lower extremity, thoracic control, thoracic band	118.00
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	133.00
L2680	Addition to lower extremity, thoracic control, lateral support uprights	126.00

ADDITIONS – GENERAL

L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	100.00
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	60.00
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	64.00
L2768	Orthotic side bar disconnect device, per bar	92.14
L2770	Addition to lower extremity orthosis, any material, per bar or joint	29.00
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	60.00
L2785	Addition to lower extremity orthosis, drop lock retainer, each	24.50

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L2795	Addition to lower extremity orthosis, knee control, full kneecap	\$53.50
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	75.00
L2810	Addition to lower extremity orthosis, knee control, condylar pad	30.00
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	210.00
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	250.00
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	30.00
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	40.00
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each	140.00
<u>L2999</u>	Lower extremity orthoses, not otherwise specified	PA

ORTHOTIC DEVICES – UPPER LIMB

NOTE: Upper Limb: the procedures in this section are considered as “Base” or “Basic Procedures” and may be modified by listing procedures from the “Additions Section” and adding them to the base procedure.

UPPER LIMB-SHOULDER ORTHOSIS (SO)

L3650	Shoulder orthosis, (SO), figure of “8” design abduction restrainer, prefabricated, includes fitting and adjustment	40.00
L3651	Shoulder orthosis, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	40.00
L3652	Shoulder orthosis, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)	80.00
L3660	SO, figure of “8” design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment	40.00
L3670	SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment	140.00
L3675	SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment	160.00
<u>L3677</u>	Shoulder orthosis, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment	PA

UPPER LIMB – ELBOW ORTHOSIS (EO)

L3700	Elbow orthoses (EO), elastic with stays, prefabricated, includes fitting and adjustment	48.00
L3710	EO, elastic with metal joints, prefabricated, includes fitting and adjustment	77.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>DOUBLE UPRIGHT WITH FOREARM/ARM CUFF</u>		
L3720	EO, double upright with forearm/arm cuffs, free motion, custom fabricated	\$775.00
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	902.00
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	1,402.00
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	121.00
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	69.20
<u>UPPER LIMB – WRIST – HAND – FINGER ORTHOSIS (WHFO)</u>		
L3800	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments, custom fabricated	125.00
L3805	WHFO, long opponens, no attachment, custom fabricated	275.00
L3807	WHFO, without joint(s), prefabricated, includes fitting and adjustment, any type	168.86
<u>ADDITIONS</u>		
L3810	WHFO, addition to short and long oppens, thumb abduction (“C”) bar	28.00
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	49.50
L3820	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	30.00
L3825	WHFO, addition to short and long opponens, M.P. extension stop	30.00
L3830	WHFO, addition to short and long opponens, M.P. extension assist	49.75
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	50.00
L3840	WHFO, addition to short and long opponens, spring swivel thumb	40.00
L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	50.00
L3850	WHO, addition to short and long opponens, action wrist with dorsiflexion assist	450.00
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	50.00
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	75.00
L3890	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	140.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION</u>		
L3900	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	\$585.00
<u>L3901</u>	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	1,000.00
<u>EXTERNAL POWER</u>		
<u>L3902</u>	WHFO, external powered, compressed gas, custom fabricated	PA
<u>L3904</u>	WHFO, external powered, electric, custom fabricated	PA
<u>OTHER WHFO'S – CUSTOM-FITTED</u>		
L3906	WHO, wrist gauntlet, molded to patient model, custom fabricated	232.50
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	300.00
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	47.50
L3910	WHFO, Swanson design, prefabricated, includes fitting and adjustment	217.50
L3912	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	45.00
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	76.00
L3916	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	60.00
L3918	HFO, knuckle bender, prefabricated, includes fitting and adjustment	40.00
L3920	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	50.00
L3922	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	47.50
L3923	HFO, without joint(s), prefabricated, includes fitting and adjustments, any type	25.00
L3924	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	55.00
L3926	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	57.50
L3928	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	28.00
L3930	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	35.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L3932	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	\$27.50
L3934	FO, safety pin, modified, prefabricated, includes fitting and adjustment	28.00
L3936	WHFO, Palmer, prefabricated, includes fitting and adjustment	50.00
L3938	WHFO, dorsal wrist, prefabricated, includes fitting and adjustment	50.00
L3940	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	54.50
L3942	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	40.00
L3944	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	40.00
L3946	HFO, composite elastic, prefabricated, includes fitting and adjustment	32.50
L3948	HFO, finger knuckle bender, prefabricated, includes fitting and adjustment	40.00
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	71.00
L3952	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	75.00
L3954	HFO, spreading hand, prefabricated, includes fitting and adjustment	46.50

