## MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

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HCPCS	DESCRIPTION		D MAXIMUM _	T
CODE		RENTAL	NEW	USED
A 400E	INEXPENSIVE OR ROUTINELY PURCHASED ITEMS UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	0.04	4.57	0.00
A4635 A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	0.61 0.33	4.57 3.29	3.03 2.47
A4637	REPLACEMENT TIP, CANE, CRUTCH, WALKER, EACH	0.33	2.13	2.41
A4037	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED		2.13	
A4640	BY PATIENT		57.07	
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP		17.91	13.82
	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH			
E0105	TIPS		47.58	35.68
	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR,			
E0110	WITH TIPS AND HAND GRIPS		74.83	56.14
	CRUTCH, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH,			
E0111	WITH TIP AND HANDGRIPS		45.27	34.81
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS		33.62	25.20
E0113	CRUTCH, UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP, AND HANDGRIP	4.60	18.86	14.15
E0444	CONTOURS UNDER ADM. ALLIMINUM. AD INSTADIE OD FIVED. DAID, WITH DADS, TIPS AND HANDSDIRS		40.44	00.00
E0114	CRUTCHES UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	M	40.11	30.32
E0118* E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	M	ANUALLY PRICI 66.09	49.57
E0130	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT		83.84	64.32
E0133	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT		115.29	86.47
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT		106.09	76.48
E0148	WALKER HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING ANY TYPE, EACH		140.25	114.64
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH		227.09	170.32
E0154	PLATFORM ATTACHMENT, WALKER, EACH		70.51	53.57
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	2.96	24.28	18.50
E0156	SEAT ATTACHMENT, WALKER	2.60	21.40	16.05
E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	2.76	27.51	20.62
E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH		27.24	20.43
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE		69.19	51.89
E0244	RAISED TOILET SEAT (clamp-on type)		81.66	61.24
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING		98.22	73.66
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING  MATTRESS, INNERSPRING		267.73	200.80
E0271 E0272	MATTRESS, FOAM RUBBER		222.04	171.45 151.05
E0272	BED PAN, FRACTURE, METAL OR PLASTIC		11.31	8.84
E0280	BED CRADLE, ANY TYPE		32.47	24.35
E0305	BED SIDE RAILS, HALF LENGTH		152.71	114.54
E0310	BED SIDE RAILS, FULL LENGTH		177.87	135.70
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL		8.59	5.69
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL		8.93	6.69
E0607	HOME BLOOD GLUCOSE MONITOR		66.82	50.10
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON		84.14	63.12
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, CERVICAL TRACTION		62.29	46.69
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL		33.97	25.48
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION		102.35	78.66
E0980 S5560	SAFETY VEST, WHEELCHAIR INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		28.10	20.96
S5560 S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN: 1.5 ML SIZE		57.39 57.39	0.00
W4002*	MANUAL VENTILATION BAG (e.g. AMBU BAG)		181.99	136.49
W4016*	BATH SEAT, PEDIATRIC (e.g. TLC)		429.13	321.85
W4633*	EGGCRATE MATTRESS PAD		20.44	32.130
W4688*	SINGLE POINT CANE FOR WEIGHTS 251# TO 500#		27.41	20.55
W4689*	QUAD CANE FOR WEIGHTS 251# TO 500#		67.76	50.82
W4690*	CRUTCHES FOR WEIGHTS 251# TO 500#		171.87	128.91
W4691*	FIXED-HEIGHT FOREARM CRUTCHES FOR WEIGHTS TO 600#		429.97	322.48
W4695*	GLIDES/SKIS FOR USE WITH WALKER		32.24	0.00
W4733*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 39"		349.35	262.02
W4734*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 48"		429.97	322.47
W4735* W4736*	REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 54"  REPLACEMENT OVERSIZED INNERSPRING MATTRESS FOR HOSPITAL BED W/ WIDTH TO 60"		440.72 462.22	330.54 346.67
VV4/30	CAPPED RENTAL/PURCHASED EQUIPMENT		402.22	340.07
B9002	ENTERAL PUMP, WITH ALARM	126.36	1304.57	978.42
B9002	PARENTERAL INFUSION PUMP - PORTABLE	411.96	2602.24	1951.68
B9006	PARENTERAL INFUSION PUMP - STATIONARY	411.96	2602.24	1951.68
E0163	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	9.66	94.16	72.29
E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	15.79	157.90	118.43
E0167	PAIL OR PAN FOR USE WITH COMODE CHAIR, REPLACEMENT ONLY		11.56	
	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE WITH OR WITHOUT		·	
E0168	ARMS, ANY TYPE EACH	50.00	500.00	375.00

