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101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Section

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322.01: General Provisions

(1) Scope, Purpose, and Effective Date. 101 CMR 322.00 governs the determination of rates of payment to be used by all governmental units in making payment to eligible providers of durable medical equipment and supplies provided to publicly aided individuals. The rates set forth in 101 CMR 322.00 do not apply to individuals covered by the Workers' Compensation Act, M.G.L. c. 152. Rates for services rendered to such individuals are set forth in 114.3 CMR 40.06: *Fees*.

(2) Applicable Dates of Service. Rates contained in 101 CMR 322.00 apply for dates of service provided on or after July 1, 2022, unless otherwise specified.

(3) Coverage. 101 CMR 322.00 and the rates of payment contained herein apply to the following categories:

(a) the purchase or rental of durable medical equipment;
(b) the purchase of medical and surgical supplies;
(c) the purchase or rental of seating, positioning, mobility systems, and related accessories;
(d) the purchase or rental of prescribed oxygen delivery systems and respiratory therapy devices and related supplies;
(e) the purchase or rental of intravenous and enteral therapy, equipment, and related supplies and services; and
(f) the repair or modification of the above listed types of equipment.

(4) Exclusions. 101 CMR 322.00 and the rates of payment contained herein do not apply to the following services:

(a) respiratory therapy services rendered by a qualified respiratory therapist;
(b) all services included in the reimbursement to an institutional provider; and
(c) all services for inpatients at a facility licensed as an acute or chronic disease and rehabilitation hospital.

(5) Disclaimer of Authorization of Services. 101 CMR 322.00 is not authorization for nor approval of the procedures for which rates are determined pursuant to 101 CMR 322.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly aided individuals.

(6) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an administrative bulletin. The publication of such updates and corrections will list

(a) codes for which the code numbers only changed, with the corresponding crosswalk;
(b) codes for which the code numbers remain the same but the description has changed;
(c) deleted codes for which there is no crosswalk; and
(d) for entirely new codes that require new pricing, EOHHS may list these codes and price them at a percentage of the prevailing Medicare fees as described in 101 CMR 322.03(16), when Medicare fees are available. When Medicare fees are not available or when otherwise designated by EOHHS as described in 101 CMR 322.03(16), EOHHS may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(7) Administrative Bulletins. EOHHS may issue administrative bulletins to

(a) clarify its policy on substantive provisions of 101 CMR 322.00;
(b) specify any durable medical equipment or medical supplies subject to a preferred supplier contract or contracts between a supplier and a governmental unit or units, the governmental unit(s) and eligible providers subject to the contract, the duration of the preferred supplier contract, the prices at which such durable medical equipment or medical supplies will be available to eligible providers (as defined by the preferred supplier contract), the rates which eligible providers (as defined by the preferred supplier contract) will be paid by the relevant governmental unit(s) for such durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;
(c) specify any durable medical equipment or medical supplies subject to a rebate agreement or agreements between a manufacturer and a governmental unit or units, the governmental unit(s) and eligible providers subject to the agreement, the duration of the rebate agreement, the rates which will be paid to eligible providers (as defined by the applicable rebate agreement) by the relevant governmental unit(s) for the specified durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;
(d) specify adjustments to the standard markup defined at 101 CMR 322.02 for codes when a governmental unit determines that the standard markup requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care;
(e) specify a fixed rate for codes which do not have a Medicare rate or would otherwise be priced at Individual Consideration based on an adjusted acquisition cost when a fixed rate can be determined by using a comparison of industry rates including Medicare crossover payments, other state Medicaid payment rates and third-party liability/private insurance rates; and
(f) specify adjustments to historical fixed rates which do not have a Medicare rate for codes when a governmental unit determines that the historical fixed rate requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care.

322.02: General Definitions

Meaning of Terms. Terms used in 101 CMR 322.00 have the following meanings:

Accessories. Products that are used primarily and customarily to modify or enhance the usefulness or functional capability of durable medical equipment and that are generally not useful in the absence of durable medical equipment.

Adjusted Acquisition Cost (AAC). The price paid to a supplier by an eligible provider for durable medical equipment, medical and surgical supplies, customized equipment, oxygen and respiratory therapy systems or devices and related supplies, enteral and intravenous therapy, equipment, and related supplies excluding all associated costs such as, but not limited to, shipping, handling, sales tax, and insurance costs. The adjusted acquisition cost must reflect all discounts, including but not limited to manufacturer, dealer, trade, and volume discounts, including rebates, in whatever form, extended to the provider for the purchase of the covered item. The only discount that does not have to be passed on to the governmental unit is the amount allowed to the provider that is attributable to a timely payment to the manufacturer or supplier, not to exceed 5% of the AAC. The methodology for pricing at AAC is set forth in 101 CMR 322.03(17).

Advertised Price. The price of a product or service as displayed or announced in a print, radio, television, or online advertisement.

Assistive Technology Professional (ATP). An individual with experience in assistive/rehabilitation technology and certification by the Rehabilitation Engineering and Assistive Technology Society of North America who analyzes the equipment needs of persons with disabilities, assists in the selection of equipment, and trains the person with a disability on how to use the specific equipment. This equipment may include manual and power wheelchairs, seating and alternative positioning, ambulation assistance, environmental control, alternate computer access, augmentative and alternative communication devices, and products of daily living.

Capped Rentals. Capped rental items are designated with the modifiers KH, KI, and KJ in the "code" column of 101 CMR 322.06 and are rented for a maximum period of 13 months, at which point the provider stops billing and turns over ownership and all warranty information to the consumer. The provider may bill for repairs as needed to maintain the proper working condition of the equipment for the consumer's use after ownership turns over to the consumer.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Cross-walk. A cross-reference in which a code is deleted and replaced with another code.

Customized Equipment. Durable medical equipment that

(a) is uniquely constructed, adapted, or modified solely for the full-time use of the patient for whom it is purchased;
(b) is made to order or adapted to meet the specific needs of the patient; and
(c) the unique construction, adaptation, or modification of which permanently precludes the use of such equipment by another individual.

Durable Medical Equipment (DME). Equipment that
(a) is used primarily and customarily to serve a medical purpose;
(b) is generally not useful in the absence of disability, illness and injury;
(c) can withstand repeated use over an extended period of time; and
(d) is appropriate for home use (any setting in which normal life activities take place).

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized by the Commonwealth of Massachusetts to engage in the business of furnishing durable medical equipment, medical and surgical supplies, customized equipment, oxygen or respiratory therapy equipment, mobility systems, intravenous and enteral therapy equipment, and related supplies and services and who meets such conditions of participation as may be adopted by a governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any department, agency, board, or commission of the Commonwealth, and any political subdivision of the Commonwealth.

Home Infusion Therapy (HIT) Services. The administration of medications to a patient in a home setting using delivery devices through intravenous, subcutaneous, or epidural routes. Drug therapies commonly administered include antibiotics, chemotherapy, pain management, parenteral nutrition, and immunoglobulin.

Individual Consideration (I.C.). Items for which there is no specified rate or when otherwise designated by EOHHS are individual consideration and are subject to the following procedure. The purchasing governmental unit analyzes the eligible provider's report of services submitted before making a determination. Providers must keep adequate records to substantiate their I.C. claims and must provide these documents, including a copy of the current invoice, to the purchasing agency. The methodology for pricing at I.C. is set forth in 101 CMR 322.03(19).

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen.

Medical Supplies. Consumable or disposable supplies or devices for home use, necessary for the treatment of a specific illness, injury, disease, or disability, including, but not limited to, test strips, syringes, ostomy products, and surgical items that are
(a) required to address an individual medical disability, illness, or injury;
(b) cannot withstand repeated use by more than on individual;
(c) generally not useful in the absence of illness or injury;
(d) consumable or disposable; and
(e) appropriate for use in any setting in which normal life activities take place.

Mobility System. A manual or power wheelchair or other wheeled device, such as a scooter, including a base, a seating system, its components, accessories, and modifications.

Oxygen. Gaseous or liquid medical grade oxygen that conforms to United States Pharmacopeia Reference Standards.

Oxygen Delivery Systems. A comprehensive oxygen service that includes, but is not limited to: the gaseous/liquid oxygen, oxygen generating device and related delivery systems container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and special oxygen administration device, tubing and refill adapter.

Oxygen Generating Device. Any device suitable for domiciliary use that produces oxygen by any chemical or physical means, such as but not limited to, oxygen concentrators, and oxygen enrichers, and that conforms to such standards as may be required by federal and state governmental units.

Patient Lift System. A hoist, jack hoist, or hydraulic lift which may be either a sling lift (or Hoyer Lift, a brand name, used for patients whose mobility is limited) or sit-to-stand lift, which may be mobile (floor) lifts or overhead lifts (suspended from ceiling-mounted or overhead tracks).

Positioning System. Equipment prescribed to meet a medical need and intended to provide an alternative position to the seated wheelchair position.

Preferred Supplier Contract. A contract between a supplier of durable medical equipment or medical supplies and EOHHS or another governmental unit under which the supplier agrees to supply specified durable medical equipment or medical supplies at specified rates to certain eligible providers defined by the contract.

Prescribing Provider. The member's physician, nurse practitioner, clinical nurse specialist, or physician's assistant who prescribes and writes the prescription.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory public program.

Rate. *See* 101 CMR 322.03 and 101 CMR 322.06.

Rebate Agreement. An agreement by which a manufacturer of durable medical equipment or medical supplies agrees to pay EOHHS or another governmental unit a rebate related to payments for specified durable medical equipment or medical supplies by the relevant government unit or units to certain eligible providers defined in the agreement.

Recall. An action taken by the manufacturer to retrieve, replace, or repair dangerous or defective DME, whether or not such action is taken at the direction of the Food and Drug Administration (FDA).

Request for Prior Authorization. A request by a provider, as required by the governmental unit, that the government unit determine the medical necessity of specified equipment or supplies for a particular individual. The provider must submit any such request to the governmental unit in accordance with all applicable laws, regulations, and policies.

Respiratory Therapy Devices and Supplies. Those modalities and necessary ancillary equipment used in the care and treatment of pulmonary insufficiencies from whatever cause as may be ordered by the prescribing provider for their therapeutic and remedial effect, and that meet such standards as may be required by federal or state governmental units. Respiratory therapy devices include, but are not limited to, the complete device and related delivery system accessories including, regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device tubing and adapters.

Retail Price. The total price charged for a product sold to a customer, which includes the manufacturer's cost plus a retail markup.

Sale Price. The price at which something sells or is sold after its price has been reduced.

Seating Systems. A seated positioning system, including its components, accessories, and modifications, which may be attached to a base wheelchair and is designed to meet the individualized medical needs of the patient.

Shelf Price. The sign or tag placed by an authorized person at each point of display which clearly sets forth the retail price of the consumer item.

Standard Markup. Except where otherwise indicated in an applicable section of 101 CMR 322.03, the standard markup for durable medical equipment, medical and surgical supplies, and oxygen and respiratory equipment that is applied to the AAC, net of any discounts as specified in the definition of AAC at 101 CMR 322.02, and paid to a supplier by an eligible provider cannot exceed

(a) the applicable standard markup set forth below for items for which the eligible provider received a timely payment discount less than or equal to 5% will be applied to the AAC, net of costs and discounts to be excluded under the definition of AAC at 101 CMR 322.02

1. 20% for medical and surgical supplies and disposable items;
2. 25% for enteral and parenteral solutions;
3. 35% for wheeled mobility system equipment and accessories, as defined in 101 CMR 322.02, and for certain patient lift systems; and
4. 30% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

(b) the applicable standard markup set forth below for items for which the eligible provider received a timely payment discount greater than 5%, will be applied to the AAC net of costs and discounts to be excluded under the definition of AAC at 101 CMR 322.02:

1. 25% for medical and surgical supplies and disposable items;
2. 30% for enteral and parenteral solutions;
3. 40% for wheeled mobility system equipment and accessories, as defined in 101 CMR

322.02, and for certain patient lift systems; and
4. 35% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was
(a) used by a patient for a trial period;
(b) used by the supplier as a demonstrator; or
(c) rented by a patient who now wants to buy it.

Usual and Customary Charge. The lowest price that an eligible provider charges to any payer in Massachusetts other than for publicly aided individuals for the same equipment or item, including but not limited to the shelf price, sale price, or advertised price.

322.03: General Rate Provisions

(1) Purchase or Rental of Durable Medical Equipment, Medical and Surgical Supplies. Payment to an eligible provider for the purchase of the above services will be the lowest of
(a) the eligible provider's usual and customary charge;
(b) the preferred supplier rate published in an administrative bulletin pursuant to 101 CMR 322.01(7) plus an additional percentage handling fee if applicable;
(c) the rebate agreement rate published in an administrative bulletin pursuant to 101 CMR 322.01(7); or
(d) such schedule of allowable fees set forth in 101 CMR 322.06.

(2) Direct Service Component (RE Units). Payment to an eligible DME provider for the initial evaluation of customized seating, positioning, mobility systems, installation of customized movable and fixed patient lift systems, and assembly of at the pre-approved levels of time and complexity as defined below.
(a) RE 1-5 - Specialized (1-5 hours).
(b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (6-10 hours).
(c) RE 11-15 - More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufactures (11-15 hours).
(d) RE 16-23 - Complex - More time and complexity with multiple trials of equipment, very high level of complexity and may involve extensive time for trials of multiple products, extended amount of custom fabrication, or interactions with several professionals- physicians, therapist, teachers (16-23 hours).
(e) RE units will be billed for using the K0739-U5 code and modifier combination.

(3) Rental of Oxygen Delivery Systems.
(a) The monthly rate of reimbursement for comprehensive oxygen services includes but is not limited to the following services:
1. the gaseous/liquid oxygen, oxygen generating device and related delivery system

container or cylinder, manifold systems whenever high volume oxygen is used, stand, cart, walker/stroller, supply reservoir, contents indicator, regulator with flow gauge, humidification devices, cannulas, masks, and/or special oxygen administration device, tubing and refill adapter;

2. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service, and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;

3. delivery of the gaseous oxygen inclusive of 24-hour service costs;

4. back-up gaseous oxygen and related equipment and supplies; and

5. demonstration and instruction of safe usage of equipment, delivery and set-up.

(b) Payment to an eligible provider for the rental of oxygen generating devices and oxygen delivery systems shall be the lower of

1. the eligible provider's usual and customary charge; or

2. such schedule of allowable fees set forth in 101 CMR 322.06.

(c) Payment to an eligible provider for the rental of oxygen delivery systems provided to publicly aided individuals in a nursing facility shall be the lower of:

1. the eligible provider's usual and customary charge; or

2. 90% of the schedule of allowable fees set for in 101 CMR 322.06.

(4) Purchase and Rental of Respiratory Therapy Devices.

(a) Respiratory Therapy Devices (Purchase).

1. The purchased respiratory therapy device includes but is not limited to the following services:

a. the complete device, new at the time of purchase, and in proper working condition;

b. service and repair of the unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications. These can be billed for purchased devices unless otherwise specified under warranty;

c. the device and related delivery system accessories including regulator with flow gauge, humidification and heating units, cannulas, masks, or special administration device, tubing, and adapters;

d. delivery of the device inclusive of 24-hour service costs; and

e. demonstration and instruction of safe usage of equipment, delivery, and set-up.

2. Payment to an eligible provider for the purchase of respiratory therapy devices shall be the lower of

a. the eligible provider's usual and customary charge; or

b. such schedule of allowable fees set forth in 101 CMR 322.06.

(b) Respiratory Therapy Devices (Rental).

1. The monthly rental of respiratory therapy devices includes but is not limited to

a. the complete device, cleaned and sterilized when appropriate, in proper working condition, and any maintenance, service and repair of unit as needed including replacement of defective parts. The routine replacement of parts, including disposable parts, occurs as needed or according to manufacturer's specifications;

b. the device and related delivery system accessories including regulator with flow gauge, humidification and heating units, filters, cannulas, masks, and special administration device, tubing and adapters;
c. delivery of the device inclusive of 24-hour service costs;
d. monthly cleaning and check of unit;
e. back-up respiratory therapy equipment; and
f. demonstration and instruction of safe usage of equipment, delivery, and set-up.

2. Payment to an eligible provider for the rental of the above services shall be the lower of
a. the eligible provider's usual and customary rental fees and terms; or
b. the fees set forth in 101 CMR 322.06.

3. Payment to an eligible provider for the rental of respiratory therapy devices provided to publicly aided individuals in a nursing facility shall be the lower of
a. the eligible provider's usual and customary rental fees and terms; or
b. 90% of the schedule of allowable fees set forth in101 CMR 322.06.

(5) General Rate Provisions for the Purchase of Home Infusion Therapy Services.
(a) Payment to an eligible provider for home infusion therapy services shall be the lower of
1. the eligible provider's usual and customary charge; or
2. such schedule of allowable fees set forth in 101 CMR 322.06.
(b) For services designated I.C., the adjusted acquisition costs to the eligible provider for items consumed per day plus a 20% markup plus $8.00 for professional service.
(c) Included in the per diem fees are all necessary supplies, equipment, and administrative services. Payment for pharmacy items and services shall be determined under the provisions of 101 CMR 331.00: *Prescribed Drugs*. Payment for nursing services shall be determined according to purchaser specifications under the provisions of 101 CMR 350.00: *Rates for Home Health Services*. Parenteral and enteral nutrition formula shall be billed separately.