UPPER LIMB-SHOULDER-ELBOW-WRIST-HAND ORTHOSIS

ABDUCTION POSITION-CUSTOM FITTED

L3960	Shoulder-elbow-wrist-hand orthosis, (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	372.50
L3962	SEWHO, abduction positioning, ERBS Palsey design, prefabricated, includes fitting and adjustment	499.12

ABDUCTION POSITION-CUSTOM FITTED

L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated	950.00
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment	592.43
L3965	SEO, mobile arm support, attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment	803.55
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment	712.17
<u>L3968</u>	SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) , prefabricated, includes fitting and adjustment	PA

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L3969	SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment	\$450.00

ADDITIONS TO MOBILE ARM SUPPORTS

L3970	SEO, addition to mobile arm support, elevating proximal arm	252.10
L3972	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	160.31
L3974	SEO, addition to mobile arm support, supinator	135.97

UPPER LIMB – FRACTURE ORTHOSES

L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	67.99
L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	340.00
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	420.00
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	260.00
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	575.00
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles' fracture) , custom fabricated	410.00
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	30.00
<u>L3999</u>	Upper limb orthosis, not otherwise specified	PA

REPAIRS, REPLACEMENTS AND MAINTENANCE TO EXISTING ORTHOSES

The following codes are to be used only in billing for repair, maintenance and/or replacements to existing orthoses. These codes are not to be billed in conjunction with codes for newly fitted orthoses.

SPECIFIC REPAIR

L4000	Replace girdle for spinal orthosis (CTLSO or SO) (e.g. Milwaukee)	650.00
L4002	Replacement strap, any orthosis, includes all components, any length, any type	20.00
L4010	Replace trilateral socket brim	500.00
L4020	Replace quadrilateral socket brim, molded to patient model	615.00
L4030	Replace quadrilateral socket brim, custom fitted	455.00
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	590.00
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	185.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L4050	Replace molded calf lacer, for custom fabricated orthosis only	590.00
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	185.00
L4060	Replace high roll cuff	115.00
L4070	Replace proximal and distal upright for KAFO	101.00
L4080	Replace metal bands KAFO, proximal thigh	52.50
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	52.50
L4100	Replace leather cuff KAFO, proximal thigh	75.00
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	60.00
L4130	Replace pretibial shell	188.00

REPAIRS

L4205	Repair of orthotic device, labor component, per 15 minutes (more than 2 hours requires prior approval)	5.75
L4210	Repair of orthotic device, repair or replace minor parts (not to be billed in conjunction with L4205)	35.00

4.6 PRESCRIPTION FOOTWEAR

INSERT, REMOVABLE, MOLDED TO PATIENT MODEL

L3000	#Foot, insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	\$110.00
L3001	#Foot, insert, removable, molded to patient model, Spenco, each	7.00
L3002	#Foot, insert, removable, molded to patient model, plastazote or equal, each	BR
L3003	#Foot, insert, removable, molded to patient model, silicone gel, each	110.00
L3010	#Foot, insert, removable, molded to patient model, longitudinal arch support, each	45.00
L3020	#Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each	45.00
L3030	#Foot, insert, removable, formed to patient foot, each	60.00

ARCH SUPPORT, REMOVABLE, PREMOLDED, EACH

L3040	#Foot, arch support, removable, premolded, longitudinal, each	18.00
L3050	#Foot, arch support, removable, premolded, metatarsal, each	13.00
L3060	#Foot, arch support, removable, premolded, longitudinal/metatarsal, each	14.00

ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE

L3070	#Foot, arch support, non-removable attached to shoe, longitudinal, each	20.00
L3080	#Foot, arch support, non-removable attached to shoe, metatarsal, each	9.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L3090	#Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	\$9.00
L3100	#Hallus-valgus night dynamic splint	18.00
<u>ABDUCTION AND ROTATION BARS</u>		
L3140	#Foot, abduction rotation bars (Dennis Browne type), including shoes	35.00
L3150	Foot, abduction rotation bars (Dennis Browne type), without shoe(s)	13.50
L3160	Foot, adjustable shoe-styled positioning device	130.00
L3170	#Foot, plastic heel stabilizer	23.00
<u>ORTHOPEDIC FOOTWEAR</u>		
L3201	#Orthopedic shoe, oxford with supinator or pronator, infant (each)	30.00
L3202	#Orthopedic shoe, oxford with supinator or pronator, child (each)	35.00
L3203	#Orthopedic shoe, oxford with supinator or pronator, junior (each)	35.00
L3204	#Orthopedic shoe, hightop with supinator or pronator, infant (each)	30.00
L3206	#Orthopedic shoe, hightop with supinator or pronator, child (each)	35.00
L3207	#Orthopedic shoe, hightop with supinator or pronator, junior (each)	35.00
L3208	#Surgical boot, each, infant	20.00
L3209	#Surgical boot, each, child	25.00
L3211	#Surgical boot, each, junior	25.00
L3212	#Benesch boot, pair, infant	22.00
L3213	#Benesch boot, pair, child	22.00
L3214	#Benesch boot, pair, junior	22.00
L3215	#Orthopedic footwear, woman's shoes, oxford (pair)	65.00
L3216	#Orthopedic footwear, woman's shoes, depth inlay (pair)	90.00
L3217	#Orthopedic footwear, woman's shoes, hightop, depth inlay (pair)	90.00
L3219	#Orthopedic footwear, man's shoes, oxford (pair)	80.00
L3221	#Orthopedic footwear, man's shoes, depth inlay (pair)	105.00
L3222	#Orthopedic footwear, man's shoes, hightop, depth inlay (pair)	105.00
L3224	#Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each)	32.50
L3225	#Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each)	40.00
L3230	#Orthopedic footwear, custom (molded to patient model) shoes, depth inlay (pair)	180.00
L3250	#Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	80.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L3252	#Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	\$18.00
L3253	#Foot, molded shoe plastazote (or similar) custom fitted, each	50.00
L3254	#Non-standard size or width	2.06
L3255	#Non-standard size or length	3.30
L3257	#Orthopedic footwear, additional charge for split size	12.00
L3260	#Surgical boot/shoe, each	14.00
L3265	#Plastazote sandal, each	25.00

