

**NEW YORK STATE  
MEDICAID PROGRAM**

**DURABLE MEDICAL EQUIPMENT**

**FEE SCHEDULE**

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## 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.

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3. 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 (see Rule 12 for instructions on use of the rental modifier). **All rental payments must be deducted from purchase price.** The monthly rental payment 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. **Equipment which is new to the recipient's treatment plan should be rented initially.** Exceptions to this policy include, if the ordering practitioner has documented in the recipient's clinical file that long-term use (over 4 months) is certain for such equipment, if the equipment is an exact replacement for previously purchased equipment, or if '-RR' is **not** listed under the code in the fee schedule. Documentation of the reason for the exception must be maintained in the DME provider's file, including clinical documentation from the ordering practitioner.
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 "#", Medicaid Eligibility Verification System (MEVS) 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. The provider must maintain the ordering practitioner's documentation of medical necessity on file with the written order. Oxygen therapy must be re-ordered once every 12 months or more frequently if the recipient's need for oxygen changes. See DME Policy Guidelines for specific coverage criteria: <http://www.emedny.org/ProviderManuals/DME/index.html>
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.

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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.
11. Effective April 1, 2001, the additional charge for split size (mismatching) orthopedic footwear may be billed using code L3257 (MEVS 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. Prior approval is required for equipment rental when '-RR' is not listed under the code.

(continued)

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

'-LT' **Left side** and '-RT' **Right side** modifiers must be used when the orthotic, prescription footwear or prosthetic device is side-specific, effective January 1, 2005. Do not use these modifiers with procedure codes for devices which are not side-specific or when the code description is a pair.

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. **Filling 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
F13=once/3 months	F14=four/lifetime	F15=six/lifetime	F16=once/6 months
F17=twelve/lifetime	F18=three/lifetime	F19=twice/3 years	F20=two/2 years
F21=two/6 months	F22=four/year	F23=six/2 years	F24=eight/year
F25=eight/lifetime			

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<b>4.1 MEDICAL/SURGICAL SUPPLIES</b>			
<u>ADHESIVE TAPE/REMOVER</u>			
A4450	<b>Tape, non-waterproof, per 18 square inches</b>	(up to 300)	\$0.06
A4452	<b>Tape, waterproof, per 18 square inches</b>	(up to 100)	0.11
A4455	<b>Adhesive remover or solvent (for tape, cement or other adhesive), per ounce</b>	(up to 40)	1.90
<u>ANTISEPTICS</u>			
A4244	<b>Alcohol or peroxide, per pint</b>	(up to 5)	1.12
A4245	<b>Alcohol wipes, per box(100's)</b>	each (up to 5)	1.39
A4246	<b>Betadine or pHisoHex solution, per pint</b>	(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	<b>Breast pump, manual, any type</b>	each (up to 1)	17.31
E0603	<b>#Breast pump, electric (AC and/or DC), any type</b>	each (up to 1)	40.63
<u>CANES/CRUTCHES/ACCESSORIES</u>			
A4635	<b>Underarm pad, crutch, replacement, each</b>	each (up to 2)	2.83
A4636	<b>Replacement, handgrip, cane, crutch or walker, each</b>	each (up to 2)	3.53
A4637	<b>Replacement, tip, cane, crutch, or walker, each</b>	each (up to 5)	1.64
E0100	<b>#Cane, includes canes of all materials, adjustable or fixed, with tip</b>	each (up to 1)	12.00
E0105	<b>#Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (over 31" height, no rotation option)</b>	each (up to 1)	18.75
E0110	<b>Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (over 23" height, no rotation option)</b>	pair (up to 1)	58.93
E0111	<b>Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip (over 23" height, no rotation option)</b>	each (up to 1)	29.46
E0112	<b>Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips</b>	pair (up to 1)	23.93
E0113	<b>Crutch, underarm, wood, adjustable or fixed, each, with pad, tip and handgrip</b>	each (up to 1)	11.96

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
E0114	<b>Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips</b>	pair (up to 1)	\$23.38
E0116	<b>Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each</b>	each (up to 1)	11.69
<b><u>INCONTINENCE APPLIANCES AND CARE SUPPLIES</u></b>			
A4310	<b>Insertion tray without drainage bag and without catheter (accessories only)</b>	each (up to 10)	2.13
A4311	<b>Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)</b>	each (up to 10)	5.94
A4314	<b>Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)</b>	each (up to 10)	11.73
A4320	<b>Irrigation tray with bulb or piston syringe, any purpose</b>	each (up to 30)	1.67
A4322	<b>Irrigation syringe, bulb or piston, each</b>	each (up to 50)	1.01
A4331	<b>Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each</b>	each (up to 5)	1.80
A4333	<b>Urinary catheter anchoring device, adhesive skin attachment, each</b>	each (up to 5)	7.83
A4334	<b>Urinary catheter anchoring device, leg strap, each</b>	each (up to 12)	1.36
<u>A4335</u>	<b>Incontinence supply; miscellaneous</b>	up to 1/month	PA
A4338	<b>Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>	each (up to 10)	1.34
A4344	<b>Indwelling catheter, Foley type, two-way, all silicone</b>	each (up to 10)	6.13
A4346	<b>Indwelling catheter, Foley type, three-way for continuous irrigation, each</b>	each (up to 10)	10.92
A4348	<b>Male external catheter with integral collection compartment, extended wear, (e.g., 2 per month)</b>	each (up to 2)	4.82
A4349	<b>Male external catheter, with or without adhesive, disposable, each</b>	each (up to 60)	1.51
A4351	<b>Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each</b>	each (up to 250)	0.81

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>A4352</u>	<b>Intermittent urinary catheter; coude (curved) tip, with or without coating (Teflon, sil-icone, silicone elastomeric, or hydrophilic, etc.), each (for self-catheterization)</b>	each (up to 250)	\$ 2.58
A4353	<b>Intermittent urinary catheter, with insertion supplies</b>	each (up to 60)	3.11
A4354	<b>Insertion tray with drainage bag but without catheter</b>	each (up to 30)	7.57
<u>EXTERNAL URINARY SUPPLIES</u>			
A4356	<b>External urethral clamp or compression device (not to be used for catheter clamp),each</b>	each (up to 1)	37.98
A4357	<b>Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each</b>	each (up to 10)	3.68
A4358	<b>Urinary drainage bag; leg or abdomen, vinyl, with or without tube, with straps, each</b>	each (up to 30)	4.13
A4359	<b>#Urinary suspensory without leg bag, each</b>	each (up to 1)	40.91
<u>OSTOMY SUPPLIES</u>			
A4361	<b>Ostomy faceplate, each</b>	each (up to15)	11.99
A4362	<b>Skin barrier; solid 4x4 or equivalent, each</b>	each (up to 25)	3.86
<b>A4363</b>	<b>Ostomy clamp, any type, replacement only, each</b>	each (up to 5)	1.81
A4364	<b>Adhesive, liquid, or equal, any type, per ounce</b>	each (up to 20)	2.19
A4365	<b>Adhesive remover wipes, any type, per 50</b>	each (up to 1)	12.35
A4366	<b>Ostomy vent, any type, each</b>	each (up to 10)	0.86
A4367	<b>Ostomy belt, each</b>	each	8.53
A4368	<b>Ostomy filter, any type, each</b>	each (up to 40)	0.37
A4369	<b>Ostomy skin barrier, liquid (spray, brush, etc.), per oz</b>	each (up to 22)	2.04
A4371	<b>Ostomy skin barrier, powder, per oz</b>	each (up to 21)	2.49
A4372	<b>Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each</b>	each (up to15)	4.19
A4373	<b>Ostomy skin barrier, with flange (solid, flexible or acccordian), with built-in convexity, any size, each</b>	each (up to15)	7.13
A4376	<b>#Ostomy pouch, drainable, with faceplate attached, rubber, each</b>	each (up to 2)	47.40

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
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
A4379	Ostomy pouch, urinary, with faceplate attached, plastic	each (up to 15)	5.31
A4380	#Ostomy pouch, urinary, with faceplate attached, rubber, ea	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)	3.23
A4388	Ostomy pouch, drainable, with extended wear barrier attached, without built-in convexity (1 piece) each	each (up to 15)	3.77
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)	6.40
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)	3.15
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)	40.40
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)	13.88

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
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)	1.62
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
A4411	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each	each (up to 10)	5.10
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each (used after ostomy surgery)	each (up to 15)	5.89
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)	4.54
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x4 inches, each	each (up to 15)	4.54
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)	3.82
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

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>A4421</u>	<b>Ostomy supply; miscellaneous</b>	each (up to 15)	PA
A4423	<b>Ostomy pouch, closed; for use on barrier with locking flange, with filter (two piece), each</b>	each (up to 15)	\$1.90
A4424	<b>Ostomy pouch, drainable, with barrier attached, with filter (one piece), each</b>	each (up to 15)	3.15
A4425	<b>Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each</b>	each (up to 15)	3.52
A4426	<b>Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each</b>	each (up to 15)	1.76
A4427	<b>Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each</b>	each (up to 15)	2.75
A4458	<b>#Enema bag with tubing, reusable</b>	each (up to 1)	16.26
A5051	<b>Pouch, closed; with barrier attached (1 piece), each</b>	each (up to 150)	2.58
A5052	<b>Pouch, closed; without barrier attached (1 piece), each</b>	each (up to 50)	1.96
A5053	<b>Pouch, closed; for use on faceplate, each</b>	each (up to 60)	2.24
A5054	<b>Pouch, closed; for use on barrier with flange (2 piece), each</b>	each (up to 150)	1.68
A5055	<b>Stoma cap</b>	each	2.51
A5061	<b>Pouch, drainable; with barrier attached (1 piece), each</b>	each (up to 150)	3.37
A5062	<b>Pouch, drainable; without barrier attached (1 piece), each</b>	each (up to 150)	3.05
A5063	<b>Pouch, drainable, for use on barrier with flange (2 piece system), each</b>	each (up to 50)	2.27
A5071	<b>Pouch, urinary; with barrier attached (1 piece), each</b>	each (up to 50)	4.41
A5072	<b>Pouch, urinary; without barrier attached (1 piece)each</b>	each (up to 50)	4.16
A5073	<b>Pouch, urinary; for use on barrier with flange (2 piece), each</b>	each (up to 100)	3.35
A5081	<b>Continent device; plug for continent stoma</b>	each (up to 5)	3.37
A5082	<b>Continent device; catheter for continent stoma</b>	each (up to 1)	12.12
A5093	<b>Ostomy accessory; convex insert</b>	each (up to 5)	2.72

ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES

A5105	<b>#Urinary suspensory; with leg bag, with or without tube</b>	each (up to 5)	77.74
A5112	<b>Urinary leg bag; latex</b>	each (up to 5)	29.64
A5113	<b>Leg strap; latex, replacement only, per set</b>	pair (up to 2 pair)	1.86
A5114	<b>Leg strap; foam or fabric, replacement only, per set</b>	pair (up to 2 pair)	3.92

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<b>A5120</b>	<b>Skin barrier, wipes or swabs, each</b> (only covered for ostomy patients for ostomy care)	each (up to 100)	\$0.20
A5121	<b>Skin barrier; solid, 6x6 or equivalent, each</b>	each (up to 25)	8.08
A5122	<b>Skin barrier; solid, 8x8 or equivalent, each</b>	each (up to 25)	15.33
A5126	<b>Adhesive or non-adhesive; disc or foam pad</b>	each (up to 30)	1.16
A5131	<b>Appliance cleaner, incontinence and ostomy appliances, per 16 oz.</b>	each (up to 1)	8.06
A5200	<b>Percutaneous catheter/tube anchoring device, adhesive skin attachment</b>	each (up to 30)	2.70
 <u>COMMUNE ACCESSORIES</u>			
E0160	<b>#Sitz type bath, or equipment, portable, used with or without commode</b>	each (up to 1)	4.31
E0167	<b>#Pail or pan for use with commode chair</b>	each (up to 1)	6.08
E0275	<b>Bed pan, standard, metal or plastic</b>	each (up to 1)	3.78
E0276	<b>#Bed pan, fracture, metal or plastic</b>	each (up to 1)	4.25
E0325	<b>#Urinal; male, jug-type, any material</b>	each (up to 1)	2.99
E0326	<b>#Urinal; female, jug-type, any material</b>	each (up to 1)	7.20
 <u>DIABETIC DIAGNOSTICS</u>			
<b>A4233</b>	<b>#Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 2)	0.71
<b>A4234</b>	<b>#Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 1)	3.25
<b>A4235</b>	<b>#Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each</b>	each (up to 1)	2.34
A4250	<b>Urine test or reagent strips or tablets, (100 tablets or strips)</b>	each (up to 2)	18.85
A4253	<b>Blood glucose test or reagent strips for home blood glucose monitor, (visual also), per 50 strips</b>	50's (up to 5)	39.38
A4256	<b>#Normal, low and high calibrator solution/chips</b>	each (up to 1)	8.62
E0607	<b>#Home blood glucose monitor</b>	each (up to 1)	76.58
<u>E2100</u>	<b>Blood glucose monitor with integrated voice synthesizer</b>		PA

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>DIABETIC DAILY CARE</u>			
A4230	<b>#Infusion set for external insulin pump, non needle cannula type</b>	each (up to 30) (two month supply)	\$13.54
A4231	<b>#Infusion set for external insulin pump, needle type</b>	each (up to 24) (two-month supply)	5.10
A4244	<b>Alcohol or peroxide, per pint</b>	(up to 5)	1.12
A4245	<b>Alcohol wipes, per box (100's)</b>	each (up to 5)	1.39
A4258	<b>Spring-powered device for lancet, each</b>	each (up to 2)	12.95
A4259	<b>Lancets, per box of 100</b>	each (up to 5)	6.06
<u>FAMILY PLANNING PRODUCTS</u>			
A4267	<b>Contraceptive supply, condom, male, each</b>	each (up to 108)	0.39
A4268	<b>Contraceptive supply, condom, female, each</b>	each (up to 108)	3.50
<u>GLOVES</u>			
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	<b>#Gloves, non-sterile, per 100</b>	100's (up to 1)	4.55
A4930	<b>#Gloves, sterile, per pair</b>	pair, up to 30	0.40
<u>HEAT APPLICATION</u>			
E0210	<b>#Electric heat pad, standard</b>	each (up to 1)	14.40
E0215	<b>#Electric heat pad, moist</b>	each (up to 1)	20.93
E0220	<b>Hot water bottle</b>	each (up to 1)	4.88
E0238	<b>Non-electric heat pad, moist</b>	each (up to 1)	10.44
<u>SYNTHETIC SHEEP SKIN AND DECUBITUS CARE</u>			
E0188	<b>Synthetic sheepskin pad</b>	each (up to 1)	19.50
E0191	<b>Heel or elbow protector, each</b>	each (up to 5)	2.81

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>MASTECTOMY CARE</u>			
L8000	<b>Breast prosthesis, mastectomy bra</b>	each (up to 5)	\$31.22
L8001	<b>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral</b>	each (up to 5)	93.74
L8002	<b>Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral</b>	each (up to 5)	123.74
L8020	<b>Breast prosthesis, mastectomy form</b>	each (up to 4)	180.63
L8030	<b>Breast prosthesis, silicone or equal</b>	each (up to 4)	180.63
S8460	<b>Camisole, post-mastectomy</b>	each (up to 5)	37.49

RESPIRATORY/TRACHEOSTOMY CARE SUPPLIES

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

<u>A4481</u>	<b>Tracheostoma filter, any type, any size, each</b> (i.e., "artificial nose," heat and moisture exchanger, Thermavent, Humid-vent, Povox stomafilter, Bruce-Foam stomafilter)	each (up to 30)	PA
A4605	<b>Tracheal suction catheter, closed system, each</b> (for mechanical ventilation patient)	each (up to 15)	10.63
A4614	<b>Peak expiratory flow meter, hand held</b>	each (up to 1)	19.24
A4615	<b>Cannula, nasal</b>	each (up to 4)	0.99
A4616	<b>Tubing, (oxygen), per foot</b> (for patient owned respiratory equipment)	each (up to 30)	0.86
A4619	<b>Face tent</b>	each (up to 4)	1.29
A4620	<b>Variable concentration mask</b>	each (up to 4)	2.29
A4623	<b>Tracheostomy, inner cannula</b>	each (up to 5)	5.61
A4624	<b>Tracheal suction catheter, any type, other than closed system, each</b> (tray)	each (up to 250)	1.40
A4625	<b>Tracheostomy care kit for new tracheostomy</b>	each (up to 90)	4.25

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.

A4626	<b>Tracheostomy cleaning brush</b>	each (up to 2)	1.51
A4628	<b>Oropharyngeal suction catheter, each</b> (e.g., Yankauer)	each (up to 5)	2.02
A4629	<b>Tracheostomy care kit for established tracheostomy</b>	each (up to 90)	3.08

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.