# NC DIVISION OF MEDICAL ASSISTANCE MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

CODE DESCRIPTION RENTAL  POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING WITH PUMP, INCLUDES HEAVY DUTY 21.23  E0182 PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY 22.25  E0184 DRY PRESSURE MATTRESS 20.13  E0185 GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 41.58  E0186 AIR PRESSURE MATTRESS 10.76  E0187 WATER PRESSURE MATTRESS 10.76  E0189 POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) 903.46  E0196 GEL PRESSURE MATTRESS 15.44  E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68  E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68  E0199 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86  E0235 PARAFFIN BATH UNIT, PORTABLE 16.48  E0250 HOSPITAL BED, IXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 91.29  E0255 HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS 105.39  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS 199.88  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 199.88  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 199.88  E0304* AND ANY TYPE SIDE RAILS 199.88  E0304* AND ANY TYPE SIDE RAILS 199.88  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 104.47  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60	NEW  212.23 222.50 194.70  319.86 107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90  1371.42 1998.80 7034.70 6436.40	159.17 166.88 149.32 245.48 80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0182 PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY 22.25 E0184 DRY PRESSURE MATTRESS 20.13  E0185 GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 41.58 E0186 AIR PRESSURE MATTRESS 10.176 E0187 WATER PRESSURE MATTRESS 15.14 E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) 903.46 E0196 GEL PRESSURE MATTRESS 22.49 E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFINI BATH LUNIT, PORTABLE E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 105.39 HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS E0277* POWERED PRESSURE-REDUCING AIR MATTRESS E0278* MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ E0303* MATTRESS AND ANY TYPE SIDE RAILS E0372* POWERED PRESSURE-REDUCING AIR MATTRESS E0373* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS E0373* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS E0374* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0375* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0377* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0378* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0379* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0379* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0370* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0371* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0372* POWERED ADVANCED PRESSURE REDUCING MATTRESS E0375* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* ON POWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* ON POWERED ADVANCED PRESSURE REDUCING MATTRESS E0376* ON POWERED ADVANCED PRES	222.50 194.70 319.86 107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	166.88 149.32 245.48 80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43
E0182 PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY  E0184 DRY PRESSURE MATTRESS  E0185 GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  41.58  E0186 AIR PRESSURE MATTRESS  E0187 WATER PRESSURE MATTRESS  E0198 WATER PRESSURE MATTRESS  E0199 GEL PRESSURE MATTRESS  E0199 GEL PRESSURE MATTRESS  E0197 AIR PRESSURE MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0199 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0250 PARAFFIN BATH UNIT, PORTABLE  E0250 HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0266* RAILS, WITH MATTRESS  HOSPITAL BED, TOTAL ELECTRIC GAIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  FO304* NAD ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  FO304* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  FO307* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  FO307* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  FO440* OND FO WEIGHT FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  FO407* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE WITH	222.50 194.70 319.86 107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	166.88 149.32 245.48 80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43
E0184 DRY PRESSURE MATTRESS  GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  41.58 E0186 AIR PRESSURE MATTRESS 10.76 E0187 WATER PRESSURE MATTRESS 15.14 E0193" POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) 903.46 E0196 GEL PRESSURE MATTRESS 23.249 E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE E0235 PARAFFIN BATH UNIT, PORTABLE E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 91.29 E0255* HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS 105.39 HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 10304* AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS 1778.94 E0303* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 10372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS 1044.48 E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS 10539.34 E0373* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 1044.44 E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS 10470* CONTINUOUS POSITIVE AIRWAY PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	194.70 319.86 107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	245.48 80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0185 GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  41.58 E0186 AIR PRESSURE MATTRESS 10.76 E0187 WATER PRESSURE MATTRESS 15.14 E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) 903.46 E0196 GEL PRESSURE MATTRESS 32.49 E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE E0235 PARAFFIN BATH UNIT, PORTABLE E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 91.29 E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED,	319.86 107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	245.48 80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0186 AIR PRESSURE MATTRESS E0187 WATER PRESSURE MATTRESS 15.14 E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) E0196 GEL PRESSURE MATTRESS E0197 AIR PRESSURE MATTRESS E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE E0250* HOSPITAL BED, IXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS E0260* MATTRESS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* POWERED PRESSURE-REDUCING AIR MATTRESS E0277* POWERED PRESSURE-REDUCING AIR MATTRESS F0303* MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS F0303* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS F0304* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS LENGTH AND WIDTH F0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS LENGTH AND WIDTH F0373* RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE F0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0186 AIR PRESSURE MATTRESS E0187 WATER PRESSURE MATTRESS 15.14 E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) E0196 GEL PRESSURE MATTRESS E0197 AIR PRESSURE MATTRESS E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE E0250* HOSPITAL BED, IXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS E0260* MATTRESS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* POWERED PRESSURE-REDUCING AIR MATTRESS E0277* POWERED PRESSURE-REDUCING AIR MATTRESS F0303* MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS F0303* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS F0304* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS LENGTH AND WIDTH F0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS LENGTH AND WIDTH F0373* RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE F0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	107.64 151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	80.72 113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0187 WATER PRESSURE MATTRESS 15.14 E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) 903.46 E0196 GEL PRESSURE MATTRESS 32.49 E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE 16.48 E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 91.29 E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS 105.39 HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS 137.14 HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 199.88 E0303* MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS 778.94 E0301* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48 E0372* POWERED ADVANCED PRESSURE REDUCING MATTRESS FOOTON MATTRESS FOOTO	151.39 9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	113.55 6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0193* POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)  E0196 GEL PRESSURE MATTRESS  E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0235 PARAFFIN BATH UNIT, PORTABLE  E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  199.88  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  AND ANY TYPE SIDE RAILS  E0304* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  AND ANY TYPE SIDE RAILS  E0371* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS LENGTH AND WIDTH  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	9034.60 324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	6775.95 243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0196 GEL PRESSURE MATTRESS E0197 AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 25.68 E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 21.86 E0235 PARAFFIN BATH UNIT, PORTABLE E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH E0260* MATTRESS HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS F0277* POWERED PRESSURE-REDUCING AIR MATTRESS F0304* MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS F0304* AND ANY TYPE SIDE RAILS F0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS F0371* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS F0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	324.90 188.34 218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	243.68 163.52 163.91 123.60 684.68 790.43 1028.57
E0198 WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0235 PARAFFIN BATH UNIT, PORTABLE  E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  E0303* MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	218.54 164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	163.91 123.60 684.68 790.43 1028.57
E0235 PARAFFIN BATH UNIT, PORTABLE  E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH  E0260* MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0304* AND ANY TYPE SIDE RAILS  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	164.80 912.90 1053.90 1371.42 1998.80 7034.70 6436.40	123.60 684.68 790.43 1028.57
E0250* HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  E0255* HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS  HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH  E0260* MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0304* HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	912.90 1053.90 1371.42 1998.80 7034.70 6436.40	684.68 790.43 1028.57
HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS FOOTH POWERED PRESSURE-REDUCING AIR MATTRESS HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS FOOTH* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS FOOTH* NONPOWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH FOOTH MATTRESS RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE	1053.90 1371.42 1998.80 7034.70 6436.40 7809.64	<b>790.43 1028.57</b> 1499.10
HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT) WITH ANY TYPE SIDE RAILS, WITH HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE E0265* RAILS, WITH MATTRESS 199.88 E0277* POWERED PRESSURE-REDUCING AIR MATTRESS 703.47 HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS 442.68 HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS E0304* AND ANY TYPE SIDE RAILS 778.94 E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48 E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34 E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60	1371.42 1998.80 7034.70 6436.40 7809.64	<b>1028.57</b> 1499.10
## BO260* MATTRESS  HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  ## BO265* RAILS, WITH MATTRESS  ## BO277* POWERED PRESSURE-REDUCING AIR MATTRESS  ## HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  ## MATTRESS AND ANY TYPE SIDE RAILS  ## HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  ## BO303* HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  ## BO304* AND ANY TYPE SIDE RAILS  ## BO371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  ## BO372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  ## BO373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  ## BO373* RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO371* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO372* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO373* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO374* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO375* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO375* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  ## BO376* CONTINUOUS POSITIVE AIRWAY PRESSURE PRES	1998.80 <b>7034.70</b> 6436.40 7809.64	1499.10
HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE  E0265* RAILS, WITH MATTRESS  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/  MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  AND ANY TYPE SIDE RAILS  F0304* AND ANY TYPE SIDE RAILS  T78.94  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	1998.80 <b>7034.70</b> 6436.40 7809.64	1499.10
E0265* RAILS, WITH MATTRESS  E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY, EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  AND ANY TYPE SIDE RAILS  F0304* AND ANY TYPE SIDE RAILS  NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  F0371* NONPOWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	7034.70 6436.40 7809.64	
E0277* POWERED PRESSURE-REDUCING AIR MATTRESS  HOSPITAL BED HEAVY DUTY , EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0304* AND ANY TYPE SIDE RAILS  T78.94  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	7034.70 6436.40 7809.64	
HOSPITAL BED HEAVY DUTY , EXTRA WIDE FOR WEIGHTS 350 LBS BUT LESS THAN 600 LBS W/ MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0304* AND ANY TYPE SIDE RAILS  T78.94  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  444.48  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  614.47  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	6436.40 7809.64	
### MATTRESS AND ANY TYPE SIDE RAILS  HOSPITAL BED, EXTRA HEAVY DUTY FOR WEIGHT CAPACITY GREATER THAN 600 LBS W/ MATTRESS  E0304* AND ANY TYPE SIDE RAILS  FOR MATTRESS  **AND ANY TYPE SIDE RAILS  **T78.94*  **BO371** NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS  **POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH  **539.34*  **E0373** NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  **RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH E0470*  **CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE*  **256.60**	7809.64	
E0304* AND ANY TYPE SIDE RAILS 778.94  E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60		4063.80
E0371* NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS 444.48  E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS 614.47  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60		
E0372* POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH 539.34  E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS 614.47  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60		5888.83
E0373* NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS  RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE  256.60	4444.80	3333.60
RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY WITHOUT BACKUP RATE FEATURE, USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60	5393.40	4045.05
USED WITH NON-INVASIVE INTERFACE, NASAL OR DACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60	6144.70	4608.53
E0470* CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE 256.60		
	2566.00	1924.50
E0480* PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL 39.27	392.70	294.53
E0482* COUGH-STIMULATING DEVICE, ALTERNATING POSITIVE & NEGATIVE AIRWAY PRESSURE 430.02	4300.20	3225.15
HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB		
E0550 TREATMENTS OR OXYGEN DELIVERY 50.13	501.30	375.98
HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH		
E0555 REGULATOR OR FLOWMETER 11.14	111.41	83.56
E0561 HUMIDIFIER, NON-HEATED, USED WITH POSTIVE AIRWAY PRESSURE DEVICE 10.69	107.00	80.24
E0562 HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE 30.11	301.22	225.91
COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR CYLINDER		1
E0565*         DRIVEN         61.01           E0570         NEBULIZER, WITH COMPRESSOR         16.11	610.10	457.58
	161.10 541.63	120.83
E0575* NEBULIZER, ULTRASONIC 54.16  E0600 RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC 45.79	457.90	406.23 <b>343.43</b>
E0601* CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE 107.33	1073.34	805.00
E0630* PATIENT LIFT HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING STRAPS(S) OR PAD(S) 101.89	1018.90	764.18
E0650* PNEUMATIC COMPRESSOR, NONSEGMENTAL HOME MODEL 65.06	634.81	476.11
E0651* PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL W/O CALIBRATED GRADIENT PRESSURE 93.82	918.42	688.82
E0652* PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL WITH CALIBRATED GRADIENT PRESSURE 523.95	5301.45	3972.53
FOREST MONEGONENTAL PRICHMATIC APPLIANCE FOR LICE WITH PRICHMATIC COMPRESSOR HAVE APPL	00.00	70.45
E0655* NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM 10.65	96.60	72.45
E0660* NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG 16.19	150.75	119.80
E0660* NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG 16.19	159.75	119.00
E0665* NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM 13.15	131.49	98.62
		30.02
E0666* NONSEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG 12.95	129.58	97.20
E0667* SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG 36.13	323.77	242.83
FOCCOS   SECMENTAL DISELIMATIC ADDITANCE FOR LISE WITH PRICLIMATIC COMPRESSOR FULL ADM	441.88	331.42
E0668* SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM 43.61	179.30	134.46
E0669* SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG 17.93	44E 2E	311.50
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54	415.35	242.06
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54         E0672*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM       32.28	322.73	201.15
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54         E0672*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM       32.28         E0673*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG       26.82	322.73 268.17	
E0669* SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG  E0671* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG  E0672* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM  32.28  E0673* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG  E0705 TRANSFER BOARD OR DEVICE, ANY TYPE, EACH  5.61	322.73 268.17 55.12	40.36
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54         E0672*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM       32.28         E0673*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG       26.82         E0705       TRANSFER BOARD OR DEVICE, ANY TYPE, EACH       5.61         E0720*       TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION       37.70	322.73 268.17 55.12 367.58	<b>40.36</b> 282.73
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54         E0672*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM       32.28         E0673*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG       26.82         E0705       TRANSFER BOARD OR DEVICE, ANY TYPE, EACH       5.61         E0720*       TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION       37.70         E0730*       TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION       38.01	322.73 268.17 55.12 367.58 370.56	<b>40.36</b> 282.73 285.02
E0669* SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG 17.93  E0671* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG 41.54  E0672* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM 32.28  E0673* SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG 26.82  E0705 TRANSFER BOARD OR DEVICE, ANY TYPE, EACH 5.61  E0720* TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION 37.70  E0730* TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION 38.01  E0747* OSTEOGENESIS STIMULATOR, NONINVASIVE 386.50	322.73 268.17 55.12 367.58 370.56 3889.38	40.36 282.73 285.02 2889.74
E0669*       SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG       17.93         E0671*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG       41.54         E0672*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM       32.28         E0673*       SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG       26.82         E0705       TRANSFER BOARD OR DEVICE, ANY TYPE, EACH       5.61         E0720*       TENS, TWO LEAD DEVICE, TWO LEAD, LOCALIZED STIMULATION       37.70         E0730*       TENS, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION       38.01	322.73 268.17 55.12 367.58 370.56	<b>40.36</b> 282.73 285.02