SHOE MODIFICATION - LIFTS

L3300	#Lift, elevation, heel, tapered to metatarsals, per inch	40.00
L3310	#Lift, elevation, heel and sole, neoprene, per inch	23.00
L3320	#Lift, elevation, heel and sole, cork, per inch	45.00
L3330	#Lift, elevation, metal extension (skate)	BR
L3332	#Lift, elevation, inside shoe, tapered, up to one-half inch	6.00
L3334	#Lift, elevation, heel, per inch	20.00

SHOE MODIFICATION - WEDGES

L3340	#Heel wedge, SACH	19.00
L3350	#Heel wedge	7.00
L3360	#Sole wedge, outside sole	11.00
L3370	#Sole wedge, between sole	11.00
L3380	#Clubfoot wedge	11.00
L3390	#Outflare wedge	11.00
L3400	#Metatarsal bar wedge, rocker	30.00
L3410	#Metatarsal bar wedge, between sole	18.00
L3420	#Full sole and heel wedge, between sole	18.00

SHOE MODIFICATION - HEELS

L3430	#Heel counter, plastic reinforced	4.50
L3440	#Heel, counter, leather reinforced	4.50
L3450	#Heel, sach cushion type	4.50
L3455	#Heel, new leather, standard	4.50
L3460	#Heel, new rubber, standard	4.50
L3465	#Heel, Thomas with wedge	4.50
L3470	#Heel, Thomas extended to ball	4.50
L3480	#Heel, pad and depression for spur	22.00
L3485	#Heel, pad, removable for spur	35.00

MISCELLANEOUS SHOE ADDITIONS

L3540	#Orthopedic shoe addition, sole, full (each)	20.00
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	12.00
L3580	Orthopedic shoe addition, convert instep to velcro closure	13.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>TRANSFERS OR REPLACEMENT</u>		
L3600	Transfer of an orthosis from one shoe to another, calliper plate, existing	\$50.00
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	65.00
<u>SHOE CORRECTIONS AND MODIFICATIONS</u>		
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	45.00
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	75.00
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	16.00
L3649	#Orthopedic shoe, modification, addition or transfer, not otherwise specified (more than two procedures requires prior approval)	24.00

4.7 PROSTHETICS

1. This schedule is applicable to both children and adults.
2. The providers shall be responsible for any needed repairs or replacements due to defects in quality or workmanship that appear within three months of delivery. This does not include adjustments or replacements necessitated by anatomical changes.
3. Replacements and repairs: used to indicate replacement and repair of orthotic and prosthetic devices which have been in use for some time. Prior approval is not required when the charge is over \$35.00 and is less than 10% of the price listed on the code for the device. When specific replacement and repair codes are available, they should be used instead of the code for the device with '-RP'. For charges \$35.00 and under, use L7510.
4. The fees contained in this schedule will be paid under State-administered programs, and are to be considered full payment for the services rendered. The provider shall make no additional charge to the recipient.
5. Unless otherwise indicated all fees are for the unilateral, single unit or "each".
6. All normal necessary pads and straps are included in the prices quoted.
7. Polypropylene (ultra-light) should be used only when judged a medical necessity because of bilateral or multiple disabilities, frailty, cardiac disability, etc.
8. For home visit, see code L9900

Durable Medical Equipment Fee Schedule

Code **Price**

LOWER LIMB

The procedures in this section are considered as “Base” or “Basic Procedures”, and may be modified by listing items/procedures or special materials from the “Additions Section”, adding them to the “Base Procedure”.