A7000	<b>Canister, disposable, used with suction pump, each</b>	each (up to 5)	4.35
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**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
A7002	<b>Tubing, used with suction pump, each</b> (suction connection tubes)	each (up to 30)	\$0.92
A7003	<b>Administration kit, with small volume nonfiltered pneumatic nebulizer, disposable</b>	each (up to 2)	2.23
A7004	<b>Small volume nonfiltered pneumatic nebulizer, disposable</b>	each (up to 5)	1.29
A7005	<b>#Administration set, with small volume non filtered pneumatic nebulizer, non-disposable</b>	each (up to 1)	16.19
A7007	<b>Large volume nebulizer, disposable, unfilled, used with aerosol compressor</b>	each (up to 5)	2.89
A7013	<b>Filter, disposable, used with aerosol compressor</b>	each (up to 5)	0.11
A7014	<b>Filter, non-disposable, used with aerosol compressor or ultrasonic generator</b>	each (up to 1)	0.80
A7015	<b>Aerosol mask, used with DME nebulizer</b>	each (up to 1)	1.06
A7038	<b>Filter, disposable, used with positive airway pressure device</b>	each (up to 5)	1.71
A7039	<b>Filter, nondisposable, used with positive airway pressure device</b>	each (up to 5)	2.40
A7523	<b>Tracheostomy shower protector, each</b>	each (up to 1)	8.10
A7525	<b>Tracheostomy mask, each</b>	each (up to 4)	1.68
E0605	<b>#Vaporizer, room type</b> (coverable for treatment of respiratory illness; warm or cool mist)	each (up to 1)	16.73
L8512	<b>Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10</b>	each (up to 9)	1.67
L8513	<b>Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each</b>	each (up to 6)	3.13
S8100	<b>#Holding chamber or spacer for use with an inhaler or nebulizer; without mask</b>	each (up to 2)	16.50
S8101	<b>#Holding chamber or spacer for use with an inhaler or nebulizer; with mask</b>	each (up to 2)	27.75
<u>S8189</u>	<b>Tracheostomy supply, not otherwise classified</b>	up to 1/month	PA

SUPPORT GOODS

A4462	<b>Abdominal dressing holder, each</b>	each (up to 5)	11.15
A4495	<b>#Surgical stockings thigh length</b> (compression 18-35 mmHg)	each (up to 4)	14.97
A4500	<b>#Surgical stockings below knee length</b> (compression 18-35 mmHg)	each (up to 4)	12.41
A4510	<b>#Surgical stockings full length, each</b> (e.g., pregnancy support, compression 18-35 mmHg)	each (up to 2)	36.39
A4565	<b>Slings</b>	each (up to 1)	6.47
A4570	<b>Splint</b>	each	1.97
L0120	<b>Cervical, flexible, non-adjustable (foam collar)</b>	each (up to 1)	6.80

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
L1825	<b>Knee orthosis, elastic knee cap, prefabricated, including fitting and adjustment</b>	each (up to 2)	\$12.41
L1901	<b>Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)	8.09
L3701	<b>Elbow orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)	8.99
L3909	<b>Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)	6.99
L3911	<b>Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	each (up to 2)	11.25

THERMOMETERS

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

UNDERPADS/DIAPERS

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.**

<u>A4335</u>	<b>Incontinence supply; miscellaneous</b>	up to 1/month	PA
A4554	<b>#Disposable underpads, all sizes, (e.g., Chux's)</b>	each (up to 300)	0.28
T4521	<b>#Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")</b>	each (up to 250)	0.47
T4522	<b>#Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")</b>	each (up to 250)	0.51
T4523	<b>#Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")</b>	each (up to 250)	0.68
T4524	<b>#Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip &gt;59")</b>	each (up to 250)	0.72
T4529	<b>#Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)</b>	each (up to 250)	0.30
T4530	<b>#Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)</b>	each (up to 250)	0.36
T4533	<b>#Youth sized disposable incontinence product, brief/diaper, each (&gt;35 lbs)</b>	each (up to 250)	0.39
T4535	<b>#Disposable liner/shield/guard/pad/undergarment, for incontinence, each</b>	each (up to 250)	0.28

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
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)	6.65
T4540	#Incontinence product, protective underpad, reusable, chair size, each	each (up to 3)	7.19
<u>WOUND DRESSINGS</u>			
A6010	#Collagen based wound filler, dry form, per gram of collagen	up to 30	4.51
A6011	#Collagen based wound filler, gel/paste, per gram of collagen	up to 30	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
A6024	#Collagen dressing wound filler, per 6 inches	up to 3	4.39
A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	up to 30	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 30	6.43
A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing	up to 15	14.52
A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	up to 60	2.76
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 30	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 30	2.70
A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	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 30	4.09
A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15	5.65
A6206	Contact layer, 16 sq. in., or less, each dressing	up to 30	1.53
A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	up to 30	2.68
A6208	Contact layer, more than 48 sq. in., each dressing	up to 15	6.50

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
A6209	Foam dressing, wound cover, pad size 16 sq. in, or less, without adhesive border, each dressing	up to 30	\$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 30	3.57
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	8.09
A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	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 30	9.06
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 15	17.59
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	up to 120	0.04
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 120	0.08
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 60	0.19
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 120	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 15	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 60	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 15	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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
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
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	5.11
A6238	Hydrocolloid dressing, wo, pad size more than 16 but less than or equal to 48 und coversq. in. with any size adhesive border, each dressing	up to 30	8.20
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	8.12
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	up to 25	1.59
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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
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 30	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 30	2.54
A6253	Specialty absorptive dressing wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	3.61
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	up to 30	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 30	1.71
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	up to 30	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 30	PA
<u>A6262</u>	Wound filler, dry form, per gram, not elsewhere classified	up to 30	PA
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	up to 30	2.02
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less without adhesive border, each dressing	up to 180	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 120	0.26

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	up to 30	\$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 120	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 120	0.06
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	up to 120	0.08
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	up to 120	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 120	0.10
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	up to 120	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

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
A6453	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard</b>	up to 30	\$0.40
A6454	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard</b>	up to 30	0.57
A6455	<b>Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard</b>	up to 30	0.68
A6456	<b>Zinc impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard</b>	up to 24	0.80
<b><u>VARIOUS MISCELLANEOUS</u></b>			
A4216	<b>Sterile water, saline, and/or dextrose (diluent), 10ml</b>	up to 120	0.34
A4217	<b>Sterile water/saline, 500ml</b>	up to 10	1.58
A4221	<b>#Supplies for maintenance of drug infusion catheter, per week (list drug separately) (bill monthly)</b>	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>	<b>Surgical supply; miscellaneous</b>	once/month	PA
A4660	<b>#Sphygmomanometer/blood pressure apparatus with cuff and stethoscope, kit, any type</b>	up to 1	20.59
<u>A9999</u>	<b>Miscellaneous DME supply or accessory, not otherwise specified</b>	once/month	PA
E0710	<b>Restraints, any type (body, chest, wrist or ankle)</b>	each (up to 4)	13.65
K0552	<b>#Supplies for external drug infusion pump, syringe type cartridge, sterile, each</b>	up to 30	2.65
<u>T5999</u>	<b>Supply, not otherwise specified (limited to the following previously state-defined codes):</b>		
Z2003	<b>Plastic strips</b>	50's (up to 5)	2.81
Z2110	<b>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.)</b>	up to 1/3 months	114.58
Z2351	<b>Basal thermometer</b>	each (up to 1)	10.41
Z2156	<b>Sterile 6" wood applicator w/cotton tips</b>	100's (up to 1)	2.97
Z2640	<b>Incentive spirometer</b>	each (up to 1)	5.88
Z2744	<b>Nasal aspirator</b>	each (up to 1)	2.40

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<b>4.2 ENTERAL THERAPY</b>			
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES</u>			
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.			
B4034	<b>#Enteral feeding supply kit; syringe, per day</b>	up to 30/mo	\$1.8772
B4035	<b>#Enteral feeding supply kit; pump fed, per day</b>	up to 30/mo	8.3203
B4036	<b>#Enteral feeding supply kit; gravity fed, per day</b>	up to 30/mo	5.1638
B4081	<b>#Nasogastric tubing with stylet</b>	up to 1/mo	16.1692
B4082	<b>#Nasogastric tubing without stylet</b>	up to 2/mo	10.0633
B4083	<b>#Stomach tube - Levine type</b>	up to 2/mo	1.0748
B4086	<b>#Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each</b> (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	<b>#Food thickener, administered orally, per ounce</b>	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 NYS Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet is available at: <http://www.emedny.org/ProviderManuals/DME/communications.html>**

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<u>ENTERAL FORMULAE AND ENTERAL SUPPLIES (continued)</u>			
B4149	<b>*Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit</b>	up to 600 caloric units/mo	\$1.21 per caloric unit
B4150	<b>*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</b>	up to 600 caloric units/mo	0.49 per caloric unit
B4152	<b>*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</b>	up to 600 caloric units/mo	0.38 per caloric unit
B4153	<b>*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</b>	up to 600 caloric units/mo	1.99 per caloric unit
B4154	<b>*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</b>	up to 600 caloric units/mo	0.85 per caloric unit
B4155	<b>*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</b>	up to 300 caloric units/mo	2.30 per caloric unit

**NOTE:** Products categorized under codes B4154, B4155, B4157, B4161 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>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
B4157	<b>*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</b>	up to 600 caloric units/mo	\$4.58 per caloric unit
B4158	<b>*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</b>	up to 600 caloric units/mo	0.73 per caloric unit
B4159	<b>*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</b>	up to 600 caloric units/mo	0.84 per caloric unit
B4160	<b>*Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 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</b>	up to 600 caloric units/mo	0.60 per caloric unit
B4161	<b>*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</b>	up to 600 caloric units/mo	1.35 per caloric unit
B4162	<b>*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</b>	up to 600 caloric units/mo	4.58 per caloric unit
<u>B9998</u>	<b>Not otherwise classified enteral supplies (e.g., flavor packets, liquid vitamin E)</b>		PA
S8265	<b>#Haberman feeder for cleft lip/palate</b>	up to 2/month	19.13

Durable Medical Equipment Fee Schedule

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>PRICE</u>
<b>4.4 HEARING AID BATTERY</b>			
L8621	<b>Zinc air battery for use with cochlear implant device, replacement, each</b>	each (up to 60)	\$0.75
V5266	<b>Battery for use in hearing device</b> (any type) (up to a two-month supply may be dispensed on one date of service)	each (up to 24)	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.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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## 4.4 DURABLE MEDICAL EQUIPMENT

### 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 <sup>F3</sup> '-RR'	<b>Hospital bed, fixed height, with any type side rails, with mattress</b>	\$444.33
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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 <sup>F3</sup> '-RR'	<b>#Hospital bed, variable height, hi-lo, with any type side rails, with mattress</b>	605.58
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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 <sup>F3</sup> '-RR'	<b>#Hospital bed, semi-electric (head and foot adjustment) with any type side rails, with mattress</b>	869.49
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E0265 <sup>F3</sup> '-RR'	<b>#Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress</b>	1,019.20
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E0303 <sup>F3</sup> '-RR'	<b>#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)</b>	2,361.67
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E0304 <sup>F2</sup> '-RR'	<b>#Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress</b>	5,021.36
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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 <sup>F5</sup>	<b>Mattress, inner spring</b>	114.18
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E0272 <sup>F5</sup>	<b>Mattress, foam rubber</b>	97.50
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E0274 <sup>F3</sup>	<b>Over-bed table</b>	101.85
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E0305 <sup>F5</sup>	<b>#Bedside rails, half-length (telescoping per pair)</b>	95.24
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E0310 <sup>F5</sup>	<b>#Bedside rails, full-length (telescoping per pair)</b>	115.35
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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>PRESSURE REDUCING SUPPORT SURFACES</u></b>		
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.		
<b>For Group 1 surfaces (codes A4640, E0180, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0196, E0197, E0198, E0199 {see Section 4.1 for E0188}):</b>		
<ul style="list-style-type: none"> <li>• Completely immobile, i.e. patient cannot make changes in body position, <b>or</b></li> <li>• Limited mobility, i.e. patient cannot independently make changes in body position significant enough to alleviate pressure <b>and</b> has any stage pressure ulcer on the trunk or pelvis <b>and</b> one of the following: impaired nutritional status, fecal or urinary incontinence, altered sensory perception or compromised circulatory status.</li> </ul>		
<b>For Group 2 surfaces (codes E0193, E0277, E0371, E0372):</b>		
<ul style="list-style-type: none"> <li>• 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, <b>or</b></li> <li>• Large or multiple Stage III or IV pressure ulcers on the trunk or pelvis, <b>or</b></li> <li>• 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.</li> </ul>		
A4640 <sup>F6</sup>	<b>#Replacement pad for use with medically necessary alternating pressure pad owned by patient</b>	\$38.83
E0180 <sup>F5</sup>	<b>Pressure pad, alternating with pump</b>	117.38
E0181 <sup>F5</sup>	<b>Pressure pad, alternating with pump, heavy duty</b>	121.46
E0182 <sup>F3</sup>	<b>#Pump for alternating pressure pad (replacement only)</b>	88.65
E0184 <sup>F6</sup>	<b>#Dry pressure mattress</b>	153.13
E0185 <sup>F6</sup>	<b>#Gel or gel-like pressure pad for mattress, standard mattress length and width</b>	165.74
E0186 <sup>F6</sup>	<b>Air pressure mattress</b>	91.55
E0187 <sup>F6</sup>	<b>Water pressure mattress</b>	61.20
E0190 <sup>F5</sup>	<b>#Positioning cushion/pillow/wedge, any shape or size</b>	22.04
E0193 <sup>F2</sup>	<b>#Powered air flotation bed (low air loss therapy)</b>	4,543.50
<b>'-RR'</b>		
E0196 <sup>F6</sup>	<b>Gel pressure mattress</b>	74.00
E0197 <sup>F6</sup>	<b>Air pressure pad for mattress, standard mattress length and width</b>	64.63
E0198 <sup>F6</sup>	<b>Water pressure pad for mattress, standard mattress length and width</b>	40.23
E0199 <sup>F6</sup>	<b>Dry pressure pad for mattress, standard mattress length and width</b>	19.48

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E0277 <sup>F2</sup> '-RR'	<b>#Power pressure reducing air mattress</b>	\$3,961.75
E0371 <sup>F2</sup> '-RR'	<b>#Non-powered advance pressure reducing overlay for mattress, standard mattress length and width</b>	3,801.20
E0372 <sup>F2</sup> '-RR'	<b>#Powered air overlay for mattress, standard mattress length and width</b>	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 <sup>F11</sup>	<b>Breathing Circuits</b>	2.95
E0500 <sup>F6</sup>	<b>IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source</b>	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 <sup>F9</sup>	<b>Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing</b>	100.00
E0431 <sup>F9</sup>	<b>Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (includes contents)</b>	45.00
E0434 <sup>F9</sup>	<b>#Portable liquid oxygen systems, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing</b>	45.00
E0439 <sup>F9</sup>	<b>#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)</b>	72.50
E1390 <sup>F9</sup>	<b>Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at prescribed flow rate</b>	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.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>RESPIRATORY CARE</u></b>		
<b>Ventilators (E0450, E0461, E0463, E0464) and BiPAP ST equipment (E0471 and E0472) will only be rented and are not to be billed in combination.</b> 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 <b>airway clearance devices</b> (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.		
A7025 <sup>F2</sup>	<b>#High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each</b>	\$275.00
A7026 <sup>F2</sup>	<b>#High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each</b>	28.75
A7030 <sup>F3</sup>	<b>#Full face mask used with positive airway pressure device, each</b>	188.64
A7031 <sup>F3</sup>	<b>#Face mask interface, replacement for full face mask, each</b>	69.77
A7032 <sup>F7</sup>	<b>#Cushion for use on nasal mask interface, replacement only, each</b>	41.10
A7033 <sup>F7</sup>	<b>#Pillow for use on nasal cannula type interface, replacement only, pair</b>	41.10
A7034 <sup>F7</sup>	<b>#Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap</b>	48.86
A7035 <sup>F7</sup>	<b>#Headgear used with positive airway pressure device</b>	29.55
A7036 <sup>F7</sup>	<b>#Chinstrap used with positive airway pressure device</b>	14.10
A7037 <sup>F7</sup>	<b>#Tubing used with positive airway pressure device</b>	21.16
A7044 <sup>F3</sup>	<b>#Oral interface used with positive airway pressure device, each</b>	120.91
A7045 <sup>F7</sup>	<b>#Exhalation port with or without swivel used with accessories for positive airway devices, replacement only</b>	33.80
E0445 <sup>F9</sup>	<b>#Oximeter device for measuring blood oxygen levels non-invasively</b> (The monthly rate for pulse oximeters includes all supplies. Covered only in combination with oxygen therapy. Not to be billed with apnea monitors or ventilators unless treatment plan calls for weaning from these devices.)	165.00/ month
E0450 <sup>F9</sup>	<b>#Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)</b>	731.00/ month
E0461 <sup>F9</sup>	<b>#Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)</b>	731.00/ month

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E0463 <sup>F9</sup>	<b>#Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)</b>	\$731.00/ month
E0464 <sup>F9</sup>	<b>#Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)</b>	731.00/ month
E0470 <sup>F3</sup> '-RR'	<b>#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)</b>	2,088.50
E0471 <sup>F9</sup>	<b>#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)</b>	190.00/ Month
E0472 <sup>F9</sup>	<b>#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)</b>	190.00/ Month
E0480 <sup>F3</sup> '-RR'	<b>#Percussor, electric or pneumatic, home model</b>	355.46
E0481 <sup>F9</sup>	<b>#Intrapulmonary percussive ventilation system and related accessories</b>	190.00/ Month
	Purchase price reached at 24 months.	
E0482 <sup>F9</sup>	<b>#Cough stimulating device, alternating positive and negative airway pressure (manual or automatic)</b>	190.00/ month
	Purchase price reached at 24 months.	
E0483 <sup>F9</sup>	<b>#High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each</b>	195.00/ month
	A three month trial is required for chest compression systems and continued only with documented treatment success. Purchase price reached at 60 months.	
E0550 <sup>F3</sup> '-RR'	<b>#Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery</b>	136.64
E0561 <sup>F3</sup> '-RR'	<b>#Humidifier, nonheated, used with positive airway pressure device (for recipient-owned equipment only)</b>	116.99
<u>E0562</u> <sup>F3</sup> '-RR'	<b>Humidifier, heated, used with positive airway pressure device (for recipient-owned equipment only, covered only with documented treatment failure with nonheated humidification)</b>	186.33
E0565 <sup>F3</sup> '-RR'	<b>#Compressor, air power source for equipment which is not self-contained or cylinder driven</b>	377.69
	A compressor is covered only as an air power source for medically necessary durable medical equipment that is not self-contained.	