(6) Option to Purchase. Governmental units may reserve the right to purchase, at their option, durable medical equipment and respiratory therapy equipment that is being supplied on a monthly rental basis to publicly aided individuals.
(a) If covered, items can be purchased new or used; however, total payments cannot exceed the fee for purchase as new.
(b) If covered, items can be purchased at 100% of the fee.
(c) If covered, items that are usually purchased and fall into the inexpensive and frequently purchased item category can be rented for 10% of the purchase price, not to exceed ten months of rental and the fee for purchase as new.
(d) If covered, used equipment can be rented at 10% of 75% of the fee for purchase as new.
(e) If covered, used equipment can be purchased at 75% of the fee for purchase as new.
(f) Capped rental items that are purchased prior to the end of the 13-month capped rental period are purchased at an amount not to exceed 13 months of rental.

(7) Condition of Rental Equipment Upon Delivery. All equipment that is rented on a monthly basis must be clean and in proper working condition when delivered. Respiratory therapy equipment provided on a rental basis must be in proper working condition and be free from

contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents.

(8) Condition of Purchased Equipment Upon Delivery. All equipment that is purchased must be new and unused, clean, in proper working condition, free from defects, and meet all implied and expressed warranties. In the case of rental items purchased under 101 CMR 322.03(6), Option to Purchase, the equipment shall be in proper working condition and be free from contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents. (*See* 101 CMR 322.03(7).)

(9) Rental Services. Unless otherwise authorized under 101 CMR 322.00, rental rates include the cost of servicing, repairs, and maintenance including replacements of defective parts and disposable items.

(10) Delivery, Installation, and Patient Instructional Time. Unless otherwise authorized under 101 CMR 322.00, the maximum allowable fee for purchase or rental of durable medical equipment shall include the following where required and appropriate

(a) cost of the provider's delivery to the inside of the recipient's residence and, when appropriate, to the room in which the equipment will be used; including allowance of the delivery via UPS or a similar delivery service with a copy of the proof of delivery slip signed by the recipient or recipient's caregiver, or noted by the company driver when a signature is unobtainable, and/or a copy of the delivery service company log (route) sheet;
(b) installation and set up of the equipment; and
(c) instruction of the recipient in the safe usage of the equipment.

(11) Terms and Warranties. Other terms and warranties included under the rate provisions of 101 CMR 322.00 notwithstanding, all terms, express and implied warranties, warranties of repair and service, or any other warranties, which are extended to a specific recipient or customarily extended to any payor shall apply to purchases, or rentals made under authority of 101 CMR 322.00.

(12) Repairs, Maintenance Service, Replacement Parts, and Professional Services. All rates for repair and maintenance services to purchased equipment that require repair, replacement parts and/or the use of technical components (services) can be found within 101 CMR 322.06.

(13) Modifiers. The following list of letter modifiers must be added, where appropriate, to HCPCS procedure codes to determine the percent fee to be paid on claims. Refer to purchasers' manuals for specific coding instructions.

(a) Capped rental coding modifiers are as follows.
    1. KH–Initial claim, either rent (first month) or purchase.
    2. KI–Second or third month rental.
    3. KJ–Rental months four to 13.
(b) Additional modifiers are as follows
    1. A1–Dressing for one wound.
    2. A2 –Dressing for two wounds.

3. A3–Dressing for three wounds.
4. A4–Dressing for four wounds.
5. A5–Dressing for five wounds.
6. A6–Dressing for six wounds.
7. A7–Dressing for seven wounds.
8. A8–Dressing for eight wounds.
9. A9–Dressing for nine or more wounds.
10. AU–Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
11. AV–Items furnished in conjunction with prosthetic/orthotic.
12. AW–Item furnished in conjunction with a surgical dressing.
13. AX–Item furnished in conjunction with dialysis services.
14. AY–Item or service furnished to an ESRD patient that is not for the treatment of ESRD.
15. BA–Item furnished in conjunction with parenteral enteral nutrition (PEN) services.
16. BO–Orally administered nutrition, not by feeding tube.
17. CS–Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities.
18. GA–Waiver of liability statement issued as required by payer policy, individual case.
19. GS–Dosage of epo or darbepoietin alfa has been reduced 25% of preceding month's dosage.
20. GU–Waiver of liability statement issued as required by payer policy, routine notice
21. GX–Notice of liability issued, voluntary under payer policy.
22. JB–Subcutaneous administration.
23. KC–Replacement of special power wheelchair interface (applicable to codes E2320-E2330).
24. KF–item designated by FDA as class III device.
25. KK– DMEPOS item subject to DMEPOS competitive bidding program number 2.
26. KL–DMEPOS item delivered *via* mail.
27. KO–Single drug unit dose formulation.
28. KP–First drug of a multiple unit dose formulation.
29. KQ–Second or subsequent drug of a multiple drug unit dose formulation.
30. KR–Rental item for a partial month.
31. KS–Glucose monitor supply for diabetic beneficiary not treated with insulin.
32. KX–Specific required documentation on file (member treated with insulin).
33. KU--DMEPOS item subject to DMEPOS competitive bidding program #334. 34. LL–Lease/rental with option to purchase.
35. LT–Left side (used to identify procedures performed on the left side of the body).
36. MS- Six-month maintenance and servicing fee for reasonable and necessary parts. and labor which are not covered under any manufacturer or supplier warranty.
37. NU–New equipment.
38. QF–Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed.
39. QG–Prescribed amount of oxygen is greater than 4 liters per minute (LPM).
40. RA–Replacement of a DME item (for use only with K0108 for direct service

component for customization purposes, MassHealth only).
41. RB–Replacement of a part of a DME furnished as part of a repair.
42. RR–Rental of durable medical equipment and oxygen/respiratory therapy equipment.
43. RT–Right side (used to identify procedures performed on the right side of the body).
44. SC–Medically necessary service or supply.
45. SD–Services provided by registered nurse with specialized, highly technical home infusion training.
46. TW when used in conjunction with code A4210: Back-up equipment; when used. with codes for alternative and augmentative communication devices: MassHealth only--non-dedicated alternative and augmentative communication devices>
47. U1–Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems).
48. U2–Medicaid level of care 2 (first six months of rental, volume/pressure ventilator).
49. U3–Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth).
50. U4–Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth).
51. U5- used for requesting direct service components for customized mobility services. requiring ATP RE-1 through RE 23, for installation of patient lift systems RE-1 through RE-23, and setup of safety beds RE-1 through RE-5.
52. U6-used when requesting premium incontinent products.
53. UA–Medicaid level of care 10 (used for adults for safety beds and customized tracheostomy supplies).
54. UB–Medicaid level of care 11 (repair, RTS providers only).
55. UC–Medicaid level of care 12 (used for pediatric specialized equipment only).
56. UD–Medicaid level of care 13 (bariatric equipment).
57. UE–Used durable medical equipment.

(14) Shop Repair of Purchased Equipment and Rental Equipment.

(a) Whenever a repair service for purchased equipment that is unusable or requires removing the equipment from the residential setting to the shop, the eligible provider must supply a substitute unit in proper working condition and comparable in all respects to the unit to be serviced. The provision of the substitute equipment will be on a rental basis; the rental rate will be established utilizing the one-month KJ fee on file for the primary HCPCS being repaired on a one-time per repair basis.

(b) No payment for rental of substitute equipment shall exceed the one-month rental fee, per repair.

(c) Whenever a repair service for rental equipment requires the removal of the equipment from the residential setting, the eligible provider must supply a substitute unit in proper working condition and comparable in all aspects to unit to be repaired. No extra rental charge will be allowed for this substituted equipment.

(15) Recall Provisions. Whenever purchased or rental equipment is subject to recall, the provider will fully address the recall as specified in the manufacturer's recall instructions. For recalls of potentially dangerous or defective DME that predictably could cause serious health

problems or death, the DME provider shall provide the member with a copy of the Recall Notice and fully address the Recall as specified in the Recall instructions no later than five business days from the date the DME provider receives the Recall Notice. Any costs not covered by the manufacturer or other third party for activity associated with amelioration, repair, or replacement of recalled equipment is included in the general rate provisions for each category of equipment in 101 CMR 322.03.

(16) General Rate Provisions for Pricing of New Codes. As described in 101 CMR 322.01(6), EOHHS may publish new procedure codes in the form of an Administrative Bulletin and set fees as follows:

(a) when Medicare fees are available, except as otherwise specified in 101 CMR 322.03(16)

1. 100% of Medicare for
   a. specialized wheeled mobility equipment and accessories
   b. first six months' rental for volume ventilators
   c. certain diabetic equipment and supplies
   d. certain patient lifts and accessories
   e. elevating leg rests
2. 85% of Medicare for all other items, including speech generating devices and certain oxygen equipment and supplies.

(b) when Medicare fees are not available and for certain durable medical equipment or medical supplies, apply individual consideration at adjusted acquisition cost plus the standard markup as defined in 101 CMR 322.02. MassHealth may also specify a fixed rate determined by using comparison of industry rates including Medicare crossover payments, other state Medicaid payment rates and TPL/private insurance rates.

(17) AAC Methodology and Documentation.

(a) The eligible provider must accurately indicate the amount of any discounts set forth at 101 CMR 322.02 and the order in which any discounts were applied. The provider must maintain documentation evidencing the amount and application of discounts.

(b) Current Catalogue Price. The AAC to the eligible provider shall not exceed the manufacturer's current catalogue price. Eligible providers must maintain documentation of the current catalogue price or submit documentation of the Current Catalogue Price with a claim or invoice for any item priced using the AAC methodology.

(c) Documentation of the Purchase Price and Timely Payment Discount for Items Not Subject to Prior Authorization (PA). For items not subject to PA and purchased in advance of filing a claim, the AAC must be evidenced by the purchase price to the provider from the manufacturer for the equipment listed on a copy of a current receipted invoice from the manufacturer. The invoice and supporting documentation submitted with claims to the applicable governmental unit must indicate:

1. the date of the timely payment;
2. the amount and percentage of the timely payment discount. Providers must maintain documentation evidencing the percentage of the AAC that the provider's supplier allows as a timely payment discount, and how the supplier defines "timely payment" for any such discount; and
3. documentation of amount and percentage of timely payment discount for items subject

to PA. For items subject to PA and not purchased in advance of filing a claim, the eligible provider must include the following with the PA request:

a. a copy of the quote from the manufacturer;

b. supporting documentation of cost and discounts;

c. documentation of the amount and percentage of the timely payment discount. The claim must reflect the actual purchase price to the provider from the manufacturer if less than the quote submitted for prior authorization. Manufacturers enorolled as DME provider must submit documentation that demonstrates the retail/catalogue/list price along with all discounts that would be passed on to a provider.

d. Providers are required to submit invoices on initial claims but are not required to submit invoices on subsequent claims during a PA period if the price established on the PA has not changed.

(18) The Methodology for Pricing Capped Rentals. Purchase rates for items, including power wheelchairs, otherwise designated in 101 CMR 322.06 with the capped rental modifiers KH, KI, KJ are indicated with the modifiers NU and UE. The NU rates are established as a percentage of Medicare's rates, pursuant to 101 CMR 322.01(5) and 101 CMR 322.03(16). The purchase of capped rental items, including power wheelchairs, otherwise designated with the modifiers KH, KI, KJ for capped rental, will be no more than the sum of the capped rental methodology applied for 13 months. *See* 101 CMR 322.03(14).

(a) The methodology for capped rental payment of items other than power wheelchairs designated with the modifiers KH, KI, and KJ is as follows:

1. for months one through three of rental (KH, KI), 10% of the new purchase fee;

2. for months four through 13 of rental (KJ), payment at 75% of the amount for months one through three; and

3. no further monthly payments after the 13th month.

(b) The methodology for payment of power wheelchairs designated with the modifiers KH, KI, KJ is as follows:

1. for the first three months of rental (KH, KI), 15% of the new purchase fee;

2. for months four through 13 (KJ), payment at 40% of the amount for months one through three; and

3. no further monthly payments after the 13th month

(19) Except where otherwise stipulated in 101 CMR 322.03, payment to an eligible provider for individual consideration will be the lower of:

(a) the eligible provider's usual and customary charge; or

(b) the following rate, as applicable

1. for purchases of supplies and disposable items, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 20% or 25%, as defined in 101 CMR 322.02;

2. for purchases of enteral and parenteral solutions, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 25% or 30%, as defined in 101 CMR 322.02;

3. for purchases of wheeled mobility system equipment and related accessories, and for certain patient lift systems, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 35% or 40%, as defined in 101 CMR 322.02;

4. for purchases of other new equipment or customized tracheostomy supplies or certain diabetic equipment and supplies, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 30% or 35%, as defined in 101 CMR 322.02;
5. for rental items, one-tenth of the fee paid for the item if purchased new;
6. for capped rental items, refer to the methodology within the definition of "capped rental" in 101 CMR 322.02;
7. for used items, 75% of the fee paid for the item if purchased new;
8. for covered drugs, the adjusted acquisition cost, as defined in 101 CMR 322.02; and
9. for home infusion therapy, the adjusted acquisition cost to the eligible provider for items consumed per day plus a 20% markup plus $8.00 for professional services, as indicated in 101 CMR 322.03(5)(b).

322.04: Filing and Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 322.04(2).

(101 CMR 322.05 is Reserved)

322.06: Allowable Fees and Rate Schedule

Code	Rate	Description
Medical and Surgical Supplies A4000-A9999		
Injection Supplies		
A4206	0.22	Syringe with needle, sterile 1cc, each
A4207	0.43	Syringe with needle, sterile 2cc, each
A4208	0.28	Syringe with needle, sterile 3cc, each
A4209	0.45	Syringe with needle, sterile 5cc or greater, each
A4210	AAC+20%	Needle-free injection device, each
A4210TW	4.98	Needle-free injection device, each (for use for billing nasal adaptor/mucosacal atomization device/nasal adaptor purchased as part of nasal naloxone rescue kit, each, two maximum per kit)
A4211	AAC+20%	Supplies for self-administered injections
A4212	0.13	Non-coring needle or stylet with or without catheter
A4213	0.76	Syringe, sterile, 20 cc or greater, each
A4215KX	0.23	Needle, sterile, any size, each (specific required documentation on file, member treated with insulin)
A4215NU	0.10	Needle, sterile, any size, each
A4216	0.42	Sterile water, saline and/or dextrose diluent/flush, 10 ml
A4217AU	2.51	Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies)
A4217NU	2.51	Sterile water/saline 500 ml
A4218	AAC+20%	Sterile saline or water, metered dose dispenser, 10 ml
A4220	AAC+20%	Refill kit for implantable infusion pump
A4221	18.88	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately)
A4222	37.60	Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately)
A4223	AAC+20%	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)
A4224	16.49	Supplies for maintenance of insulin infusion catheter, per week
A4225	2.21	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each

Code	Rate	Description
A4226	I.C.	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week
Batteries		
A4233NU	0.58	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4233NUKL	0.77	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each (DMEPOS item delivered via mail)
A4234NU	2.50	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4234NUKL	3.47	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235NU	1.06	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4235NUKL	2.23	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236NU	1.19	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4236NUKL	1.60	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
Other Supplies		
A4244	1.27	Alcohol or peroxide, per pint
A4245	3.61	Alcohol wipes, per box
A4246	4.73	Betadine or phisohex solution, per pint
A4247	3.56	Betadine or iodine swabs/wipes, per box
A4248	AAC+20%	Chlorhexidine containing antiseptic, 1 ml
A4250	18.88	Urine test or reagent strips or tablets (100 tablets or strips)
A4253NU	8.32	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

Code	Rate	Description
A4253NUKL	8.32	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (DMEPOS item delivered via mail)
A4255	4.32	Platforms for home blood glucose monitor, 50 per box
A4256	4.00	Normal, low and high calibrator solution / chips
A4256KL	10.90	Normal, low and high calibrator solution / chips (DMEPOS delivered via mail)
A4257	14.10	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	2.52	Spring-powered device for lancet, each
A4258KL	17.20	Spring-powered device for lancet, each (DMEPOS delivered via mail)
A4259	1.65	Lancets, per box of 100
A4259KL	10.31	Lancets, per box of 100 (DMEPOS delivered via mail)
A4264	AAC+20%	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4265	3.20	Paraffin, per pound
A4281	19.18	Tubing for breast pump, replacement
A4282	28.35	Adapter for breast pump, replacement
A4283	1.00	Cap for breast pump bottle, replacement
A4284	18.45	Breast shield and splash protector for use with breast pump, replacement
A4285	7.73	Polycarbonate bottle for use with breast pump, replacement
A4286	AAC+20%	Locking ring for breast pump, replacement
Vascular Catheters and Drug Delivery Systems		
A4305	AAC+20%	Disposable drug delivery system, flow rate of 50 ml or greater per hour
A4306	AAC+20%	Disposable drug delivery system, flow rate of less than 50 ml per hour
Incontinence Appliances and Care Supplies		
A4310	7.26	Insertion tray without drainage bag and without catheter (accessories only)
A4311	13.13	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)