PARTIAL FOOT

L5000	Partial foot, shoe insert with longitudinal arch, toe filler	\$300.00
L5010	Partial foot, molded socket, ankle height, with toe filler	425.00
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1,019.50

ANKLE

L5050	Ankle, Symes, molded socket, SACH foot	1,500.00
-------	---	----------

BELOW KNEE

L5100	Below knee, molded socket, shin, SACH foot	1,635.00
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	2,850.00

KNEE DISARTICLUATION

L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	2,000.00
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	2,235.00

ABOVE KNEE

L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	2,000.00
L5210	Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each	2,630.00
L5220	Above knee, short prosthesis, no knee joint (“stubbies”), with articulated ankle/foot, dynamically aligned, each	2,236.62
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	2,150.00

HIP DISARTICLUATION

L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	3,135.00
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	3,000.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>HEMIPELVECTOMY</u>		
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	\$3,500.00
<u>ENDOSKELETAL – BELOW KNEE</u>		
For prosthetic covers, see codes L5704-L5707		
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	1,300.00
<u>ENDOSKELETAL – KNEE DISARTICULATION</u>		
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot endoskeletal system	1,825.00
<u>ENDOSKELETAL – ABOVE KNEE</u>		
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	2,010.00
<u>ENDOSKELETAL – HIP DISARTICULATION</u>		
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	2,531.00
<u>ENDOSKELETAL – HEMIPELVECTOMY</u>		
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	2,861.00

IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES

The immediate post surgical procedure components will at all times remain the property of the prosthetic facility and will be used only on a loan basis. It is estimated that the period of use by the amputee in each case will not exceed one month.

L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	705.00
-------	---	--------

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	\$305.00
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	900.00
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment	305.00
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	705.00
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	900.00

INITIAL PROSTHESIS

L5500	Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	633.50
L5505	Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	878.50

PREPARATORY AND DIAGNOSTIC PROSTHESES

The preparatory prosthesis components will at all times remain the property of the prosthetic facility and will be used only on a loan basis.

Diagnosis AK and BK prostheses are prostheses that allow various suspension, socket, knee, ankle systems to be utilized by the recipient to determine optimal prescription; same qualifications exist as with preparatory prostheses.

PREPARATORY PROSTHESIS

L5510	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1,180.00
L5520	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1,250.00
L5530	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1,767.00
L5535	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1,235.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5540	Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	\$1,850.00
L5560	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1,584.00
L5570	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1,700.00
L5580	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1,948.00
L5585	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	1,518.00
L5590	Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	2,150.00
L5595	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	3,300.00

ADDITIONS TO LOWER EXTREMITY

L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	3,895.00
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	1,650.00
L5611	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with friction swing phase control	1,050.00
L5613	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1,525.00
L5614	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with pneumatic swing phase control	3,500.00

ADDITIONS - TEST SOCKETS

L5618	Addition to lower extremity, test socket, Symes	222.00
L5620	Addition to lower extremity, test socket, below knee	222.00
L5622	Addition to lower extremity, test socket, knee disarticulation	264.00
L5624	Addition to lower extremity, test socket, above knee	264.00
L5626	Addition to lower extremity, test socket, hip disarticulation	280.00
L5628	Addition to lower extremity, test socket, hemipelvectomy	375.00
L5629	Addition to lower extremity, below knee, acrylic socket	300.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>ADDITIONS - SOCKET VARIATIONS</u>		
L5630	Addition to lower extremity, Symes type, expandable wall socket	\$250.00
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	450.00
L5632	Addition to lower extremity, Symes type, "PTB" Brim design socket	160.00
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	350.00
L5636	Addition to lower extremity, Symes type, medial opening socket	345.00
L5637	Addition to lower extremity, below knee, total contact	650.00
L5638	Addition to lower extremity, below knee, leather socket	465.00
L5639	Addition to lower extremity, below knee, wood socket	600.00
L5640	Addition to lower extremity, knee disarticulation, leather socket	675.00
L5642	Addition to lower extremity, above knee, leather socket	590.00
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	725.00
L5644	Addition to lower extremity, above knee, wood socket	475.00
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	425.00
L5646	Addition to lower extremity, below knee, air, fluid, gel, or equal, cushion socket	494.50
L5647	Addition to lower extremity, below knee suction socket	585.00
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	528.12
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1,000.00
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	555.00
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	725.00
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	96.00
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	300.00
<u>ADDITIONS - SOCKET INSERT AND SUSPENSION</u>		
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	210.00
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	210.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	\$250.00
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	250.00
L5661	Addition to lower extremity, socket insert, multi-durometer Symes	450.00
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	350.00
L5666	Addition to lower extremity, below knee, cuff suspension	35.00
L5668	Addition to lower extremity, below knee, molded distal cushion	65.00
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	180.00
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	1,110.00
L5672	Addition to lower extremity, below knee, removable medial Brim suspension	100.00
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket inset, silicone gel, elastomeric or equal, for use with locking mechanism	413.48
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	275.00
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	125.00
L5678	Additions to lower extremity, below knee, joint covers, pair	25.00
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	398.59
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	285.00
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism; initial only (for use other than initial, use code L5673 or L5679)	496.77
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	510.00
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	496.77
L5684	Addition to lower extremity, below knee, fork strap	25.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	\$32.10
L5686	Addition to lower extremity, below knee, back check (extension control)	54.00
L5688	Addition to lower extremity, below knee, waist belt, webbing	50.00
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	60.00
L5692	Addition to lower extremity, above knee, pelvic control belt, light	75.00
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	85.00
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	99.00
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	135.00
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	55.00
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	80.00
L5699	All lower extremity prostheses, shoulder harness	125.00