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS		MEDICAL	D MAXIMUM	SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
E0910	TRAPEZE BARS, AKA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	17.00	170.00	127.50
	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS,			
E0911*	ATTACHED TO BED, WITH GRAB BAR	49.85	498.50	373.88
	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE			
E0912*	STANDING, COMPLETE WITH GRAB BAR	114.47	1144.70	858.53
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	27.22	272.22	204.16
E0950	WHEELCHAIR ACCESSORY TRAY, EACH	10.41	103.95	77.97
E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH	1.79	17.75	13.31
E0952	TOE LOOP/HOLEDER, ANY TYPE, EACH WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED	1.93	18.83	14.13
E0956*	MOUNTING HARDWARE, EACH	9.87	98.58	73.93
	WHEELCHAIR ACCESSORY, MEDICAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING	0.01	00.00	70.00
E0957*	HARDWARE, EACH	13.79	137.93	103.45
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE-ARM DRIVE	43.63	436.30	327.23
E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	4.28	42.75	32.05
	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHES STRAP INCLUDING ANY TYPE			
E0960*	MOUNTING HARDWARE	9.10	90.98	68.24
E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH	2.64	25.28	12.64
E0966* E0967*	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	7.01 6.57	70.03 65.69	52.52 49.25
E0967*	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH	4.34	43.39	49.25 32.56
20071	The second secon	-1.01	-10.03	32.00
E0973*	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT DETACHABLE ARMREST, COMPLETE ASSEMBLY	10.95	114.97	86.23
E0974	MANUAL WHEELCHAIR ACCESSORY, ANIT-ROLLBACK DEVICE, EACH	7.06	66.65	50.36
E0978	WHEELCHAIR ACCESSORY, POSITIONING BELTS/SAFETY BELT/PELVIC STRAP, EACH	4.15	41.46	31.12
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY	4.45	44.44	33.32
E0982*	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY	4.38	43.80	32.84
E0990*	WHEELCHAIR ACCESSORY, ELEVATING LEGREST, COMPLETE ACCESSORY, EACH	11.24	110.18	82.64
E0992*	MANUAL WHEELCHAIR ACCESSORY . SOLID SEAT INSERT	9.25	95.15	71.37
E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	2.87	28.84	21.65
E1002*	THEELONAIN AGGEGOOK 1, 1 OWER GEATING GTOTEW, HET ONET	405.32	4053.21	3039.90
E1003*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	439.14	4391.30	3293.48
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR			0200110
E1004*	REDUCTION	486.90	4869.05	3651.77
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR			
E1005*	REDUCTION	527.03	5270.36	3952.78
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITHOUT			
E1006*	SHEAR REDUCTION	645.55	6455.70	4841.78
	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH			
E1007*	MECHANICAL SHEAR REDUCTION	874.13	8741.27	6555.94
E1008*	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH POWER SHEAR REDUCTION	974 20	9742.05	6556.55
E1008"	SHEAR REDUCTION	874.20	8742.05	6556.55
	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTIBLE OR REMOVABLE MOUNTING			
E1028	HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY	20.65	206.54	154.89
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	36.95	369.54	277.15
E1030	WHEELCHAIR ACCESSAORY, VENTILATOR TRAY, GIMBALED	116.53	1165.27	873.96
E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTERS, 5" OR GREATER	34.90	349.05	261.79
E1037*	TRANSPORT CHAIR, PEDIATRIC SIZE	193.05	1930.58	1447.94
	TRANSPORT CHAIR ARIES RATIFIES INFIGURE AREA CITY OF THE CONTRACT OF THE CONTR	45.55	4	4
E1038*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	18.03	180.30	135.23
E1039* E1161*	TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS  MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	34.20	342.00 2366.09	256.50 1774.50
E1101"	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80	236.61	2300.09	1774.59
E1226*	DEGREES), EACH	47.56	463.80	347.82
E1229*	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED		manually priced	502
E1231*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	227.34	2273.40	1705.05
E1232*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	213.85	2138.41	1603.82
E1233*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	221.57	2215.73	1661.79
E1234*	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	192.91	1928.95	1446.70
E1235*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	185.75	1857.43	1393.07
E1236* E1237*	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	163.87	1638.73	1229.05
E1237** E1238*	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJOSTABLE, WITHOUT SEATING SYSTEM  WHEELCHAIR, PEDIATRIC SIZE, FOLDING, WITHOUT SEATING SYSTEM	165.30 163.87	1653.05 1638.73	1239.80 1229.05
E1239*	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	100.07	manually priced	
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	18.93	189.33	141.99
E2100*	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	63.43	634.31	475.75
	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH GREATER THAN OR			
E2201*	EQUAL TO 20 INCHES AND LESS THAN 24 INCHES	37.31	373.10	279.83

### MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS	·	MEDICAL	D MAXIMUM	SEY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
E2202*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	47.40	473.98	355.50
	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22			
E2203*	INCHES	47.89	479.05	359.28
E2204*	MANUAL WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME DEPTH, 22-25 INCHES	81.35	813.40	610.05
	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR			
E2205 E2206	CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	3.25 4.06	32.67	24.52 30.50
E2206	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	4.06	40.68 43.35	32.51
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	11.87	118.78	89.09
E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	10.74	107.16	80.38
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	-	6.55	
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	4.01	40.91	29.30
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	0.61	5.88	4.42
	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY			
E2213	SIZE, EACH	3.05	30.41	22.79
E2214 E2215	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	3.37	30.61	22.96
E2215 E2216	MANUAL WHEELCHAIR ACCESSORY, TOBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	0.95 3.07	9.60 30.71	7.18 22.52
E2216 E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPOLISION TIRE, ANY SIZE, EACH	4.66	42.26	31.69
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	3.29	32.96	24.19
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	4.72	41.85	31.39
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH	2.75	28.52	21.81
	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE, (REMOVABLE), ANY			
E2221	SIZE, EACH	2.58	25.55	19.18
	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED			
E2222	WHEEL, ANY SIZE, EACH	2.09	21.06	15.81
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	0.56	5.61	4.21
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	9.56	95.56	71.67
E2225	ONLY, EACH	1.74	17.40	13.04
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	3.79	37.94	28.46
		00	manually	20.40
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH		priced	
			manually	
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH		priced	
E2231*	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT)	16.14	161.36	121.01
E2291*	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	47.27	472.70	354.52
E2292*	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.72	447.17	335.38
E2293*	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	47.27	472.70	354.52
E2294*	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	44.72	447.17	335.38
	MANUALLY WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME			
E2295*	ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES	M	ANUALLY PRIC	ED T
	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS,			
	INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED MOUNTING			
E2310*	HARDWARE	117.02	1170.24	877.68
	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR			550
	CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED			
	ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH AND FIXED			
E2311*	MOUNTING HARDWARE	236.93	2369.20	1776.90
			·	
	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL		manually	
E2312*	REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE, EACH		priced	
E0240*	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER,		manually	
E2313*	INCLUDING FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK.		priced	
	NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND			
E2321*	FIXED MOUNTING HARDWARE	158.92	1589.10	1191.84
	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES			
	NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND			
E2322*	FIXED MOUNTING HARDWARE	141.03	1410.36	1057.78
	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE,			
E2323	PREFABRICATED	6.92	69.16	51.87
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	4.37	43.82	32.87
	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL			
Eggest	RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE	404.70	4040.00	4040.40
E2325*	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	134.70	1346.83	1010.13
E2326	I OWER WILLEGIAIR ACCESSOR I, BREATH TUBE RIT FOR SIF AND FUFF INTERFACE	34.73	347.14	260.34