Code	Rate	Description
A4312	14.41	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4313	14.80	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4314	20.20	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	21.07	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone
A4316	26.68	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation
A4320	5.02	Irrigation tray with bulb or piston syringe, any purpose
A4321	AAC+20%	Therapeutic agent for urinary catheter irrigation
A4322	2.86	Irrigation syringe, bulb or piston, each
A4326	9.74	Male external catheter with integral collection chamber, any type, each
A4327	39.71	Female external urinary collection device; metal cup, each
A4328	8.34	Female external urinary collection device; pouch, each
A4330	6.72	Perianal fecal collection pouch with adhesive, each
A4331	2.99	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each
A4332	0.11	Lubricant, individual sterile packet, each
A4333	2.07	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	4.62	Urinary catheter anchoring device, leg strap, each
A4335	AAC+20%	Incontinence supply; miscellaneous
A4336	1.35	Incontinence supply, urethral insert, any type, each
A4337	AAC+20%	Incontinence supply, rectal insert, any type, each

Code	Rate	Description
A4338	11.53	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	29.84	Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each
A4344	14.27	Indwelling catheter, foley type, two-way, all silicone, each
A4346	18.40	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	1.90	Male external catheter, with or without adhesive, disposable, each
A4351	1.71	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	6.04	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	6.57	Intermittent urinary catheter, with insertion supplies
A4354	11.09	Insertion tray with drainage bag but without catheter
A4355	7.12	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
A4356	36.44	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	7.75	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	6.23	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	0.39	Disposable external urethral clamp or compression device, with pad and/or pouch, each
Ostomy Supplies		
A4361	16.75	Ostomy faceplate, each
A4362	2.77	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	2.23	Ostomy clamp, any type, replacement only, each
A4364	2.71	Adhesive, liquid or equal, any type, per oz
A4366	1.22	Ostomy vent, any type, each
A4367	6.22	Ostomy belt, each

Code	Rate	Description
A4368	0.24	Ostomy filter, any type, each
A4369	2.28	Ostomy skin barrier, liquid (spray, brush, etc), per oz
A4371	3.43	Ostomy skin barrier, powder, per oz
A4372	3.94	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
A4373	5.89	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each
A4375	16.14	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	44.72	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	4.04	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	28.88	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	14.11	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	35.07	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	4.34	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	23.13	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	26.49	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	9.04	Ostomy faceplate equivalent, silicone ring, each
A4385	4.79	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	2.11	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	4.11	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4389	5.84	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	9.03	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each

Code	Rate	Description
A4391	6.65	Ostomy pouch, urinary, with extended wear barrier attached (one piece), each
A4392	7.68	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each
A4393	8.50	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each
A4394	2.43	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, liquid, per fluid ounce
A4395	0.04	Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396	38.04	Ostomy belt with peristomal hernia support
A4398	12.75	Ostomy irrigation supply; bag, each
A4399	11.53	Ostomy irrigation supply; cone/catheter,with or without brush
A4400	45.92	Ostomy irrigation set
A4402	1.28	Lubricant, per ounce
A4404	1.58	Ostomy ring, each
A4405	3.20	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	5.38	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	8.23	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	9.27	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	5.84	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	8.50	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	4.79	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each
A4412	2.54	Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), without filter, each

Code	Rate	Description
A4413	5.18	Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), with filter, each
A4414	4.62	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415	5.63	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
A4416	2.59	Ostomy pouch, closed, with barrier attached, with filter (one piece), each
A4417	3.49	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each
A4418	1.71	Ostomy pouch, closed; without barrier attached, with filter (one piece), each
A4419	1.63	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each
A4420	AAC+20%	Ostomy pouch, closed, for use on barrier with locking flange (two piece), each
A4421	AAC+20%	Ostomy supply; miscellaneous
A4422	0.11	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each
A4423	1.75	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	4.47	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each
A4425	3.37	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each
A4426	2.57	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each
A4427	2.62	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each
A4428	6.12	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each

Code	Rate	Description
A4429	7.75	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4430	8.00	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each
A4431	5.84	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each
A4432	3.37	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each
A4433	3.15	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each
A4434	3.53	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each
A4435	5.42	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each
A4436	16.95	Irrigation supply: sleeve, reusable, per month
A4437	16.95	Irrigation supply: sleeve disposable, per month
Miscellaneous Supplies		
A4450AU	0.08	Tape, non-waterproof, per 18 square inches
A4450AV	0.08	Tape, non-waterproof, per 18 square inches
A4450AW	0.10	Tape, non-waterproof, per 18 square inches
A4452AU	0.34	Tape, waterproof, per 18 square inches
A4452AV	0.34	Tape, waterproof, per 18 square inches
A4452AW	0.37	Tape, waterproof, per 18 square inches
A4455	1.34	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	0.23	Adhesive remover, wipes, any type, each
A4458	AAC+20%	Enema bag with tubing, reusable
A4459	AAC+20%	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type
A4461	3.09	Surgical dressing holder, non-reusable, each
A4463	12.51	Surgical dressing holder, reusable, each
A4465	11.52	Non-elastic binder for extremity
A4467	AAC+20%	Belt, strap, sleeve, garment, or covering, any type

Code	Rate	Description
A4470	AAC+20%	Gravlee jet washer
A4480	AAC+20%	Vabra aspirator
A4481	0.35	Tracheostoma filter, any type, any size, each
A4483	69.60	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4490	7.26	Surgical stockings above knee length, each
A4495	28.85	Surgical stockings thigh length, each
A4500	8.22	Surgical stockings below knee length, each
A4510	11.61	Surgical stockings full length, each
A4520	AAC+20%	Incontinence garment, any type (e.g., brief, diaper), each
A4550	1.52	Surgical trays
A4553	AAC+20%	Non-disposable underpads, all sizes
A4554	0.29	Disposable underpads, all sizes, (e.g., Chux's)
A4555	AAC+20%	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only
A4556	9.71	Electrodes, (e.g., apnea monitor), per pair
A4557	16.65	Lead wires, (e.g., apnea monitor), per pair
A4558	4.36	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz
A4559	0.09	Coupling gel or paste, for use with ultrasound device, per oz
A4561	18.75	Pessary, rubber, any type
A4562	46.68	Pessary, non rubber, any type
A4565	7.23	Slings
A4566	AAC+20%	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment
A4570	AAC+20%	Splint
A4575	AAC+20%	Topical hyperbaric oxygen chamber, disposable
A4580	AAC+20%	Cast supplies (e.g. plaster)
A4590	AAC+20%	Special casting material (e.g. fiberglass)
A4595	20.65	Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)
A4600	AAC+20%	Sleeve for intermittent limb compression device, replacement only, each
A4601	AAC+20%	Lithium ion battery, rechargeable, for non-prosthetic use, replacement

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 322.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY THERAPY EQUIPMENT

Code	Rate	Description
A4602	3.49	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each
A4604NU	46.16	Tubing with integrated heating element for use with positive airway pressure device
A4605NU	15.41	Tracheal suction catheter, closed system, each
A4606	AAC+20%	Oxygen probe for use with oximeter device, replacement
A4608	47.10	Transtracheal oxygen catheter, each
Supplies for Oxygen and Related Respiratory Equipment		
A4611NU	175.33	Battery, heavy duty; replacement for patient owned ventilator (new equipment)
A4611RR	18.18	Battery, heavy duty; replacement for patient owned ventilator (rental)
A4611UE	131.50	Battery, heavy duty; replacement for patient owned ventilator (used durable medical equipment)
A4612NU	71.34	Battery cables; replacement for patient-owned ventilator (new equipment)
A4612RR	7.27	Battery cables; replacement for patient-owned ventilator (rental)
A4612UE	54.40	Battery cables; replacement for patient-owned ventilator (used durable medical equipment)
A4613NU	109.40	Battery charger; replacement for patient-owned ventilator (new equipment)
A4613RR	10.95	Battery charger; replacement for patient-owned ventilator (rental)
A4613UE	79.12	Battery charger; replacement for patient-owned ventilator (used durable medical equipment)
A4614	22.35	Peak expiratory flow rate meter, hand held
A4615	0.68	Cannula, nasal
A4616	0.06	Tubing (oxygen), per foot
A4617	2.92	Mouth piece
A4618NU	8.36	Breathing circuits
A4618RR	0.97	Breathing circuits
A4618UE	6.26	Breathing circuits
A4619NU	1.68	Face tent
A4620	0.56	Variable concentration mask
A4623	6.15	Tracheostomy, inner cannula

Code	Rate	Description
A4623UA	AAC+30%	Tracheostomy, inner cannula (customized nonstandard size for adults for MassHealth members only)
A4623UC	AAC+30%	Tracheostomy, inner cannula (customized nonstandard size for children for MassHealth members only)
A4624NU	2.10	Tracheal suction catheter, any type other than closed system, each
A4625	5.53	Tracheostomy care kit for new tracheostomy
A4626	3.00	Tracheostomy cleaning brush, each
A4627	13.28	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628NU	3.51	Oropharyngeal suction catheter, each
A4629	4.36	Tracheostomy care kit for established tracheostomy
Supplies for Other Durable Medical Equipment		
A4630NU	5.87	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4633NU	38.56	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	AAC+20%	Replacement bulb for therapeutic light box, tabletop model
A4635NU	4.81	Underarm pad, crutch, replacement, each (new equipment)
A4635RR	0.65	Underarm pad, crutch, replacement, each (rental)
A4635UE	3.20	Underarm pad, crutch, replacement, each (used durable medical equipment)
A4636NU	2.95	Replacement, handgrip, cane, crutch, or walker, each (new equipment)
A4636RR	0.30	Replacement, handgrip, cane, crutch, or walker, each (rental)
A4636UE	2.18	Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment)
A4637NU	1.56	Replacement, tip, cane, crutch, walker, each (new equipment)
A4637RR	0.19	Replacement, tip, cane, crutch, walker, each (rental)
A4637UE	1.17	Replacement, tip, cane, crutch, walker, each (used durable medical equipment)

Code	Rate	Description
A4638NU	AAC+20%	Replacement battery for patient-owned ear pulse generator, each (new equipment)
A4638RR	I.C.	Replacement battery for patient-owned ear pulse generator, each (rental)
A4638UE	I.C.	Replacement battery for patient-owned ear pulse generator, each (used durable medical equipment)
A4639KH	27.00	Replacement pad for infrared heating pad system, each (capped rental)
A4639KI	27.00	Replacement pad for infrared heating pad system, each (capped rental)
A4639KJ	20.25	Replacement pad for infrared heating pad system, each (capped rental)
A4639NU	269.96	Replacement pad for infrared heating pad system, each (new equipment)
A4639UE	202.47	Replacement pad for infrared heating pad system, each (used durable medical equipment)
A4640NU	50.46	Replacement pad for use with medically necessary alternating pressure pad owned by patient (new equipment)
A4640RR	5.10	Replacement pad for use with medically necessary alternating pressure pad owned by patient (rental)
A4640UE	36.61	Replacement pad for use with medically necessary alternating pressure pad owned by patient (used durable medical equipment)
A4649	AAC+20%	Surgical supplies, miscellaneous
Dialysis Supplies		
A4651	AAC+20%	Calibrated microcapillary tube, each
A4652	AAC+20%	Microcapillary tube sealant
A4653	AAC+20%	Peritoneal dialysis catheter anchoring device, belt, each
A4657	AAC+20%	Syringe, with or without needle, each
A4660	44.52	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope
A4663	30.08	Blood pressure cuff only
A4670	63.57	Automatic blood pressure monitor
A4671	AAC+20%	Disposable cycler set used with cycler dialysis machine, each

Code	Rate	Description
A4672	AAC+20%	Drainage extension line, sterile, for dialysis, each
A4673	AAC+20%	Extension line with easy lock connectors, used with dialysis
A4674	AAC+20%	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz
A4680	AAC+20%	Activated carbon filter for hemodialysis, each
A4690	AAC+20%	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each
A4706	AAC+20%	Bicarbonate concentrate, solution, for hemodialysis, per gallon
A4707	AAC+20%	Bicarbonate concentrate, powder, for hemodialysis, per packet
A4708	AAC+20%	Acetate concentrate solution, for hemodialysis, per gallon
A4709	AAC+20%	Acid concentrate, solution, for hemodialysis, per gallon
A4714	AAC+20%	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon
A4719	AAC+20%	Y set tubing for peritoneal dialysis
A4720	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis
A4721	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis
A4722	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis
A4723	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis
A4724	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis

Code	Rate	Description
A4725	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis
A4726	AAC+20%	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis
A4728	AAC+20%	Dialysate solution, non-dextrose containing, 500 ml
A4730	AAC+20%	Fistula cannulation set for hemodialysis, each
A4736	AAC+20%	Topical anesthetic, for dialysis, per gram
A4737	AAC+20%	Injectable anesthetic, for dialysis, per 10 ml
A4740	AAC+20%	Shunt accessory, for hemodialysis, any type, each
A4750	AAC+20%	Blood tubing, arterial or venous, for hemodialysis, each
A4755	AAC+20%	Blood tubing, arterial and venous combined, for hemodialysis, each
A4760	AAC+20%	Dialysate solution test kit, for peritoneal dialysis, any type, each
A4765	AAC+20%	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet
A4766	AAC+20%	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml
A4770	AAC+20%	Blood collection tube, vacuum, for dialysis, per 50
A4771	AAC+20%	Serum clotting time tube, for dialysis, per 50
A4773	AAC+20%	Occult blood test strips, for dialysis, per 50
A4774	AAC+20%	Ammonia test strips, for dialysis, per 50
A4802	AAC+20%	Protamine sulfate, for hemodialysis, per 50 mg
A4860	AAC+20%	Disposable catheter tips for peritoneal dialysis, per 10
A4870	AAC+20%	Plumbing and/or electrical work for home hemodialysis equipment
A4890	AAC+20%	Contracts, repair and maintenance, for hemodialysis equipment
A4911	AAC+20%	Drain bag/bottle, for dialysis, each
A4913	AAC+20%	Miscellaneous dialysis supplies, not otherwise specified
A4918	AAC+20%	Venous pressure clamp, for hemodialysis, each
A4927	7.89	Gloves, non-sterile, per 100

Code	Rate	Description
A4930	0.36	Gloves, sterile, per pair
A4931	AAC+20%	Oral thermometer, reusable, any type, each
A4932	AAC+20%	Rectal thermometer, reusable, any type, each
Ostomy Pouches and Supplies		
A5051	1.94	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	1.39	Ostomy pouch, closed; without barrier attached (one piece), each
A5053	1.39	Ostomy pouch, closed; for use on faceplate, each
A5054	1.69	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	1.35	Stoma cap
A5056	4.39	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each
A5057	9.03	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each
A5061	3.32	Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	2.09	Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	2.54	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	5.64	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	3.32	Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	2.99	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	3.11	Stoma plug or seal, any type
A5082	11.18	Continent device; catheter for continent stoma
A5083	0.60	Continent device, stoma absorptive cover for continent stoma
A5093	1.84	Ostomy accessory; convex insert
Incontinence Supplies		
A5102	21.06	Bedside drainage bottle with or without tubing, rigid or expandable, each

Code	Rate	Description
A5105	32.56	Urinary suspensory; with or without leg bag, with or without tube, each
A5112	28.13	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each
A5113	4.20	Leg strap; latex, replacement only, per set
A5114	7.16	Leg strap; foam or fabric, replacement only, per set
A5120AU	0.23	Skin barrier, wipes or swabs, each
A5120AV	0.26	Skin barrier, wipes or swabs, each
A5121	6.94	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	10.26	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	1.23	Adhesive or non-adhesive; disk or foam pad
A5131	14.90	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	10.63	Percutaneous catheter/tube anchoring device, adhesive skin attachment
Dressings		
A6000	AAC+20%	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	29.10	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	2.14	Collagen based wound filler, gel/paste, per gram of collagen
A6021	19.75	Collagen dressing, sterile, size 16 sq. in. or less, each
A6022	19.75	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	178.83	Collagen dressing, sterile, size more than 48 sq. in., each
A6024	5.81	Collagen dressing wound filler, sterile, per 6 inches
A6025	AAC+20%	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each
A6154	13.52	Wound pouch, each
A6196	6.91	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing

Code	Rate	Description
A6197	15.44	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6198	AAC+20%	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing
A6199	4.97	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	3.16	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6204	5.85	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6205	14.64	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6206	AAC+20%	Contact layer, sterile, 16 sq. in. or less, each dressing
A6207	6.89	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6208	AAC+20%	Contact layer, sterile, more than 48 sq. in., each dressing
A6209	7.02	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	18.73	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6211	27.60	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	9.12	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6213	9.25	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6214	9.66	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing

Code	Rate	Description
A6215	AAC+20%	Foam dressing, wound filler, sterile, per gram
A6216	0.04	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6217	0.18	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6218	0.57	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6219	0.90	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	2.43	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6221	AAC+20%	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6222	2.00	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	2.28	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing
A6224	3.39	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 square inches, without adhesive border, each dressing
A6228	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6229	3.39	Gauze, impregnated, water or normal saline, sterile, pad size more tha 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing

Code	Rate	Description
A6231	4.39	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	6.45	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing
A6233	18.02	Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	6.15	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	15.80	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6236	25.61	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	7.44	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	21.42	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6239	20.53	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6240	11.51	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce
A6241	2.41	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	5.70	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	11.58	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing

Code	Rate	Description
A6244	36.92	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	6.83	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	9.33	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6247	22.35	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	15.27	Hydrogel dressing, wound filler, gel, per fluid ounce
A6250	9.21	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	1.87	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	3.06	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6253	5.95	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	5.95	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	1.13	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing
A6256	1.38	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6257	1.45	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	4.05	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing

Code	Rate	Description
A6259	10.29	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	11.23	Wound cleansers, any type, any size
A6261	AAC+20%	Wound filler, gel/paste, per fluid ounce, not otherwise specified
A6262	0.97	Wound filler, dry form, per gram, not otherwise specified
A6266	1.81	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard
A6402	0.11	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6403	0.40	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing
A6404	0.64	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6407	1.77	Packing strips, non-impregnated, sterile, up to 2 inch in width, per linear yard
A6410	0.37	Eye pad, sterile, each
A6411	AAC+20%	Eye pad, non-sterile, each
A6412	AAC+20%	Eye patch, occlusive, each
A6413	AAC+20%	Adhesive bandage, first-aid type, any size, each
A6441	0.64	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6442	0.15	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6443	0.26	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6444	0.53	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard
A6445	0.31	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard

Code	Rate	Description
A6446	0.38	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	0.64	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	1.09	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	1.65	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6450	AAC+20%	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
A6451	AAC+20%	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6452	5.55	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard
A6453	0.59	Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard
A6454	0.73	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	1.31	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	1.19	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	1.07	Tubular dressing with or without elastic, any width, per linear yard
A6460	AAC+20%	Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing

Code	Rate	Description
A6461	AAC+20%	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
Compression Garments		
A6501	AAC+20%	Compression burn garment, bodysuit (head to foot), custom fabricated
A6502	AAC+20%	Compression burn garment, chin strap, custom fabricated
A6503	AAC+20%	Compression burn garment, facial hood, custom fabricated
A6504	AAC+20%	Compression burn garment, glove to wrist, custom fabricated
A6505	AAC+20%	Compression burn garment, glove to elbow, custom fabricated
A6506	AAC+20%	Compression burn garment, glove to axilla, custom fabricated
A6507	AAC+20%	Compression burn garment, foot to knee length, custom fabricated
A6508	AAC+20%	Compression burn garment, foot to thigh length, custom fabricated
A6509	AAC+20%	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated
A6510	AAC+20%	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated
A6511	AAC+20%	Compression burn garment, lower trunk including leg openings (panty), custom fabricated
A6512	AAC+20%	Compression burn garment, not otherwise classified
A6513	AAC+20%	Compression burn mask, face/neck
A6550	21.28	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
Respiratory Supplies		
A7000NU	6.73	Canister, disposable, used with suction pump, each (new equipment)
A7001NU	29.42	Canister, non-disposable, used with suction pump, each
A7002NU	3.41	Tubing, used with suction pump, each

Code	Rate	Description
A7003NU	2.13	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004NU	1.32	Small volume nonfiltered pneumatic nebulizer, disposable
A7005NU	22.88	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006NU	8.02	Administration set, with small volume filtered pneumatic nebulizer
A7007NU	3.85	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008NU	10.34	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009NU	37.38	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010NU	19.69	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012NU	3.30	Water collection device, used with large volume nebulizer
A7013NU	0.67	Filter, disposable, used with aerosol compressor or ultrasonic generator
A7014NU	3.80	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015NU	1.56	Aerosol mask, used with DME nebulizer
A7016NU	6.43	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017NU	125.19	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (new equipment)
A7017RR	12.52	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (rental)
A7017UE	93.89	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (used durable medical equipment)
A7018	0.33	Water, distilled, used with large volume nebulizer, 1000 ml
A7020	13.11	Interface for cough stimulating device, includes all components, replacement only
A7025KH	40.88	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental)

Code	Rate	Description
A7025KI	40.88	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental)
A7025KJ	30.66	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental)
A7025NU	408.77	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (new equipment)
A7025UE	306.58	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (used durable medical equipment)
A7026NU	27.01	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027NU	138.24	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028NU	40.71	Oral cushion for combination oral/nasal mask, replacement only, each
A7029NU	16.71	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030NU	122.43	Full face mask used with positive airway pressure device, each
A7031NU	46.07	Face mask interface, replacement for full face mask, each
A7032NU	26.11	Cushion for use on nasal mask interface, replacement only, each
A7033NU	18.77	Pillow for use on nasal cannula type interface, replacement only, pair
A7034NU	75.89	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035NU	24.17	Headgear used with positive airway pressure device
A7036NU	12.44	Chinstrap used with positive airway pressure device
A7037NU	23.47	Tubing used with positive airway pressure device
A7038NU	2.90	Filter, disposable, used with positive airway pressure device

Code	Rate	Description
A7039NU	9.48	Filter, non disposable, used with positive airway pressure device
A7040	37.09	One way chest drain valve
A7041	69.72	Water seal drainage container and tubing for use with implanted chest tube
A7042	164.90	Implanted pleural catheter, each
A7043	26.13	Vacuum drainage bottle and tubing for use with implanted catheter
A7044NU	84.39	Oral interface used with positive airway pressure device, each
A7045NU	13.43	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (new equipment)
A7045RR	1.34	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (rental)
A7045UE	10.08	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (used durable medical equipment)
A7046NU	13.88	Replacement water chamber for humidifier, used with positive pressure device, each
A7047	113.61	Oral interface used with respiratory suction pump, each
A7048	46.48	Vacuum drainage collection and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each
Tracheostomy Supplies		
A7501	98.69	Tracheostoma valve, including diaphragm, each
A7502	46.91	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	10.66	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	0.64	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	4.40	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each

Code	Rate	Description
A7506	0.31	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	2.34	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	2.69	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	1.33	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520NU	44.62	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each
A7520UA	AAC+30%	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only)
A7520UC	AAC+30%	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandards for children for MassHealth members only)
A7521NU	44.20	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each
A7521UA	AAC+30%	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only)
A7521UC	AAC+30%	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for children for MassHealth members only)
A7522NU	42.44	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each
A7522UC	AAC+20%	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each (pediatric specialized rehabilitation equipment)
A7523	AAC+20%	Tracheostomy shower protector, each

Code	Rate	Description
A7524	72.74	Tracheostoma stent/stud/button, each
A7525	1.94	Tracheostomy mask, each
A7526	3.18	Tracheostomy tube collar/holder, each
A7527	3.37	Tracheostomy/laryngectomy tube plug, each
Protective Helmet		
A8000NU	144.11	Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment)
A8000RR	14.41	Helmet, protective, soft, prefabricated, includes all components and accessories (rental)
A8000UE	108.10	Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment)
A8001NU	144.11	Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment)
A8001RR	14.41	Helmet, protective, hard, prefabricated, includes all components and accessories (rental)
A8001UE	108.10	Helmet, protective, hard, prefabricated, includes all components and accessories (used durable medical equipment)
A8002NU	AAC+30%	Helmet, protective, soft, custom fabricated, includes all components and accessories (new equipment)
A8002RR	I.C.	Helmet, protective, soft, custom fabricated, includes all components and accessories (rental)
A8002UE	I.C.	Helmet, protective, soft, custom fabricated, includes all components and accessories (used durable medical equipment)
A8003NU	AAC+30%	Helmet, protective, hard, custom fabricated, includes all components and accessories (new equipment)
A8003RR	I.C.	Helmet, protective, hard, custom fabricated, includes all components and accessories (rental)
A8003UE	I.C.	Helmet, protective, hard, custom fabricated, includes all components and accessories (used durable medical equipment)
A8004NU	AAC+30%	Soft interface for helmet, replacement only (new equipment)
A8004RR	I.C.	Soft interface for helmet, replacement only (rental)

Code	Rate	Description
A8004UE	I.C.	Soft interface for helmet, replacement only (used durable medical equipment)
Other Supplies and Devices		
A9272	AAC+20%	Wound suction, disposable, includes dressing, all accessories and components, any type, each
A9273	AAC+20%	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type
A9274	AAC+30%	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	AAC+30%	Home glucose disposable monitor, includes test strips
A9276	AAC+30%	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit + 1 day supply
A9277	AAC+30%	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	AAC+30%	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9279	AAC+30%	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
A9280	AAC+30%	Alarm or alarm device, not otherwise classified
A9281	AAC+20%	Reaching/grabbing device, any type, any length, each
A9282	AAC+20%	Wig, any type, each
A9284	AAC+20%	Spirometer, non-electronic, includes all accessories
A9286	AAC+20%	Hygienic item or device, disposable or non-disposable, any type, each
A9300	AAC+30%	Exercise equipment
A9900	AAC+20%	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
A9999	AAC+20%	Miscellaneous DME supply or accessory, not otherwise specified
Enteral and Parenteral Therapy B4000-B9999		
Enteral Formulae and Enteral Medical Supplies		

Code	Rate	Description
B4034	4.01	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4035	7.57	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4036	5.34	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
B4081	15.61	Nasogastric tubing with stylet
B4082	11.49	Nasogastric tubing without stylet
B4083	1.78	Stomach tube - Levine type
B4087NU	25.80	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4087UC	144.00	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)
B4088NU	27.96	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each
B4088UC	144.00	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (mickey tube)
B4100	AAC+25%	Food thickener, administered orally, per ounce
B4102	AAC+25%	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4103	AAC+25%	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit
B4104	AAC+25%	Additive for enteral formula (e.g., fiber)
B4105	AAC + 20%	In-Line cartridge containing digestive enzyme(s) for enteral feeding, each
B4149BA	1.11	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)

Code	Rate	Description
B4149BO	AAC+25%	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4150BA	0.47	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4150BO	1.82	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4152BA	0.38	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4152BO	1.67	Enteral formula, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4153BA	1.34	Enteral formula, hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)

Code	Rate	Description
B4153BO	10.24	Enteral formula,hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4154BA	0.84	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4154BO	AAC+25%	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4155BA	0.71	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4155BO	AAC+25%	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)

Code	Rate	Description
B4157BA	AAC+25%	Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4157BO	AAC+25%	Enteral formula, nutritionally complete for special metabolic neds 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 (orally administered, 1 can = 1 unit)
B4158BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4158BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4159BA	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
B4159BO	AAC+25%	Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)

Code	Rate	Description
B4160BA	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minterals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4160BO	AAC+25%	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minterals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4161BA	AAC+25%	Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4161BO	AAC+25%	Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4162BA	AAC+25%	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 (item furnished in conjunction with PEN services)
B4162BO	AAC+25%	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 (orally administered, 1 can = 1 unit)
Parenteral Nutrition Solutions and Supplies		
B4164	16.58	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – homemix

Code	Rate	Description
B4168	24.17	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – homemix
B4172	AAC+25%	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – homemix
B4176	46.78	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – homemix
B4178	56.14	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) – homemix
B4180	23.80	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 unit) – home mix
B4185	10.97	Parenteral nutrition solution, not otherwise specified, 10 grams lipids
B4187	I.C.	Omegaven, 10 grams lipids
B4189	173.45	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix
B4193	224.12	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix
B4197	272.86	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix
B4199	311.79	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix
B4216	7.53	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220	7.81	Parenteral nutrition supply kit; premix, per day
B4222	9.63	Parenteral nutrition supply kit; home mix, per day
B4224	24.40	Parenteral nutrition administration kit, per day

Code	Rate	Description
B5000	11.60	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn RF, NephrAmine, RenAmine - premix
B5100	4.53	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - f, HepatAmine - premix
B5200	AAC+25%	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - FreAmine-HBC - premix
Enteral and Parenteral Pumps		
B9002MS	41.90	Enteral nutrition infusion pump, any type (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)
B9002NU	801.69	Enteral nutrition infusion pump, any type(new equipment)
B9002RR	78.49	Enteral nutrition infusion pump, any type (rental)
B9002UE	601.26	Enteral nutrition infusion pump, any type (used durable medical equipment)
B9004MS	194.88	Parenteral nutrition infusion pump, portable (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)
B9004NU	2,462.07	Parenteral nutrition infusion pump, portable (new equipment)
B9004RR	389.75	Parenteral nutrition infusion pump, portable (rental)
B9004UE	1,846.55	Parenteral nutrition infusion pump, portable (used durable medical equipment)
B9006MS	194.88	Parenteral nutrition infusion pump, stationary (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty)

Code	Rate	Description
B9006NU	2,462.07	Parenteral nutrition infusion pump, stationary (new equipment)
B9006RR	389.75	Parenteral nutrition infusion pump, stationary (rental)
B9006UE	1,846.55	Parenteral nutrition infusion pump, stationary (used durable medical equipment)
B9998	AAC+20%	NOC for enteral supplies
B9999	AAC+20%	NOC for parenteral supplies
Durable Medical Equipment E0100-E9999		
Canes		
E0100NU	19.06	Cane, includes canes of all materials, adjustable or fixed, with tip (new equipment)
E0100RR	5.00	Cane, includes canes of all materials, adjustable or fixed, with tip (rental)
E0100UE	14.27	Cane, includes canes of all materials, adjustable or fixed, with tip (used durable medical equipment)
E0105NU	45.53	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (new equipment)
E0105RR	7.08	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (rental)
E0105UD	AAC+30%	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (bariatric equipment)
E0105UE	34.16	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (used durable medical equipment)
Crutches		
E0110NU	72.91	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (new equipment)
E0110RR	15.02	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (rental)
E0110UD	AAC+30%	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (bariatric equipment)

Code	Rate	Description
E0110UE	54.66	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (used durable medical equipment)
E0111NU	50.04	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (new equipment)
E0111RR	7.91	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (rental)
E0111UD	AAC+30%	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (bariatric equipment)
E0111UE	38.62	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (used durable medical equipment)
E0112NU	29.55	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0112RR	7.94	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0112UD	AAC+30%	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0112UE	22.54	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0113NU	19.86	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (new equipment)
E0113RR	4.84	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (rental)
E0113UD	AAC+30%	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0113UE	14.90	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (used durable medical equipment)
E0114NU	37.69	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)

Code	Rate	Description
E0114RR	6.84	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0114UD	AAC+30%	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0114UE	28.49	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0116NU	26.08	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (new equipment)
E0116RR	4.32	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (rental)
E0116UD	AAC+30%	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0116UE	19.63	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (used durable medical equipment)
E0117KH	18.10	Crutch, underarm, articulating, spring assisted, each (capped rental)
E0117KI	18.10	Crutch, underarm, articulating, spring assisted, each (capped rental)
E0117KJ	13.57	Crutch, underarm, articulating, spring assisted, each (capped rental)
E0117NU	180.97	Crutch, underarm, articulating, spring assisted, each (new equipment)
E0117UD	AAC+30%	Crutch, underarm, articulating, spring assisted, each (bariatric equipment)
E0117UE	135.73	Crutch, underarm, articulating, spring assisted, each (used durable medical equipment)
E0118NU	AAC+30%	Crutch substitute, lower leg platform, with or without wheels, each (new equipment)
E0118RR	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (rental)
E0118UE	I.C.	Crutch substitute, lower leg platform, with or without wheels, each (used durable medical equipment)

Code	Rate	Description
Walkers		
E0130NU	45.33	Walker, rigid (pickup), adjustable or fixed height (new equipment)
E0130RR	7.70	Walker, rigid (pickup), adjustable or fixed height (rental)
E0130UD	AAC+30%	Walker, rigid (pickup), adjustable or fixed height (bariatric equipment)
E0130UE	34.01	Walker, rigid (pickup), adjustable or fixed height (used durable medical equipment)
E0135NU	52.16	Walker, folding (pickup), adjustable or fixed height (new equipment)
E0135RR	7.76	Walker, folding (pickup), adjustable or fixed height (rental)
E0135UD	AAC+30%	Walker, folding (pickup), adjustable or fixed height (bariatric equipment)
E0135UE	39.71	Walker, folding (pickup), adjustable or fixed height (used durable medical equipment)
E0140KH	26.10	Walker with trunk support, adjustable or fixed height, any type (capped rental)
E0140KI	26.10	Walker with trunk support, adjustable or fixed height, any type (capped rental)
E0140KJ	19.58	Walker with trunk support, adjustable or fixed height, any type (capped rental)
E0140NU	260.87	Walker with trunk support, adjustable or fixed height, any type (new equipment)
E0140UC	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (pediatric specialized rehabilitation equipment)
E0140UD	AAC+30%	Walker with trunk support, adjustable or fixed height, any type (bariatric equipment)
E0140UE	195.65	Walker with trunk support, adjustable or fixed height, any type (used durable medical equipment)
E0141NU	76.41	Walker, rigid, wheeled, adjustable or fixed height (new equipment)
E0141RR	10.73	Walker, rigid, wheeled, adjustable or fixed height (rental)
E0141UC	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)