ADDITIONS - FEET ANKLE UNITS

L5700	Replacement, socket, below knee, molded to patient model	1,200.00
L5701	Replacement, socket, above knee-knee disarticulation, including attachment plate, molded to patient model	2,000.00
L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	2,700.00
L5704	Custom shaped protective cover, below knee	475.00
L5705	Custom shaped protective cover, above knee	650.00
L5706	Custom shaped protective cover, knee disarticulation	675.00
L5707	Custom shaped protective cover, hip disarticulation	923.00
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	240.00
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	330.00
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	293.00
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	200.00

ADDITIONS – KNEE – SHIN SYSTEM

L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	280.00
-------	---	--------

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	\$531.00
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1,170.00
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1,297.50
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,405.00
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	598.00

COMPONENT MODIFICATION

L5785	Addition, exoskeletal system, below knee, ultra light material (titanium, carbon fiber or equal)	254.00
L5790	Addition, exoskeletal system, above knee, ultra light material (titanium, carbon fiber or equal)	375.00
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	575.00

ENDOSKELETAL

L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	250.00
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	325.00
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	275.00
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	2,761.26
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	644.10
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	779.49
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	2,257.00
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	2,548.00
L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	3,945.00
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	3,020.00
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control	1,625.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5840	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, pneumatic swing phase control	\$3,500.00
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	1,332.63
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	60.00
<u>L5856</u>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	PA
<u>L5857</u>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	PA
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	100.00
L5910	Addition, endoskeletal system, below knee, alignable system	250.00
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	250.00
L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	100.00
L5930	Addition, endoskeletal system, high activity knee control frame	2,552.81
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	475.00
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	650.00
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	950.00
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	450.00
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	600.00
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	700.00
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	3,810.00
L5970	All lower extremity prostheses, foot, external keel, sach foot	145.00
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic, or equal)	175.00
L5974	All lower extremity prostheses, foot, single axis ankle/foot	110.00
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1,742.00
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	475.00
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot (Gressinger or equal)	150.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	\$375.00
L5980	All lower extremity prostheses, flex foot system	3,500.00
L5981	All lower extremity prostheses, flex-walk system or equal	1,850.00
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	275.00
L5984	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	248.50
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	214.16
L5986	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	275.00
L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon	5,348.57
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1,755.00
L5990	Addition to lower extremity prosthesis, user adjustable heel height	1,285.48
<u>L5995</u>	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	PA
<u>L5999</u>	Lower extremity prosthesis, not otherwise specified	PA

UPPER LIMB

The procedures in this section are considered as base or basic procedures and may be modified by listing procedures from the "additions" sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified.

PARTIAL HAND

L6000	Partial hand, Robin-Aids, thumb remaining (or equal)	1,025.00
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	1,000.00
L6020	Partial hand, Robin-Aids, no finger remaining (or equal)	1,050.00
<u>L6025</u>	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device	5,670.19

WRIST DISARTICULATION

L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,480.00
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1,847.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>BELOW ELBOW</u>		
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	\$1,890.00
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	2,080.00
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	2,290.00
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	2,415.00
<u>ELBOW DISARTICULATION</u>		
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1,532.50
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	2,300.00
<u>ABOVE ELBOW</u>		
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	2,150.00
<u>SHOULDER DISARTICULATION</u>		
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	3,000.00
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	1,950.00
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	850.00
<u>INTERSCAPULAR THORACIC</u>		
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	4,025.00
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	2,975.00
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1,875.00
<u>IMMEDIATE AND EARLY POST SURGICAL PROCEDURES</u>		
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	705.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L6382	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	\$900.00
L6384	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	1,200.00
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	305.00
L6388	Immediate post surgical or early fitting, application of rigid dressing only	705.00
<u>ENDOSKELETAL – BELOW ELBOW</u>		
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,850.00
<u>ENDOSKELETAL – ELBOW DISARTICULATION</u>		
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,200.00
<u>ENDOSKELETAL – ABOVE ELBOW</u>		
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,000.00
<u>ENDOSKELETAL – SHOULDER DISARTICULATION</u>		
L6550	Shoulder disarticulation, molded socket endoskeletal system, including soft prosthetic tissue shaping	2,390.00
<u>ENDOSKELETAL – INTERSCAPULAR THORACIC</u>		
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	3,529.98
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model	1,070.00
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed	918.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molder to patient model	\$1,350.00
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	1,200.00
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall, plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model	1,800.00
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed	1,650.00