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS		MEDICAL	D MAXIMUM	SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
	POWER WHEELCHIAR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL,			
	INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED			
E2327*	MOUNTING HARDWARE	261.24	2612.38	1959.28
	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE,			
E2328*	ELECTRONIC, PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE	495.52	4955.32	3716.50
E2320	HANDWAILE	493.32	4933.32	3710.30
	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM,			
	NON-PROPORTIONAL INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH,			
E2329*	MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	176.61	1766.13	1324.60
	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,			
E2330*	NPN-PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE	342.20	3422.09	2566.58
E2340*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 20-23 INCHES	35.85	358.36	268.79
E2341*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, WIDTH 24-27 INCHES	53.76	537.58	403.19
E2342*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 20-21 INCHES	44.80	447.98	335.99
E2343*	POWER WHEELCHAIR ACCESSORY, NON-STANDARD SEAT FRAME, DEPTH 22-25 INCHES	71.67	716.78	537.58
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	11.29	112.34	84.26
E0004	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	12.05	120 47	104.00
E2361 E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	13.95 9.20	139.47 91.98	104.62 68.98
	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E. G. GEL CELL,	0.20	51.50	30.30
E2363	ABSORBED GLASSMAT)	18.61	186.00	139.50
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	11.29	112.34	84.26
	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL,			
E2365	ABSORBED GLASS MAT)	11.22	112.17	84.15
E2366*	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY 1 BATTERY TYPE, SEALED OR NON-SEALED, EACH	22.47	224.08	169.06
E2300	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER	22.41	224.00	168.06
E2367*	BATTERY TYPE, SEALED OR NON-SEALED, EACH	41.91	419.08	314.31
E2368*	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	51.67	516.57	387.44
E2369*	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	45.00	449.94	337.45
E2370*	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX, REPLACEMENT ONLY	80.29	802.84	602.12
E0074+	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (e.g.GEL CELL,	45.00	450.74	440.00
E2371* E2372*	ABSORBED GLASSMAT), EACH POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	15.08 42.99	150.74 429.97	113.06 322.48
LZJIZ	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE	42.33	423.31	322.40
E2373*	JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE	69.63	696.20	522.17
	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE			
	JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED			
E2374*	ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY	53.40	534.02	400.53
F007F*	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	05.05	050.50	642.40
E2375*	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED	85.65	856.56	642.40
E2376*	ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY	134.23	1342.27	1006.72
	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED		1012121	1000112
E2377*	ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE	48.56	485.71	364.30
l	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,			
E2381	EACH	7.63	76.18	57.14
E2202	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE TIRE, ANY SIZE, REPLACEMENT ONLY. EACH	2.07	20.77	15 57
E2382	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHELL TIRE (REMOVABLE), ANY	2.07	20.77	15.57
E2383	TYPE, ANY SIZE, REPLACEMENT ONLY, EACH	15.19	151.88	113.91
	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,		-	
E2384	EACH	8.11	80.91	60.68
	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT			
E2385	ONLY, EACH	4.96	49.50	37.11
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	15.05	150.51	112.87
E2300	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	10.00	130.31	112.01
E2387	EACH	6.69	66.87	50.16
			-	-
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.04	50.39	37.80
	POWER WILES OF A COLORDA POR A CAREER TOP AND STREET TO			
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	2.74	27.36	20.51
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4.28	42.79	32.07
L2000	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVEABLE), ANY	7.20	72.13	02.01
E2391	SIZE, REPLACEMENT ONLY, EACH	2.05	20.50	15.38

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS	T T	MEDICAL	D MAXIMUM	SEV2000
CODE	DESCRIPTION	RENTAL	NEW	USED
	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE EITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH			
E2392 E2393	POWER WHEELCHAIR, ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	5.40 0.58	53.88	40.41
E2394	POWER WHEELCHAIR, ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	7.69	76.75	57.57
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	5.46	54.55	40.93
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	7.13	66.51	49.89
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	6.13	61.16	45.87
E2602*	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	11.94	119.40	89.55
E2603*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	15.17	151.59	113.69
E2604*	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	18.83	188.41	141.33
E2605*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	26.93	269.17	201.91
E2606*	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES,	42.01	419.93	314.94
E2607*	ANY DEPTH  SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 123 THAN 22 INCHES,  ANY DEPTH  SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER,	28.99	289.85	217.39
E2608*	ANY DEPTH	34.80	348.09	261.07
E2609*	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE  GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING	I	manually priced	
E2611	ANY TYPE MOUNTIN G HARDWARE	31.23	312.35	234.29
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTIN G HARDWARE  PROSTEDION WHEEL CHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 23 INCHES ANY HEIGHT.	42.25	422.54	316.89
E2613*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	40.10	400.90	300.67
E2614*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.40	543.93	407.97
E2615*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	45.24	452.32	339.23
E2616*	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	60.86	608.58	456.45
E2617*	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE		manually priced	
E2620*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	54.77	547.70	410.79
E2621*	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH GREATER THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE	57.47	574.76	431.08
E8000*	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS	M	ANUALLY PRICE	D
E8001*	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDE ALL ACCESSORIES AND COMPONENTS GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDE ALL ACCESSORIES AND	M	ANUALLY PRICE	D
E8002*	COMPONENTS		ANUALLY PRICE	
K0001*	STANDARD WHEELCHAIR	46.43	464.30	348.23
K0002* K0003*	STANDARD HEMI (LOW SEAT) WHEELCHAIR LIGHTWEIGHT WHEELCHAIR	72.97 76.15	729.70 761.50	547.28 571.13
K0003 K0004*	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	119.78	1197.81	898.35
K0005*	ULTRALIGHTWEIGHT WHEELCHAIR	184.86	1848.76	1386.55
K0006*	HEAVY DUTY WHEELCHAIR	117.31	1173.10	879.83
K0007*	EXTRA HEAVY DUTY WHEELCHAIR	178.50	1785.00	1338.75
K0015*	DETACHABLE, NONADJUSTABLE HEIGHT ARMREST, EACH	18.18	181.70	136.27
K0017*	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH	5.11	51.11	38.33
K0018* K0019	ARM PAD, EACH	2.84 1.69	28.55 16.84	21.43 12.63
K0019 K0020*	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	4.65	46.46	34.83
K0020	HIGH MOUNT FLIP-UP FOOTREST, EACH	3.66	40.94	30.71
K0038	LEG STRAP, EACH	2.43	24.26	18.20
K0039	LEG STRAP, H STYLE, EACH	5.40	53.88	40.41
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	7.45	74.67	55.99
K0041	LARGE SIZE FOOTPLATE, EACH	5.31	52.92	39.69
K0042 K0043	STANDARD SIZE FOOTPLATE, EACH FOOTREST, LOWER EXTENSION TUBE, EACH	3.09 1.95	30.97 19.53	23.22 14.66
K0043 K0044	FOOTREST, LOWER EXTENSION TUBE, EACH	1.95	19.53 16.64	14.66
K0044	FOOTREST, COMPLETE ASSEMBLY FOR K0001 AND K0002, EACH	5.80	56.62	42.47
K0046*	ELEVATING LEGREST, LOWER EXTENSION TUBE, FOR K0001 AND K0002, EACH	1.95	19.53	14.66
K0047*	ELEVATING LEGREST, UPPER HANGER BRACKET, FOR K0001 AND K0002 ,EACH	7.67	76.48	57.34
K0050	RATCHET ASSEMBLY	3.24	32.50	24.39
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	5.29	52.61	39.44
K0052*	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	9.24	92.44	69.32
K0053*	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	10.19	102.01	76.51

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS		MEDICAI	D MAXIMUM	SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LIGHTWEIGHT			
K0056*	OR ULTRALIGHTWEIGHT WHEELCHAIR	9.51	95.10	71.34
K0065 K0069	SPOKE PROTECTORS, each REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	4.45	44.46	33.34 74.94
K0069 K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	10.25 18.33	99.92 183.16	137.37
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	10.93	109.25	81.92
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMIPNEUMATIC TIRE, EACH	6.57	65.76	49.32
K0073	CASTER PIN LOCK, EACH	3.45	34.48	25.85
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH FRONT CASTER FOR POWER WHEELCHAIR	5.88	58.85	44.13
K0099 K0105	IV HANGER, each	<b>8.17</b> 9.93	<b>81.72</b> 99.43	<b>61.29</b> 74.57
K0195*	ELEVATING LEGREST, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	21.07	210.70	158.03
K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (e.g., gel cell, absorbed glassmat)	3.04	30.21	22.67
K0734	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22", ANY DEPTH	33.15	331.47	248.60
K0735	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22" OR GREATER, ANY DEPTH SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN	42.19	421.78	316.33
K0736	22", ANY DEPTH  SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 122" OR	33.42	334.19	250.66
K0737	GREATER, ANY DEPTH	42.30	423.06	317.29
K0813*	POWER WHEELCHAIR GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	241.24	2412.40	1809.30
K0814*	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	308.78	3087.80	2315.85
K0815*	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	351.63	3516.30	2637.23
K0816*	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	336.74	3367.40	2525.55
K0820*	POWER WHEELCHAIR GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT	257.66	2576.60	1932.45
K0821*	CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT  CAPACITY UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	330.77	3307.70	2480.78
K0822*	UP TO AND INCLUDING 300 POUNDS  POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	399.75	3997.50	2998.13
K0823*	AND INCLUDING 300 POUNDS POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	402.37	4023.70	3017.78
K0824*	301 TO 450 POUNDS POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO	484.27	4842.70	3632.03
K0825*	450 POUNDS POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	443.32	4433.20	3324.90
K0826*	CAPACITY 451 TO 600 POUNDS	626.93	6269.30	4701.98
K0827*	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	500.36	5003.60	3752.70
K0828*	CAPACITY 601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY	690.82	6908.20	5181.15
K0829*	601 POUNDS OR MORE POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	625.46	6254.68	4691.01
K0830*	CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP	407.22	4072.23	3054.18
K0831*	TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	407.22	4072.23	3054.18
K0835*	PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT	405.74	4057.40	3043.05
K0836*	WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS POWER WHEELCHAIR GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	420.75	4207.50	3155.63
K0837*	PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	484.27	4842.70	3632.03
K0838*	WEIGHT CAPACITY 301 TO 450 POUNDS  POWER WHEELCHAIR GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	433.23 626.93	4332.30 6269.30	3249.23 4701.98
K0840*	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	949.83	9498.30	7123.73
K0841*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	431.86	4318.60	3238.95
K0842*	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	431.86	4318.60	3238.95

### MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE **EFFECTIVE JANUARY 1, 2009**

HCPCS		MEDICA	D MAXIMUM _	SFY2009	
CODE	DESCRIPTION	RENTAL	NEW	USED	
K0843*	POWER WHEELCHAIR GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	519.96	5199.60	3899.70	
K0848*	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	528.44	5284.40	3963.30	
K0849*	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	508.07	5080.70	3810.53	
K0850*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	612.98	6129.80	4597.35	
K0851*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	589.37	5893.70	4420.28	
K0852*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	708.26	7082.60	5311.95	
K0853*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	727.56	7275.60	5456.70	
K0854*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	963.86	9638.60	7228.95	
K0855*	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	910.51	9105.10	6828.83	
K0856*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	567.23	5672.30	4254.23	
K0857*	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	578.60	5786.00	4339.50	
K0858*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	703.76	7037.60	5278.20	
K0859*	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	671.17	6711.70	5033.78	
K0860*	POWER WHEELCHAIR GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1005.41	10054.10	7540.58	
K0861*	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	568.14	5681.40	4261.05	
K0862*	POWER WHEELCHAIR GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	703.76	7037.60	5278.20	
K0863*	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1005.41	10054.10	7540.58	
K0864*	POWER WHEELCHAIR GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1196.45	11964.50	8973.38	
K0868*	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0869*	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0870*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	M	ANUALLY PRICE	ED	
K0871*	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS  POWER WHEEL CLARE GROUP 4 STANDARD, SINCLE BOWER ORTION, SLING/SOLID SEAT/BACK	M	ANUALLY PRICE	ED	
K0877*	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0878*	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0879*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	M	ANUALLY PRICE	ED	
K0880*	POWER WHEELCHAIR GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	M	ANUALLY PRICE	ED	
K0884*	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0885*	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTIONS, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	M	ANUALLY PRICE	ED	
K0886*	POWER WHEELCHAIR GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS  POWER WHEEL CHAIR GROUP 5 PENATRIC SINGLE POWER OPTION SLING/SOLID SEAT/BACK	M	ANUALLY PRICE	ED	
K0890*	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS  DOWED WHEEL CHAIR, GROUP 5 PEDIATRIC, MILLTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK	M	MANUALLY PRICED		
K0891*	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTIONS, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	MANUALLY PRICED MANUALLY PRICED			
K0898* W4119*	WHEELCHAIR SEAT HEIGHT, COST ADDED OPTION FROM MANUFACTURER	11.83	118.32	88.74	
W4130*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORTS WITH HARDWARE, EACH	21.75	217.47	163.11	
W4131*	BASIC HEAD/NECK SUPPORT WITH HARDWARE, EACH	17.31	173.09	129.82	
W4132*	CONTOURED OR 3-PIECE HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE ,EACH	34.73	347.30	260.47	
W4133*	BASIC HEAD/NECK SUPPORT WITH MULTI-ADJUSTABLE HARDWARE , EACH	32.62	326.22	244.67	
W4139*	SUB-ASIS BARS WITH HARDWARE, EACH	42.83	428.30	321.23	
W4140*	ABDUCTOR PADS WITH HARDWARE , PAIR	29.96	299.58	224.69	
W4141*	KNEE BLOCKS WITH HARDWARE , PAIR	26.13	261.32	195.99	