Code	Rate	Description
E0141UD	AAC+30%	Walker, rigid, wheeled, adjustable or fixed height (bariatric equipment)
E0141UE	57.31	Walker, rigid, wheeled, adjustable or fixed height (used durable medical equipment)
E0143NU	71.87	Walker, folding, wheeled, adjustable or fixed height (new equipment)
E0143RR	9.75	Walker, folding, wheeled, adjustable or fixed height (rental)
E0143UC	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment)
E0143UD	AAC+30%	Walker, folding, wheeled, adjustable or fixed height (bariatric equipment)
E0143UE	53.82	Walker, folding, wheeled, adjustable or fixed height (used durable medical equipment)
E0144KH	23.70	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental)
E0144KI	23.70	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental)
E0144KJ	17.77	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental)
E0144NU	236.98	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (new equipment)
E0144UC	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (pediatric specialized rehabilitation equipment)
E0144UD	AAC+30%	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (bariatric equipment)
E0144UE	177.74	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (used durable medical equipment)
E0147NU	392.85	Walker, heavy duty, multiple breaking system, variable wheel resistance (new equipment)
E0147RR	39.29	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (rental)

Code	Rate	Description
E0147UD	AAC+30%	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (bariatric equipment)
E0147UE	294.64	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (used durable medical equipment)
E0148NU	85.87	Walker, heavy duty, without wheels, rigid or folding, any type, each (new equipment)
E0148RR	8.59	Walker, heavy duty, without wheels, rigid or folding, any type, each (rental)
E0148UD	AAC+30%	Walker, heavy duty, without wheels, rigid or folding, any type, each (bariatric equipment)
E0148UE	64.40	Walker, heavy duty, without wheels, rigid or folding, any type, each (used durable medical equipment)
E0149KH	13.97	Walker, heavy duty, wheeled, rigid or folding, any type (capped rental)
E0149KI	13.97	Walker, heavy duty, wheeled, rigid or folding, any type (capped rental)
E0149KJ	10.47	Walker, heavy duty, wheeled, rigid or folding, any type (capped rental)
E0149NU	139.62	Walker, heavy duty, wheeled, rigid or folding, any type (new equipment)
E0149UD	AAC+30%	Walker, heavy duty, wheeled, rigid or folding, any type (bariatric equipment)
E0149UE	104.71	Walker, heavy duty, wheeled, rigid or folding, any type (used durable medical equipment)
Attachments		
E0153NU	55.42	Platform attachment, forearm crutch, each (new equipment)
E0153RR	6.26	Platform attachment, forearm crutch, each (rental)
E0153UC	AAC+30%	Platform attachment, forearm crutch, each (pediatric specialized rehabilitation equipment)
E0153UD	AAC+30%	Platform attachment, forearm crutch, each
E0153UE	41.56	Platform attachment, forearm crutch, each (used durable medical equipment)
E0154NU	44.47	Platform attachment, walker, each (new equipment)
E0154RR	4.74	Platform attachment, walker, each (rental)

Code	Rate	Description
E0154UC	AAC+30%	Platform attachment, walker, each (pediatric specialized rehabilitation equipment)
E0154UD	AAC+30%	Platform attachment, walker, each (bariatric equipment)
E0154UE	33.35	Platform attachment, walker, each (used durable medical equipment)
E0155NU	20.60	Wheel attachment, rigid pick-up walker, per pair (new equipment)
E0155RR	2.34	Wheel attachment, rigid pick-up walker, per pair (rental)
E0155UD	AAC+30%	Wheel attachment, rigid pick-up walker, per pair (bariatric equipment)
E0155UE	15.61	Wheel attachment, rigid pick-up walker, per pair (used durable medical equipment)
E0156NU	17.03	Seat attachment, walker (new equipment)
E0156RR	2.01	Seat attachment, walker (rental)
E0156UD	AAC+30%	Seat attachment, walker (bariatric equipment)
E0156UE	12.78	Seat attachment, walker (used durable medical equipment)
E0157NU	57.04	Crutch attachment, walker, each (new equipment)
E0157RR	6.03	Crutch attachment, walker, each (rental)
E0157UE	42.78	Crutch attachment, walker, each (used durable medical equipment)
E0158NU	21.43	Leg extensions for walker, per set of four (4) (new equipment)
E0158RR	2.28	Leg extensions for walker, per set of four (4) (rental)
E0158UD	AAC+30%	Leg extensions for walker, per set of four (4) (bariatric equipment)
E0158UE	16.07	Leg extensions for walker, per set of four (4) (used durable medical equipment)
E0159NU	12.72	Brake attachment for wheeled walker, replacement, each (new equipment)
E0159RR	1.28	Brake attachment for wheeled walker, replacement, each (rental)
E0159UD	AAC+30%	Brake attachment for wheeled walker, replacement, each (bariatric equipment)

Code	Rate	Description
E0159UE	9.55	Brake attachment for wheeled walker, replacement, each (used durable medical equipment)
Commodes		
E0160NU	27.36	Sitz type bath or equipment, portable, used with or without commode (new equipment)
E0160RR	3.04	Sitz type bath or equipment, portable, used with or without commode (rental)
E0160UE	20.51	Sitz type bath or equipment, portable, used with or without commode (used durable medical equipment)
E0161NU	20.94	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (new equipment)
E0161RR	2.76	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (rental)
E0161UE	15.68	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (used durable medical equipment)
E0162NU	136.92	Sitz bath chair (new equipment)
E0162RR	14.36	Sitz bath chair (rental)
E0162UE	106.17	Sitz bath chair (used durable medical equipment)
E0163NU	77.89	Commode chair, mobile or stationary, with fixed arms (new equipment)
E0163RR	12.74	Commode chair, mobile or stationary, with fixed arms (rental)
E0163UD	AAC+30%	Commode chair, mobile or stationary, with fixed arms (bariatric equipment)
E0163UE	58.41	Commode chair, mobile or stationary, with fixed arms (used durable medical equipment)
E0165KH	13.34	4 Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165KI	13.34	4 Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165KJ	10.00	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165NU	133.37	Commode chair, mobile or stationary, with detachable arms (new equipment purchase)

Code	Rate	Description
E0165UD	AAC+30%	Commode chair, mobile or stationary, with detachable arms (bariatric equipment)
E0165UE	100.02	Commode chair, mobile or stationary, with detachable arms (used durable medical equipment purchase)
E0167NU	10.20	Pail or pan for use with commode chair, replacement only (new equipment)
E0167RR	0.95	Pail or pan for use with commode chair, replacement only (rental)
E0167UD	AAC+30%	Pail or pan for use with commode chair, replacement only (bariatric equipment)
E0167UE	7.68	Pail or pan for use with commode chair, replacement only (used durable medical equipment)
E0168NU	129.25	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (new equipment)
E0168RR	12.95	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (rental)
E0168UE	96.93	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (used durable medical equipment)
E0170KH	147.71	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170KI	147.71	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170KJ	110.78	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170NU	1,477.13	Commode chair with integrated seat lift mechanism, electric, any type (new equipment purchase)
E0170UD	AAC+30%	Commode chair with integrated seat lift mechanism, electric, any type (bariatric equipment)
E0170UE	1,107.85	Commode chair with integrated seat lift mechanism, electric, any type
E0171KH	26.48	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)

Code	Rate	Description
E0171KI	26.48	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171KJ	19.86	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171NU	264.78	Commode chair with integrated seat lift mechanism, non-electric, any type (new equipment purchase)
E0171UD	AAC+30%	Commode chair with integrated seat lift mechanism, non-electric, any type (bariatric equipment)
E0171UE	198.58	Commode chair with integrated seat lift mechanism, non-electric, any type (used durable medical equipment)
E0172	AAC+30%	Seat lift mechanism placed over or on top of toilet, any type
E0175NU	61.06	Foot rest, for use with commode chair, each (new equipment)
E0175RR	6.12	Foot rest, for use with commode chair, each (rental)
E0175UE	45.81	Foot rest, for use with commode chair, each (used durable medical equipment)
Decubitis Care Equipment		
E0181KH	20.81	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181KI	20.81	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181KJ	15.61	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181NU	208.08	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (new equipment purchase)
E0181UE	156.06	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (used durable medical equipment purchase)

Code	Rate	Description
E0182KH	18.79	Pump for alternating pressure pad, for replacement only (capped rental)
E0182KI	18.79	Pump for alternating pressure pad, for replacement only (capped rental)
E0182KJ	14.10	Pump for alternating pressure pad, for replacement only (capped rental)
E0182NU	187.94	Pump for alternating pressure pad, for replacement only (new equipment purchase)
E0182UE	140.95	Pump for alternating pressure pad, for replacement only (used durable medical equipment purchase)
E0184NU	165.32	Dry pressure mattress (new equipment)
E0184RR	18.56	Dry pressure mattress (rental)
E0184UE	125.54	Dry pressure mattress (used durable medical equipment)
E0185NU	238.83	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185RR	29.97	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185UE	181.76	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186KH	16.21	Air pressure mattress (capped rental)
E0186KI	16.21	Air pressure mattress (capped rental)
E0186KJ	12.16	Air pressure mattress (capped rental)
E0186NU	162.10	Air pressure mattress (new equipment purchase)
E0186UE	121.57	Air pressure mattress (used durable medical equipment)
E0187KH	18.03	Water pressure mattress (capped rental)
E0187KI	18.03	Water pressure mattress (capped rental)
E0187KJ	13.52	Water pressure mattress (capped rental)
E0187NU	180.29	Water pressure mattress (new equipment purchase)
E0187UE	135.21	Water pressure mattress (used durable medical equipment purchase)
E0188NU	21.07	Synthetic sheepskin pad (new equipment)
E0188RR	2.30	Synthetic sheepskin pad (rental)
E0188UE	15.81	Synthetic sheepskin pad (used durable medical equipment)
E0189NU	45.24	Lambswool sheepskin pad, any size (new equipment)

Code	Rate	Description
E0189RR	4.58	Lambswool sheepskin pad, any size (rental)
E0189UE	33.93	Lambswool sheepskin pad, any size (used durable medical equipment)
E0190NU	AAC+30%	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories (new equipment)
E0190RR	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (rental)
E0190UE	I.C.	Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (used durable medical equipment)
E0191NU	9.39	Heel or elbow protector, each (new equipment)
E0191RR	0.97	Heel or elbow protector, each (rental)
E0191UE	7.00	Heel or elbow protector, each (used durable medical equipment)
E0193KH	625.46	Powered air flotation bed (low air loss therapy) (capped rental)
E0193KI	625.46	Powered air flotation bed (low air loss therapy) (capped rental)
E0193KJ	469.09	Powered air flotation bed (low air loss therapy) (capped rental)
E0194KH	3,058.05	Air fluidized bed (capped rental)
E0194KI	3,058.05	Air fluidized bed (capped rental)
E0194KJ	2,293.53	Air fluidized bed (capped rental)
E0196KH	25.95	Gel pressure mattress (capped rental)
E0196KI	25.95	Gel pressure mattress (capped rental)
E0196KJ	19.46	Gel pressure mattress (capped rental)
E0196NU	259.51	Gel pressure mattress (new equipment purchase)
E0196UE	194.63	Gel pressure mattress (used durable medical equipment purchase)
E0197KH	19.78	Air pressure pad for mattress, standard mattress length and width (capped rental)
E0197KI	19.78	Air pressure pad for mattress, standard mattress length and width (capped rental)
E0197KJ	14.83	Air pressure pad for mattress, standard mattress length and width (capped rental)
E0197NU	164.20	Air pressure pad for mattress, standard mattress length and width (new equipment)

Code	Rate	Description
E0197UE	134.52	Air pressure pad for mattress, standard mattress length and width (used durable medical equipment)
E0198KH	17.71	Water pressure pad for mattress, standard mattress length and width (capped rental)
E0198KI	17.71	Water pressure pad for mattress, standard mattress length and width (capped rental)
E0198KJ	13.28	Water pressure pad for mattress, standard mattress length and width (capped rental)
E0198NU	177.06	Water pressure pad for mattress, standard mattress length and width
E0198UE	132.80	Water pressure pad for mattress, standard mattress length and width
E0199NU	25.67	Dry pressure pad for mattress, standard mattress length and width
E0199RR	2.57	Dry pressure pad for mattress, standard mattress length and width
E0199UE	19.24	Dry pressure pad for mattress, standard mattress length and width
Heat/Cold Application		
E0200NU	63.33	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200RR	8.60	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200UE	47.52	Heat lamp, without stand (table model), includes bulb, or infrared element
E0202RR	125.00	Phototherapy (bilirubin) light with photometer (per episode)
E0203	AAC+30%	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205NU	155.01	Heat lamp, with stand, includes bulb, or infrared element (new equipment)
E0205RR	17.05	Heat lamp, with stand, includes bulb, or infrared element (rental)
E0205UE	116.25	Heat lamp, with stand, includes bulb, or infrared element (used durable medical equipment)
E0210NU	30.68	Electric heat pad, standard (new equipment)
E0210RR	2.50	Electric heat pad, standard (rental)

Code	Rate	Description
E0210UE	23.00	Electric heat pad, standard (used durable medical equipment)
E0215NU	56.58	Electric heat pad, moist (new equipment)
E0215RR	5.92	Electric heat pad, moist (rental)
E0215UE	42.45	Electric heat pad, moist (used durable medical equipment)
E0217NU	466.53	Water circulating heat pad with pump (new equipment)
E0217RR	51.94	Water circulating heat pad with pump (rental)
E0217UE	349.87	Water circulating heat pad with pump (used durable medical equipment)
E0218	AAC+30%	Fluid circulating cold pad with pump, any type
E0221	1,690.77	Infrared heating pad system
E0225NU	310.42	Hydrocollator unit, includes pads (new equipment)
E0225RR	30.60	Hydrocollator unit, includes pads (rental)
E0225UE	232.82	Hydrocollator unit, includes pads (used durable medical equipment)
E0231	AAC+30%	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
E0232	AAC+30%	Warming card for use with the non contact wound warming device and non contact wound warming wound cover
E0235KH	14.82	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235KI	14.82	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235KJ	11.11	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235NU	148.16	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (new equipment purchase)
E0235UE	111.12	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (used durable medical equipment)
E0236KH	41.57	Pump for water circulating pad (capped rental)
E0236KI	41.57	Pump for water circulating pad (capped rental)
E0236KJ	31.18	Pump for water circulating pad (capped rental)

Code	Rate	Description
E0236NU	415.74	Pump for water circulating pad (new equipment purchase)
E0236UE	311.80	Pump for water circulating pad (used durable medical equipment purchase)
E0239NU	422.70	Hydrocollator unit, portable (new equipment)
E0239RR	42.28	Hydrocollator unit, portable (rental)
E0239UE	317.03	Hydrocollator unit, portable (used durable medical equipment)
Bath and Toilet Aids		
E0240NU	AAC+30%	Bath/shower chair, with or without wheels, any size (new equipment)
E0240RR	I.C.	Bath/shower chair, with or without wheels, any size (rental)
E0240UE	I.C.	Bath/shower chair, with or without wheels, any size (used durable medical equipment)
E0241	32.36	Bath tub wall rail, each
E0242	69.79	Bath tub rail, floor base
E0243	38.14	Toilet rail, each
E0244	60.76	Raised toilet seat
E0244UD	AAC+30%	Raised toilet seat (bariatric equipment)
E0245	42.37	Tub stool or bench
E0245UD	AAC+30%	Tub stool or bench (bariatric equipment)
E0246	99.65	Transfer tub rail attachment
E0247NU	AAC+30%	Transfer bench, for tub or toilet with or without commode opening (new equipment)
E0247RR	I.C.	Transfer bench, for tub or toilet with or without commode opening (rental)
E0247UE	I.C.	Transfer bench, for tub or toilet with or without commode opening (used durable medical equipment)
E0248NU	AAC+30%	Transfer bench, heavy duty, for tub or toilet with or without commode opening (new equipment)
E0248RR	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (rental)
E0248UE	I.C.	Transfer bench, heavy duty, for tub or toilet with or without commode opening (used durable medical equipment)
E0249NU	93.60	Pad for water circulating heat unit (new equipment)
E0249RR	10.29	Pad for water circulating heat unit (rental)

Code	Rate	Description
E0249UE	70.20	Pad for water circulating heat unit (used durable medical equipment)
Hospital Beds and Accessories		
E0250KH	67.97	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250KI	67.97	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250KJ	50.97	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250NU	679.66	Hospital bed, fixed height, with any type side rails, with mattress (new equipment purchase)
E0250RB	AAC+30%	Hospital bed, fixed height, with any type side rails, with mattress (replacement of a part of DME furnished as part of a repair)
E0250UE	509.75	Hospital bed, fixed height, with any type side rails, with mattress (used durable medical equipment purchase)
E0251KH	52.92	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251KI	52.92	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251KJ	39.69	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251NU	529.21	Hospital bed, fixed height, with any type side rails, without mattress (new equipment purchase)
E0251RB	AAC+30%	Hospital bed, fixed height, with any type side rails, without mattress (replacement of a part of DME furnished as part of a repair)
E0251UE	396.91	Hospital bed, fixed height, with any type side rails, without mattress (used durable medical equipment purchase)
E0255KH	79.03	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255KI	79.03	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255KJ	59.27	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)