ADDITIONS – UPPER LIMB

NOTE: The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure. In addition to base procedure, at the time of the original order.

L6600	Upper extremity additions, polycentric hinge, pair	194.00
L6605	Upper extremity additions, single pivot hinge, pair	175.00
L6610	Upper extremity additions, flexible metal hinge, pair	90.00
L6615	Upper extremity addition, disconnect locking wrist unit	105.50
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	37.00
L6620	Upper extremity addition, flexion-friction wrist unit, with or without friction	205.00
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	274.00
L6625	Upper extremity addition, rotation wrist unit with cable lock	250.00
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	75.00
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	125.00
L6630	Upper extremity addition, stainless steel, any wrist	25.00
L6632	Upper extremity addition, latex suspension sleeve, each	42.00
L6635	Upper extremity addition, lift assist for elbow	115.00
L6637	Upper extremity addition, nudge control elbow lock	177.50
<u>L6638</u>	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	1,771.93
L6640	Upper extremity additions, shoulder abduction joint, pair	300.00
L6641	Upper extremity addition, excursion amplifier, pulley type	65.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L6642	Upper extremity addition, excursion amplifier, lever type	\$350.00
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	300.00
<u>L6646</u>	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	2,234.80
L6650	Upper extremity addition, shoulder universal joint, each	300.00
L6655	Upper extremity addition, standard control cable, extra	49.00
L6660	Upper extremity addition, heavy duty control cable	64.00
L6665	Upper extremity addition, Teflon, or equal, cable lining	35.00
L6670	Upper extremity addition, hook to hand, cable adapter	25.00
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	133.00
L6675	Upper extremity addition, harness, (e.g. figure of eight type) single cable design	90.00
L6676	Upper extremity addition, harness, (e.g. figure of eight type) dual cable design	130.00
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	210.00
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	210.00
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	330.00
L6686	Upper extremity addition, suction socket	585.00
L6687	Upper extremity addition, suction socket, below elbow or wrist disarticulation	425.00
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	585.00
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	725.00
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	725.00
L6691	Upper extremity addition, removable insert, each	210.00
L6692	Upper extremity addition, silicone gel insert or equal, each	450.00
L6693	Upper extremity addition, locking elbow, forearm counterbalance	3,078.00
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	450.00
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	450.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>L6696</u>	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	PA
<u>L6697</u>	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	PA
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	\$177.50