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

DESCRIPTION	HCPCS	I	MEDICAL	D MAXIMUM	SFY2009
WASTES    INCHEST STREET STR		DESCRIPTION		-	
WHIST   MANUAL TEAT SAME FROM STORY   118.69   11152   118.69   11152   118.69   11152   118.69   11152   118.69   11152   118.69   11152   118.69   11152   118.69   11152   118.69   118.60					
W44157   ABJUTTON FARES TRAY , EACH					
W44155    ADDITIONATION   1906   1904   1905   1906   1908   19					
WASTES    229.86   292.86			45.49		341.20
MANUAL WHEELCHAIR FOR WEIGHTS SIDE TO 600#   150.49   1		,			
WARFING   WARF					
194713    0VERSIZED FOOTBLATES FOR WEIGHTS 3018 AND GREATER, PAIR   17.21   17.19   17.90   17.20   17.27					
W47171					
WATTES   SWINGAMAY REPRODUCED LICENSTET, ELEVATING, FOR WEIGHTS 301F TO 400K, PAIR   43.00   4.20.97   322.48		,			
SWINGAWAY SPECIAL CONSTRUCTION LEGRESTS, ELEVATING, FOR WEIGHTS 401# AND GREATER,   04.49		,			
1947171					
W47191   OVERSIZED SOLIO SEAT   59.122   443.41	W4716*	PAIR	64.49	644.96	483.71
WAY192  OVERSIZED FOLD SACK	W4717*	OVERSIZED CALF PADS, PAIR	21.50	214.98	161.23
W47729   OVERSIZED FULL SUPPORT FOOTBOARD					
W4723'   OVERSIZED FULL SUPPORT CALFBOARD   21.50   214.98   161.23					
TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W. MATTRESS AND ANY TYPE SIDE RAIL   239.71   2397.12   1797.84   1707.4   1207.1					
TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# WI WIDTH TO 43* WI MATTRESS AND 1006.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 8 7538.01 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1007.0	W4723*	OVERSIZED FULL SUPPORT CALFBOARD	21.50	214.98	161.23
TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 451# TO 1000# WI WIDTH TO 43* WI MATTRESS AND 1006.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 7538.01 1007.07 1005.08 8 7538.01 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1005.08 1007.07 1007.0	W4726*	TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 351# TO 451# W/ MATTRESS AND ANY TYPE SIDE RAIL	220.71	2207.12	1707.94
W3737	VV4120		203.11	237.12	1/3/.04
TOTAL ELECTRIC HOSPITAL BED FOR WEIGHTS 4518 TO 10009 WI WIDTH TO 54" W/ MATTRESS AND  AWATSZY ANY TYPE SIDE RAILS  FREQUENTLY SERVICED ITEMS  2945 02  ARE FLUIDIZED BED  2945 02  HOME PROTOTHERAPY UNIT, DALY  OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY  OXIME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT NODE, MAY INCLUDE PRESSURE  CONTROL MODE, USED WITH AVAIN ENTERFACE (e.g., TRACHEOSTOMY TUBE)  WITH NON-INVASIVE INTERFACE (EINTERNITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE  604217  ARWAY PRESSURE DEVICE  PRESSURE DEVICE  PROBACHINE, ALL TYPES, WITH BUILTIN NEBULIZATION; MANUAL OR AUTOMATIC VALVES;  INTERNAL OR EXTERNAL POWER SOURCE  E06197  AREA MONITOR, WITH RECORDING FEATURE  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORDIT OXIMETY THE FLOOR FOR TANEL. INCLUDES BULBSILAMPS, TIMER AND EYE  FORTIC TOXIMULOS PASSIVE MOTOR THE FROED FOR THE FET OR THE FORDIT OXIMETY THE	W4731*		1005.07	10050.68	7538.01
FREQUENTLY SERVICED ITEMS  2845.02  100ME PHOTOTHERAPY UNIT. DAILY  E0495' OXIMETER FOR INESSURING BLOOD OXYGEN LEVELS NON-INVASIVELY  VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE  E0490' OXIGEN CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE  E0490' OXIGEN CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE  E0490' OXIGEN CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE  E0490' OXIGEN CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE  E0491' AIRWAY PRESSURE DEVICE  PPER MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES;  E05091' AIRWAY PRESSURE DEVICE  E05091' NTERNAL OR EXTERNAL POWER SOURCE  E05091' INTERNAL OR EXTERNAL POWER SOURCE  E05091' THERAD MONITOR, WITH RECORDING FEATURE  E06091' PREMA MONITOR, WITH RECORDING FEATURE  E06091' PREMA MONITOR, WITH RECORDING FEATURE  E06091' PROTECTION, FOUTH RECORDING FEATURE  E06092' PROTECTION, FOUTH RECORDING FEATURE  E06092' PROTECTION, FOUTH RECORDING FEATURE, FEAT					
E01912 AIR FLUIDIZED BED  E02022 100ME POTOTHERAPY UNIT. DAILY  E04457 OXIMETER FOR MEASURING BLOOD DYXGEN LEVELS NON.INVASIVELY  E04507 0XIMETER FOR MEASURING BLOOD DYXGEN LEVELS NON.INVASIVELY  E04711 0XIMETER FOR MEASURING BLOOD DYXGEN LEVELS NON.INVASIVELY  E04711 0XIMETER FOR MEASURING BLOOD DYXGEN LEVELS NON.INVASIVELY  E04711 0XIMETER FOR MEASURING BLOOD DYXGEN LEVELS NON.INVASIVELY  E05010 0XIMETER FOR MEASURING BLOOD DYXGEN SEATOR BLOOD DYXGEN LEVELS NON.INVASIVELY  E05010 0XIMETER FOR MEASURING BLOOD DYXGEN SEATOR BLOOD DYXGEN LEVELS NON.INVASIVELY  E05010 0XIMETER FOR MEASURING BLOOD DYXGEN SYSTEM, RENTAL SECULATION, PART BLOOD DYXGEN SYSTEM RENTAL SECULATION, PART BLOOD DYXGEN SYSTEM, RENTAL SECULATION, CONTENTS (PER UNITI), REGULATOR, FLOWMETER, REPLILAD SECULATION, CO	W4732*	ANY TYPE SIDE RAILS	1031.94	10319.40	7739.56
E0022 FOME PROTOTHERAPY UNIT. DAILY E0455 OXIMETER FOR INESSURING BLOOD CYXGEN LEVELS NON-INVASIVELY VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE CONTROL MODE, USES WITH HWASIVE INTERFACE (e.g., TRACHEOSTOMY TUBE) E0471 VALUE CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE MAY INCLUDE PRESSURE E0471 VALUE CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE MAY INCLUDE PRESSURE E0471 VALUE CONTROL WORK TO THE VALUE OF THE V					
E0445' OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY  LOUNT COLUME CONTROL WENTLATOR WITHOUT PRESSURS SUPPORT NODE, MAY INCLUDE PRESSURE  E0450' COUTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)  E0471' ARWAY PRESSURE DEVICE  E0471' ARWAY PRESSURE DEVICE  E0471' ARWAY PRESSURE DEVICE  E0619P PARE MONITOR, WITH RECORDING FEATURE  E0619P PARE MONITOR, WITH RECORDING FEATURE  E0619P PARE MONITOR, WITH RECORDING FEATURE  E0619P AND FOR ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES;  E0619P AND FOR A MONITOR, WITH RECORDING FEATURE  E0619P AND FOR A MONITOR, WITH RECORDING FEATURE  E0619P AND FOR A MONITOR, WITH RECORDING FEATURE  E0619P AND FOR A WITH RECORDING FEATURE  E0619P AND FOR A MONITOR, WITH RECORDING FEATURE  E0619P AND FOR A MONITOR AND FEATURE  E0619P AND FOR A MONITOR AND FEATURE  E0619P AND FOR A MONITOR AND FEATURE FEATURE AND EYE  E0619P AND FOR A MONITOR AND FEATURE AND SOLAR FEATURE AND EYE  E0619P AND FOR A MONITOR AND FEATURE AND SOLAR FEATURE AND EYE  E0619P AND FEATURE AND FEATURE AND FEATURE AND EYE  E0619P AND FEATURE AND FEATURE AND FEATURE AND EYE  E0619P AND FEATURE AND FEATURE AND FEATURE AND EYE  E0619P AND FEATURE AND EYE AND EYE AND EYE AND EYE  E0619P AND FEATURE AND EYE AND EYE AND EYE  E0619P AND FEATURE AND EYE AND EYE AND EYE  E0619P AND FEATURE AND EYE AND EYE  E0619P AND FEATURE AND EYE AND EYE AND EYE  E0710P AND EYE AND EYE AND EYE AND EYE  E0710P AND EYE AND EYE AND EYE  E0710P AND EYE AND EYE AND EYE AND EYE  E0710P AND EYE AND EYE AND EYE  E0710P AND EYE AND EYE AND EYE  E0710P AND					
VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLIDE PRESSURE E04501  NESPIRATION, USED WITH INVASVE INTERFACE (e.g., TRACHEGSTOMY TUBE)  NESPIRATION, USED WITH INVASVE INTERFACE (E.g.) TRACHEGSTOMY TUBE)  NESPIRATION, AND STATE OF THE PROPERTY OF THE P		,			
E0450* CONTROL MODE, USED WITH INVASIVE INTERFACE (e.g. TRACHEOSTOMY TUBE)  WITH NON-INVASIVE INTERFACE (INTERMITENT ASSIST DEVICE WITH CONTINUOUS POSITIVE  E04711 AIRWAY PRESSURE DEVICE  E04711 AIRWAY PRESSURE DEVICE  E0500* INTERNAL OR EXTERNAL POWER SOURCE  E05019* APNEA MONITOR, WITH RECORDING FEATURE  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBSLAMPS, TIMER AND EYE  E06919* ORTOTECTION, TREATMENT AREA TWO SOUARE FEET OR LESS  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBSLAMPS, TIMER AND EYE  E06921* ORTOTECTION, TROH FOOT PANEL  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBSLAMPS, TIMER AND EYE  E06922* ORTOTECTION, TOUR FOOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED,  E0761 WITH ADMINISTRATIVE EOUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEET  E0761 WITH ADMINISTRATIVE EOUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEET  E0762* ORTOTECTION, FOOT PANEL  E24022* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  E0763 PARE AND OXYGEN RELATED TIEMS  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7007 OXYGEN AND OXYGEN RELATED TIEMS  A7008 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7008 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, EACH  A7028 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, PAIR  BY AND A PROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HOWELERR, CANNULA OR MASK AND TUBING 1 UNIT = 50  E0424* CU, FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER,  PORTABLE CASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER,  E0431* HUMIDIFIER, PALOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR PROM	E0445*		192.49		
RESPIRATIONS ASSIST DEVICE, INTERNATE (INTERNITED ASSIST DEVICE WITH CONTINUOUS POSITIVE E0471* AIRWAY PRESSURE DEVICE  102.35	E0450+		05450		
WITH NON-INVASIVE INTERFACE (INTERMITENT ASSIST DEVICE WITH CONTINUOUS POSITIVE 642.17  E04711 AIRWAY PRESSURE DEVICE  IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES;  INTERNAL OR EXTERNAL POWER SOURCE  E0509* INTERNAL OR EXTERNAL POWER SOURCE  E0619* APNEA MONITOR, WITH RECORDING FEATURE  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  E0691* POTOTECTION, TREATMENT AREA TWO SOUARE FEET OR LESS  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  E0692* POTOTECTION, TOO IF FOOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED,  WITH ADMINISTRATIVE EOUPMENT, WORN BY PATIENT MONTHLY RENTAL FEET  E0781 CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  E0781* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  E0781* PEAK EXPIRATORY FLOW RATE METER, HANDHELD  OXYGEN AND OXYGEN RELATED TIEMS  A7006 ADMINISTRATION SET, WITH SIMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7027 COMBINATION, ORALINASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, EACH  A7028 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, EACH  A7029 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, PAIR  2024 SPROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  E0424* TUBING  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM RE ONNED). 1 UNIT = 50 CU  FILE OXYGEN CONTENTS, LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMDIFIER, NEBULIZER, CANNULA OR MASK A	E0450^		954.52		
IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE  E0619** APNEA MONITOR, WITH RECORDING FEATURE  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  B9.66  POPTOTION, TREATMENT AREA TWO SQUARP FEET OR LESS  89.66  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  B9.66  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  B9.67  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE  B9.68  POPTOTECTION, FOUR POOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED,  E0791** WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE  E0935** CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402** NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  E0704** PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  OXYGEN AND OXYGEN RELATED ITEMS  A4614** PEAK EXPIRATORY FLOW RATE METER: AND-HELD  OXYGEN AND OXYGEN RELATED ITEMS  407020** OMBINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  9.54  A7021** ORBINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  9.54  A70220** ORBINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  9.54  A7026** ORBINISTRATION OR COMBINATION OR RALINASAL MASK, REPLACEMENT ONLY, EACH  184.72  A7027 ORBINISTRATION SET, WITH ADMINISTRATION OR RALINASAL MASK, REPLACEMENT ONLY, EACH  194.72  A7028** ORBA CUSHION OR COMBINATION OR RALINASAL MASK, REPLACEMENT ONLY, PAIR  20.24  A7029 NASAL PILLOWS FOR COMBINATION OR RALINASAL MASK, REPLACEMENT ONLY, PAIR  20.24  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  CU. FT.  PORTABLE LIGADIO OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU  TO.84  PORTABLE					
E05991   INTERNAL OR EXTERNAL POWER SOURCE   102.35	E0471*	AIRWAY PRESSURE DEVICE	642.17		
E0619* APNEA MONITOR, WITH RECORDING FEATURE  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE E0781 WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE E0325* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  21.00  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  BAGGIVE PERSSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  A7706 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7707 COMBINATION, ORAL/MASAL MASK USED WITH CPAP DEVICE, EACH  A7708 ORAL CUSHION FOR COMBINATION OR RAL/MASAL MASK, REPLACEMENT ONLY, EACH  A7928 NASAL PILLOWS FOR COMBINATION OR RAL/MASAL MASK, REPLACEMENT ONLY, PAIR  SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING,  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTENTS (PER UNIT), RESERVOIR, HUMIDIFIER, FLOWMETER, REPILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES DES RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES OSE OR RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES OSE OR RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUB					
ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE E0692* PROTECTION, FOUR FOOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, E0781 WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE E0935* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  A7003* A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PREUMATIC NEBULIZER  A7007 OXYGEN AND WITH OPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, EACH A7029 NASAL PILLOWS FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, EACH A7029 NASAL PILLOWS FOR COMBINATION ORALINASAL MASK, REPLACEMENT ONLY, PAIR  BYENOMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNITT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING, 1 UNIT = 50  COLUMN OR MASK AND TUBING  DORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING, 1 UNIT = 50  UNIT, REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING, 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING, 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING, 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  UNIT), REQUILATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONAR	-				
PROTECTION, TREATMENT AREA TWO SQUARE FEET OR LESS  B9.86  ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, E0781 WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE 264.87  E0935' CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY 21.00  E2402' NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  AM614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD AVONE ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7026 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR 2024 ASSENT SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REQULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 E0421' CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTENTS (PER UNIT), RESERVOIR, HUMIDIFIER, FLOWMETER, REPILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & E0431' TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 E0434' TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50 E0434' TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REQULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING 1 UNIT = 50 E0439' = 10LBS OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT. FOR THE PROTECTION OF THE STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT =	E0619*		283.19		
ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL  AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, E0731 WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE E0935* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  AVOID AND AND OXYGEN AND OXYGEN RELATED ITEMS  A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7021 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK KEPLACEMENT ONLY, EACH  A7022 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A2624 SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RENTAL; INCLUDES DORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RENTAL; INCLUDES DORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RENTAL; INCLUDES DORTABLE CONTAINER, SUPPLY RESERVOIR, SYSTEM, RENTAL; INCLUDES DORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REPLIL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK &  E0434* TUBING  STATIONARY LIQUID DAYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT, REGULATOR, FLOWMETER, HUMIDIFIER, NEBUL	E0004*		00.00		
### PROTECTION, FOUR FOOT PANEL  ### PROTECTION, FOUR PASSIVE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  ### PROTECTION, FOUR PROTECTION, FO	E0691"		89.86		
AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE 264.87  E0935* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY 21.00  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  OXYGEN AND OXYGEN RELATED ITEMS  A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH  A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  9.54  A7029 STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, E0431* HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE IQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RETHAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU  FT.  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	F0692*		112 83		
E0935* CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY  E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH  A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTENTS (PER UNIT), RESERVOIR, HUMIDIFIER, FLOWMETER, REPILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK &  E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  COXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  FILE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  FILE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STA	20002	·	112.00		
E2402* NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE  OXYGEN AND OXYGEN RELATED ITEMS  A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD  23.78  A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  47027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH  A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK &  E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	E0781	WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT MONTHLY RENTAL FEE	264.87		
A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD 23.78 A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER 9.54 A7027 COMBINATION, ORAL/MASAL MASK USED WITH CPAP DEVICE, EACH 184.72 A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH 49.54 A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR 20.24 A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES MANUALLY PRICED STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 E0424* CU. FT. 199.28 PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING. 31.79 PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RENTAL; INCLUDES OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, FLOWMETER, CONTENTS GAUGE, CANNULA OR MASK & 31.79 STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, TOU	E0935*	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OF KNEE ONLY	21.00		
A4614 PEAK EXPIRATORY FLOW RATE METER, HAND-HELD 23.78 A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER 9.54 A7027 COMBINATION, ORAL/MASAL MASK USED WITH CPAP DEVICE, EACH 184.72 A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH 49.54 A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR 20.24 A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES MANUALLY PRICED STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 E0424* CU. FT. 199.28 PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING. 31.79 PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, RENTAL; INCLUDES OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, FLOWMETER, CONTENTS GAUGE, CANNULA OR MASK & 31.79 STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU TOURTH, REGULATOR, TOU					
A4614 PEAK EXPIRATORY FLOW RATE METER , HAND-HELD A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER 9.54 A7027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH 49.54 A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR 20.24 A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 E0424* CU. FT. PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & E0434* TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* TUBING OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	E2402*		1800.70		
A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER  A7027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH  A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, E0431* HUMIDIFIER, CANNULA OR MASK AND TUBING PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10 LUST   E0439* UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT   E0439* OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
A7027 COMBINATION, ORAL/NASAL MASK USED WITH CPAP DEVICE, EACH  A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH  A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT  E0439* = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR			-		
A7028 ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50 CU. FT. 199.28  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & E0434* TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* = 10LBS OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  TO.64		·			
A7029 NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR  A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
A9284* SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES  STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439*  E0439* TUBING  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT. 199.28  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING 31.79  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING 31.79  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* = 10LBS 199.28  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT 70.64		,	M		ED .
REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 50  E0424* CU. FT. 199.28  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING 31.79  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & E0434* TUBING 31.79  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS 199.28  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT 70.64	1.0201		101	12.1.22.114.01	Ī
E0424* CU. FT.  PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
### HUMIDIFIER, CANNULA OR MASK AND TUBING  PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK &  #### TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT  #### 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  #### TO.64  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	E0424*		199.28		
PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT E0439* = 10LBS OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU E0441 FT OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR			_		
RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTER, CONTENTS GAUGE, CANNULA OR MASK & TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	E0431*		31.79		
E0434* TUBING  STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT  E0439* = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441 FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	F0.10.11		04.70		
UNIT), REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK AND TUBING. 1 UNIT  = 10LBS  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  E0441  FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	E0434*		31.79		
E0439* = 10LBS 199.28  OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU  FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEMS OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR	F0439*		199 28		
OR WHEN BOTH A STATIONARY AND A PORTABLE GASEOUS SYSTEM ARE OWNED). 1 UNIT = 50 CU FT  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
E0441 FT 70.64  OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS OR					
	E0441	•		70.64	
E0442 WHEN BOTH A STATIONARY AND A PORTABLE LIQUID SYSTEM ARE OWNED). 1 UNIT = 10 LBS 70.64	1				
	E0442	WHEN BOTH A STATIONARY AND A PORTABLE LIQUID SYSTEM ARE OWNED). 1 UNIT = 10 LBS		70.64	