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E0570 <sup>F6</sup>	<b>#Nebulizer, with compressor</b>	\$117.89
E0575 <sup>F3</sup>	<b>#Nebulizer, ultrasonic, large volume</b>	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 <sup>F9</sup>	<b>Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter</b>	105.38
E0600 <sup>F3</sup>	<b>Respiratory suction pump, home model, portable or stationary, electric</b>	290.66
E0601 <sup>F3</sup>	<b>#Continuous airway pressure (CPAP) device</b>	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.	
K0730 <sup>F9</sup>	<b>#Controlled dose inhalation drug delivery system</b>	100.00/ month
	The monthly rate includes all supplies. Covered with a diagnosis of pulmonary arterial hypertension with Class III or IV symptoms, for administration of Iloprost inhalation.	
S8185 <sup>F6</sup>	<b>#Flutter device</b> (positive expiratory pressure device)	54.00
S8999 <sup>F3</sup>	<b>Resuscitation bag (manual resuscitator for use by patient on artificial respiration during power failure or other catastrophic event)</b>	189.43
<u>TRACTION EQUIPMENT, VARIOUS</u>		
E0849 <sup>F2</sup>	<b>Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible</b>	371.70
'-RR'		
E0855 <sup>F2</sup>	<b>Cervical traction equipment not requiring additional stand or frame</b>	502.63
'-RR'		
E0860 <sup>F3</sup>	<b>Traction equipment, overdoor, cervical</b>	21.36
E0890 <sup>F3</sup>	<b>Traction frame, attached to footboard, pelvic traction</b>	80.83
E0900 <sup>F3</sup>	<b>Traction stand, free standing, pelvic traction (e.g., Buck's)</b>	78.54
E0910 <sup>F3</sup>	<b>Trapeze bars, also known as Patient Helper, attached to bed, with grab bar</b>	173.33
'-RR'		
E0911 <sup>F3</sup>	<b>#Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar</b>	742.07
'-RR'		
E0912 <sup>F3</sup>	<b>#Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar</b>	432.00
'-RR'		
E0940 <sup>F3</sup>	<b>Trapeze bar, free standing, complete with grab bar</b>	254.98
'-RR'		
E0946 <sup>F3</sup>	<b>Fracture, frame, dual with cross bars, attached to bed (e.g. Balken, Four Poster)</b>	514.42
'-RR'		

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>WALKERS (ANY WIDTH)</u>		
E0130 <sup>F2</sup>	<b>Walker, rigid (pick-up), adjustable or fixed height</b>	\$37.33
E0135 <sup>F2</sup>	<b>Walker, folding (pick-up), adjustable or fixed height</b>	47.63
<u>E0140<sup>F3</sup></u> <u>'-RR'</u>	<b>Walker, with trunk support, adjustable or fixed height, any type</b>	PA
Home walkers with trunk support provide <b>complete</b> adjustment of center of gravity and trunk angle and support, and stimulates walking movements for an adult who requires gait training or retraining due to <b>severe</b> motor and balance dysfunction. Walkers with trunk support should be rented initially to determine the specific prompts required for mobility and training and to measure treatment success. Clinical documentation from the rental trial period must be submitted with the prior approval request. ('-RR' = \$100/month)		
E0141 <sup>F2</sup>	<b>#Walker, rigid, wheeled, adjustable or fixed height</b>	156.75
E0143 <sup>F2</sup>	<b>#Walker, folding, wheeled, adjustable or fixed height</b>	130.03
E0144 <sup>F3</sup>	<b>#Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat</b>	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 <sup>F3</sup>	<b>#Walker, heavy duty, multiple braking system, variable wheel resistance</b>	306.70
E0148 <sup>F3</sup>	<b>#Walker, heavy duty, without wheels, rigid or folding, any type, each</b>	127.05
E0149 <sup>F3</sup>	<b>#Walker, heavy duty, wheeled, rigid or folding, any type</b>	223.20
E0153 <sup>F7</sup>	<b>Platform attachment, forearm crutch, each (supports arm)</b>	61.29
E0154 <sup>F7</sup>	<b>Platform attachment, walker, each (supports arm)</b>	81.10
E0155 <sup>F7</sup>	<b>Wheel attachment, rigid pick-up walker, per pair</b>	36.09
E0156 <sup>F3</sup>	<b>#Seat attachment, walker</b>	26.43
E0157 <sup>F7</sup>	<b>Crutch attachment, walker, each</b>	20.09
E0159 <sup>F7</sup>	<b>Brake attachment for wheeled walker, replacement, each</b>	14.92
Home pediatric gait trainers provide support and encourage upright positioning for walking for children requiring gait training/retraining due to <b>mild to moderate</b> motor and balance dysfunction. With additional prompts, they provide complete adjustment of center of gravity and trunk angle and support, and stimulate walking movements for a child who requires gait training or retraining due to <b>severe</b> motor and balance dysfunction. Pediatric gait trainers should be rented initially to determine the specific prompts required for mobility and training and to measure treatment success. Clinical documentation from the rental trial period must be submitted with the prior approval request.		
<u>E8000<sup>F3</sup></u> <u>'-RR'</u>	<b>Gait trainer, pediatric size, posterior support, includes all accessories and components ('-RR' = \$100/month)</b>	PA
<u>E8001<sup>F3</sup></u> <u>'-RR'</u>	<b>Gait trainer, pediatric size, upright support, includes all accessories and components ('-RR' = \$100/month)</b>	PA
<u>E8002<sup>F3</sup></u> <u>'-RR'</u>	<b>Gait trainer, pediatric size, anterior support, includes all accessories and components ('-RR' = \$100/month)</b>	PA

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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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).

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> <sup>F3</sup>	<b>Manual adult size wheelchair, includes tilt-in-space</b>	\$2,166.50
<u>E1229</u> <sup>F3</sup>	<b>Wheelchair, pediatric size, not otherwise specified</b>	PA
<u>E1233</u> <sup>F3</sup>	<b>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system</b>	2,451.60

**Durable Medical Equipment Fee Schedule**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PRICE</u></b>
<b><u>E1234</u><sup>F3</sup></b>	<b>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system</b>	\$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.

<b>K0001</b> <sup>F5</sup>	<b>#Standard wheelchair '-RR'</b>	280.39
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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.

<b>K0002</b> <sup>F5</sup>	<b>#Standard hemi (low-seat) wheelchair '-RR'</b>	465.32
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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.

<b>K0003</b> <sup>F5</sup>	<b>#Lightweight wheelchair</b>	559.50
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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.

<b>K0004</b> <sup>F3</sup>	<b>#High strength, lightweight wheelchair '-RR'</b>	810.86
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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.

**Durable Medical Equipment Fee Schedule**

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<u><b>CODE</b></u>	<u><b>DESCRIPTION</b></u>	<u><b>PRICE</b></u>
<u>K0005</u> <sup>F5</sup>	<b>Ultra lightweight wheelchair</b>	\$1,658.34
	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.	
<u>K0006</u> <sup>F3</sup>	<b>#Heavy-duty wheelchair '-RR'</b>	737.03
	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.	
<u>K0007</u> <sup>F5</sup>	<b>Extra heavy-duty wheelchair</b>	1,074.38
	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.	
<u>K0009</u> <sup>F5</sup>	<b>Other manual wheelchair/base</b>	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.	

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PRICE</u></b>
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**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.**

<b><u>K0010</u><sup>F3</sup></b>	<b>Standard weight frame motorized/power wheelchair</b>	<b>\$4,151.10</b>
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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.

<b><u>K0011</u><sup>F5</sup></b>	<b>Standard weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking</b>	<b>5,282.06</b>
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In addition to the features and requirements for K0010, documentation of medical necessity for programmable control parameters is required.

<b><u>K0012</u><sup>F5</sup></b>	<b>Lightweight portable motorized/power wheelchair</b>	<b>3,387.35</b>
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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.

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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<u>K0014</u> <sup>F5</sup>	<b>Other motorized/power wheelchair base</b>	PA
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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> <sup>F3</sup>	<b>Power operated vehicle (three or four wheel non-highway), specify brand name and model number</b>	\$2,166.24
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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> <sup>F3</sup>	<b>Power wheelchair, pediatric size, not otherwise specified</b>	PA
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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.
- 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.

<u>E0944</u> <sup>F6</sup>	<b>Pelvic belt/harness/boot</b> (limited to wheelchair 4-point padded belt)	71.76
<u>E0951</u> <sup>F6</sup>	<b># Heel loop/holder, any type, with or without ankle strap, each</b>	31.41
<u>E0952</u> <sup>F6</sup>	<b>#Toe loop/holder, any type, each</b>	16.95
<u>E0955</u> <sup>F3</sup>	<b># Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each</b>	198.28
<u>E0956</u> <sup>F3</sup>	<b>#Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each</b> (up to 4 supports/prompts)	158.78
<u>E0957</u> <sup>F3</sup>	<b>#Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each</b>	132.19
<u>E0958</u> <sup>F5</sup>	<b>Manual wheelchair accessory, one-arm drive attachment, each</b>	PA

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E0960 <sup>F5</sup>	<b>#Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware (includes padding)</b>	\$81.20
E0961 <sup>F5</sup>	<b>#Manual wheelchair accessory, wheel lock brake extension (handle), each</b>	16.13
E0966 <sup>F5</sup>	<b>#Manual wheelchair accessory, headrest extension, each</b>	60.45
E0967 <sup>F3</sup>	<b>#Manual wheelchair accessory, hand rim with projections, any type, replacement only, each</b>	65.66
E0971 <sup>F6</sup>	<b>#Manual wheelchair accessory, anti-tipping device, each</b>	37.92
E0973 <sup>F3</sup>	<b>#Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each</b>	100.13
E0974 <sup>F5</sup>	<b>#Manual wheelchair accessory, anti-rollback device, each</b>	44.55
E0977 <sup>F6</sup>	<b>#Wedge cushion, wheelchair</b>	28.27
E0978 <sup>F5</sup>	<b>#Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (includes padding)</b>	29.39
<u>E0986</u> <sup>F3</sup>	<b>Manual wheelchair accessory, push activated power assist, each</b>	PA
E0990 <sup>F3</sup>	<b>#Wheelchair accessory, elevating leg rest, complete assembly, each</b>	151.20
	<b>'-RR'</b>	
E0992 <sup>F6</sup>	<b>#Manual wheelchair accessory, solid seat insert</b>	70.88
E0995 <sup>F6</sup>	<b>#Wheelchair accessory, calf rest/pad, each</b>	23.21
E0999 <sup>F6</sup>	<b>#Pneumatic tire with wheel</b>	114.97
<u>E1002</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, tilt only</b>	PA
<u>E1003</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, recline only, without shear reduction</b>	PA
<u>E1004</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction</b>	PA
<u>E1005</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, recline only, with power shear reduction</b>	PA
<u>E1006</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction</b>	PA
<u>E1007</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction</b>	PA
<u>E1008</u> <sup>F3</sup>	<b>Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction</b>	PA
<u>E1009</u> <sup>F3</sup>	<b>Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest, each</b>	PA
<u>E1011</u> <sup>F3</sup>	<b>Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)</b>	PA
<u>E1014</u> <sup>F3</sup>	<b>Reclining back, addition to pediatric size wheelchair</b>	365.14
	<b>'-RR'</b>	
E1020 <sup>F3</sup>	<b>#Residual limb support system for wheelchair (with adjustable drop hooks)</b>	278.25

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E1028 <sup>F3</sup>	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	PA
E1225 <sup>F3</sup>	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	PA
E1226 <sup>F3</sup>	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	\$491.09
E1228 <sup>F6</sup>	Special back height for wheelchair	PA
E1298 <sup>F3</sup>	Special wheelchair seat depth and/or width, by construction	PA
E2201 <sup>F3</sup>	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	PA
E2202 <sup>F3</sup>	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	PA
E2203 <sup>F3</sup>	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	PA
E2204 <sup>F3</sup>	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	PA
E2205 <sup>F3</sup>	#Manual wheelchair accessory, hand rim without projections, any type, replacement only, each	29.40
E2206 <sup>F7</sup>	#Manual wheelchair accessory, wheel lock assembly, complete, each (brakes)	39.31
E2207 <sup>F6</sup>	#Wheelchair accessory, crutch and cane holder, each	43.50
E2209 <sup>F6</sup>	#Wheelchair accessory, arm trough, each	107.16
E2210 <sup>F6</sup>	Wheelchair accessory, bearings, any type, replacement only, each	6.55
E2211 <sup>F7</sup>	#Manual wheelchair accessory, pneumatic propulsion tire, any size, each	15.00
E2212 <sup>F7</sup>	#Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	5.51
E2213 <sup>F6</sup>	#Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	36.60
E2214 <sup>F7</sup>	#Manual wheelchair accessory, pneumatic caster tire, any size, each	11.21
E2215 <sup>F7</sup>	#Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	5.60
E2218 <sup>F6</sup>	#Manual wheelchair accessory, foam propulsion tire, any size, each	38.00
E2219 <sup>F6</sup>	#Manual wheelchair accessory, semipneumatic foam caster tire, any size, each	25.43
E2220 <sup>F7</sup>	#Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	14.63
E2221 <sup>F7</sup>	#Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	10.08
E2222 <sup>F6</sup>	#Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	21.06

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E2223 <sup>F6</sup>	#Manual wheelchair accessory, valve, any type, replacement only, each	\$5.61
E2224 <sup>F6</sup>	#Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	85.89
E2225 <sup>F6</sup>	#Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	17.40
E2226 <sup>F6</sup>	#Manual wheelchair accessory, caster fork, any size, replacement only, each	22.70
<u>E2291</u> <sup>F3</sup>	Back, planar, for pediatric size wheelchair including fixed attaching hardware	352.58
<u>E2292</u> <sup>F3</sup>	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	352.58
<u>E2293</u> <sup>F3</sup>	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	PA
<u>E2294</u> <sup>F3</sup>	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	PA
E2324 <sup>F6</sup>	#Power wheelchair accessory, chin cup for chin control interface	52.00
<u>E2325</u> <sup>F3</sup>	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> <sup>F3</sup>	Power wheelchair accessory, breath tube kit for sip and puff interface	307.40
<u>E2327</u> <sup>F3</sup>	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> <sup>F3</sup>	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> <sup>F3</sup>	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> <sup>F3</sup>	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> <sup>F3</sup>	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (for 21"-23"only, 20" included in base)	282.80
<u>E2341</u> <sup>F3</sup>	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	PA
<u>E2342</u> <sup>F3</sup>	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches	PA
<u>E2343</u> <sup>F3</sup>	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	PA

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E2360 <sup>F7</sup>	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	\$112.34
E2361 <sup>F7</sup>	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass mat)	117.40
E2362 <sup>F7</sup>	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	148.05
E2363 <sup>F7</sup>	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	167.40
E2364 <sup>F7</sup>	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	101.11
E2365 <sup>F7</sup>	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	86.61
<u>E2366</u> <sup>F3</sup>	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	183.80
<u>E2367</u> <sup>F3</sup>	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	PA
E2368 <sup>F3</sup>	#Power wheelchair component, motor, replacement only	516.57
E2369 <sup>F3</sup>	#Power wheelchair component, gear box, replacement only	449.94
E2370 <sup>F3</sup>	#Power wheelchair component, motor and gear box combination, replacement only	802.84
<b>E2371<sup>F7</sup></b>	<b>#Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each</b>	150.74
<u>E2399</u> <sup>F3</sup>	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	PA
E2601 <sup>F5</sup>	#General use wheelchair seat cushion, width less than 22 inches, any depth	68.85
E2602 <sup>F5</sup>	#General use wheelchair seat cushion, width 22 inches or greater, any depth	114.30
E2603 <sup>F5</sup>	#Skin protection wheelchair seat cushion, width less than 22 inches, any depth	110.77
E2604 <sup>F5</sup>	#Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	229.70
E2605 <sup>F5</sup>	#Positioning wheelchair seat cushion, width less than 22 inches, any depth	290.25
E2606 <sup>F5</sup>	#Positioning wheelchair seat cushion, width 22 inches or greater, any depth	387.00
E2607 <sup>F5</sup>	#Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	295.60
E2608 <sup>F5</sup>	#Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	354.00
<u>E2609</u> <sup>F3</sup>	Custom fabricated wheelchair seat cushion, any size	PA
E2611 <sup>F5</sup>	#General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	297.45
E2612 <sup>F5</sup>	#General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	364.05

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E2613 <sup>F5</sup>	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	\$393.04
E2614 <sup>F5</sup>	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	543.93
E2615 <sup>F5</sup>	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	431.44
E2616 <sup>F5</sup>	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	608.58
E2617 <sup>F5</sup>	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PA
E2618 <sup>F3</sup>	#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
E2619 <sup>F5</sup>	#Replacement cover for wheelchair seat cushion or back cushion, each	51.32
E2620 <sup>F5</sup>	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	574.76
E2621 <sup>F5</sup>	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	PA
K0015 <sup>F3</sup>	#Detachable, nonadjustable height armrest, each	53.55
K0017 <sup>F3</sup>	#Detachable, adjustable height armrest, base, each	51.11
K0018 <sup>F3</sup>	#Detachable, adjustable height armrest, upper portion, each	28.55
K0019 <sup>F6</sup>	#Arm pad, each	12.55
K0037 <sup>F3</sup>	#High mount flip-up footrest, each	40.94
K0038 <sup>F6</sup>	#Leg strap, each	20.25
K0039 <sup>F6</sup>	#Leg strap, H style, each	51.30
K0040 <sup>F3</sup>	#Adjustable angle footplate, each	61.01
K0041 <sup>F3</sup>	#Large size footplate, each	47.36
K0042 <sup>F3</sup>	#Standard size footplate, each	15.95
K0043 <sup>F3</sup>	#Footrest, lower extension tube, each	14.66
K0044 <sup>F3</sup>	#Footrest, upper hanger bracket, each	16.64
K0045 <sup>F3</sup>	#Footrest, complete assembly	56.62
K0046 <sup>F3</sup>	#Elevating legrest, lower extension tube, each	19.53
K0047 <sup>F3</sup>	#Elevating legrest, upper hanger bracket, each	76.48
K0052 <sup>F3</sup>	#Swingaway, detachable footrests, each	92.44
K0053 <sup>F3</sup>	#Elevating footrests, articulating (telescoping), each	102.01
K0056 <sup>F3</sup>	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair	PA
K0065 <sup>F5</sup>	#Spoke protectors, each	36.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
K0069 <sup>F6</sup>	<b>#Rear wheel assembly, complete, with solid tire, spokes or molded, each</b>	\$99.92
K0070 <sup>F6</sup>	<b>#Rear wheel assembly, complete with pneumatic tire, spokes or molded, each</b>	183.16
K0071 <sup>F6</sup>	<b>#Front caster assembly, complete, with pneumatic tire, each</b>	50.11
K0072 <sup>F6</sup>	<b>#Front caster assembly, complete, with semipneumatic tire, each</b>	42.30
K0073 <sup>F6</sup>	<b>#Caster pin lock, each</b>	16.60
K0077 <sup>F6</sup>	<b>#Front caster assembly, complete, with solid tire, each</b>	35.93
K0090 <sup>F6</sup>	<b>#Rear wheel tire for power wheelchair, any size, each</b>	40.90
K0091 <sup>F6</sup>	<b>#Rear wheel tire tube other than zero pressure for power wheelchair, any size, each</b>	20.07
K0092 <sup>F6</sup>	<b>#Rear wheel assembly for power wheelchair, complete, each</b>	95.40
K0093 <sup>F6</sup>	<b>#Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each</b>	57.76
K0094 <sup>F6</sup>	<b>#Wheel tire for power base, any size, each (limited to foam filled flat proof tires)</b>	24.18
K0095 <sup>F6</sup>	<b>#Wheel tire tube other than zero pressure for each base, any size, each</b>	10.11
K0096 <sup>F6</sup>	<b>#Wheel assembly for power base, complete, each (non-drive wheel)</b>	95.40
K0097 <sup>F6</sup>	<b>#Wheel zero-pressure tire tube (i.e. non-drive wheel) (flat free insert) for power base, any size, each</b>	27.94
K0098 <sup>F6</sup>	<b>#Drive belt for power wheelchair</b>	27.21
K0099 <sup>F6</sup>	<b>#Front caster for power wheelchair</b>	59.86
K0105 <sup>F4</sup>	<b>#IV hanger, each (for wheelchair)</b>	46.97
<u>K0108</u> <sup>F6</sup>	<b>Other accessories (limited to wheeled mobility parts not listed)</b>	PA