TERMINAL DEVICES

HOOKS

L6700	Terminal device, hook, Dorrance, or equal, model #3	225.00
L6705	Terminal device, hook, Dorrance, or equal, model #5	220.00
L6710	Terminal device, hook, Dorrance, or equal, model #5X	225.00
L6715	Terminal device, hook, Dorrance, or equal, model #5XA	225.00
L6720	Terminal device, hook, Dorrance, or equal, model #6	515.00
L6725	Terminal device, hook, Dorrance, or equal, model #7	250.00
L6730	Terminal device, hook, Dorrance, or equal, model #7LO	252.00
L6735	Terminal device, hook, Dorrance, or equal, model #8	215.00
L6740	Terminal device, hook, Dorrance, or equal, model #8X	225.00
L6745	Terminal device, hook, Dorrance, or equal, model #88X	225.00
L6750	Terminal device, hook, Dorrance, or equal, model #10P	225.00
L6755	Terminal device, hook, Dorrance, or equal, model #10X	225.00
L6765	Terminal device, hook, Dorrance, or equal, model #12P	225.00
L6770	Terminal device, hook, Dorrance, or equal, model #99X	225.00
L6775	Terminal device, hook, Dorrance, or equal, model #555	240.00
L6780	Terminal device, hook, Dorrance, or equal, model #SS555	250.00
L6790	Terminal device, hook, ACCU hook, or equal	248.00
L6795	Terminal device, hook, 2 Load, or equal	600.00
L6800	Terminal device, hook, APRL VC, or equal	635.00
L6805	Terminal device, modifier wrist flexion unit	295.00
L6806	Terminal device, hook, TRS grip, grip III, VC, or equal	900.00
L6807	Terminal device, hook, Grip I, Grip II, VC, or equal	1,157.61
L6808	Terminal device, hook, TRS, Adept, infant or child, VC, or equal	879.06
L6809	Terminal device, hook, TRS Super Sport, passive	374.69
L6810	Terminal device, pincher tool, Otto Bock or equal	115.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>HANDS</u>		
L6825	Terminal device, hand, dorrance, VO	\$662.50
L6830	Terminal device, hand, APRL, VC	767.00
L6835	Terminal device, hand, Sierra, VO	765.00
L6840	Terminal device, hand, Becker Imperial	624.00
L6845	Terminal device, hand, Becker Lock Grip	643.00
L6850	Terminal device, hand, Becker Plylite	475.00
L6855	Terminal device, hand, Robin-Aids, VO	545.00
L6860	Terminal device, hand, Robin-Aids, VO Soft	408.00
L6865	Terminal device, hand, passive hand	517.50
L6867	Terminal device, hand, Detroit Infant Hand (mechanical)	811.66
L6868	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	192.50
L6870	Terminal device, hand, child mitt	142.00
L6872	Terminal device, hand, NYU child hand	862.65
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	374.79
L6875	Terminal device, hand, Bock, VC	590.00
L6880	Terminal device, hand, Bock, VO	570.00
<u>L6881</u>	Automatic grasp feature, addition to upper limb prosthetic terminal device	2,896.79
<u>L6882</u>	Microprocessor control feature, addition to upper limb prosthetic terminal device	2,197.34
<u>GLOVES FOR ABOVE HANDS</u>		
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	185.25
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	278.00
<u>HAND RESTORATION</u>		
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,050.00
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1,050.00
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1,050.00
L6915	Hand restoration (shading and measurements included), replacement glove for above	278.00

<u>Code</u>		<u>Price</u>
EXTERNAL POWER		
<u>BASE DEVICES</u>		
<u>L6920</u>	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, myoelectric control of terminal device	PA
<u>L6925</u>	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	PA
<u>L6930</u>	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	PA
<u>L6935</u>	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA
<u>L6940</u>	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	PA
<u>L6945</u>	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA
<u>L6950</u>	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	PA
<u>L6955</u>	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA
<u>L6960</u>	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	PA
<u>L6965</u>	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectric control of terminal device	PA

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>L6970</u>	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	PA
<u>L6975</u>	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	PA
<u>L7010</u>	Electronic hand, Otto Bock, Steeper or equal, switch controlled	PA
<u>L7015</u>	Electronic hand, System Teknik, Variety Village or equal, switch controlled	PA
<u>L7020</u>	Electronic greifer, Otto Bock or equal, switch control	PA
<u>L7025</u>	Electronic hand, Otto Bock or equal, myoelectronically controlled	PA
<u>L7030</u>	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	PA
<u>L7035</u>	Electronic greifer, Otto Bock or equal myoelectronically controlled	PA
<u>L7040</u>	Prehensile actuator, Hosmer or equal, switch controlled	PA
<u>L7045</u>	Electronic hook, child, Michigan or equal, switch controlled	PA

MYOELECTRIC

To be used only when medically necessary as determined by an approved amputee clinic.

ELBOW

<u>L7170</u>	Electronic elbow, Hosmer or equal, switch controlled	PA
<u>L7180</u>	Electronic elbow, microprocessor sequential control of elbow and terminal device	PA
<u>L7181</u>	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	PA
<u>L7185</u>	Electronic elbow, adolescent, Variety Village or equal, switch controlled	PA
<u>L7186</u>	Electronic elbow, child, Variety Village or equal switch controlled	PA
<u>L7190</u>	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	PA
<u>L7191</u>	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	PA
<u>L7260</u>	Electronic wrist rotator, Otto Bock or equal	PA
<u>L7261</u>	Electronic wrist rotator, for Utah arm	PA
<u>L7266</u>	Servo control, Steeper or equal	PA
<u>L7272</u>	Analogue control, UNB or equal	PA
<u>L7274</u>	Proportional control, 6-12 volt, Liberty, Utah or equal	PA