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### MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE **EFFECTIVE JANUARY 1, 2009**

HCPCS		MEDICAL	D MAXIMUM	SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
	PORTABLE OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS			
E0443	SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 5 CU. FT.		16.63	
	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID			
E0444	SYSTEMS WHEN NO STATIONARY GAS OR LIQUID SYSTEM IS USED). 1 UNIT = 1 LB		16.63	
	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR,			
E1354*	ANY TYPE, REPLACEMENT ONLY, EACH	M	ANUALLY PRIC	ED
E1355	STAND/RACK		22.40	
	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE,			
E1356*	REPLACEMENT ONLY, EACH	M	ANUALLY PRIC	ED
	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE,			
E1357*	REPLACEMENT ONLY, EACH	M	ANUALLY PRIC	ED
E4050+	OXYGEN ACCESSORY, DC ADAPTOR FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT			<b>-</b>
E1358*	ONLY, EACH	IVI.	ANUALLY PRIC	ED
	OXYGEN CONCENTRATOR, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE THE PRESCRIBED RATE; NOTE 1 - MODIFIERS QF & QG USED WITH			
	MODIFIER RR WILL INCREASE REIMBURSEMENT TO 150% OF RATE (Used when prescribed amount of			
E1390*	oxygen is greater than 4LPM)	199.28 <sup>NOTE 1</sup>		
E1390*	PORTABLE OXYGEN CONCENTRATOR	52.66		<del>                                     </del>
2.552	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE	02.00		<del>                                     </del>
	OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER,			
K0738*	CANNULA OR MASK, AND TUBING	51.63		
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FEET	3 <del>-</del>	0.30	1
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND		1.15	1
W4001*	CO/2 SATURATION MONITOR WITH ACCESSORIES, PROBES	623.59		
	ENTERAL NUTRITION PRODUCTS			
	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED - FARRELL VALVE ONLY			
A9999*	(note A), EACH		8.54	
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, EACH		6.51	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, EACH		12.40	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, EACH		8.51	
B4081	NASOGASTRIC TUBING WITH STYLET, EACH		23.00	
B4082	NASOGASTRIC TUBING WITHOUT STYLET (note A), EACH		17.12	
B4083	STOMACH TUBING - LEVINE TYPE, EACH		2.62	
B4087 B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH		18.22 139.76	
D4000	GASTROSTOMIT/JESONOSTOMIT TOBE, LOW-FROFILE, ANT MATERIAL, ANT TIFE, EACH		139.76	
	ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS,			
	INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS, MINERALS, MAY INCLUDE FIBER,			
B4149	ADMINISTERED THROUGH AN INTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.67	
	ENTERAL FORMULA, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS.			
	FATS, CARBOHYDRATES, VITAMINS AND MINEREALS, MAY INCLUDE FIBER, ADMINISTERED			
B4150	THROGUH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.71	
	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER			
	THAN 1.5KCAL/ML) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES,			
	VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING			
B4152	TUBE, 100 CAL=1 UNIT, EACH		0.59	
	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND			
	PEPTIDE CHAIN), INCLUDES FATES, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE			
B4153	FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		2.03	ļ
	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES			
	INHERITED DISEASE OF METABOLISM, INCLUDES ALTERED COMPOSITION PROTEINS, FATS,			
D4454	CARBOHYDRATES, VITAMINS AND/OR MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		4.20	
B4154	ENTERNET LEDING TODE, TWO GREATINGS = 1 UNIT, EACH		1.30	<del> </del>
	ENTERAL FORMULA NUTRITIONALLY INCOMPLETE/MODULAR NUTRIENTS, INCLUDES SPECIFIC			
	NUTRIENTS, CARBOHYDRATES (E.G. MEDUIM CHAIN TRIGLYCERIDES) OR COMBINATION,			
B4155	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.01	
	ENTERAL FORMULA, NUTRITIONALLY COMPLETE FOR SPECIAL METABOLIC NEEDS FOR INHERITED			†
	DISEASE OF METABOLISM, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS,			
	MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT,			
B4157	EACH.		1.21	
	ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,			
	INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER,			
B4158	ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.66	<u> </u>
	ENTERAL FORMULA, FOR PEDIATRIC, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT			
	NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE			
	FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT,			
B4159	EACH		0.66	