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

<u>A4265</u> <sup>F9</sup>	<b>Paraffin, per pound (for medically necessary paraffin bath unit)</b>	3.33
A4556 <sup>F9</sup>	<b>Electrodes (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)</b>	6.13
A4557 <sup>F6</sup>	<b>Lead wires (e.g., Apnea monitor), per pair (up to 2 pair, limited to medically necessary TENS owned by patient)</b>	18.85
A4630 <sup>F7</sup>	<b>#Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient</b>	2.46
<u>A4632</u> <sup>F7</sup>	<b>Replacement battery for external infusion pump, any type, each (also see K0601-K0605)</b>	PA
A7520 <sup>F7</sup>	<b>Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each</b>	85.24
A7521 <sup>F7</sup>	<b>Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each</b>	147.43
A7522 <sup>F7</sup>	<b>Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each</b>	83.07
A7524 <sup>F7</sup>	<b>Tracheostoma stent/stud/button, each</b>	59.63

**Durable Medical Equipment Fee Schedule**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PRICE</u></b>
<b><u>E0235</u></b> <sup>F2</sup>	<b>Paraffin bath unit, portable</b> (Covered only with documented treatment failure with medication and when ordered by a rheumatologist)	\$59.94

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 <sup>F3</sup>	<b>Enteral nutrition infusion pump – with alarm</b>	715.56
<b>'-RR'</b>		
B9004 <sup>F3</sup>	<b>Parenteral nutrition infusion pump, portable</b>	2,860.00
<b>'-RR'</b>		
B9006 <sup>F3</sup>	<b>Parenteral nutrition infusion pump, stationary</b>	2,039.92
<b>'-RR'</b>		

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

E0163 <sup>F3</sup>	<b>Commode chair, stationary, with fixed arms</b>	103.63
E0164 <sup>F3</sup>	<b>Commode chair, mobile, with fixed arms</b>	100.67
E0165 <sup>F3</sup>	<b>Commode chair, stationary, with detachable arms</b>	198.05
E0166 <sup>F3</sup>	<b>Commode chair, mobile, with detachable arms</b>	259.33
E0168 <sup>F5</sup>	<b>#Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each</b>	131.53
E0175 <sup>F3</sup>	<b>#Foot rest, for use with commode chair, each</b> (one or two piece)	88.50
E0202 <sup>F2</sup>	<b>#Phototherapy (bilirubin) light with photometer</b> (rental only, blanket or overhead light)(treatment plan greater than 10 days requires prior approval)	10.00/ day
E0240 <sup>F3</sup>	<b>Bath/shower chair, with or without wheels, any size</b>	38.34
E0241 <sup>F2</sup>	<b>Bathtub wall rail, each</b>	27.07
E0243 <sup>F2</sup>	<b>Toilet rail, each</b>	35.87
E0244 <sup>F3</sup>	<b>Raised toilet seat</b> (with or without arms)	20.99
E0245 <sup>F3</sup>	<b>Tub stool or bench</b>	28.79
E0246 <sup>F2</sup>	<b>Transfer tub rail attachment</b>	48.10
E0247 <sup>F3</sup>	<b>Transfer bench for tub or toilet with or without commode opening</b>	89.83
E0248 <sup>F3</sup>	<b>#Transfer bench, heavy duty, for tub or toilet with or without commode opening</b>	170.34

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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E0604 <sup>F7</sup>	<b>#Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC)(rental only)</b>	\$38.61/ mo. (up to 2 mo.)
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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).

<u>E0619</u> <sup>F9</sup>	<b>Apnea monitor, with recording feature</b>	190.00/ month
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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/mailling 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 <sup>F6</sup>	<b>Sling or seat, patient lift, canvas or nylon</b>	69.88
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E0628 <sup>F2</sup>	<b>#Separate seat lift mechanism for use with patient owned furniture-electric</b>	189.00
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E0629 <sup>F2</sup>	<b>#Separate seat lift mechanism for use with patient owned furniture-non-electric</b>	133.50
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E0630 <sup>F2</sup>	<b>#Patient lift, hydraulic with seat or sling</b>	1,035.36
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**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.

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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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.

The fees listed for home standing systems include all necessary prompts and supports. Prior approval is required for ages 21 and over and uses other than bone density or trunk strength development. Home standing systems should be rented initially.

E0638 <sup>F2</sup> '-RR'	<b>#Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels</b>	\$1,055.87
E0641 <sup>F2</sup> '-RR'	<b>#Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels</b>	1,462.11
<u>E0642</u> <sup>F2</sup>	<b>Standing frame system, mobile (dynamic stander), any size including pediatric (self-propelled, multi-positioning, no lift feature, for use when gait trainer does not meet medical need)</b>	PA

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.

E0650 <sup>F2</sup>	<b>Pneumatic compressor, non-segmental home model, (Lymphedema pump)</b>	531.06
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**Durable Medical Equipment Fee Schedule**

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PRICE</u></b>
E0655 <sup>F3</sup>	<b>Non-segmental pneumatic appliance for use with pneumatic compressor, half arm</b>	\$56.04
E0660 <sup>F3</sup>	<b>Non-segmental pneumatic appliance for use with pneumatic compressor, full leg</b>	175.34
E0665 <sup>F3</sup>	<b>Non-segmental pneumatic appliance for use with pneumatic compressor, full arm</b>	135.15
E0666 <sup>F3</sup>	<b>Non-segmental pneumatic appliance for use with pneumatic compressor, half leg</b>	89.56
<b>E0700<sup>F5</sup></b>	<b>#Safety equipment (e.g., belt, harness, or vest) (limited to gait belt )</b>	15.15
<b>E0705<sup>F6</sup></b>	<b>Transfer board or device, any type, each</b>	37.22
E0730 <sup>F5</sup>	<b>#Transcutaneous electrical nerve stimulation device four or more leads, for multiple nerve stimulation (TENS) (dual channel)</b>	76.25
E0747 <sup>F23</sup>	<b>#Osteogenesis stimulator electrical, noninvasive, other than spinal applications</b>	333.00/ month
<p>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).</p>		
E0748 <sup>F23</sup>	<b>#Osteogenic stimulator electrical, noninvasive, spinal applications</b>	330.00/ month
<p>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.</p>		
E0760 <sup>F23</sup>	<b>#Osteogenesis stimulator, low intensity ultrasound, non-invasive</b>	330.00/ month
<p>Ultrasound bone growth stimulators are covered when medically necessary 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>		
E0776 <sup>F2</sup>	<b>I.V. pole</b>	59.62
<b>'-RR'</b>		
E0781 <sup>F3</sup>	<b>Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient</b>	2,647.67
<b>'-RR'</b>		

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
E0784 <sup>F2</sup>	<b>#External ambulatory infusion pump, insulin</b> An external insulin infusion pump will be covered for Diabetes Mellitus as medically necessary when ordered by an endocrinologist if the following criteria are demonstrated and documented in the clinical and DME provider's records: <ul style="list-style-type: none"> <li>• Failure to achieve acceptable control of blood sugars on 3-4 injections unexplained by poor motivation or compliance</li> <li>• Patient has completed a comprehensive diabetes education program, has been on multiple injections with frequent self adjustments for at least 6 months</li> <li>• Documented frequency of glucose testing at least 4 times/day during 2 months prior to initiation of pump therapy</li> <li>• Must have one or more of the following criteria while receiving multiple daily injections:                             <ol style="list-style-type: none"> <li>(1) HbA1c &gt;7%</li> <li>(2) History of recurring hypoglycemic (&lt;60mg/dl)</li> <li>(3) Wide fluctuations in blood glucose before mealtime (&gt;140mg/dl)</li> <li>(4) Dawn phenomenon fasting (&gt;200mg/dl)</li> <li>(5) History of severe glycemc excursions</li> </ol> </li> </ul>	\$5,128.83
E0791 <sup>F3</sup> '-RR'	<b>Parenteral infusion pump, stationary, single or multichannel</b> 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.	2,039.92
E1399 <sup>F9</sup> E2402 <sup>F2</sup>	<b>Durable medical equipment, miscellaneous</b> <b>#Negative pressure wound therapy electrical pump, stationary or portable</b> (daily rate includes all necessary supplies, up to 30 days allowed without Prior Approval)	PA 81.00/ day

Dedicated speech generating devices are covered only when medically necessary. All documentation of medical necessity must be kept in the ordering practitioner's clinical file and the DME provider's file. Documentation 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). Dedicated speech generating devices should be rented initially (see Rules 3 and 12).

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.

**(continued)**

**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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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;
- 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:

- 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.
- Devices which can be unlocked or used for non-speech generating functions are only covered when the ordering practitioner documents that no available forever dedicated device meets the medical need. Documentation must include treatment failure on dedicated devices.

**Note:** all batteries are included in reimbursement for new devices.

E2500 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time</b>	\$391.06
E2502 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time</b>	1,195.80
E2504 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time</b>	1,577.42
E2506 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time</b>	2,312.96
E2508 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device</b>	3,576.61
E2510 <sup>F2</sup> ‘-RR’	<b>#Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access</b>	6,768.25

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>E2512</u> <sup>F3</sup>	Accessory for speech generating device, mounting system	PA
<u>E2599</u> <sup>F3</sup>	Accessory for speech generating device, not otherwise classified	PA
K0601 <sup>F8</sup>	#Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	\$1.10
K0602 <sup>F8</sup>	#Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	7.65
K0603 <sup>F8</sup>	#Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	0.57
K0604 <sup>F8</sup>	#Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	8.11
K0605 <sup>F8</sup>	#Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	14.60
<u>L7900</u> <sup>F2</sup>	Vacuum erection system Limited to diagnosis of impotence, with an order from an urologist or neurologist.	183.75
L8500 <sup>F2</sup>	#Artificial larynx, any type	830.20
L8501 <sup>F7</sup>	#Tracheostomy speaking valve	66.87
L8505 <sup>F7</sup>	#Artificial larynx replacement battery/accessory, any type	46.50
L8507 <sup>F10</sup>	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	46.38
L8510 <sup>F3</sup>	#Voice amplifier	198.94
L8511 <sup>F7</sup>	#Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	37.80
L8514 <sup>F7</sup>	#Tracheoesophageal puncture dilator, replacement only, each	48.60
L8515 <sup>F5</sup>	#Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	49.64
<b>S8270</b> <sup>F1</sup>	#Enuresis alarm, using auditory buzzer and/or vibration device (Prior approval required over age 20)	54.71
T5001 <sup>F2</sup>	#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

**Durable Medical Equipment Fee Schedule**

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>SERVICING, PARTS, REPAIRS</u>		
A9900 <sup>F7</sup>	<b>#Miscellaneous DME supply, accessory, and/or service component of another HCPCS code</b> (limited to repair/replacement of equipment and parts not listed and less than \$250.01, requires prior approval if more than twice per year) (see Rule 12)	\$250.00
A9901 <sup>F12</sup>	<b>#DME delivery, set up, and/or dispensing service component of another HCPCS code</b> (for repairs only)	10.00
<p>Use <b>only</b> when a major medical equipment item must be moved to the provider's shop for <b>repair</b> 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 <b>pick-up or return the medical equipment item requiring repair</b> at the provider's place of business or to service the item in the recipient's home.</p>		
E1340 <sup>F9</sup>	<b>#Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes</b> (more than 2 hours requires prior approval)	5.75

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
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### 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 <sup>F7</sup>	<b>#Helmet with face guard and soft interface material, prefabricated</b>	\$144.70
L0100 <sup>F7</sup>	<b>Cranial orthosis (helmet), with or without soft interface, molded to patient model</b>	426.00
L0110 <sup>F6</sup>	<b>Cranial orthosis (helmet), with or without soft-interface, non-molded</b> (head protector, soft/hard)	97.33
<u>L0112</u> <sup>F3</sup>	<b>Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated</b>	PA
L0130 <sup>F3</sup>	<b>Cervical, flexible, thermoplastic collar, molded to patient</b>	357.00
L0140 <sup>F3</sup>	<b>Cervical, semi-rigid, adjustable (plastic collar)</b>	50.00
L0150 <sup>F3</sup>	<b>Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)</b>	74.00
L0160 <sup>F3</sup>	<b>Cervical, semi-rigid, wire frame occipital/mandibular support</b>	79.50
L0170 <sup>F3</sup>	<b>Cervical, collar, molded to patient model</b>	357.00
L0172 <sup>F3</sup>	<b>Cervical, collar, semi-rigid thermoplastic foam, two piece</b>	75.00
L0174 <sup>F3</sup>	<b>Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension</b>	130.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
S1040 <sup>F2</sup>	<b>Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)</b>	PA
<u>MULTIPLE POST COLLAR</u>		
L0180 <sup>F3</sup>	<b>Cervical, multiple post collar, occipital/mandibular supports, adjustable</b>	\$233.00
L0190 <sup>F3</sup>	<b>Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)</b>	311.75
L0200 <sup>F3</sup>	<b>Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension</b>	322.50
<u>THORACIC</u>		
L0210 <sup>F6</sup>	<b>Thoracic, rib belt</b>	35.00
L0220 <sup>F6</sup>	<b>Thoracic, rib belt, custom fabricated</b>	98.00
L0430 <sup>F2</sup>	<b>Spinal orthosis, anterior-posterior-lateral control, with interface material, custom fitted (dewall posture protector only)</b>	1118.91
L0450 <sup>F4</sup>	<b>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</b>	144.00
L0452 <sup>F4</sup>	<b>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</b>	330.85
L0454 <sup>F4</sup>	<b>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</b>	270.00
L0456 <sup>F4</sup>	<b>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</b>	275.12
L0458 <sup>F4</sup>	<b>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</b>	400.18

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0460 <sup>F4</sup>	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 <sup>F4</sup>	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 <sup>F4</sup>	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 <sup>F4</sup>	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
L0468 <sup>F4</sup>	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 <sup>F4</sup>	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 filling and shaping the frame, prefabricated, includes fitting and adjustment	402.39

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0472 <sup>F4</sup>	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
L0480 <sup>F6</sup>	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
L0482 <sup>F6</sup>	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 <sup>F6</sup>	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 <sup>F6</sup>	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 <sup>F6</sup>	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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0490 <sup>F6</sup>	<b>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</b>	\$846.58
L0491 <sup>F4</sup>	<b>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</b>	543.13
L0492 <sup>F4</sup>	<b>TLSO, sagittal-coronal 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 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</b>	356.79
<u>CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTL SO)</u>		
L0621 <sup>F7</sup>	<b>#SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment</b>	72.82
L0622 <sup>F7</sup>	<b>#SO, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated</b>	183.65
L0623 <sup>F4</sup>	<b>SO, 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</b>	212.50
L0624 <sup>F4</sup>	<b>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</b>	212.50
L0625 <sup>F3</sup>	<b>LO, flexible, provides lumbar support, posterior extends from L-1 to below L-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</b>	43.27

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0626 <sup>F3</sup>	LO, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-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
L0627 <sup>F3</sup>	LO, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-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
L0628 <sup>F7</sup>	#LSO, 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
L0629 <sup>F4</sup>	LSO, 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
L0630 <sup>F4</sup>	LSO, 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
L0631 <sup>F4</sup>	LSO, 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
L0632 <sup>F4</sup>	LSO, 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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0633 <sup>F4</sup>	LSO, 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
L0634 <sup>F4</sup>	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
L0635 <sup>F4</sup>	LSO, 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
L0636 <sup>F4</sup>	LSO, 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
L0637 <sup>F4</sup>	LSO, 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
L0638 <sup>F4</sup>	LSO, 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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L0639 <sup>F4</sup>	<b>LSO, 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</b>	\$844.13
L0640 <sup>F4</sup>	<b>LSO, 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</b>	822.21
<u>ANTERIOR-POSTERIOR-LATERAL CONTROL</u>		
L0700 <sup>F2</sup>	<b>CTL SO, anterior-posterior-lateral control, molded to patient model, (Minerva type)</b>	1,237.50
L0710 <sup>F2</sup>	<b>CTL SO, anterior-posterior-lateral-control, molded to patient model, with interface material (Minerva type)</b>	1,480.00
<u>HALO PROCEDURE</u>		
L0810 <sup>F2</sup>	<b>Halo procedure cervical halo incorporated into jacket vest</b>	2,000.00
L0820 <sup>F2</sup>	<b>Halo procedure, cervical halo incorporated into plaster body jacket</b>	1,320.00
L0830 <sup>F2</sup>	<b>Halo procedure, cervical halo incorporated into Milwaukee type orthosis</b>	2,225.00
L0861 <sup>F14</sup>	<b>Addition to halo procedure, replacement liner/interface material</b>	89.42
L0960 <sup>F15</sup>	<b>Torso support, postsurgical support, pads for postsurgical support</b>	55.00
<u>ADDITIONS TO SPINAL ORTHOSES</u>		
L0970 <sup>F6</sup>	<b>TLSO, corset front</b>	44.00
L0972 <sup>F6</sup>	<b>LSO, corset front</b>	40.00
L0974 <sup>F6</sup>	<b>TLSO, full corset</b>	78.00
L0976 <sup>F6</sup>	<b>LSO, full corset</b>	78.00
L0978 <sup>F6</sup>	<b>Axillary crutch extension</b>	68.00
L0980 <sup>F6</sup>	<b>Peritoneal straps, pair</b>	10.00
L0982 <sup>F6</sup>	<b>Stocking supporter grips, set of four (4)</b>	10.00
L0984 <sup>F16</sup>	<b>Protective body sock, each</b>	21.00
<u>L0999</u> <sup>F6</sup>	<b>Addition to spinal orthosis, not otherwise specified</b>	PA