Code	Rate	Description
E0255NU	790.33	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (new equipment purchase)
E0255RB	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (replacement of a part of DME furnished as part of a repair)
E0255UE	592.75	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (used durable medical equipment purchase)
E0256KH	66.78	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256KI	66.78	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256KJ	50.08	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256NU	585.31	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (new equipment purchase)
E0256RB	AAC+30%	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0256UE	438.98	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (used durable medical equipment purchase)
E0260KH	89.03	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260KI	89.03	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260KJ	66.77	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260NU	890.29	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (new equipment purchase)
E0260RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)

Code	Rate	Description
E0260UE	667.72	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (used durable medical equipment purchase)
E0261KH	87.11	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261KI	87.11	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261KJ	65.33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261NU	871.08	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (new equipment purchase)
E0261RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0261UE	653.31	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (used durable medical equipment purchase)
E0265KH	138.78	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265KI	138.78	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265KJ	104.08	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265NU	1,387.80	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (new equipment purchase)
E0265RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)

Code	Rate	Description
E0265UE	1,040.85	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (used durable medical equipment purchase)
E0266KH	122.24	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266KI	122.24	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266KJ	91.68	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266NU	1,222.39	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (new equipment purchase)
E0266RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0266UE	916.79	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (used durable medical equipment)
E0270	AAC+30%	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0271NU	142.77	Mattress, innerspring (new equipment)
E0271RR	14.63	Mattress, innerspring (rental)
E0271UE	109.88	Mattress, innerspring (used durable medical equipment)
E0272NU	140.42	Mattress, foam rubber (new equipment)
E0272RR	14.41	Mattress, foam rubber (rental)
E0272UE	105.03	Mattress, foam rubber (used durable medical equipment)
E0273	44.73	Bed board
E0274NU	60.99	Over-bed table (new equipment)
E0274RR	6.10	Over-bed table (rental)
E0274UE	45.74	Over-bed table (used durable medical equipment)
E0275NU	13.06	Bed pan, standard, metal or plastic (new equipment)

Code	Rate	Description
E0275RR	1.31	Bed pan, standard, metal or plastic (rental)
E0275UE	9.81	Bed pan, standard, metal or plastic (used durable medical equipment)
E0276NU	10.57	Bed pan, fracture, metal or plastic (new equipment)
E0276RR	1.24	Bed pan, fracture, metal or plastic (rental)
E0276UE	8.14	Bed pan, fracture, metal or plastic (used durable medical equipment)
E0277KH	391.46	Powered pressure-reducing air mattress (capped rental)
E0277KI	391.46	Powered pressure-reducing air mattress (capped rental)
E0277KJ	293.59	Powered pressure-reducing air mattress (capped rental)
E0277NU	3,914.59	Powered pressure-reducing air mattress (new equipment purchase)
E0277UE	2,935.94	Powered pressure-reducing air mattress (used durable medical equipment purchase)
E0280NU	26.72	Bed cradle, any type (new equipment)
E0280RR	2.67	Bed cradle, any type (rental)
E0280UE	20.04	Bed cradle, any type (used durable medical equipment)
E0290KH	53.72	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290KI	53.72	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290KJ	40.29	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290NU	537.20	Hospital bed, fixed height, without side rails, with mattress (new equipment purchase)
E0290RB	AAC+30%	Hospital bed, fixed height, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0290UE	402.90	Hospital bed, fixed height, without side rails, with mattress (used durable medical equipment purchase)
E0291KH	39.20	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291KI	39.20	Hospital bed, fixed height, without side rails, without mattress (capped rental)

Code	Rate	Description
E0291KJ	29.40	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291NU	392.02	Hospital bed, fixed height, without side rails, without mattress (new equipment purchase)
E0291RB	AAC+30%	Hospital bed, fixed height, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0291UE	294.02	Hospital bed, fixed height, without side rails, without mattress (used durable medical equipment purchase)
E0292KH	60.36	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292KI	60.36	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292KJ	45.27	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292NU	603.59	Hospital bed, variable height, hi-lo, without side rails, with mattress (new equipment purchase)
E0292RB	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0292UE	452.69	Hospital bed, variable height, hi-lo, without side rails, with mattress (used durable medical equipment purchase)
E0293	AAC+30%	Hospital bed, variable height, hi-lo, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0293KH	51.37	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293KI	51.37	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293KJ	38.52	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293NU	513.66	Hospital bed, variable height, hi-lo, without side rails, without mattress (new equipment purchase)
E0293UE	385.24	Hospital bed, variable height, hi-lo, without side rails, without mattress (used durable medical equipment purchase)

Code	Rate	Description
E0294KH	86.05	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294KI	86.05	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294KJ	64.53	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294NU	860.46	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (new equipment purchase)
E0294RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0294UE	645.34	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (used durable medical equipment purchase)
E0295KH	83.79	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295KI	83.79	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295KJ	62.84	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295NU	837.93	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (new equipment purchase)
E0295RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0295UE	628.45	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (used durable medical equipment purchase)
E0296KH	132.98	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)

Code	Rate	Description
E0296KI	132.98	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296KJ	99.74	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296NU	1,329.83	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (new equipment purchase)
E0296RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0296UE	997.37	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (used durable medical equipment purchase)
E0297KH	96.78	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297KI	96.78	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297KJ	72.59	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297NU	967.81	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (new equipment purchase)
E0297RB	AAC+30%	Hospital bed, total electric (head, foot and height adjustments), without side rails, without (replacement of a part of a DME furnished as part of a repair)
E0297UE	725.86	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (used durable medical equipment purchase)
E0300KH	I.C.	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental)
E0300KI	I.C.	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental)

Code	Rate	Description
E0300KJ	I.C.	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental)
E0300NU	AAC+30%	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (new equipment)
E0300RB	AAC+30%	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (replacement of a part of a DME furnished as part of a repair)
E0300UE	I.C.	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (used durable medical equipment)
E0301KH	185.10	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental)
E0301KI	186.10	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental)
E0301KJ	138.82	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental)
E0301NU	1,850.96	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0301RB	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0301UE	1,388.22	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (used durable medical equipment)
E0302KH	499.90	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)

Code	Rate	Description
E0302KI	499.90	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302KJ	374.93	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302NU	4,999.02	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0302RB	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair)
E0302UE	3,749.27	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (used durable medical equipment)
E0303KH	204.80	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental)
E0303KI	204.80	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental)
E0303KJ	153.60	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental)
E0303NU	2,047.99	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0303RB	AAC+30%	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)

Code	Rate	Description
E0303UE	1,535.99	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase)
E0304KH	535.17	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304KI	536.17	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304KJ	401.38	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304NU	5,351.69	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0304RB	AAC+30%	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair)
E0304UE	4,013.76	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase) (used durable medical equipment purchase)
E0305KH	12.27	Bed side rails, half length (capped rental)
E0305KI	12.27	Bed side rails, half length (capped rental)
E0305KJ	9.20	Bed side rails, half length (capped rental)
E0305NU	122.66	Bed side rails, half length (new equipment purchase)
E0305UE	91.99	Bed side rails, half length (used durable medical equipment purchase)
E0310NU	128.61	Bed side rails, full length (new equipment)
E0310RR	14.59	Bed side rails, full length (rental)
E0310UE	96.46	Bed side rails, full length (used durable medical equipment)
E0315NU	74.32	Bed accessory: board, table, or support device, any type (new equipment)

Code	Rate	Description
E0315RR	7.43	Bed accessory: board, table, or support device, any type (rental)
E0315UE	55.74	Bed accessory: board, table, or support device, any type (used durable medical equipment)
E0316KH	157.89	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316KI	157.89	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316KJ	118.42	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316NU	1,578.88	Safety enclosure frame/canopy for use with hospital bed, any type (new equipment purchase)
E0316UE	1,184.16	Safety enclosure frame/canopy for use with hospital bed, any type (used durable medical equipment purchase)
E0325NU	8.69	Urinal; male, jug-type, any material (new equipment)
E0325RR	1.11	Urinal; male, jug-type, any material (rental)
E0325UE	6.09	Urinal; male, jug-type, any material (used durable medical equipment)
E0326NU	9.17	Urinal; female, jug-type, any material (new equipment)
E0326RR	0.99	Urinal; female, jug-type, any material (rental)
E0326UE	6.89	Urinal; female, jug-type, any material (used durable medical equipment)
E0328	AAC+30%	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0328UA	AAC+30%	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care ten, use for adults for safety beds)
E0329	AAC+30%	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress

Code	Rate	Description
E0329UA	AAC+30%	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care ten, use for adults for safety beds)
E0350	AAC+30%	Control unit for electronic bowel irrigation/evacuation system
E0352	AAC+20%	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system
E0370	AAC+20%	Air pressure elevator for heel
E0371KH	286.02	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371KI	286.02	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371KJ	214.51	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371NU	2,860.17	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (new equipment purchase)
E0371UE	2,145.12	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0372KH	315.53	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372KI	315.53	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372KJ	236.65	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372NU	3,155.29	Powered air overlay for mattress, standard mattress length and width (new equipment purchase)
E0372UE	2,366.46	Powered air overlay for mattress, standard mattress length and width (used durable medical equipment purchase)

Code	Rate	Description
E0373KH	376.82	Nonpowered advanced pressure reducing mattress (capped rental)
E0373KI	376.82	Nonpowered advanced pressure reducing mattress (capped rental)
E0373KJ	282.62	Nonpowered advanced pressure reducing mattress (capped rental)
E0373NU	3,768.22	Nonpowered advanced pressure reducing mattress (new equipment purchase)
E0373UE	2,826.17	Nonpowered advanced pressure reducing mattress (used durable medical equipment purchase)
Oxygen and Related Respiratory Equipment		
E0424RR	119.48	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental)
E0425	AAC+30%	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0430	AAC+30%	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing
E0431RR	21.34	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
E0433RR	40.26	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
E0434RR	21.34	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (rental)
E0435	AAC+30%	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor

Code	Rate	Description
E0439QF	119.48	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) (prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed)
E0439QG	119.48	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) (prescribed amount of oxygen is greater than 4 LPM)
E0439RR	119.48	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental)
E0440	AAC+30%	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	58.57	Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit
E0442	58.57	Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit
E0443RR	57.33	Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)
E0444RR	57.33	Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental)
E0445NU	856.30	Oximeter device for measuring blood oxygen levels non-invasively (new equipment)
E0445RR	85.63	Oximeter device for measuring blood oxygen levels non-invasively (rental)
E0445UE	642.23	Oximeter device for measuring blood oxygen levels non-invasively (used durable medical equipment)

Code	Rate	Description
E0446	AAC+30%	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
E0447	56.94	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
E0455	AAC+20%	Oxygen tent, excluding croup or pediatric tents
E0457NU	548.45	Chest shell (cuirass) (new equipment)
E0457RR	54.84	Chest shell (cuirass) (rental)
E0457UE	411.31	Chest shell (cuirass) (used durable medical equipment)
E0459KH	45.42	Chest wrap (capped rental)
E0459KI	45.42	Chest wrap (capped rental)
E0459KJ	34.06	Chest wrap (capped rental)
E0459NU	476.86	Chest wrap (new equipment purchase)
E0459UE	357.65	Chest wrap (used durable medical equipment purchase)
E0462KH	232.76	Rocking bed with or without side rails (capped rental)
E0462KI	232.76	Rocking bed with or without side rails (capped rental)
E0462KJ	174.57	Rocking bed with or without side rails (capped rental)
E0462NU	2,327.56	Rocking bed with or without side rails (new equipment purchase)
E0462UE	1,745.67	Rocking bed with or without side rails (used durable medical equipment purchase)
E0465RR	896.95	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0465U2	1,055.23	Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
E0466RR	896.95	Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, months seven and beyond)
E0466U2	1,055.23	Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, first six months)

Code	Rate	Description
E0467RR	1,091.46	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions (rental, months seven and beyond)
E0467U2	1,284.07	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions (rental, first six months)
E0470KH	146.83	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0470KI	146.83	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0470KJ	110.12	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0470NU	1,468.29	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment) (humidifier not included)

Code	Rate	Description
E0470UE	1,101.22	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0471KH	392.40	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0471KI	392.40	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0471KJ	294.30	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0471NU	3,924.03	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included)
E0471UE	2,943.02	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0472KH	431.07	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)

Code	Rate	Description
E0472KI	431.07	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0472KJ	323.30	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included)
E0472NU	4,310.69	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included)
E0472UE	3,233.02	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included)
E0480KH	41.29	Percussor, electric or pneumatic, home model (capped rental)
E0480KI	41.29	Percussor, electric or pneumatic, home model (capped rental)
E0480KJ	30.97	Percussor, electric or pneumatic, home model (capped rental)
E0480NU	412.93	Percussor, electric or pneumatic, home model (new equipment purchase)
E0480UE	309.70	Percussor, electric or pneumatic, home model (used durable medical equipment purchase)
E0481	AAC+30%	Intrapulmonary percussive ventilation system and related accessories
E0482KH	404.09	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482KI	404.09	Cough stimulating device, alternating positive and negative airway pressure (capped rental)

Code	Rate	Description
E0482KJ	303.07	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482NU	4,040.90	Cough stimulating device, alternating positive and negative airway pressure (new equipment purchase)
E0482UE	3,030.68	Cough stimulating device, alternating positive and negative airway pressure (used durable medical equipment purchase)
E0483KH	999.01	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental)
E0483KI	999.01	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental)
E0483KJ	749.25	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental)
E0483NU	9,990.05	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (new equipment)
E0483UE	7,492.54	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (used durable medical equipment)
E0484NU	34.71	Oscillatory positive expiratory pressure device, non-electric, any type, each (new equipment)
E0484RR	3.46	Oscillatory positive expiratory pressure device, non-electric, any type, each (rental)
E0484UE	26.04	Oscillatory positive expiratory pressure device, non-electric, any type, each (used durable medical equipment)
E0485NU	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (new equipment)
E0485RR	I.C.	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (rental)

Code	Rate	Description
E0485UE	I.C.	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (used durable medical equipment)
E0486NU	$1881.22	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment (new equipment)
E0487	AAC+30%	Spirometer, electronic, includes all accessories
IPPB Machines		
E0500RR	103.14	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source (rental)
Humidifiers/Compressors/Nebulizers		
E0550KH	40.04	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550KI	40.04	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550KJ	30.03	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550NU	400.44	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (new equipment purchase)
E0550UE	300.33	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (used durable medical equipment purchase)
E0555	AAC+30%	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
E0560NU	138.91	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (new equipment)
E0560RR	16.28	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (rental)

Code	Rate	Description
E0560UE	104.18	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (used durable medical equipment)
E0561NU	73.66	Humidifier, non-heated, used with positive airway pressure device (new equipment)
E0561RR	7.36	Humidifier, non-heated, used with positive airway pressure device (rental)
E0561UE	55.24	Humidifier, non-heated, used with positive airway pressure device (used durable medical equipment)
E0562NU	189.83	Humidifier, heated, used with positive airway pressure device (new equipment)
E0562RR	18.97	Humidifier, heated, used with positive airway pressure device (rental)
E0562UE	142.37	Humidifier, heated, used with positive airway pressure device (used durable medical equipment)
E0565KH	50.84	Compressor, air power source for equipment which is not selfcontained or cylinder driven (capped rental)
E0565KI	50.84	Compressor, air power source for equipment which is not selfcontained or cylinder driven (capped rental)
E0565KJ	38.13	Compressor, air power source for equipment which is not self- contained or cylinder driven (capped rental)
E0565NU	508.39	Compressor, air power source for equipment which is not self- contained or cylinder driven (new equipment purchase)
E0565UE	381.29	Compressor, air power source for equipment which is not self- contained or cylinder driven (used durable medical equipment
E0570KH	12.32	Nebulizer, with compressor (capped rental)
E0570KI	12.32	Nebulizer, with compressor (capped rental)
E0570KJ	9.24	Nebulizer, with compressor (capped rental)
E0570NU	123.17	Nebulizer, with compressor (new equipment purchase)
E0570UE	92.37	Nebulizer, with compressor (used durable medical equipment purchase)
E0572KH	34.83	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)