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>BATTERY COMPONENTS</u>		
L7360	Six volt battery, Otto Bock or equal, each	\$222.50
L7362	Battery charger, six volt, Otto Bock or equal	211.00
L7364	Twelve volt battery, Utah or equal, each	383.48
L7366	Battery charger, twelve volt, Utah or equal	516.56
L7367	Lithium ion battery, replacement	275.86
L7368	Lithium ion battery charger	357.61
<u>L7499</u>	Upper extremity prosthesis, not otherwise specified	PA
<u>REPAIRS</u>		
L7510	Repair of prosthetic device, repair or replace minor parts (not to be billed in conjunction with L7520)	35.00
L7520	Repair prosthetic device, labor component, per 15 minutes (includes evaluation) (more than 2 hours requires prior approval)	5.75
GENERAL		
<u>BREAST AND HAIR PROSTHESIS</u>		
L8000	Breast prosthesis, mastectomy bra	31.22
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	93.71
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	123.71
L8010	Breast prosthesis, mastectomy sleeve	49.22
L8020	Breast prosthesis, mastectomy form	180.63
L8030	Breast prosthesis, silicone or equal	180.63
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	180.63
<u>S8095</u>	Wig (for medically-induced or congenital hair loss)	110.84
<u>UPPER EXTREMITY ELASTIC SUPPORTS</u>		
S8421	Gradient pressure aid (sleeve and glove combination), ready made	67.50
S8424	Gradient pressure aid (sleeve), ready made	33.82
S8427	Gradient pressure aid (glove), ready made	23.36
S8428	Gradient pressure aid (gauntlet), ready made	22.69

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
<u>LOWER EXTREMITY ELASTIC SUPPORTS</u> (surgical weight stockings, medium or heavy)		
L8100	#Gradient compression stocking, below knee, 18-30 mm Hg each	\$18.06
L8110	#Gradient compression stocking, below knee, 30-40 mm Hg, each	18.88
L8120	#Gradient compression stocking, below knee, 40-50 mm Hg, each	26.96
L8130	#Gradient compression stocking, thigh length, 18-30 mm Hg, each	22.31
L8140	#Gradient compression stocking, thigh length, 30-40 mm Hg, each	26.61
L8150	#Gradient compression stocking, thigh length, 40-50 mm Hg, each	31.71
L8160	#Gradient compression stocking, full length/chap style, 18-30 mm Hg	31.47
L8170	#Gradient compression stocking, elastic, full length/chap style 30-40 mm Hg, each	33.24
L8180	#Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	43.22
L8190	#Gradient compression stocking, waist length, 18-30 mm Hg, each (panty hose style)	62.72
L8195	#Gradient compression stocking, waist length, 30-40 mm Hg, each (panty hose style)	101.23
L8200	#Gradient compression stocking, waist length, 40-50 mm Hg, each (panty hose style)	104.94
<u>L8210</u>	Gradient compression stocking, custom made	PA
L8220	#Gradient compression stocking, lymphedema	30.00
L8230	#Gradient compression stocking, garter belt	15.00
L8239	#Gradient compression stocking, not otherwise specified (each)	48.09

Limited to medically necessary zippered gradient compression stockings, e.g. presence of open wound **or** inability to put on standard stockings with no access to caregivers.

TRUSSES

L8300	Truss, single with standard pad	59.18
L8310	Truss, double with standard pads	90.00
L8320	Truss, addition to standard pad, water pad	25.00
L8330	Truss, addition to standard pad, scrotal pad	30.00

PROSTHETIC SOCKS

L8400	Prosthetic sheath, below knee, each	19.00
L8410	Prosthetic sheath, above knee, each	18.00
L8415	Prosthetic sheath, upper limb, each	19.00

Durable Medical Equipment Fee Schedule

<u>Code</u>		<u>Price</u>
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above	\$31.80
L8420	Prosthetic sock, multiple ply, below knee, each	15.84
L8430	Prosthetic sock, multiple ply, above knee, each	16.67
L8435	Prosthetic sock, multiple ply, upper limb, each	16.00
L8440	Prosthetic shrinker, below knee, each	25.00
L8460	Prosthetic shrinker, above knee, each	33.00
L8465	Prosthetic shrinker, upper limb, each	25.00
L8470	Prosthetic sock, single ply, fitting, below knee, each	12.00
L8480	Prosthetic sock, single ply, fitting, above knee, each	10.00
L8485	Prosthetic sock, single ply, upper limb, each	8.06
<u>L8499</u>	Unlisted procedure for miscellaneous prosthetic services	PA
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (limited to home visit)	5.00

BURN GARMETS

<u>A6501</u>	Compression burn garment, bodysuit (head to foot), custom fabricated	PA
<u>A6502</u>	Compression burn garment, chin strap, custom fabricated	PA
<u>A6503</u>	Compression burn garment, facial hood, custom fabricated	PA
<u>A6504</u>	Compression burn garment, glove to wrist, custom fabricated	PA
<u>A6505</u>	Compression burn garment, glove to elbow, custom fabricated	PA
<u>A6506</u>	Compression burn garment, glove to axilla, custom fabricated	PA
<u>A6507</u>	Compression burn garment, foot to knee length, custom fabricated	PA
<u>A6508</u>	Compression burn garment, foot to thigh length, custom fabricated	PA
<u>A6509</u>	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	PA
<u>A6510</u>	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	PA
<u>A6511</u>	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	PA
<u>A6512</u>	Compression burn garment, not otherwise classified	PA