<b><u>CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>PRICE</u></b>
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**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 <sup>F2</sup>	<b>CTL SO (Milwaukee), inclusive of furnishing initial orthosis, including model</b>	\$1,375.00
L1005 <sup>F7</sup>	<b>Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment</b>	2,514.93
L1010 <sup>F6</sup>	<b>Addition to CTL SO or scoliosis orthosis, axilla sling</b>	30.00
L1020 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, kyphosis pad, each</b>	23.00
L1025 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, kyphosis pad, floating</b>	150.00
L1030 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, lumbar bolster pad</b>	40.00
L1040 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, lumbar or lumbar rib pad</b>	30.00
L1050 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, sternal pad</b>	30.00
L1060 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, thoracic pad</b>	45.00
L1070 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, trapeze sling</b>	30.00
L1080 <sup>F2</sup>	<b>Addition to CTL SO or scoliosis orthosis, outrigger</b>	10.00
L1085 <sup>F2</sup>	<b>Addition to CTL SO or scoliosis orthosis, outrigger, bilateral with vertical extensions</b>	85.00
L1090 <sup>F7</sup>	<b>Addition to CTL SO or scoliosis orthosis, lumbar sling</b>	71.51
L1100 <sup>F6</sup>	<b>Addition to CTL SO or scoliosis orthosis, ring flange, plastic or leather</b>	50.00
L1110 <sup>F6</sup>	<b>Addition to CTL SO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model</b>	181.56
L1120 <sup>F7</sup>	<b>Addition to CTL SO, scoliosis orthosis, cover for upright, each</b>	4.60

**THORACIC-LUMBAR-SACRAL ORTHOSIS (LOW-PROFILE)**

L1200 <sup>F4</sup>	<b>TL SO, inclusive of furnishing initial orthosis only</b>	1,000.00
L1210 <sup>F4</sup>	<b>Addition to TL SO, (low profile), thoracic extension</b>	235.00
L1220 <sup>F4</sup>	<b>Addition to TL SO, (low profile), anterior thoracic extension</b>	240.00
L1230 <sup>F4</sup>	<b>Addition to TL SO, (low profile), Milwaukee type superstructure</b>	362.00
L1240 <sup>F16</sup>	<b>Addition to TL SO (low profile), lumbar detoriation pad</b>	45.00
L1250 <sup>F16</sup>	<b>Addition to TL SO (low profile), anterior ASIS pad</b>	35.00
L1260 <sup>F16</sup>	<b>Addition to TL SO (low profile), anterior thoracic derotation pad</b>	35.00
L1270 <sup>F16</sup>	<b>Addition to TL SO, (low profile), abdominal pad</b>	40.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L1280 <sup>F16</sup>	<b>Addition to TLSO, (low profile), rib gusset (elastic), each</b>	\$55.00
L1290 <sup>F16</sup>	<b>Addition to TLSO (low profile), lateral trochanteric pad</b>	40.00
<b><u>OTHER SCOLIOSIS PROCEDURES</u></b>		
L1300 <sup>F6</sup>	<b>Other scoliosis procedure, body jacket molded to patient model</b>	1,450.00
L1310 <sup>F3</sup>	<b>Other scoliosis procedure, postoperative body jacket</b>	1,405.00
L1499 <sup>F10</sup>	<b>Spinal orthosis, not otherwise specified</b>	PA
<b><u>THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO)</u></b>		
L1500 <sup>F4</sup>	<b>THKAO, mobility frame (Newington, Parapodium types)</b>	870.00
L1510 <sup>F4</sup>	<b>THKAO, standing frame, with or without tray and accessories (upright) (see E0638, E0641 and E0642 for positioning)</b>	975.00
L1520 <sup>F2</sup>	<b>THKAO, swivel walker</b>	2,546.00
<b>ORTHOTIC DEVICES – LOWER LIMB</b>		
<b>NOTE:</b> 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.		
<b><u>HIP ORTHOSIS (HO) - FLEXIBLE</u></b>		
L1600 <sup>F15</sup>	<b>HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment</b>	56.00
L1610 <sup>F17</sup>	<b>HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment</b>	27.00
L1620 <sup>F2</sup>	<b>HO, abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment</b>	75.00
L1630 <sup>F18</sup>	<b>HO, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated</b>	80.00
L1640 <sup>F18</sup>	<b>HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs custom fabricated</b>	525.00
L1650 <sup>F2</sup>	<b>HO, abduction control of hip joints, static, adjustable (Ilfled type), prefabricated, includes fitting and adjustment</b>	95.00
L1652 <sup>F2</sup>	<b>Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type</b>	95.00
L1660 <sup>F2</sup>	<b>HO, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment</b>	70.00
L1680 <sup>F2</sup>	<b>HO, abduction control of hip joints, dynamic pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type) custom fabricated</b>	533.50
L1685 <sup>F2</sup>	<b>HO, abduction control of hip joint, post-operative hip abduction type, custom fabricated</b>	850.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L1686 <sup>F2</sup>	<b>HO, abduction control of hip joint, post-operative hip abduction type, prefabricated, includes fitting and adjustments</b>	\$750.00
L1690 <sup>F2</sup>	<b>Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment</b>	1,434.95
<b><u>LEGG PERTHES</u></b>		
L1700 <sup>F2</sup>	<b>Legg perthes orthosis, (Toronto type), custom fabricated</b>	900.00
L1710 <sup>F2</sup>	<b>Legg perthes orthosis, (Newington type), custom fabricated</b>	990.00
L1720 <sup>F2</sup>	<b>Legg perthes orthosis, trilateral, (Tachdijan type), custom fabricated</b>	785.00
L1730 <sup>F2</sup>	<b>Legg perthes orthosis, (Scottish Rite type), custom fabricated</b>	750.00
L1755 <sup>F2</sup>	<b>Legg perthes orthosis, (Paten Bottom type), custom fabricated</b>	900.00
<b><u>KNEE ORTHOSIS (KO)</u></b>		
L1800 <sup>F16</sup>	<b>KO, elastic with stays, prefabricated, includes fitting and adjustment</b>	38.00
L1810 <sup>F16</sup>	<b>KO, elastic with joints, prefabricated, includes fitting and adjustment</b>	75.00
L1815 <sup>F16</sup>	<b>KO, elastic or other elastic type material with condylar pads, prefabricated, includes fitting and adjustment</b>	65.63
L1820 <sup>F16</sup>	<b>KO, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment</b>	110.00
L1830 <sup>F2</sup>	<b>KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment</b>	65.00
L1831 <sup>F2</sup>	<b>KO, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment</b>	208.13
L1832 <sup>F2</sup>	<b>KO, knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment</b>	549.18
L1834 <sup>F2</sup>	<b>KO, without knee joint, rigid, custom fabricated</b>	595.41
L1836 <sup>F2</sup>	<b>KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment</b>	104.84
L1840 <sup>F3</sup>	<b>KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated</b>	597.50
L1843 <sup>F3</sup>	<b>KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment</b>	634.53
L1844 <sup>F3</sup>	<b>KO, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated</b>	1,107.70

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L1845 <sup>F3</sup>	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment	\$693.00
L1846 <sup>F3</sup>	KO, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	850.00
L1847 <sup>F4</sup>	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, includes fitting and adjustment	406.75
L1850 <sup>F4</sup>	KO, Swedish type, prefabricated, includes fitting and adjustment	185.00
L1855 <sup>F3</sup>	KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated	950.00
L1858 <sup>F3</sup>	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	964.00
L1860 <sup>F3</sup>	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	617.00
L1870 <sup>F3</sup>	KO, double upright, thigh and calf lacers with knee joints, custom fabricated	873.77
L1880 <sup>F3</sup>	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints, custom fabricated	503.00
<u>ANKLE-FOOT ORTHOSIS (AFO)</u>		
L1900 <sup>F6</sup>	AFO, spring wire, dorsiflexion assist calf band, custom fabricated	185.00
L1902 <sup>F2</sup>	AFO, ankle gauntlet, prefabricated, includes fitting and adjustment	45.00
L1904 <sup>F2</sup>	AFO, molded ankle gauntlet, custom fabricated	290.00
L1906 <sup>F2</sup>	AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment	75.00
L1907 <sup>F6</sup>	AFO, supramalleolar with straps, with or without interface/pads, custom fabricated	397.93
L1910 <sup>F6</sup>	AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	145.00
L1920 <sup>F6</sup>	AFO, single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	228.00
L1930 <sup>F6</sup>	AFO, plastic or other material, prefabricated, includes fitting and adjustment	194.00
L1932 <sup>F6</sup>	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	410.00
L1940 <sup>F6</sup>	AFO, plastic or other material, custom fabricated	410.00
L1945 <sup>F6</sup>	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated	410.00
L1950 <sup>F4</sup>	AFO, spiral (IRM type), plastic, custom fabricated	690.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L1951 <sup>F4</sup>	<b>AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment</b>	\$593.92
L1960 <sup>F7</sup>	<b>AFO, posterior solid ankle, plastic, custom fabricated</b>	550.00
L1970 <sup>F7</sup>	<b>AFO, plastic, with ankle joint, custom fabricated</b>	750.00
L1971 <sup>F6</sup>	<b>AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment</b>	331.47
L1980 <sup>F6</sup>	<b>AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated</b>	250.00
L1990 <sup>F6</sup>	<b>AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated</b>	295.00
<b><u>KNEE-ANKLE-FOOT-ORTHOSIS (OR ANY COMBINATION)</u></b>		
L2000 <sup>F4</sup>	<b>KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated</b>	650.00
L2005 <sup>F4</sup>	<b>KAFO, any material, single or double upright, stance control, automatic lock and swing phase release, mechanical activation, includes ankle joint, any type, custom fabricated</b>	2,828.47
L2010 <sup>F4</sup>	<b>KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated</b>	750.00
L2020 <sup>F4</sup>	<b>KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated</b>	775.00
L2030 <sup>F4</sup>	<b>KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated</b>	705.00
<b><u>L2034</u></b> <sup>F4</sup>	<b>KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated</b>	PA
L2035 <sup>F4</sup>	<b>KAFO, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment</b>	130.74
L2036 <sup>F4</sup>	<b>KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated</b>	1,554.50
L2037 <sup>F4</sup>	<b>KAFO, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated</b>	1,554.50
L2038 <sup>F3</sup>	<b>KAFO, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated</b>	1,100.00
<b>TORSION CONTROL – HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)</b>		
L2040 <sup>F4</sup>	<b>HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated</b>	75.00
L2050 <sup>F4</sup>	<b>HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated</b>	295.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L2060 <sup>F4</sup>	<b>HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated</b>	\$310.00
L2070 <sup>F4</sup>	<b>HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated</b>	65.00
L2080 <sup>F4</sup>	<b>HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated</b>	210.00
L2090 <sup>F4</sup>	<b>HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated</b>	225.00

FRACTURE ORTHOSES

L2106 <sup>F2</sup>	<b>AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated</b>	427.50
L2108 <sup>F2</sup>	<b>AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated</b>	625.00
L2112 <sup>F2</sup>	<b>AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment</b>	350.00
L2114 <sup>F2</sup>	<b>AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment</b>	375.00
L2116 <sup>F2</sup>	<b>AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment</b>	427.50
L2126 <sup>F2</sup>	<b>KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated</b>	850.00
L2128 <sup>F2</sup>	<b>KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated</b>	1,200.00
L2132 <sup>F2</sup>	<b>KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment</b>	750.00
L2134 <sup>F2</sup>	<b>KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment</b>	675.00
L2136 <sup>F2</sup>	<b>KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment</b>	975.00

ADDITIONS TO FRACTURE ORTHOSIS

L2180 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints</b>	50.00
L2182 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, drop lock knee joint</b>	35.00
L2184 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, limited motion knee joint</b>	35.00
L2186 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type</b>	120.00
L2188 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis quadrilateral brim</b>	455.00
L2190 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, waist belt</b>	67.00
L2192 <sup>F2</sup>	<b>Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt</b>	290.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>ADDITIONS TO LOWER EXTREMITY ORTHOSES: SHOE – ANKLE – SHIN – KNEE</u>		
L2220 <sup>F6</sup>	<b>Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint</b>	\$55.50
L2230 <sup>F6</sup>	<b>Addition to lower extremity, split flat caliper stirrups and plate attachment</b>	57.76
L2232 <sup>F6</sup>	<b>Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only</b>	30.00
L2250 <sup>F6</sup>	<b>Addition to lower extremity, foot plate, molded to patient model, stirrup attachment</b>	182.00
L2260 <sup>F6</sup>	<b>Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)</b>	380.00
L2265 <sup>F6</sup>	<b>Addition to lower extremity, long tongue stirrup</b>	85.00
L2270 <sup>F6</sup>	<b>Addition to lower extremity, varus/valgus correction (“T”) strap, padded/lined or malleolus pad</b>	32.00
L2275 <sup>F6</sup>	<b>Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined</b>	150.00
L2280 <sup>F2</sup>	<b>Addition to lower extremity, molded inner boot</b>	270.00
L2300 <sup>F2</sup>	<b>Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable</b>	315.00
L2310 <sup>F2</sup>	<b>Addition to lower extremity, abduction bar-straight</b>	60.00
L2320 <sup>F6</sup>	<b>Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only</b>	260.00
L2330 <sup>F6</sup>	<b>Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only</b>	480.00
L2335 <sup>F4</sup>	<b>Addition to lower extremity, anterior swing band</b>	75.00
L2340 <sup>F3</sup>	<b>Addition to lower extremity, pre-tibial shell, molded to patient model</b>	255.00
L2350 <sup>F3</sup>	<b>Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for ‘PTB’ ‘AFO’ orthosis)</b>	975.00
L2360 <sup>F5</sup>	<b>Addition to lower extremity, extended steel shank</b>	50.00
L2370 <sup>F3</sup>	<b>Addition to lower extremity, Patten bottom</b>	130.00
L2375 <sup>F6</sup>	<b>Addition to lower extremity, torsion control ankle joint and half solid stirrup</b>	45.00
L2380 <sup>F7</sup>	<b>Addition to lower extremity, torsion control straight knee joint, each joint</b>	26.00
L2385 <sup>F7</sup>	<b>Addition to lower extremity, straight knee joint, heavy duty, each joint</b>	32.00
<u>L2387</u> <sup>F4</sup>	<b>Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint</b>	PA
L2390 <sup>F7</sup>	<b>Addition to lower extremity, offset knee joint, each joint</b>	26.00
L2395 <sup>F7</sup>	<b>Addition to lower extremity, offset knee joint, heavy duty, each joint</b>	26.00
L2397 <sup>F7</sup>	<b>Addition to lower extremity orthosis, suspension sleeve</b>	24.00

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS</u>		
L2405 <sup>F19</sup>	Addition to knee joint, drop lock, each	\$35.00
L2415 <sup>F7</sup>	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	45.00
L2425 <sup>F4</sup>	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	122.50
L2430 <sup>F4</sup>	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	122.50
L2492 <sup>F6</sup>	Addition to knee joint, lift loop for drop lock ring	45.00
<u>ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/ISCHIAL WEIGHT BEARING</u>		
L2500 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	168.00
L2510 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	720.00
L2520 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	450.00
L2525 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	2,000.00
L2526 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	1,200.00
L2530 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	250.00
L2540 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	264.00
L2550 <sup>F4</sup>	Addition to lower extremity, thigh/weight bearing, high roll cuff	310.00
<u>ADDITIONS – PELVIC AND THORACIC CONTROL</u>		
L2570 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each	155.00
L2580 <sup>F4</sup>	Addition to lower extremity, pelvic control, pelvic sling	350.00
L2600 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	85.00
L2610 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each	310.00
L2620 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	330.00
L2622 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	140.00
L2624 <sup>F4</sup>	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	250.00
L2627 <sup>F4</sup>	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1,110.00
L2628 <sup>F4</sup>	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1,110.00

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L2630 <sup>F4</sup>	<b>Addition to lower extremity, pelvic control, band and belt, unilateral</b>	\$400.00
L2640 <sup>F4</sup>	<b>Addition to lower extremity, pelvic control, band and belt, bilateral</b>	490.50
L2650 <sup>F4</sup>	<b>Addition to lower extremity, pelvic and thoracic control, gluteal pad, each</b>	27.50
L2660 <sup>F4</sup>	<b>Addition to lower extremity, thoracic control, thoracic band</b>	118.00
L2670 <sup>F4</sup>	<b>Addition to lower extremity, thoracic control, paraspinal uprights</b>	133.00
L2680 <sup>F4</sup>	<b>Addition to lower extremity, thoracic control, lateral support uprights</b>	126.00
<b><u>ADDITIONS – GENERAL</u></b>		
L2750 <sup>F6</sup>	<b>Addition to lower extremity orthosis, plating chrome or nickel, per bar</b>	100.00
L2755 <sup>F6</sup>	<b>Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only</b>	60.00
L2760 <sup>F20</sup>	<b>Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)</b>	64.00
L2768 <sup>F7</sup>	<b>Orthotic side bar disconnect device, per bar</b>	92.14
L2770 <sup>F7</sup>	<b>Addition to lower extremity orthosis, any material, per bar or joint</b>	29.00
L2780 <sup>F6</sup>	<b>Addition to lower extremity orthosis, non-corrosive finish, per bar</b>	60.00
L2785 <sup>F19</sup>	<b>Addition to lower extremity orthosis, drop lock retainer, each</b>	24.50
L2795 <sup>F6</sup>	<b>Addition to lower extremity orthosis, knee control, full kneecap</b>	53.50
L2800 <sup>F6</sup>	<b>Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only</b>	75.00
L2810 <sup>F6</sup>	<b>Addition to lower extremity orthosis, knee control, condylar pad</b>	30.00
L2820 <sup>F6</sup>	<b>Addition to lower extremity orthosis, soft interface for molded plastic, below knee section</b> (covered for documented history of skin breakdown)	210.00
L2830 <sup>F6</sup>	<b>Addition to lower extremity orthosis, soft interface for molded plastic, above knee section</b> (covered for documented history of skin breakdown)	250.00
L2840 <sup>F7</sup>	<b>Addition to lower extremity orthosis, tibial length sock, fracture or equal, each</b>	30.00
L2850 <sup>F7</sup>	<b>Addition to lower extremity orthosis, femoral length sock, fracture or equal, each</b>	40.00
L2860 <sup>F19</sup>	<b>Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each</b>	140.00
<u>L2999</u> <sup>F10</sup>	<b>Lower extremity orthoses, not otherwise specified</b>	PA