Code	Rate	Description
E0572KI	34.83	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572KJ	26.12	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572NU	348.33	Aerosol compressor, adjustable pressure, light duty for intermittent use (new equipment purchase)
E0572UE	261.25	Aerosol compressor, adjustable pressure, light duty for intermittent use (used durable medical equipment purchase)
E0574KH	37.83	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574KI	37.83	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574KJ	28.38	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574NU	378.34	Ultrasonic/electronic aerosol generator with small volume nebulizer (new equipment purchase)
E0574UE	283.75	Ultrasonic/electronic aerosol generator with small volume nebulizer (used durable medical equipment purchase)
E0575KH	96.58	Nebulizer, ultrasonic, large volume (capped rental rental)
E0575KI	96.58	Nebulizer, ultrasonic, large volume (capped rental rental)
E0575KJ	72.43	Nebulizer, ultrasonic, large volume (capped rental rental)
E0575NU	965.77	Nebulizer, ultrasonic, large volume (new equipment purchase)
E0575UE	724.33	Nebulizer, ultrasonic, large volume (used durable medical equipment purchase)
E0580NU	107.29	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (new equipment)
E0580RR	10.74	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (rental)
E0580UE	80.46	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (used durable medical equipment)

Code	Rate	Description
E0585KH	28.01	Nebulizer, with compressor and heater (capped rental)
E0585KI	28.01	Nebulizer, with compressor and heater (capped rental)
E0585KJ	21.01	Nebulizer, with compressor and heater (capped rental)
E0585NU	280.08	Nebulizer, with compressor and heater (new equipment purchase)
E0585UE	210.06	Nebulizer, with compressor and heater (used durable medical equipment purchase)
Pumps and Vaporizers		
E0600KH	43.03	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600KI	43.03	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600KJ	32.27	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600NU	430.27	Respiratory suction pump, home model, portable or stationary, electric (new equipment purchase)
E0600UE	322.70	Respiratory suction pump, home model, portable or stationary, electric (used durable medical equipment)
E0601KH	60.50	Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601KI	60.50	Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601KJ	45.38	Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601NU	605.03	Continuous positive airway pressure (CPAP) device (new equipment purchase) (humidifier not included)
E0601UE	453.77	Continuous positive airway pressure (CPAP) device (used durable medical equipment purchase) (humidifier not included)
E0602NU	27.74	Breast pump, manual, any type (new equipment)
E0602RR	2.79	Breast pump, manual, any type (rental)
E0602UE	20.81	Breast pump, manual, any type (used durable medical equipment)
E0603NU	213.20	Breast pump, electric (AC and/or DC), any type

Code	Rate	Description
E0604RR	70.00	Breast pump, hospital grade, electric (AC and /or DC), any type (rental)
E0605NU	24.84	Vaporizer, room type (new equipment)
E0605RR	2.50	Vaporizer, room type (rental)
E0605UE	18.65	Vaporizer, room type (used durable medical equipment)
E0606KH	21.57	Postural drainage board (capped rental)
E0606KI	21.57	Postural drainage board (capped rental)
E0606KJ	16.18	Postural drainage board (capped rental)
E0606NU	215.73	Postural drainage board (new equipment purchase)
E0606UE	161.80	Postural drainage board (used durable medical equipment purchase)
Monitoring Devices		
E0607NU	62.78	Home blood glucose monitor (new equipment)
E0607RR	6.27	Home blood glucose monitor (rental)
E0607UE	47.08	Home blood glucose monitor (used durable medical equipment)
E0610NU	189.98	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (new equipment)
E0610RR	20.03	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (rental)
E0610UE	142.50	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (used durable medical equipment)
E0615NU	449.92	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (new equipment)
E0615RR	54.97	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (rental)
E0615UE	337.47	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (used durable medical equipment)

Code	Rate	Description
E0616	AAC+30%	Implantable cardiac event recorder with memory, activator and programmer
E0617KH	285.70	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617KHKF	317.22	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617KI	285.70	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617KIKF	317.22	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617KJ	214.28	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617KJKF	237.92	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617NU	2,857.02	External defibrillator with integrated electrocardiogram analysis (new equipment purchase)
E0617NUKF	3,172.20	External defibrillator with integrated electrocardiogram analysis (new equipment purchase) (FDA class III device)
E0617UE	2,142.77	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase)
E0617UEKF	2,379.15	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) (FDA class III device)
E0618KH	263.46	Apnea monitor, without recording feature (capped rental)
E0618KI	263.46	Apnea monitor, without recording feature (capped rental)
E0618KJ	195.45	Apnea monitor, without recording feature (capped rental)
E0619KH	224.28	Apnea monitor, with recording feature (capped rental)
E0619KI	224.28	Apnea monitor, with recording feature (capped rental)
E0619KJ	168.21	Apnea monitor, with recording feature (capped rental)

Code	Rate	Description
E0620KH	81.27	Skin piercing device for collection of capillary blood, laser, each (capped rental)
E0620KI	81.27	Skin piercing device for collection of capillary blood, laser, each (capped rental)
E0620KJ	60.95	Skin piercing device for collection of capillary blood, laser, each (capped rental)
E0620NU	821.53	Skin piercing device for collection of capillary blood, laser, each (new equipment)
E0620UE	616.15	Skin piercing device for collection of capillary blood, laser, each (used durable medical equipment)
Patient Lifts		
E0621NU	80.25	Sling or seat, patient lift, canvas or nylon (new equipment)
E0621RR	7.85	Sling or seat, patient lift, canvas or nylon (rental)
E0621UE	60.36	Sling or seat, patient lift, canvas or nylon (used durable medical equipment)
E0625NU	AAC+30%	Patient lift, bathroom or toilet, not otherwise classified (new equipment)
E0625RR	I.C.	Patient lift, bathroom or toilet, not otherwise classified (rental)
E0625UE	I.C.	Patient lift, bathroom or toilet, not otherwise classified (used durable medical equipment)
E0627NU	278.85	Seat lift mechanism, electric, any type (new equipment)
E0627RR	27.89	Seat lift mechanism, electric, any type (rental)
E0627UE	209.14	Seat lift mechanism, electric, any type (used durable medical equipment)
E0629NU	279.55	Seat lift mechanism, non-electric, any type (new equipment)
E0629RR	27.96	Seat lift mechanism, non-electric, any type (rental)
E0629UE	209.65	Seat lift mechanism, non-electric, any type (used durable medical equipment)
E0630KH	77.45	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630KI	77.45	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)

Code	Rate	Description
E0630KJ	58.09	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630NU	774.52	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase)
E0630RB	AAC+30%	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (replacement of a part of a DME furnished as part of a repair)
E0630UE	580.89	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical equipment purchase)
E0635KH	106.66	Patient lift, electric with seat or sling (capped rental)
E0635KI	106.66	Patient lift, electric with seat or sling (capped rental)
E0635KJ	79.99	Patient lift, electric with seat or sling (capped rental)
E0635NU	1,066.58	Patient lift, electric with seat or sling (new equipment purchase)
E0635RB	AAC+30%	Patient lift, electric with seat or sling (replacement of a part of a DME furnished as part of a repair)
E0635U1	AAC+35%	Patient lift, electric with seat or sling (nonstandard lift involving customization, special orders, or special sizing requirements)
E0635UE	799.94	Patient lift, electric with seat or sling (used durable medical equipment purchase)
E0636KH	1,107.26	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636KI	1,107.26	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636KJ	830.45	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636NU	11,072.60	Multipositional patient support system, with integrated lift, patient accessible controls (new equipment purchase)
E0636RB	AAC+30%	Multipositional patient support system, with integrated lift, patient accessible controls

Code	Rate	Description
		(replacement of a part of a DME furnished as part of a repair)
E0636UE	8,304.45	Multipositional patient support system, with integrated lift, patient accessible controls (used durable medical equipment purchase)
E0637NU	2,104.97	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (new equipment)
E0637RR	210.51	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (rental)
E0637UE	1,578.72	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (used durable medical equipment)
E0638NU	853.57	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (new equipment)
E0638RR	85.36	Standing frame system, one position (e.g., upright, supine or prone stander), any size, with or without wheels (rental)
E0638UE	640.18	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (used durable medical equipment)
E0639KH	123.32	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental)
E0639KI	123.32	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental)
E0639KJ	92.49	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental)
E0639NU	AAC+35%	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (new equipment)

Code	Rate	Description
E0639RB	AAC+35%	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories (replacement of a part of DME furnished as part of a repair)
E0639UE	924.90	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (used durable medical equipment purchase)
E0640KH	123.32	Patient lift, fixed system, includes all components/accessories (capped rental)
E0640KI	123.32	Patient lift, fixed system, includes all components/accessories (capped rental)
E0640KJ	92.49	Patient lift, fixed system, includes all components/accessories (capped rental)
E0640NU	AAC+35%	Patient lift, fixed system, includes all components/accessories (new equipment)
E0640RB	AAC+35%	Patient lift, fixed system, includes all components/accessories (replacement of a part of DME furnished as part of a repair)
E0640UE	924.90	Patient lift, fixed system, includes all components/accessories (used durable medical equipment purchase)
E0641	AAC+30%	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels
E0642	AAC+30%	Standing frame system, mobile (dynamic stander), any size including pediatric
Compression Devices		
E0650NU	676.77	Pneumatic compressor, non-segmental home model (new equipment)
E0650RR	83.51	Pneumatic compressor, non-segmental home model (rental)
E0650UE	507.58	Pneumatic compressor, non-segmental home model (used durable medical equipment)
E0651NU	733.56	Pneumatic compressor, segmental home model without calibrated gradient pressure (new equipment purchase)
E0651RR	86.90	Pneumatic compressor, segmental home model without calibrated gradient pressure (rental)

Code	Rate	Description
E0651UE	550.19	Pneumatic compressor, segmental home model without calibrated gradient pressure (used durable medical equipment)
E0652NU	4,981.67	Pneumatic compressor, segmental home model with calibrated gradient pressure (new equipment)
E0652RR	418.49	Pneumatic compressor, segmental home model with calibrated gradient pressure (rental)
E0652UE	3,732.92	Pneumatic compressor, segmental home model with calibrated gradient pressure (used durable medical equipment)
E0655NU	95.61	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (new equipment)
E0655RR	10.13	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (rental)
E0655UE	71.71	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (used durable medical equipment)
E0656KH	54.30	Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)
E0656KI	54.30	Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)
E0656KJ	40.72	Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)
E0656NU	542.98	Segmental pneumatic appliance for use with pneumatic compressor, trunk (new equipment)
E0656UE	407.24	Segmental pneumatic appliance for use with pneumatic compressor, trunk (used durable medical equipment)
E0657KH	51.01	Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental)
E0657KI	51.01	Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental)
E0657KJ	38.26	Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental)
E0657NU	510.09	Segmental pneumatic appliance for use with pneumatic compressor, chest (new equipment)
E0657UE	382.57	Segmental pneumatic appliance for use with pneumatic compressor, chest (used durable medical equipment)

Code	Rate	Description
E0660NU	148.69	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (new equipment)
E0660RR	13.28	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (rental)
E0660UE	111.53	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment)
E0665NU	128.73	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0665RR	12.42	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0665UE	96.66	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable medical equipment)
E0666NU	129.77	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0666RR	13.37	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0666UE	97.34	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable medical equipment)
E0667NU	258.60	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667RR	34.36	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667UE	193.95	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668NU	415.23	Segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0668RR	40.98	Segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0668UE	311.43	Segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable rental equipment)
E0669NU	163.57	Segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)

Code	Rate	Description
E0669RR	16.36	Segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0669UE	122.68	Segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable rental equipment)
E0670NU	1,004.05	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (new equipment purchase)
E0670RR	126.45	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (rental)
E0670UE	753.00	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (used durable medical equipment purchase)
E0671NU	390.30	Segmental gradient pressure pneumatic appliance, full leg (new equipment)
E0671RR	39.05	Segmental gradient pressure pneumatic appliance, full leg (rental)
E0671UE	292.71	Segmental gradient pressure pneumatic appliance, full leg (used durable rental equipment)
E0672NU	303.25	Segmental gradient pressure pneumatic appliance, full arm (new equipment)
E0672RR	30.34	Segmental gradient pressure pneumatic appliance, full arm (rental)
E0672UE	227.46	Segmental gradient pressure pneumatic appliance, full arm (used durable medical equipment)
E0673NU	251.99	Segmental gradient pressure pneumatic appliance, half leg (new equipment)
E0673RR	25.20	Segmental gradient pressure pneumatic appliance, half leg (rental)
E0673UE	189.02	Segmental gradient pressure pneumatic appliance, half leg (used durable medical equipment)
E0675KH	361.35	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)

Code	Rate	Description
E0675KI	361.35	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)
E0675KJ	271.01	Pneumatic compression device, high pressure, rapid inflation/
E0675NU	3,613.52	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (new equipment purchase)
E0675UE	2,710.14	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (used durable medical equipment purchase)
E0676	AAC+30%	Intermittent limb compression device (includes all accessories), not otherwise specified
Ultraviolet Light		
E0691NU	844.39	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment)
E0691RR	84.43	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental)
E0691UE	633.29	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (used durable medical equipment purchase)
E0692NU	1,060.32	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment)
E0692RR	106.02	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental)
E0692UE	795.23	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment)
E0693NU	1,307.08	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (new equipment)

Code	Rate	Description
E0693RR	130.71	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental)
E0693UE	980.31	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (used durable medical equipment)
E0694NU	4,160.29	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment)
E0694RR	416.02	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental)
E0694UE	3,120.24	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment)
Safety Equipment		
E0700	AAC+30%	Safety equipment (e.g., belt, harness or vest)
E0705NU	45.79	Transfer device, any type, each (new equipment)
E0705NUKU	61.76	Transfer device, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0705RR	4.63	Transfer device, any type, each (rental)
E0705RRKU	6.31	Transfer device, any type, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0705UE	33.97	Transfer device, any type, each (used durable medical equipment)
E0705UEKU	45.43	Transfer device, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
Restraints		
E0710	AAC+20%	Restraints, any type (body, chest, wrist or ankle)
Nerve Stimulators and Devices		
E0720NU	268.58	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation (new equipment)

Code	Rate	Description
E0730NU	251.77	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation (new equipment)
E0731NU	245.57	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) (new equipment)
E0740KH	49.15	Non-implanted, pelvic floor stimulator, monitor, sensor and/or trainer (capped rental)
E0740KI	49.15	Non-implanted, pelvic floor stimulator, monitor, sensor and/or trainer (capped rental)
E0740KJ	36.86	Non-implanted pelvic floor stimulator, monitor, sensor and/or trainer capped rental)
E0740NU	491.47	Non-implanted pelvic floor stimulator, complete system (new equipment)
E0740UE	368.60	Non-implanted pelvic floor stimulator, complete system (used durable medical equipment)
E0744KH	86.05	Neuromuscular stimulator for scoliosis (capped rental)
E0744KI	86.05	Neuromuscular stimulator for scoliosis (capped rental)
E0744KJ	64.53	Neuromuscular stimulator for scoliosis (capped rental)
E0744NU	860.46	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0744UE	645.35	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0745KH	84.12	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745KI	84.12	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745KJ	63.09	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745NU	841.16	Neuromuscular stimulator, electronic shock unit (new equipment purchase)
E0745UE	630.87	Neuromuscular stimulator, electronic shock unit (used durable medical equipment purchase)
E0746	AAC+30%	Electromyography (EMG), biofeedback device

Code	Rate	Description
E0747NUKF	3,127.88	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (new equipment) (FDA class III device)
E0747RRKF	310.82	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (rental) (FDA class III device)
E0747UEKF	2,323.96	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (used durable medical equipment) (FDA class III device)
E0748NUKF	3,656.03	Osteogenesis stimulator, electrical, non-invasive, spinal applications (new equipment) (FDA class III device)
E0748RRKF	365.59	Osteogenesis stimulator, electrical, non-invasive, spinal applications (rental) (FDA class III device)
E0748UEKF	2,742.02	Osteogenesis stimulator, electrical, non-invasive, spinal applications (used durable medical equipment) (FDA class III device)
E0749KHKF	267.21	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749KIKF	267.21	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749KJKF	200.41	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749NUKF	2,672.15	Osteogenesis stimulator, electrical, surgically implanted (new equipment purchase) (FDA class III device)
E0749UEKF	2,004.11	Osteogenesis stimulator, electrical, surgically implanted (used durable medical equipment purchase) (FDA class III device)
E0755	AAC+30%	Electronic salivary reflex stimulator (intra-oral/non-invasive)
E0760NUKF	3,038.10	Ostogenesis stimulator, low intensity ultrasound, non-invasive (new equipment) (FDA class III device)
E0760RRKF	303.82	Ostogenesis stimulator, low intensity ultrasound, non-invasive (rental) (FDA class III device)
E0760UEKF	2,278.55	Ostogenesis stimulator, low intensity ultrasound, non-invasive (used durable medical equipment) (FDA class III device)

Code	Rate	Description
E0761	AAC+30%	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device
E0762KH	87.82	Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental)
E0762KI	87.82	Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental)
E0762KJ	65.87	Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental)
E0762NU	878.22	Transcutaneous electrical joint stimulation device system, includes all accessories (new equipment)
E0762UE	658.67	Transcutaneous electrical joint stimulation device system, includes all accessories (used durable medical equipment)
E0764KHKF	1,039.92	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device)
E0764KIKF	1,039.92	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device)
E0764KJKF	779.93	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device)
E0764NUKF	10,399.16	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (new equipment) (FDA class III device)