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS		MEDICAL	D MAXIMUM	SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
	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 & MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN			
B4160	ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		0.56	
	ENTERAL FORMULA, FOR PEDIATRIC, HYDROLYZED/AMINO ACIDS & PEPTIDE CHAIN PROTEINS,			
	INCLUDES FATS, CARBOHYDRATES, VITAMINS & MINERALS, MAY INCLUDE FIBER, ADMINISTERED			
B4161	THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT, EACH		1.91	
	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,			
B4162	EACH		1.21	
W4211*	LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR CONTINUOUS FEEDING, EACH		9.90	
1A/4040*	DME RELATED SUPPLIES  LOW PROFILE GASTROSTOMY EXTENSION/REPLACEMENT KIT FOR BOLUS FEEDING, EACH		0.00	
W4212*	SYRINGE, STERILE, 20CC OR GREATER, EACH		9.90	
A4213 A4215	NEEDLE, STERILE, 2000 OR GREATER, EACH		1.14 0.14	
A4217	STERILE WATER/SALINE, 500 ml, EACH		2.66	
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON-NEEDLE CANNULA TYPE , EACH		15.44	-
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE, EACH		7.26	
	Replacement Battery, Alkaline (other than J cell), for use with medically necessary home glucose monitor			
A4233	owned by patient, EACH		0.80	
	Replacement Battery, Alkaline J cell, for use with medically necessary home glucose monitor owned by			
A4234	patient, EACH		3.63	
	Replacement Battery, Lithium, for use with medically necessary home glucose monitor owned by patient,			
A4235	EACH		2.34	
	Replacement Battery, silver oxide. for use with medically necessary home glucose monitor owned by			·
A4236	patient, EACH		1.68	
A4244	ALCOHOL OR PEROXIDE, PER PINT, EACH		1.02	
A4246	BETADINE OR pHISOHEX SOLUTION, PER PINT, EACH		5.94	
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS), PER 100		26.58	
	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, 50 STRIPS /			
A4253	BOX, PER BOX		33.94	
A4256	NORMAL, LOW, AND HIGH CALIBRATOR SOLUTION/CHIPS, EACH SPRING -POWERED DEVICE FOR LANCET, EACH		11.44	
A4258 A4259	LANCETS, 100/BOX, PER BOX		18.05 12.06	
A4483	MOISTURE EXCHANGER, DISPOSABLE FOR USE WITH INVASIVE MECHANICAL VENTILATION, EACH		6.44	
A4556	ELECTRODES, (E.G. APNEA MONITOR), set of 2, SET		10.32	-
A4557	LEAD WIRES, (E.G. APNEA MONITOR), SET		21.10	
A4595	TENS SUPPLIES, 2-LEAD, PER MONTH, EACH		28.81	
A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		166.98	
A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		79.93	
A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT OWNED VENTILATOR, EACH		122.58	
A4615	CANNULA, NASAL, EACH		0.83	
A4616	TUBING, OXYGEN, PER FOOT		0.07	
A4617	MOUTHPIECE, EACH		3.59	,
A4618	BREATHING CIRCUITS, EACH		7.56	
A4623	TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY), EACH		5.57	
A4624	TRACHEAL SUCTION CATHETER, ANY TYPE, EACH		2.24	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY, EACH		5.89	
A4626	TRACHEOSTOMY CLEANING BRUSH, EACH		2.71	
A 4607	SPACER, BAG or RESERVOIR, w/ or w/o mask, for use w/ metered dose inhaler (Inspirease or Aerochamber), EACH		27 45	
A4627 A4628	OROPHARYNGEAL SUCTION CATHETER, EACH		37.45 <b>3.74</b>	
A4628 A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY, EACH		4.63	
A4029 A4927	GLOVES, NON-STERILE, 100/BOX, PER BOX		11.61	
A4927 A4930	GLOVES, NON-OTENEE, 100/BOX, 1 EN BOX		0.90	
	TRANSPARENT FILM 16 SQ INCHES BUT LESS THAT OR EQUAL TO 48 SQ INCHES EACH DRESSING		5.50	
A6257	(FOR USE WITH EXTERNAL INSULIN PUMP, EACH		1.53	
	TRANSPARENT FILM MORE THAN 16 SQ INCHES BUT LESS THAN OR EQUAL TO 48 SQ INCHES EACH			
A6258	DRESSING (FOR USE WITH EXTERNAL INSULIN PUMP, EACH		4.30	
	WOUND CARE SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL			
A6550	SUPPLIES AND ACCESSORIES, EACH		27.42	
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH		9.37	
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH		28.69	
A7002	TUBING, USED WITH SUCTION PUMP, EACH		3.26	
A7003	ADMINISTRATION SET, SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		2.67	
A7004	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, DISPOSABLE, EACH		1.53	
	ADMINISTRATION SET, WITH SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER, NON-			
A7005	DISPOSABLE NEBULIZER, NON DISPOSABLE, EACH		26.21	

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS	· 	MEDICAL	D MAXIMUM _	SEV2000
CODE	DESCRIPTION	RENTAL	NEW	USED
			11211	
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR, EACH		4.27	
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET, EACH		20.05	
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER, EACH		3.73	
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR, 1 PAIR		0.71	
A7015	AEROSOL MASK USED WITH DME NEBULIZER, EACH HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH		1.88	
A7025*	PATIENT OWNED EQUIPMENT, EACH		434.94	
ATUZS	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE REPLACEMENT FOR USE WITH		434.94	
A7026*	PATIENT OWNED EQUIPMENT, EACH		28.75	
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		188.64	
A7031	FULL FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH		69.77	
A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH		40.53	
A7033	PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR		28.41	
	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE			
A7034	DEVICEWITH OR WITHOUT HEAD STRAP, EACH		117.64	
A7035	HEADGEAR, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH CHIN STRAP, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		35.76	
A7036 A7037	TUBING, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		15.47 39.48	
A7037 A7038	FILTER, DISPOSABLE, USED WITH AIRWAY PRESSURE DEVICE, EACH		5.30	
A7039	FILTER, NONDISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH		13.03	
A7520	TRACHEOSTOMY OR LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, EACH		47.48	
	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR			
A7521	EQUAL, EACH		47.05	
	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND			
A7522	REUSABLE), EACH		45.16	
A7525	TRACHEOSTOMY MASK, EACH		2.07	
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH SUPPLIES FOR EXTERNAL INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH		3.37	
K0552	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5		2.61	
K0601	VOLT, EACH		1.10	
110001	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3			
K0602	VOLT, EACH		6.36	
	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT,			
K0603	EACH		0.57	
	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNEN BY PATIENT, LITHIUM, 3.6 VOLT,			
K0604	EACH		6.09	
	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT,			
K0605 L8501	EACH TRACHEOSTOMY SPEAKING VALVE, EACH		14.60	
S8490	INSULIN SYRINGES (100 SYRINGES per box, ANY SIZE), 1 UNIT = 1 BOX		125.04 33.46	
W4120*	DISPOSABLE BAGS FOR INSPIREASE INHALER SYSTEM, set of 3, EACH		12.43	
W4153*	TRACHEOSTOMY TIES, TWILL, EACH		0.32	
W4651*	BLOOD GLUCOSE TEST STRIPS (visual strips - not for use with blood glucose monitor) PER BOTTLE		2.00	
W4670*	STERILE SALINE, 3 CC VIAL, EACH		0.34	
W4672*	GRAY ADAPTER FOR USE WITH EXTERNAL INSULIN PUMP, EACH		8.34	
W4673*	PISTON ROD FOR USE WITH EXTERNAL INSULIN PUMP, EACH		11.91	
	REPLACEMENT BATTERY FOR PORTABLE SUCTION PUMP ADAPTIC AND TRANSPARENT TYPE SUCH			
W4678*	AS TEGADERM OR OPSITE for use with external insulin pump, EACH		75.49	
<b></b>	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES		MANUTALISA	
E4000*	COMMUNICATION BOARD, NON-ELECTRONIC, AUGMENTATIVE OR ALTERNATIVE		MANUALLY	
E1902*	COMMUNICATION DEVICE SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,		PRICED	
E2500		44.07	410.64	207.05
E2500	LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	41.07	410.61	307.95
	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,			
E2502	MORE THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	125.57	1255.59	941.70
	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,			
E2504	MORE THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	165.65	1656.29	1242.20
	SPEECH GENERATING DEVICE, DIGITALIZED SPEECH, USING PRE-RECORDED MESSAGES,			
E2506	GREATER THAN 40 MINUTES RECORDING TIME	242.85	2428.61	1821.42
	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE			
E2508*	FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	375.55	3755.44	2816.59
	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS			
E2510*	OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	710.66	7106.66	5329.99
	SPEECH GENERATING SOFTWARE PROGRAM FOR PERSONAL COMPUTER OR PERSONAL		MANUALLY	<u> </u>
E2511*	DIGITAL ASSISTANT		PRICED	
	ACCEPTAGE OF THE STATE OF THE S		MANUALLY	
E2512*	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM		PRICED	

# MEDICAID DURABLE MEDICAL EQUIPMENT - FEE SCHEDULE EFFECTIVE JANUARY 1, 2009

HCPCS		MEDICAID MAXIMUM _		SFY2009
CODE	DESCRIPTION	RENTAL	NEW	USED
			MANUALLY	
E2599*	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE SPECIFIED		PRICED	
	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATION SYSTEM OR DEVICE (EXCLUDES		MANUALLY	
V5336*	ADAPTIVE HEARING AID)		PRICED	
	EQUIPMENT SERVICE AND REPAIR			
	REPAIR OR NON-ROUTINE SERVICE FOR DME EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN,			
E1340*	LABOR COMPONENT 15 MIN, EACH		12.14	
	INDIVIDUALLY PRICED			
			MANUALLY	
E0784*	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	417.57	PRICED	
Providers are reminded to bill their usual and customary rates. Do not automatically bill the established maximum reimbursement rate listed.				
Payment wi	Il be the lesser of the billed usual and customary rate or the maximum reimbursement rate.			