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b>ORTHOTIC DEVICES – UPPER LIMB</b>		
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.		
<u>SHOULDER ORTHOSIS (SO)</u>		
L3650 <sup>F3</sup>	<b>SO, figure of “8” design abduction restrainer, prefabricated, includes fitting and adjustment</b>	\$40.00
L3651 <sup>F6</sup>	<b>SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	40.00
L3652 <sup>F6</sup>	<b>SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra)</b>	80.00
L3660 <sup>F3</sup>	<b>SO, figure of “8” design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment</b>	40.00
L3670 <sup>F3</sup>	<b>SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment</b>	140.00
<u>L3671</u> <sup>F4</sup>	<b>SO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<u>L3672</u> <sup>F4</sup>	<b>SO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<u>L3673</u> <sup>F4</sup>	<b>SO, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
L3675 <sup>F4</sup>	<b>SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment</b>	160.00
<u>L3677</u> <sup>F6</sup>	<b>SO, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment</b>	PA
<u>ELBOW ORTHOSIS (EO)</u>		
L3700 <sup>F16</sup>	<b>EO, elastic with stays, prefabricated, includes fitting and adjustment</b>	48.00
<u>L3702</u> <sup>F4</sup>	<b>EO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
L3710 <sup>F16</sup>	<b>EO, elastic with metal joints, prefabricated, includes fitting and adjustment</b>	77.00
L3720 <sup>F3</sup>	<b>EO, double upright with forearm/arm cuffs, free motion, custom fabricated</b>	775.00
L3730 <sup>F3</sup>	<b>EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated</b>	902.00
L3740 <sup>F3</sup>	<b>EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated</b>	1,402.00

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L3760 <sup>F2</sup>	EO, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	\$121.00
L3762 <sup>F16</sup>	EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment	69.20
<u>L3763</u> <sup>F4</sup>	EWHO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
<u>L3764</u> <sup>F4</sup>	EWHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
<u>L3765</u> <sup>F4</sup>	EWHFO, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
<u>L3766</u> <sup>F4</sup>	EWHFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA

WRIST-HAND-FINGER ORTHOSIS (WHFO)

L3800 <sup>F16</sup>	WHFO, short opponens, no attachments, custom fabricated	125.00
L3805 <sup>F16</sup>	WHFO, long opponens, no attachment, custom fabricated	275.00
L3807 <sup>F16</sup>	WHFO, without joint(s), prefabricated, includes fitting and adjustment, any type	168.86

ADDITIONS

L3810 <sup>F16</sup>	WHFO, addition to short and long oppens, thumb abduction ("C") bar	28.00
L3815 <sup>F16</sup>	WHFO, addition to short and long opponens, second M.P. abduction assist	49.50
L3820 <sup>F4</sup>	WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop	30.00
L3825 <sup>F16</sup>	WHFO, addition to short and long opponens, M.P. extension stop	30.00
L3830 <sup>F4</sup>	WHFO, addition to short and long opponens, M.P. extension assist	49.75
L3835 <sup>F4</sup>	WHFO, addition to short and long opponens, M.P. spring extension assist	50.00
L3840 <sup>F16</sup>	WHFO, addition to short and long opponens, spring swivel thumb	40.00
L3845 <sup>F16</sup>	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	50.00
L3850 <sup>F16</sup>	WHO, addition to short and long opponens, action wrist with dorsiflexion assist	450.00
L3855 <sup>F16</sup>	WHFO, addition to short and long opponens, adjustable M.P. flexion control	50.00
L3860 <sup>F16</sup>	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	75.00
L3890 <sup>F16</sup>	Addition to lower extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each	140.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION</u>		
L3900 <sup>F6</sup>	WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	\$585.00
<u>L3901</u> <sup>F6</sup>	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> <sup>F3</sup>	WHFO, external powered, compressed gas, custom fabricated	PA
<u>L3904</u> <sup>F3</sup>	WHFO, external powered, electric, custom fabricated	PA
<u>OTHER WHFO'S – CUSTOM-FITTED</u>		
<u>L3905</u> <sup>F4</sup>	WHO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
L3906 <sup>F6</sup>	WHO, wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	232.50
L3907 <sup>F6</sup>	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated	300.00
L3908 <sup>F16</sup>	WHO, wrist extension control cock-up, non-molded, prefabricated, includes fitting and adjustment	47.50
L3910 <sup>F2</sup>	WHFO, Swanson design, prefabricated, includes fitting and adjustment	217.50
L3912 <sup>F2</sup>	HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment	45.00
<u>L3913</u> <sup>F4</sup>	HFO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
L3914 <sup>F16</sup>	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment	76.00
L3916 <sup>F2</sup>	WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment	60.00
L3917 <sup>F2</sup>	HO, metacarpal fracture orthosis, prefabricated, includes fitting and adjustment	67.99
L3918 <sup>F6</sup>	HFO, knuckle bender, prefabricated, includes fitting and adjustment	40.00
<u>L3919</u> <sup>F4</sup>	HO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA
L3920 <sup>F2</sup>	HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	50.00
<u>L3921</u> <sup>F4</sup>	HFO, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	PA

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L3922 <sup>F6</sup>	HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment	\$47.50
L3923 <sup>F16</sup>	HFO, without joints, may include soft interface, straps, prefabricated, includes fitting and adjustment	25.00
L3924 <sup>F6</sup>	WHFO, Oppenheimer, prefabricated, includes fitting and adjustment	55.00
L3926 <sup>F6</sup>	WHFO, Thomas suspension, prefabricated, includes fitting and adjustment	57.50
L3928 <sup>F6</sup>	HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment	28.00
L3930 <sup>F6</sup>	WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment	35.00
L3932 <sup>F6</sup>	FO, safety pin, spring wire, prefabricated, includes fitting and adjustment	27.50
<u>L3933</u> <sup>F4</sup>	FO, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	PA
L3934 <sup>F6</sup>	FO, safety pin, modified, prefabricated, includes fitting and adjustment	28.00
<u>L3935</u> <sup>F6</sup>	FO, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	PA
L3936 <sup>F6</sup>	WHFO, Palmer, prefabricated, includes fitting and adjustment	50.00
L3938 <sup>F6</sup>	WHFO, dorsal wrist, prefabricated, includes fitting and adjustment	50.00
L3940 <sup>F2</sup>	WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment	54.50
L3942 <sup>F6</sup>	HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment	40.00
L3944 <sup>F2</sup>	HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment	40.00
L3946 <sup>F2</sup>	HFO, composite elastic, prefabricated, includes fitting and adjustment	32.50
L3948 <sup>F6</sup>	HFO, finger knuckle bender, prefabricated, includes fitting and adjustment	40.00
L3950 <sup>F2</sup>	WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment	71.00
L3952 <sup>F2</sup>	WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment	75.00
L3954 <sup>F2</sup>	HFO, spreading hand, prefabricated, includes fitting and adjustment	46.50

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>SHOULDER-ELBOW-WRIST-HAND ORTHOSIS(SEWHO)</u>		
<u>ABDUCTION POSITION-CUSTOM FITTED</u>		
L3960 <sup>F2</sup>	<b>SEWHO, abduction positioning, airplane design, prefabricated, includes fitting and adjustment</b>	\$372.50
<u>L3961</u> <sup>F2</sup>	<b>SEWHO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
L3962 <sup>F2</sup>	<b>SEWHO, abduction positioning, ERBS Palsey design, prefabricated, includes fitting and adjustment</b>	499.12
<u>ABDUCTION POSITION-CUSTOM FITTED</u>		
L3964 <sup>F3</sup>	<b>SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment</b>	592.43
L3965 <sup>F3</sup>	<b>SEO, mobile arm support, attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment</b>	803.55
L3966 <sup>F3</sup>	<b>SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment</b>	712.17
<u>L3967</u> <sup>F4</sup>	<b>SEWHO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<u>L3968</u> <sup>F3</sup>	<b>SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) , prefabricated, includes fitting and adjustment</b>	PA
L3969 <sup>F3</sup>	<b>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</b>	450.00
<u>ADDITIONS TO MOBILE ARM SUPPORTS</u>		
L3970 <sup>F3</sup>	<b>SEO, addition to mobile arm support,elevating proximal arm</b>	252.10
<u>L3971</u> <sup>F3</sup>	<b>SEWHO, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
L3972 <sup>F3</sup>	<b>SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control</b>	160.31
<u>L3973</u> <sup>F3</sup>	<b>SEWHO, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
L3974 <sup>F3</sup>	<b>SEO, addition to mobile arm support, supinator</b>	135.97

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>L3975</u></b> <sup>F3</sup>	<b>SEWHFO, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<b><u>L3976</u></b> <sup>F3</sup>	<b>SEWHFO, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<b><u>L3977</u></b> <sup>F3</sup>	<b>Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA
<b><u>L3978</u></b> <sup>F3</sup>	<b>Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment</b>	PA

FRACTURE ORTHOSES

L3980 <sup>F2</sup>	<b>Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment</b>	\$340.00
L3982 <sup>F2</sup>	<b>Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment</b>	420.00
L3984 <sup>F2</sup>	<b>Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment</b>	260.00
L3985 <sup>F2</sup>	<b>Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated</b>	575.00
L3986 <sup>F2</sup>	<b>Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example – Colles’ fracture) , custom fabricated</b>	410.00
L3995 <sup>F21</sup>	<b>Addition to upper extremity orthosis, sock, fracture or equal, each</b>	30.00
<b><u>L3999</u></b> <sup>F10</sup>	<b>Upper limb orthosis, not otherwise specified</b>	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 <sup>F7</sup>	<b>Replace girdle for spinal orthosis (CTLSO or SO) (e.g. Milwaukee)</b>	650.00
L4002 <sup>F22</sup>	<b>Replacement strap, any orthosis, includes all components, any length, any type</b>	20.00
L4010 <sup>F6</sup>	<b>Replace trilateral socket brim</b>	500.00
L4020 <sup>F6</sup>	<b>Replace quadrilateral socket brim, molded to patient model</b>	615.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L4030 <sup>F6</sup>	Replace quadrilateral socket brim, custom fitted	\$455.00
L4040 <sup>F6</sup>	Replace molded thigh lacer, for custom fabricated orthosis only	590.00
L4045 <sup>F6</sup>	Replace non-molded thigh lacer, for custom fabricated orthosis only	185.00
L4050 <sup>F6</sup>	Replace molded calf lacer, for custom fabricated orthosis only	590.00
L4055 <sup>F6</sup>	Replace non-molded calf lacer, for custom fabricated orthosis only	185.00
L4060 <sup>F6</sup>	Replace high roll cuff	115.00
L4070 <sup>F6</sup>	Replace proximal and distal upright for KAFO	101.00
L4080 <sup>F6</sup>	Replace metal bands KAFO, proximal thigh	52.50
L4090 <sup>F6</sup>	Replace metal bands KAFO-AFO, calf or distal thigh	52.50
L4100 <sup>F6</sup>	Replace leather cuff KAFO, proximal thigh	75.00
L4110 <sup>F6</sup>	Replace leather cuff KAFO-AFO, calf or distal thigh	60.00
L4130 <sup>F6</sup>	Replace pretibial shell	188.00

REPAIRS

L4205 <sup>F9</sup>	Repair of orthotic device, labor component, per 15 minutes (more than 2 hours requires prior approval)	5.75
L4210 <sup>F7</sup>	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 <sup>F7</sup>	#Foot, insert, removable, molded to patient model, "UCB" type, Berkeley shell, each	110.00
L3001 <sup>F7</sup>	#Foot, insert, removable, molded to patient model, Spenco, each	7.00
L3002 <sup>F6</sup>	#Foot, insert, removable, molded to patient model, plastazote or equal, each	BR
L3003 <sup>F7</sup>	#Foot, insert, removable, molded to patient model, silicone gel, each	110.00
L3010 <sup>F6</sup>	#Foot, insert, removable, molded to patient model, longitudinal arch support, each	45.00
L3020 <sup>F6</sup>	#Foot, insert, removable, molded to patient model, longitudinal/metatarsal support, each	45.00
L3030 <sup>F7</sup>	#Foot, insert, removable, formed to patient foot, each	60.00

ARCH SUPPORT, REMOVABLE, PREMOLDED, EACH

L3040 <sup>F6</sup>	#Foot, arch support, removable, premolded, longitudinal, each	18.00
L3050 <sup>F7</sup>	#Foot, arch support, removable, premolded, metatarsal, each	13.00
L3060 <sup>F6</sup>	#Foot, arch support, removable, premolded, longitudinal/metatarsal, each	14.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>ARCH SUPPORT, NON-REMOVABLE, ATTACHED TO SHOE</u>		
L3070 <sup>F7</sup>	<b>#Foot, arch support, non-removable attached to shoe, longitudinal, each</b>	\$20.00
L3080 <sup>F7</sup>	<b>#Foot, arch support, non-removable attached to shoe, metatarsal, each</b>	9.00
L3090 <sup>F7</sup>	<b>#Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each</b>	9.00
L3100 <sup>F7</sup>	<b>#Hallus-valgus night dynamic splint</b>	18.00
<u>ABDUCTION AND ROTATION BARS</u>		
L3140 <sup>F7</sup>	<b>#Foot, abduction rotation bars, including shoes (Dennis Browne type)</b>	58.97
L3150 <sup>F7</sup>	<b>Foot, abduction rotation bars, without shoe(s) (Dennis Browne type)</b>	33.74
L3160 <sup>F7</sup>	<b>Foot, adjustable shoe-styled positioning device</b>	130.00
L3170 <sup>F7</sup>	<b>#Foot, plastic, silicone or equal, heel stabilizer, each</b>	23.00
<u>ORTHOPEDIC FOOTWEAR</u>		
L3201 <sup>F7</sup>	<b>#Orthopedic shoe, oxford with supinator or pronator, infant (each)</b>	30.00
L3202 <sup>F7</sup>	<b>#Orthopedic shoe, oxford with supinator or pronator, child (each)</b>	35.00
L3203 <sup>F7</sup>	<b>#Orthopedic shoe, oxford with supinator or pronator, junior (each)</b>	35.00
L3204 <sup>F7</sup>	<b>#Orthopedic shoe, hightop with supinator or pronator, infant (each)</b>	30.00
L3206 <sup>F7</sup>	<b>#Orthopedic shoe, hightop with supinator or pronator, child (each)</b>	35.00
L3207 <sup>F7</sup>	<b>#Orthopedic shoe, hightop with supinator or pronator, junior (each)</b>	35.00
L3208 <sup>F7</sup>	<b>#Surgical boot, each, infant</b>	20.00
L3209 <sup>F7</sup>	<b>#Surgical boot, each, child</b>	25.00
L3211 <sup>F7</sup>	<b>#Surgical boot, each, junior</b>	25.00
L3212 <sup>F7</sup>	<b>#Benesch boot, pair, infant</b>	22.00
L3213 <sup>F7</sup>	<b>#Benesch boot, pair, child</b>	22.00
L3214 <sup>F7</sup>	<b>#Benesch boot, pair, junior</b>	22.00
L3215 <sup>F7</sup>	<b>#Orthopedic footwear, ladies shoe, oxford, each</b>	32.50
L3216 <sup>F7</sup>	<b>#Orthopedic footwear, ladies shoe, depth inlay, each</b>	45.00
L3217 <sup>F7</sup>	<b>#Orthopedic footwear, ladies shoe, hightop, depth inlay, each</b>	45.00
L3219 <sup>F7</sup>	<b>#Orthopedic footwear, mens shoe, oxford, each</b>	40.00
L3221 <sup>F7</sup>	<b>#Orthopedic footwear, mens shoe, depth inlay, each</b>	52.50
L3222 <sup>F7</sup>	<b>#Orthopedic footwear, mens shoe, hightop, depth inlay, each</b>	52.50
L3224 <sup>F7</sup>	<b>#Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis) (each)</b>	32.50
L3225 <sup>F7</sup>	<b>#Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis) (each)</b>	40.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L3230 <sup>F7</sup>	# Orthopedic footwear, custom (molded to patient) shoe, depth inlay, each	\$90.00
L3250 <sup>F7</sup>	#Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	80.00
L3252 <sup>F7</sup>	#Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	18.00
L3253 <sup>F7</sup>	#Foot, molded shoe plastazote (or similar) custom fitted, each	50.00
L3254 <sup>F7</sup>	#Non-standard size or width	2.06
L3255 <sup>F7</sup>	#Non-standard size or length	3.30
L3257 <sup>F7</sup>	#Orthopedic footwear, additional charge for split size	12.00
L3260 <sup>F7</sup>	#Surgical boot/shoe, each	14.00
L3265 <sup>F7</sup>	#Plastazote sandal, each	25.00

SHOE MODIFICATION - LIFTS

L3300 <sup>F7</sup>	#Lift, elevation, heel, tapered to metatarsals, per inch	40.00
L3310 <sup>F7</sup>	#Lift, elevation, heel and sole, neoprene, per inch	23.00
L3320 <sup>F7</sup>	#Lift, elevation, heel and sole, cork, per inch	45.00
L3330 <sup>F7</sup>	#Lift, elevation, metal extension (skate)	BR
L3332 <sup>F7</sup>	#Lift, elevation, inside shoe, tapered, up to one-half inch	6.00
L3334 <sup>F7</sup>	#Lift, elevation, heel, per inch	20.00

SHOE MODIFICATION - WEDGES

L3340 <sup>F7</sup>	#Heel wedge, SACH	19.00
L3350 <sup>F7</sup>	#Heel wedge	7.00
L3360 <sup>F7</sup>	#Sole wedge, outside sole	11.00
L3370 <sup>F7</sup>	#Sole wedge, between sole	11.00
L3380 <sup>F7</sup>	#Clubfoot wedge	11.00
L3390 <sup>F7</sup>	#Outflare wedge	11.00
L3400 <sup>F7</sup>	#Metatarsal bar wedge, rocker	30.00
L3410 <sup>F7</sup>	#Metatarsal bar wedge, between sole	18.00
L3420 <sup>F7</sup>	#Full sole and heel wedge, between sole	18.00

SHOE MODIFICATION - HEELS

L3430 <sup>F7</sup>	#Heel counter, plastic reinforced	4.50
L3440 <sup>F7</sup>	#Heel, counter, leather reinforced	4.50
L3450 <sup>F7</sup>	#Heel, sach cushion type	4.50
L3455 <sup>F7</sup>	#Heel, new leather, standard	4.50
L3460 <sup>F7</sup>	#Heel, new rubber, standard	4.50
L3465 <sup>F7</sup>	#Heel, Thomas with wedge	4.50
L3470 <sup>F7</sup>	#Heel, Thomas extended to ball	4.50
L3480 <sup>F7</sup>	#Heel, pad and depression for spur	22.00
L3485 <sup>F7</sup>	#Heel, pad, removable for spur	35.00

MISCELLANEOUS SHOE ADDITIONS

L3540 <sup>F7</sup>	#Orthopedic shoe addition, sole, full (each)	20.00
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**Durable Medical Equipment Fee Schedule**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L3570 <sup>F7</sup>	<b>Orthopedic shoe addition, special extension to instep (leather with eyelets)</b>	\$12.00
L3580 <sup>F7</sup>	<b>Orthopedic shoe addition, convert instep to velcro closure</b>	13.00
<u>TRANSFERS OR REPLACEMENT</u>		
L3600 <sup>F7</sup>	<b>Transfer of an orthosis from one shoe to another, calliper plate, existing</b>	50.00
L3610 <sup>F7</sup>	<b>Transfer of an orthosis from one shoe to another, caliper plate, new</b>	65.00
<u>SHOE CORRECTIONS AND MODIFICATIONS</u>		
L3620 <sup>F7</sup>	<b>Transfer of an orthosis from one shoe to another, solid stirrup, existing</b>	45.00
L3630 <sup>F7</sup>	<b>Transfer of an orthosis from one shoe to another, solid stirrup, new</b>	75.00
L3640 <sup>F7</sup>	<b>Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes</b>	16.00
L3649 <sup>F7</sup>	<b>#Orthopedic shoe, modification, addition or transfer, not otherwise specified</b> (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

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b>LOWER LIMB</b>		
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”.		
<u>PARTIAL FOOT</u>		
L5000 <sup>F6</sup>	<b>Partial foot, shoe insert with longitudinal arch, toe filler</b>	\$300.00
L5010 <sup>F6</sup>	<b>Partial foot, molded socket, ankle height, with toe filler</b>	425.00
L5020 <sup>F6</sup>	<b>Partial foot, molded socket, tibial tubercle height, with toe filler</b>	1,019.50
<u>ANKLE</u>		
L5050 <sup>F4</sup>	<b>Ankle, Symes, molded socket, SACH foot</b>	1,500.00
<u>BELOW KNEE</u>		
L5100 <sup>F4</sup>	<b>Below knee, molded socket, shin, SACH foot</b>	1,635.00
L5105 <sup>F4</sup>	<b>Below knee, plastic socket, joints and thigh lacer, SACH foot</b>	2,850.00
<u>KNEE DISARTICLUATION</u>		
L5150 <sup>F4</sup>	<b>Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot</b>	2,000.00
L5160 <sup>F4</sup>	<b>Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot</b>	2,235.00
<u>ABOVE KNEE</u>		
L5200 <sup>F4</sup>	<b>Above knee, molded socket, single axis constant friction knee, shin, SACH foot</b>	2,000.00
L5210 <sup>F19</sup>	<b>Above knee, short prosthesis, no knee joint (“stubbies”), with foot blocks, no ankle joints, each</b>	2,630.00
L5220 <sup>F19</sup>	<b>Above knee, short prosthesis, no knee joint (“stubbies”), with articulated ankle/foot, dynamically aligned, each</b>	2,236.62
L5230 <sup>F4</sup>	<b>Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot</b>	2,150.00
<u>HIP DISARTICLUATION</u>		
L5250 <sup>F4</sup>	<b>Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot</b>	3,135.00
L5270 <sup>F4</sup>	<b>Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot</b>	3,000.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>HEMIPELVECTOMY</u>		
L5280 <sup>F4</sup>	<b>Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot</b>	\$3,500.00
<u>ENDOSKELETAL – BELOW KNEE</u>		
For prosthetic covers, see codes L5704-L5707		
L5301 <sup>F4</sup>	<b>Below knee, molded socket, shin, SACH foot, endoskeletal system</b>	1,300.00
<u>ENDOSKELETAL – KNEE DISARTICULATION</u>		
L5311 <sup>F4</sup>	<b>Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot endoskeletal system</b>	1,825.00
<u>ENDOSKELETAL – ABOVE KNEE</u>		
L5321 <sup>F4</sup>	<b>Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee</b>	2,010.00
<u>ENDOSKELETAL – HIP DISARTICULATION</u>		
L5331 <sup>F4</sup>	<b>Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot</b>	2,531.00
<u>ENDOSKELETAL – HEMIPELVECTOMY</u>		
L5341 <sup>F4</sup>	<b>Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot</b>	2,861.00
<u>IMMEDIATE POST SURGICAL OR EARLY FITTING PROCEDURES</u>		
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 <sup>F2</sup>	<b>Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee</b>	705.00
L5410 <sup>F2</sup>	<b>Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment</b>	305.00
L5420 <sup>F2</sup>	<b>Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change “AK” or knee disarticulation</b>	900.00
L5430 <sup>F2</sup>	<b>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</b>	305.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5450 <sup>F18</sup>	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	\$705.00
L5460 <sup>F18</sup>	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	900.00

INITIAL PROSTHESIS

L5500 <sup>F2</sup>	Initial, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	\$633.50
L5505 <sup>F2</sup>	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 <sup>F2</sup>	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	1,180.00
L5520 <sup>F2</sup>	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	1,250.00
L5530 <sup>F2</sup>	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	1,767.00
L5535 <sup>F2</sup>	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket	1,235.00
L5540 <sup>F2</sup>	Preparatory, below knee “PTB” type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	1,850.00
L5560 <sup>F2</sup>	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 <sup>F2</sup>	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 <sup>F2</sup>	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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5585 <sup>F2</sup>	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 <sup>F2</sup>	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 <sup>F2</sup>	Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	3,300.00

ADDITIONS TO LOWER EXTREMITY

L5600 <sup>F2</sup>	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	3,895.00
L5610 <sup>F4</sup>	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	1,650.00
L5611 <sup>F4</sup>	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with friction swing phase control	1,050.00
L5613 <sup>F4</sup>	Addition to lower extremity, endoskeletal system, above knee–knee disarticulation, 4-bar linkage, with hydraulic swing phase control	1,525.00
L5614 <sup>F4</sup>	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 <sup>F22</sup>	Addition to lower extremity, test socket, Symes	222.00
L5620 <sup>F22</sup>	Addition to lower extremity, test socket, below knee	222.00
L5622 <sup>F22</sup>	Addition to lower extremity, test socket, knee disarticulation	264.00
L5624 <sup>F22</sup>	Addition to lower extremity, test socket, above knee	264.00
L5626 <sup>F22</sup>	Addition to lower extremity, test socket, hip disarticulation	280.00
L5628 <sup>F22</sup>	Addition to lower extremity, test socket, hemipelvectomy	375.00
L5629 <sup>F22</sup>	Addition to lower extremity, below knee, acrylic socket	300.00

ADDITIONS - SOCKET VARIATIONS

L5630 <sup>F4</sup>	Addition to lower extremity, Symes type, expandable wall socket	250.00
L5631 <sup>F4</sup>	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	450.00
L5632 <sup>F4</sup>	Addition to lower extremity, Symes type, “PTB” Brim design socket	160.00
L5634 <sup>F4</sup>	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	350.00
L5636 <sup>F4</sup>	Addition to lower extremity, Symes type, medial opening socket	345.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5637 <sup>F4</sup>	Addition to lower extremity, below knee, total contact	\$650.00
L5638 <sup>F4</sup>	Addition to lower extremity, below knee, leather socket	465.00
L5639 <sup>F4</sup>	Addition to lower extremity, below knee, wood socket	600.00
L5640 <sup>F4</sup>	Addition to lower extremity, knee disarticulation, leather socket	675.00
L5642 <sup>F4</sup>	Addition to lower extremity, above knee, leather socket	590.00
L5643 <sup>F4</sup>	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	725.00
L5644 <sup>F4</sup>	Addition to lower extremity, above knee, wood socket	475.00
L5645 <sup>F4</sup>	Addition to lower extremity, below knee, flexible inner socket, external frame	425.00
L5646 <sup>F4</sup>	Addition to lower extremity, below knee, air, fluid, gel, or equal, cushion socket	494.50
L5647 <sup>F4</sup>	Addition to lower extremity, below knee suction socket	585.00
L5648 <sup>F4</sup>	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	528.12
L5649 <sup>F4</sup>	Addition to lower extremity, ischial containment/narrow M-L socket	1,000.00
L5650 <sup>F4</sup>	Addition to lower extremity, total contact, above knee or knee disarticulation socket	555.00
L5651 <sup>F4</sup>	Addition to lower extremity, above knee, flexible inner socket, external frame	725.00
L5652 <sup>F4</sup>	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	96.00
L5653 <sup>F4</sup>	Addition to lower extremity, knee disarticulation, expandable wall socket	300.00

ADDITIONS - SOCKET INSERT AND SUSPENSION

L5654 <sup>F7</sup>	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	210.00
L5655 <sup>F7</sup>	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	210.00
L5656 <sup>F7</sup>	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	250.00
L5658 <sup>F7</sup>	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	250.00
L5661 <sup>F7</sup>	Addition to lower extremity, socket insert, multi-durometer Symes	450.00
L5665 <sup>F7</sup>	Addition to lower extremity, socket insert, multi-durometer, below knee	350.00
L5666 <sup>F6</sup>	Addition to lower extremity, below knee, cuff suspension	35.00
L5668 <sup>F7</sup>	Addition to lower extremity, below knee, molded distal cushion	65.00
L5670 <sup>F6</sup>	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	180.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5671 <sup>F4</sup>	Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	\$1,110.00
L5672 <sup>F6</sup>	Addition to lower extremity, below knee, removable medial Brim suspension	100.00
L5673 <sup>F7</sup>	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 <sup>F4</sup>	Additions to lower extremity, below knee, knee joints, single axis, pair	275.00
L5677 <sup>F4</sup>	Additions to lower extremity, below knee, knee joints, polycentric, pair	125.00
L5678 <sup>F6</sup>	Additions to lower extremity, below knee, joint covers, pair	25.00
L5679 <sup>F7</sup>	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket inset, silicone gel, elastomeric or equal, not for use with locking mechanism	398.59
L5680 <sup>F4</sup>	Addition to lower extremity, below knee, thigh lacer, non-molded	285.00
L5681 <sup>F7</sup>	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 <sup>F4</sup>	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	510.00
L5683 <sup>F7</sup>	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 <sup>F6</sup>	Addition to lower extremity, below knee, fork strap	25.00
L5685 <sup>F7</sup>	Addition to lower extremity prosthesis, below knee, suspension/ sealing sleeve, with or without valve, any material, each	32.10
L5686 <sup>F6</sup>	Addition to lower extremity, below knee, back check (extension control)	54.00
L5688 <sup>F7</sup>	Addition to lower extremity, below knee, waist belt, webbing	50.00
L5690 <sup>F7</sup>	Addition to lower extremity, below knee, waist belt, padded and lined	60.00
L5692 <sup>F7</sup>	Addition to lower extremity, above knee, pelvic control belt, light	75.00
L5694 <sup>F7</sup>	Addition to lower extremity, above knee, pelvic control belt, padded and lined	85.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5695 <sup>F7</sup>	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	\$99.00
L5696 <sup>F4</sup>	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	135.00
L5697 <sup>F7</sup>	Addition to lower extremity, above knee or knee disarticulation, pelvic band	55.00
L5698 <sup>F7</sup>	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	80.00
L5699 <sup>F7</sup>	All lower extremity prostheses, shoulder harness	125.00

ADDITIONS - FEET ANKLE UNITS

L5700 <sup>F19</sup>	Replacement, socket, below knee, molded to patient model	1,200.00
L5701 <sup>F19</sup>	Replacement, socket, above knee-knee disarticulation, including attachment plate, molded to patient model	2,000.00
L5702 <sup>F19</sup>	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	2,700.00
<b>L5703<sup>F4</sup></b>	<b>Ankle, symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only</b>	PA
L5704 <sup>F6</sup>	Custom shaped protective cover, below knee	475.00
L5705 <sup>F6</sup>	Custom shaped protective cover, above knee	650.00
L5706 <sup>F6</sup>	Custom shaped protective cover, knee disarticulation	675.00
L5707 <sup>F6</sup>	Custom shaped protective cover, hip disarticulation	923.00
L5710 <sup>F6</sup>	Addition, exoskeletal knee-shin system, single axis, manual lock	240.00
L5711 <sup>F6</sup>	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	330.00
L5712 <sup>F6</sup>	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	293.00
L5714 <sup>F6</sup>	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	200.00

ADDITIONS – KNEE – SHIN SYSTEM

L5716 <sup>F6</sup>	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	280.00
L5722 <sup>F4</sup>	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	531.00
L5724 <sup>F4</sup>	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1,170.00
L5726 <sup>F4</sup>	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1,297.50
L5728 <sup>F4</sup>	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,405.00
L5780 <sup>F4</sup>	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	598.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>COMPONENT MODIFICATION</u>		
L5785 <sup>F4</sup>	<b>Addition, exoskeletal system, below knee, ultra light material (titanium, carbon fiber or equal)</b>	\$254.00
L5790 <sup>F4</sup>	<b>Addition, exoskeletal system, above knee, ultra light material (titanium, carbon fiber or equal)</b>	375.00
L5795 <sup>F4</sup>	<b>Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)</b>	575.00
<u>ENDOSKELETAL</u>		
L5810 <sup>F6</sup>	<b>Addition, endoskeletal knee-shin system, single axis, manual lock</b>	250.00
L5811 <sup>F6</sup>	<b>Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material</b>	325.00
L5812 <sup>F6</sup>	<b>Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)</b>	275.00
L5814 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock</b>	2,761.26
L5816 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock</b>	644.10
L5818 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control</b>	779.49
L5822 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control</b>	2,257.00
L5824 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, single axis, fluid swing phase control</b>	2,548.00
L5826 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame</b>	3,945.00
L5828 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control</b>	3,020.00
L5830 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control</b>	1,625.00
L5840 <sup>F4</sup>	<b>Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, pneumatic swing phase control</b>	3,500.00
L5845 <sup>F4</sup>	<b>Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable</b>	1,332.63
L5850 <sup>F4</sup>	<b>Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist</b>	60.00
L5855 <sup>F4</sup>	<b>Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist</b>	100.00
<u>L5856</u> <sup>F6</sup>	<b>Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type</b>	PA

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5857 <sup>F6</sup>	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	PA
L5858 <sup>F4</sup>	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	PA
L5910 <sup>F7</sup>	Addition, endoskeletal system, below knee, alignable system	\$250.00
L5920 <sup>F7</sup>	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	250.00
L5925 <sup>F4</sup>	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	100.00
L5930 <sup>F4</sup>	Addition, endoskeletal system, high activity knee control frame	2,552.81
L5940 <sup>F4</sup>	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	475.00
L5950 <sup>F4</sup>	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	650.00
L5960 <sup>F4</sup>	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	950.00
L5962 <sup>F4</sup>	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	450.00
L5964 <sup>F4</sup>	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	600.00
L5966 <sup>F4</sup>	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	700.00
L5968 <sup>F3</sup>	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	3,810.00
L5970 <sup>F3</sup>	All lower extremity prostheses, foot, external keel, each foot	145.00
L5971 <sup>F4</sup>	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	PA
L5972 <sup>F4</sup>	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic, or equal)	175.00
L5974 <sup>F4</sup>	All lower extremity prostheses, foot, single axis ankle/foot	110.00
L5975 <sup>F4</sup>	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	1,742.00
L5976 <sup>F3</sup>	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	475.00
L5978 <sup>F4</sup>	All lower extremity prostheses, foot, multi-axial ankle/foot (Gressinger or equal)	150.00
L5979 <sup>F4</sup>	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	375.00
L5980 <sup>F3</sup>	All lower extremity prostheses, flex foot system	3,500.00
L5981 <sup>F3</sup>	All lower extremity prostheses, flex-walk system or equal	1,850.00
L5982 <sup>F4</sup>	All exoskeletal lower extremity prostheses, axial rotation unit	275.00
L5984 <sup>F4</sup>	All endoskeletal lower extremity prostheses, axial rotation unit, with or without adjustability	248.50

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L5985 <sup>F3</sup>	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	\$214.16
L5986 <sup>F4</sup>	All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal)	275.00
L5987 <sup>F3</sup>	All lower extremity prosthesis, shank foot system with vertical loading pylon	5,348.57
L5988 <sup>F4</sup>	Addition to lower limb prosthesis, vertical shock reducing pylon feature	1,755.00
L5990 <sup>F3</sup>	Addition to lower extremity prosthesis, user adjustable heel height	1,285.48
<u>L5995</u> <sup>F6</sup>	Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs)	PA
<u>L5999</u> <sup>F10</sup>	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 <sup>F3</sup>	Partial hand, Robin-Aids, thumb remaining (or equal)	1,025.00
L6010 <sup>F3</sup>	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	1,000.00
L6020 <sup>F3</sup>	Partial hand, Robin-Aids, no finger remaining (or equal)	1,050.00
<u>L6025</u> <sup>F6</sup>	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 <sup>F3</sup>	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,480.00
L6055 <sup>F3</sup>	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	1,847.00

BELOW ELBOW

L6100 <sup>F3</sup>	Below elbow, molded socket, flexible elbow hinge, triceps pad	1,890.00
L6110 <sup>F3</sup>	Below elbow, molded socket, (Muenster or Northwestern suspension types)	2,080.00
L6120 <sup>F3</sup>	Below elbow, molded double wall split socket, step-up hinges, half cuff	2,290.00
L6130 <sup>F3</sup>	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	2,415.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>ELBOW DISARTICULATION</u>		
L6200 <sup>F3</sup>	Elbow disarticulation, molded socket, outside locking hinge, forearm	\$1,532.50
L6205 <sup>F3</sup>	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	2,300.00
<u>ABOVE ELBOW</u>		
L6250 <sup>F3</sup>	Above elbow, molded double wall socket, internal locking elbow, forearm	2,150.00
<u>SHOULDER DISARTICULATION</u>		
L6300 <sup>F3</sup>	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	3,000.00
L6310 <sup>F3</sup>	Shoulder disarticulation, passive restoration (complete prosthesis)	1,950.00
L6320 <sup>F3</sup>	Shoulder disarticulation, passive restoration (shoulder cap only)	850.00
<u>INTERSCAPULAR THORACIC</u>		
L6350 <sup>F3</sup>	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	4,025.00
L6360 <sup>F3</sup>	Interscapular thoracic, passive restoration (complete prosthesis)	2,975.00
L6370 <sup>F3</sup>	Interscapular thoracic, passive restoration (shoulder cap only)	1,875.00
<u>IMMEDIATE AND EARLY POST SURGICAL PROCEDURES</u>		
L6380 <sup>F2</sup>	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
L6382 <sup>F2</sup>	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 <sup>F2</sup>	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 <sup>F2</sup>	Immediate post surgical or early fitting, each additional cast change and realignment	305.00
L6388 <sup>F2</sup>	Immediate post surgical or early fitting, application of rigid dressing only	705.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>ENDOSKELETAL – BELOW ELBOW</u>		
L6400 <sup>F2</sup>	<b>Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping</b>	\$1,850.00
<u>ENDOSKELETAL – ELBOW DISARTICULATION</u>		
L6450 <sup>F2</sup>	<b>Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping</b>	2,200.00
<u>ENDOSKELETAL – ABOVE ELBOW</u>		
L6500 <sup>F2</sup>	<b>Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping</b>	2,000.00
<u>ENDOSKELETAL – SHOULDER DISARTICULATION</u>		
L6550 <sup>F2</sup>	<b>Shoulder disarticulation, molded socket endoskeletal system, including soft prosthetic tissue shaping</b>	2,390.00
<u>ENDOSKELETAL – INTERSCAPULAR THORACIC</u>		
L6570 <sup>F2</sup>	<b>Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping</b>	3,529.98
L6580 <sup>F2</sup>	<b>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</b>	1,070.00
L6582 <sup>F2</sup>	<b>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</b>	918.00
L6584 <sup>F2</sup>	<b>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</b>	1,350.00
L6586 <sup>F2</sup>	<b>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</b>	1,200.00
L6588 <sup>F2</sup>	<b>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</b>	1,800.00
L6590 <sup>F2</sup>	<b>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</b>	1,650.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>ADDITIONS – UPPER LIMB</u></b>		
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 <sup>F6</sup>	Upper extremity additions, polycentric hinge, pair	\$194.00
L6605 <sup>F6</sup>	Upper extremity additions, single pivot hinge, pair	175.00
L6610 <sup>F6</sup>	Upper extremity additions, flexible metal hinge, pair	90.00
L6615 <sup>F4</sup>	Upper extremity addition, disconnect locking wrist unit	105.50
L6616 <sup>F6</sup>	Upper extremity addition, additional disconnect insert for locking wrist unit, each	37.00
L6620 <sup>F4</sup>	Upper extremity addition, flexion-friction wrist unit, with or without friction	205.00
<u>L6621</u> <sup>F4</sup>	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	PA
L6623 <sup>F4</sup>	Upper extremity addition, spring assisted rotational wrist unit with latch release	274.00
L6625 <sup>F4</sup>	Upper extremity addition, rotation wrist unit with cable lock	250.00
L6628 <sup>F4</sup>	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	75.00
L6629 <sup>F4</sup>	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	125.00
L6630 <sup>F4</sup>	Upper extremity addition, stainless steel, any wrist	25.00
L6632 <sup>F6</sup>	Upper extremity addition, latex suspension sleeve, each	42.00
L6635 <sup>F4</sup>	Upper extremity addition, lift assist for elbow	115.00
L6637 <sup>F4</sup>	Upper extremity addition, nudge control elbow lock	177.50
<u>L6638</u> <sup>F5</sup>	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	1,771.93
L6640 <sup>F4</sup>	Upper extremity additions, shoulder abduction joint, pair	300.00
L6641 <sup>F4</sup>	Upper extremity addition, excursion amplifier, pulley type	65.00
L6642 <sup>F4</sup>	Upper extremity addition, excursion amplifier, lever type	350.00
L6645 <sup>F4</sup>	Upper extremity addition, shoulder flexion-abduction joint, each	300.00
<u>L6646</u> <sup>F5</sup>	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 <sup>F4</sup>	Upper extremity addition, shoulder universal joint, each	300.00
L6655 <sup>F4</sup>	Upper extremity addition, standard control cable, extra	49.00
L6660 <sup>F4</sup>	Upper extremity addition, heavy duty control cable	64.00
L6665 <sup>F6</sup>	Upper extremity addition, Teflon, or equal, cable lining	35.00
L6670 <sup>F4</sup>	Upper extremity addition, hook to hand, cable adapter	25.00
L6672 <sup>F4</sup>	Upper extremity addition, harness, chest or shoulder, saddle type	133.00
L6675 <sup>F4</sup>	Upper extremity addition, harness, (e.g. figure of eight type) single cable design	90.00

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L6676 <sup>F4</sup>	Upper extremity addition, harness, (e.g. figure of eight type) dual cable design	\$130.00
<u>L6677</u> <sup>F4</sup>	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	PA
L6680 <sup>F7</sup>	Upper extremity addition, test socket, wrist disarticulation or below elbow	210.00
L6682 <sup>F7</sup>	Upper extremity addition, test socket, elbow disarticulation or above elbow	210.00
L6684 <sup>F7</sup>	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	330.00
L6686 <sup>F4</sup>	Upper extremity addition, suction socket	585.00
L6687 <sup>F4</sup>	Upper extremity addition, suction socket, below elbow or wrist disarticulation	425.00
L6688 <sup>F4</sup>	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	585.00
L6689 <sup>F4</sup>	Upper extremity addition, frame type socket, shoulder disarticulation	725.00
L6690 <sup>F4</sup>	Upper extremity addition, frame type socket, interscapular-thoracic	725.00
L6691 <sup>F7</sup>	Upper extremity addition, removable insert, each	210.00
L6692 <sup>F7</sup>	Upper extremity addition, silicone gel insert or equal, each	450.00
L6693 <sup>F4</sup>	Upper extremity addition, locking elbow, forearm counterbalance	3,078.00
L6694 <sup>F19</sup>	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 <sup>F19</sup>	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
<u>L6696</u> <sup>F6</sup>	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> <sup>F6</sup>	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 <sup>F6</sup>	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	177.50

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b>TERMINAL DEVICES</b>		
<u>HOOKS</u>		
L6700 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #3	\$225.00
L6705 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #5	220.00
L6710 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #5X	225.00
L6715 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #5XA	225.00
L6720 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #6	515.00
L6725 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #7	250.00
L6730 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #7LO	252.00
L6735 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #8	215.00
L6740 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #8X	225.00
L6745 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #88X	225.00
L6750 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #10P	225.00
L6755 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #10X	225.00
L6765 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #12P	225.00
L6770 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #99X	225.00
L6775 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #555	240.00
L6780 <sup>F3</sup>	Terminal device, hook, Dorrance, or equal, model #SS555	250.00
L6790 <sup>F3</sup>	Terminal device, hook, ACCU hook, or equal	248.00
L6795 <sup>F3</sup>	Terminal device, hook, 2 Load, or equal	600.00
L6800 <sup>F3</sup>	Terminal device, hook, APRL VC, or equal	635.00
L6805 <sup>F3</sup>	Terminal device, modifier wrist flexion unit	295.00
L6806 <sup>F3</sup>	Terminal device, hook, TRS grip, grip III, VC, or equal	900.00
L6807 <sup>F3</sup>	Terminal device, hook, Grip I, Grip II, VC, or equal	1,157.61
L6808 <sup>F3</sup>	Terminal device, hook, TRS, Adept, infant or child, VC, or equal	879.06
L6809 <sup>F3</sup>	Terminal device, hook, TRS Super Sport, passive	374.69
L6810 <sup>F3</sup>	Terminal device, pincher tool, Otto Bock or equal	115.00
<u>HANDS</u>		
L6825 <sup>F3</sup>	Terminal device, hand, dorrance, VO	662.50
L6830 <sup>F3</sup>	Terminal device, hand, APRL, VC	767.00
L6835 <sup>F3</sup>	Terminal device, hand, Sierra, VO	765.00
L6840 <sup>F3</sup>	Terminal device, hand, Becker Imperial	624.00
L6845 <sup>F3</sup>	Terminal device, hand, Becker Lock Grip	643.00
L6850 <sup>F3</sup>	Terminal device, hand, Becker Plylite	475.00
L6855 <sup>F3</sup>	Terminal device, hand, Robin-Aids, VO	545.00
L6860 <sup>F3</sup>	Terminal device, hand, Robin-Aids, VO Soft	408.00
L6865 <sup>F3</sup>	Terminal device, hand, passive hand	517.50
L6867 <sup>F2</sup>	Terminal device, hand, Detroit Infant Hand (mechanical)	811.66
L6868 <sup>F2</sup>	Terminal device, hand, passive infant hand, Steeper, Hosmer or equal	192.50
L6870 <sup>F7</sup>	Terminal device, hand, child mitt	142.00
L6872 <sup>F2</sup>	Terminal device, hand, NYU child hand	862.65

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
L6873 <sup>F2</sup>	Terminal device, hand, mechanical infant hand, Steeper or equal	\$374.79
L6875 <sup>F3</sup>	Terminal device, hand, Bock, VC	590.00
L6880 <sup>F3</sup>	Terminal device, hand, Bock, VO	570.00
<u>L6881</u> <sup>F6</sup>	Automatic grasp feature, addition to upper limb prosthetic terminal device	2,896.79
<u>L6882</u> <sup>F6</sup>	Microprocessor control feature, addition to upper limb prosthetic terminal device	2,197.34
<u>L6883</u> <sup>F4</sup>	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	PA
<u>L6884</u> <sup>F4</sup>	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	PA
<u>L6885</u> <sup>F4</sup>	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	PA
<u>GLOVES FOR ABOVE HANDS</u>		
L6890 <sup>F6</sup>	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	185.25
L6895 <sup>F6</sup>	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	278.00
<u>HAND RESTORATION</u>		
L6900 <sup>F4</sup>	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,050.00
L6905 <sup>F4</sup>	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1,050.00
L6910 <sup>F4</sup>	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	1,050.00
L6915 <sup>F6</sup>	Hand restoration (shading and measurements included), replacement glove for above	278.00
<b>EXTERNAL POWER</b>		
<u>BASE DEVICES</u>		
<u>L6920</u> <sup>F10</sup>	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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>L6925</u> F10	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> F10	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> F10	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> F10	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> F10	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> F10	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> F10	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> F10	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> F10	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
<u>L6970</u> F10	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

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<u>L6975</u> F10	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> F10	Electronic hand, Otto Bock, Steeper or equal, switch controlled	PA
<u>L7015</u> F10	Electronic hand, System Teknik, Variety Village or equal, switch controlled	PA
<u>L7020</u> F10	Electronic greifer, Otto Bock or equal, switch control	PA
<u>L7025</u> F10	Electronic hand, Otto Bock or equal, myoelectronically controlled	PA
<u>L7030</u> F10	Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled	PA
<u>L7035</u> F10	Electronic greifer, Otto Bock or equal myoelectronically controlled	PA
<u>L7040</u> F10	Prehensile actuator, Hosmer or equal, switch controlled	PA
<u>L7045</u> F10	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> F10	Electronic elbow, Hosmer or equal, switch controlled	PA
<u>L7180</u> F10	Electronic elbow, microprocessor sequential control of elbow and terminal device	PA
<u>L7181</u> F6	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	PA
<u>L7185</u> F10	Electronic elbow, adolescent, Variety Village or equal, switch controlled	PA
<u>L7186</u> F10	Electronic elbow, child, Variety Village or equal switch controlled	PA
<u>L7190</u> F10	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	PA
<u>L7191</u> F10	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	PA
<u>L7260</u> F10	Electronic wrist rotator, Otto Bock or equal	PA
<u>L7261</u> F10	Electronic wrist rotator, for Utah arm	PA
<u>L7266</u> F10	Servo control, Steeper or equal	PA
<u>L7272</u> F10	Analogue control, UNB or equal	PA
<u>L7274</u> F10	Proportional control, 6-12 volt, Liberty, Utah or equal	PA

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>BATTERY COMPONENTS</u></b>		
L7360 <sup>F10</sup>	<b>Six volt battery, Otto Bock or equal, each</b>	\$222.50
L7362 <sup>F10</sup>	<b>Battery charger, six volt, Otto Bock or equal</b>	211.00
L7364 <sup>F10</sup>	<b>Twelve volt battery, Utah or equal, each</b>	383.48
L7366 <sup>F10</sup>	<b>Battery charger, twelve volt, Utah or equal</b>	516.56
L7367 <sup>F10</sup>	<b>Lithium ion battery, replacement</b>	275.86
L7368 <sup>F6</sup>	<b>Lithium ion battery charger</b>	357.61
<u>L7499</u> <sup>F10</sup>	<b>Upper extremity prosthesis, not otherwise specified</b>	PA
<b><u>REPAIRS</u></b>		
L7510 <sup>F7</sup>	<b>Repair of prosthetic device, repair or replace minor parts (not to be billed in conjunction with L7520)</b>	35.00
L7520 <sup>F9</sup>	<b>Repair prosthetic device, labor component, per 15 minutes (includes evaluation) (more than 2 hours requires prior approval)</b>	5.75
<b>GENERAL</b>		
<b><u>BREAST AND HAIR PROSTHESIS (Also see Section 4.1)</u></b>		
L8010 <sup>F7</sup>	<b>Breast prosthesis, mastectomy sleeve</b>	49.22
L8035 <sup>F22</sup>	<b>Custom breast prosthesis, post mastectomy, molded to patient model</b>	180.63
<u>A9282</u> <sup>F2</sup>	<b>Wig, any type, each (coverage limited to medically-induced or congenital hair loss)</b>	110.84
<b><u>UPPER EXTREMITY ELASTIC SUPPORTS</u></b>		
S8421 <sup>F21</sup>	<b>Gradient pressure aid (sleeve and glove combination), ready made</b>	67.50
S8424 <sup>F21</sup>	<b>Gradient pressure aid (sleeve), ready made</b>	33.82
S8427 <sup>F21</sup>	<b>Gradient pressure aid (glove), ready made</b>	23.36
S8428 <sup>F21</sup>	<b>Gradient pressure aid (gauntlet), ready made</b>	22.69
<b><u>LOWER EXTREMITY ELASTIC SUPPORTS (surgical weight stockings, medium or heavy)</u></b>		
A6530 <sup>F7</sup>	<b>#Gradient compression stocking, below knee, 18-30 mm Hg each</b>	18.06
A6531 <sup>F7</sup>	<b>#Gradient compression stocking, below knee, 30-40 mm Hg, each</b>	18.88
A6532 <sup>F7</sup>	<b>#Gradient compression stocking, below knee, 40-50 mm Hg, each</b>	26.96
A6533 <sup>F7</sup>	<b>#Gradient compression stocking, thigh length, 18-30 mm Hg, each</b>	22.31
A6534 <sup>F7</sup>	<b>#Gradient compression stocking, thigh length, 30-40 mm Hg, each</b>	26.61
A6535 <sup>F7</sup>	<b>#Gradient compression stocking, thigh length, 40-50 mm Hg, each</b>	31.71

Durable Medical Equipment Fee Schedule

<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
A6536 <sup>F7</sup>	#Gradient compression stocking, full length/chap style, 18-30 mm Hg	\$31.47
A6537 <sup>F7</sup>	#Gradient compression stocking, elastic, full length/chap style 30-40 mm Hg, each	33.24
A6538 <sup>F7</sup>	#Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	43.22
A6539 <sup>F7</sup>	#Gradient compression stocking, waist length, 18-30 mm Hg, each (panty hose style)	62.72
A6540 <sup>F7</sup>	#Gradient compression stocking, waist length, 30-40 mm Hg, each (panty hose style)	101.23
A6541 <sup>F7</sup>	#Gradient compression stocking, waist length, 40-50 mm Hg, each (panty hose style)	104.94
A6542 <sup>F7</sup>	Gradient compression stocking, custom made	PA
A6543 <sup>F7</sup>	#Gradient compression stocking, lymphedema	30.00
A6544 <sup>F7</sup>	#Gradient compression stocking, garter belt	15.00
A6549 <sup>F7</sup>	#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 <sup>F6</sup>	Truss, single with standard pad	59.18
L8310 <sup>F6</sup>	Truss, double with standard pads	90.00
L8320 <sup>F6</sup>	Truss, addition to standard pad, water pad	25.00
L8330 <sup>F6</sup>	Truss, addition to standard pad, scrotal pad	30.00

PROSTHETIC SOCKS

L8400 <sup>F21</sup>	Prosthetic sheath, below knee, each	19.00
L8410 <sup>F21</sup>	Prosthetic sheath, above knee, each	18.00
L8415 <sup>F21</sup>	Prosthetic sheath, upper limb, each	19.00
L8417 <sup>F21</sup>	Prosthetic sheath/sock, including a gel cushion layer, below knee or above	31.80
L8420 <sup>F21</sup>	Prosthetic sock, multiple ply, below knee, each	15.84
L8430 <sup>F21</sup>	Prosthetic sock, multiple ply, above knee, each	16.67
L8435 <sup>F21</sup>	Prosthetic sock, multiple ply, upper limb, each	16.00
L8440 <sup>F25</sup>	Prosthetic shrinker, below knee, each	25.00
L8460 <sup>F25</sup>	Prosthetic shrinker, above knee, each	33.00
L8465 <sup>F25</sup>	Prosthetic shrinker, upper limb, each	25.00
L8470 <sup>F21</sup>	Prosthetic sock, single ply, fitting, below knee, each	12.00
L8480 <sup>F21</sup>	Prosthetic sock, single ply, fitting, above knee, each	10.00
L8485 <sup>F21</sup>	Prosthetic sock, single ply, upper limb, each	8.06
L8499 <sup>F10</sup>	Unlisted procedure for miscellaneous prosthetic services	PA
L9900 <sup>F12</sup>	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code (limited to home visit)	5.00

Durable Medical Equipment Fee Schedule

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<u>CODE</u>	<u>DESCRIPTION</u>	<u>PRICE</u>
<b><u>BURN GARMETS</u></b>		
<u>A6501</u> <sup>F7</sup>	Compression burn garment, bodysuit (head to foot), custom fabricated	PA
<u>A6502</u> <sup>F7</sup>	Compression burn garment, chin strap, custom fabricated	PA
<u>A6503</u> <sup>F7</sup>	Compression burn garment, facial hood, custom fabricated	PA
<u>A6504</u> <sup>F7</sup>	Compression burn garment, glove to wrist, custom fabricated	PA
<u>A6505</u> <sup>F7</sup>	Compression burn garment, glove to elbow, custom fabricated	PA
<u>A6506</u> <sup>F7</sup>	Compression burn garment, glove to axilla, custom fabricated	PA
<u>A6507</u> <sup>F7</sup>	Compression burn garment, foot to knee length, custom fabricated	PA
<u>A6508</u> <sup>F7</sup>	Compression burn garment, foot to thigh length, custom fabricated	PA
<u>A6509</u> <sup>F7</sup>	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	PA
<u>A6510</u> <sup>F7</sup>	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	PA
<u>A6511</u> <sup>F7</sup>	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	PA
<u>A6512</u> <sup>F7</sup>	Compression burn garment, not otherwise classified	PA