Code	Rate	Description
E0764UEKF	7,799.37	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (used durable medical equipment) (FDA class III device)
E0765NU	79.06	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (new equipment)
E0765RR	7.91	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (rental)
E0765UE	59.31	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used durable medical equipment)
E0766RRKF	11,643.37	Electrical stimulation device used for cancer treatment, includes all accessories, any type (rental) (FDA Class III device)
E0769	AAC+30%	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0770NU	AAC+30%	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (new equipment)
Infusion Supplies		
E0776NU	125.81	IV pole (new equipment)
E0776NUBA	68.49	IV pole (new equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776RR	14.62	IV pole (rental)
E0776RRBA	13.62	IV pole (rental) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776UE	93.41	IV pole (used durable medical equipment)
E0776UEBA	51.37	IV pole (used durable medical equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0779KH	15.45	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)

Code	Rate	Description
E0779KI	15.45	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779KJ	11.59	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779NU	154.53	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (new equipment purchase)
E0779UE	115.90	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (used durable medical equipment)
E0780NU	9.70	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours (new equipment)
E0781KH	204.36	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781KI	204.36	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781KJ	153.27	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781NU	2,043.57	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (new equipment purchase)
E0781UE	1,532.68	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782NUKF	3,429.28	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0782RRKF	342.94	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)

Code	Rate	Description
E0782UEKF	2,571.96	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0783NUKF	7,693.09	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0783RRKF	769.33	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0783UEKF	5,769.83	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0784KH	418.23	External ambulatory infusion pump, insulin (capped rental)
E0784KI	418.23	External ambulatory infusion pump, insulin (capped rental)
E0784KJ	313.67	External ambulatory infusion pump, insulin (capped rental)
E0784NU	AAC+30%	External ambulatory infusion pump, insulin (new equipment purchase, Non-Medicare)
E0784UE	3,136.73	External ambulatory infusion pump, insulin (used durable medical equipment)
E0785KF	444.01	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement (FDA class III device)
E0786NUKF	7,233.30	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (new equipment) (FDA class III device)
E0786RRKF	723.32	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (rental) (FDA class III device)
E0786UEKF	5,425.00	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (used durable medical equipment) (FDA class III device)

Code	Rate	Description
E0787	I.C.	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E0791KH	265.68	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791KI	266.68	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791KJ	199.26	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791NU	2,656.76	Parenteral infusion pump, stationary, single or multi-channel (new equipment purchase)
E0791UE	1,992.57	Parenteral infusion pump, stationary, single or multi-channel (used durable medical equipment)
Traction Equipment		
E0830NU	AAC+30%	Ambulatory traction device, all types, each
E0840NU	68.84	Traction frame, attached to headboard, cervical traction (new equipment)
E0840RR	13.66	Traction frame, attached to headboard, cervical traction (rental)
E0840UE	51.61	Traction frame, attached to headboard, cervical traction (used durable medical equipment)
E0849KH	48.43	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental)
E0849KI	48.43	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental)
E0849KJ	36.33	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental)
E0849NU	484.33	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (new equipment)
E0849UE	363.25	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (used durable medical equipment)
E0850NU	98.71	Traction stand, free standing, cervical traction (new equipment)

Code	Rate	Description
E0850RR	11.53	Traction stand, free standing, cervical traction (rental)
E0850UE	74.04	Traction stand, free standing, cervical traction (used durable medical equipment)
E0855KH	47.23	Cervical traction equipment not requiring additional stand or frame (capped rental)
E0855KI	47.23	Cervical traction equipment not requiring additional stand or frame (capped rental)
E0855KJ	35.42	Cervical traction equipment not requiring additional stand or frame (capped rental)
E0855NU	472.26	Cervical traction equipment not requiring additional stand or frame (new equipment)
E0855UE	354.20	Cervical traction equipment not requiring additional stand or frame (used durable medical equipment)
E0856KH	14.46	Cervical traction device, cervical collar with inflatable air bladder (capped rental)
E0856KI	14.46	Cervical traction device, cervical collar with inflatable air bladder (capped rental)
E0856KJ	10.85	Cervical traction device, cervical collar with inflatable air bladder (capped rental)
E0856NU	144.59	Cervical traction device, with inflatable air bladder(s) (new equipment)
E0856UE	108.44	Cervical traction device, with inflatable air bladder(s) (used durable medical equipment)
E0860NU	36.21	Traction equipment, overdoor, cervical (new equipment)
E0860RR	6.12	Traction equipment, overdoor, cervical (rental)
E0860UE	27.73	Traction equipment, overdoor, cervical (used durable medical equipment)
E0870NU	109.30	Traction frame, attached to footboard, extremity traction, (e.g., buck's) (new equipment)
E0870RR	12.61	Traction frame, attached to footboard, extremity traction, (e.g., buck's) (rental)
E0870UE	82.34	Traction frame, attached to footboard, extremity traction, (e.g., buck's) (used durable medical equipment)
E0880NU	117.97	Traction stand, free standing, extremity traction, (e.g., buck's) (new equipment)

Code	Rate	Description
E0880RR	18.52	Traction stand, free standing, extremity traction, (e.g., buck's) (rental)
E0880UE	89.29	Traction stand, free standing, extremity traction, (e.g., buck's) (used durable medical equipment)
E0890NU	113.14	Traction frame, attached to footboard, pelvic traction (new equipment)
E0890RR	30.86	Traction frame, attached to footboard, pelvic traction (rental)
E0890UE	91.14	Traction frame, attached to footboard, pelvic traction (used durable medical equipment)
E0900NU	120.40	Traction stand, free standing, pelvic traction, (e.g., buck's) (new equipment)
E0900RR	25.96	Traction stand, free standing, pelvic traction, (e.g., buck's) (rental)
E0900UE	90.33	Traction stand, free standing, pelvic traction, (e.g., buck's) (used durable medical equipment)
Orthopedic Devices		
E0910KH	13.30	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910KI	13.30	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910KJ	9.98	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910NU	133.03	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (new equipment purchase)
E0910UE	99.77	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (used durable medical equipment purchase)
E0911KH	37.63	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911KI	37.63	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911KJ	28.22	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)

Code	Rate	Description
E0911NU	376.30	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (new equipment purchase)
E0911UE	282.23	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (used durable medical equipment purchase)
E0912KH	83.56	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912KI	83.56	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912KJ	62.67	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912NU	835.64	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (new equipment purchase)
E0912UE	626.73	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (used durable medical equipment purchase)
E0920KH	43.37	Fracture frame, attached to bed, includes weights (capped rental)
E0920KI	43.37	Fracture frame, attached to bed, includes weights (capped rental)
E0920KJ	32.53	Fracture frame, attached to bed, includes weights (capped rental)
E0920NU	433.67	Fracture frame, attached to bed, includes weights (new equipment purchase)
E0920UE	325.25	Fracture frame, attached to bed, includes weights (used durable medical equipment purchase)
E0930KH	42.93	Fracture frame, free standing, includes weights (capped rental)
E0930KI	42.93	Fracture frame, free standing, includes weights (capped rental)
E0930KJ	32.20	Fracture frame, free standing, includes weights (capped rental)

Code	Rate	Description
E0930NU	429.25	Fracture frame, free standing, includes weights (new equipment purchase)
E0930UE	321.94	Fracture frame, free standing, includes weights (used durable medical equipment)
E0935RR	21.37	Continuous passive motion exercise device for use on knee only (daily rental)
E0936	AAC+30%	Continuous passive motion exercise device for use other than knee
E0940KH	23.36	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940KI	23.36	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940KJ	17.52	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940NU	233.58	Trapeze bar, free standing, complete with grab bar (new equipment purchase)
E0940UE	175.19	Trapeze bar, free standing, complete with grab bar (used durable medical equipment purchase)
E0941KH	34.29	Gravity assisted traction device, any type (capped rental)
E0941KI	34.29	Gravity assisted traction device, any type (capped rental)
E0941KJ	25.72	Gravity assisted traction device, any type (capped rental)
E0941NU	342.89	Gravity assisted traction device, any type (new equipment purchase)
E0941UE	257.17	Gravity assisted traction device, any type (used durable medical equipment purchase)
E0942NU	18.65	Cervical head harness/halter (new equipment)
E0942RR	1.88	Cervical head harness/halter (rental)
E0942UE	13.97	Cervical head harness/halter (used durable medical equipment)
E0944NU	43.10	Pelvic belt/harness/boot (new equipment)
E0944RR	3.73	Pelvic belt/harness/boot (rental)
E0944UE	32.33	Pelvic belt/harness/boot (used durable medical equipment)
E0945NU	41.65	Extremity belt/harness (new equipment)
E0945RR	3.54	Extremity belt/harness (rental)
E0945UE	32.23	Extremity belt/harness (used durable medical equipment)

Code	Rate	Description
E0946KH	55.60	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental)
E0946KI	55.60	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental)
E0946KJ	41.70	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental)
E0946NU	555.99	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (new equipment purchase)
E0946UE	416.99	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (used durable medical equipment purchase)
E0947NU	569.88	Fracture frame, attachments for complex pelvic traction (new equipment)
E0947RR	59.08	Fracture frame, attachments for complex pelvic traction (rental)
E0947UE	427.40	Fracture frame, attachments for complex pelvic traction (used durable medical equipment)
E0948NU	551.21	Fracture frame, attachments for complex cervical traction (new equipment)
E0948RR	55.10	Fracture frame, attachments for complex cervical traction
E0948UE	388.76	Fracture frame, attachments for complex cervical traction (used durable medical equipment)
Wheelchair Accessories (see also K0001-K0109)		
E0950NU	81.53	Wheelchair accessory, tray, each (new equipment) (standard tray)
E0950NUKU	85.71	Wheelchair accessory, tray, each (new equipment) (standard tray), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0950RR	8.16	Wheelchair accessory, tray, each (rental)
E0950RRKU	8.59	Wheelchair accessory, tray, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0950U1	AAC+35%	Wheelchair accessory, tray, each (nonstandard tray for customized mobility system)
E0950UE	61.15	Wheelchair accessory, tray, each (used durable medical equipment)

Code	Rate	Description
E0950UEKU	64.29	Wheelchair accessory, tray, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0951NU	14.31	Heel loop/holder, any type, with or without ankle strap, each (new equipment)
E0951NUKU	16.56	Heel loop/holder, any type, with or without ankle strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0951RR	1.55	Heel loop/holder, any type, with or without ankle strap, each (rental)
E0951RRKU	1.89	Heel loop/holder, any type, with or without ankle strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0951UE	10.73	Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment)
E0951UEKU	12.42	Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0952NU	15.72	Toe loop/holder, any type, each (new equipment)
E0952NUKU	16.40	Toe loop/holder, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0952RR	1.70	Toe loop/holder, any type, each (rental)
E0952RRKU	1.89	Toe loop/holder, any type, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0952UE	11.78	Toe loop/holder, any type, each (used durable medical equipment)
E0952UEKU	12.27	Toe loop/holder, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E0953NU	71.22	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (new equipment)
E0953NUKU	95.62	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (new equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0953RR	7.12	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (rental)
E0953RRKU	9.56	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (rental) (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0953UE	53.42	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (used durable medical equipment)
E0953UEKU	71.72	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (used durable medical equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0954NU	49.86	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (new equipment)
E0954NUKU	56.51	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (new equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0954RR	4.98	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (rental)
E0954RRKU	5.65	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (rental) (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E0954UE	37.40	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (used durable medical equipment)
E0954UEKU	42.38	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (used durable medical equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0955KH	16.05	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental)
E0955KHKU	19.62	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0955KI	16.05	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental)
E0955KIKU	19.62	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0955KJ	12.04	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental)
E0955KJKU	14.72	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0955NU	160.42	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment)
E0955NUKU	196.20	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0955UE	120.31	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment)

Code	Rate	Description
E0955UEKU	147.15	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0956NU	86.78	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment)
E0956NUKU	95.62	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0956RR	8.68	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental)
E0956RRKU	9.56	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0956UE	65.09	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment)
E0956UEKU	71.72	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0957NU	122.46	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment)
E0957NUKU	133.81	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0957RR	12.25	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental)

Code	Rate	Description
E0957RRKU	13.39	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0957UE	91.85	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment)
E0957UEKU	100.35	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0958KH	40.92	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KHKU	43.08	Manual wheelchair accessory, one-arm drive attachment, each
E0958KI	40.92	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KIKU	43.08	Manual wheelchair accessory, one-arm drive attachment, each
E0958KJ	30.69	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KJKU	32.31	Manual wheelchair accessory, one-arm drive attachment, each
E0958NU	409.20	Manual wheelchair accessory, one-arm drive attachment, each (new equipment purchase)
E0958NUKU	430.80	Manual wheelchair accessory, one-arm drive attachment, each
E0958UE	306.90	Manual wheelchair accessory, one-arm drive attachment, each (used durable medical equipment purchase)
E0958UEKU	323.10	Manual wheelchair accessory, one-arm drive attachment, each
E0959NU	45.46	Manual wheelchair accessory, adapter for amputee, each (new equipment)
E0959NUKU	51.35	Manual wheelchair accessory, adapter for amputee, each
E0959RR	4.26	Manual wheelchair accessory, adapter for amputee, each (rental)

Code	Rate	Description
E0959RRKU	4.54	Manual wheelchair accessory, adapter for amputee, each
E0959UE	34.26	Manual wheelchair accessory, adapter for amputee, each (used durable medical equipment)
E0959UEKU	38.87	Manual wheelchair accessory, adapter for amputee, each
E0960NU	76.13	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment)
E0960NUKU	88.26	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0960RR	7.62	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental)
E0960RRKU	8.85	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0960UE	57.11	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment)
E0960UEKU	66.21	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0961NU	25.17	Manual wheelchair accessory, wheel lock brake extension (handle), each (new equipment)
E0961NUKU	34.56	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0961RR	2.33	Manual wheelchair accessory, wheel lock brake extension (handle), each (rental)
E0961RRKU	3.07	Manual wheelchair accessory, wheel lock brake extension (handle), each

Code	Rate	Description
E0961UE	13.53	Manual wheelchair accessory, wheel lock brake extension (handle), each (used durable medical equipment)
E0961UEKU	14.65	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966NU	72.77	Manual wheelchair accessory, headrest extension, each (new equipment)
E0966NUKU	82.91	Manual wheelchair accessory, headrest extension, each
E0966RR	6.99	Manual wheelchair accessory, headrest extension, each (rental)
E0966RRKU	7.69	Manual wheelchair accessory, headrest extension, each
E0966UE	54.58	Manual wheelchair accessory, headrest extension, each (used durable medical equipment)
E0966UEKU	62.18	Manual wheelchair accessory, headrest extension, each
E0967NU	68.93	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (new equipment)
E0967NUKU	76.30	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0967RR	6.90	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (rental)
E0967RRKU	7.64	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0967UE	51.69	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (used durable medical equipment)
E0967UEKU	57.20	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968KH	18.73	Commode seat, wheelchair (capped rental)
E0968KI	18.73	Commode seat, wheelchair (capped rental)
E0968KJ	14.05	Commode seat, wheelchair (capped rental)
E0968NU	187.30	Commode seat, wheelchair (new equipment purchase)
E0968UE	140.48	Commode seat, wheelchair (used durable medical equipment purchase)
E0969NU	173.16	Narrowing device, wheelchair (new equipment)

Code	Rate	Description
E0969RR	14.61	Narrowing device, wheelchair (rental)
E0969UE	129.88	Narrowing device, wheelchair (used durable medical equipment)
E0971NU	39.76	Manual wheelchair accessory, anti-tipping device, each (new equipment)
E0971NUKU	50.40	Manual wheelchair accessory, anti-tipping device, each
E0971RR	3.98	Manual wheelchair accessory, anti-tipping device, each (rental)
E0971RRKU	5.05	Manual wheelchair accessory, anti-tipping device, each
E0971UE	29.83	Manual wheelchair accessory, anti-tipping device, each (used durable medical equipment)
E0971UEKU	37.83	Manual wheelchair accessory, anti-tipping device, each
E0973NU	79.05	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment)
E0973NUKU	111.53	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0973RR	6.86	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental)
E0973RRKU	9.03	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0973UE	59.29	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment)
E0973UEKU	83.65	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0974NU	76.25	Manual wheelchair accessory, anti-rollback device, each (new equipment)
E0974NUKU	86.04	Manual wheelchair accessory, anti-rollback device, each

Code	Rate	Description
E0974RR	7.44	Manual wheelchair accessory, anti-rollback device, each (rental)
E0974RRKU	8.21	Manual wheelchair accessory, anti-rollback device, each
E0974UD	AAC+35%	Manual wheelchair accessory, anti-rollback devise, each (bariatric equipment)
E0974UE	57.19	Manual wheelchair accessory, anti-rollback device, each (used durable medical equipment)
E0974UEKU	64.53	Manual wheelchair accessory, anti-rollback device, each
E0978NU	31.42	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment)
E0978NUKU	41.42	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0978RR	3.15	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental)
E0978RRKU	4.15	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0978UE	23.39	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment)
E0978UEKU	30.71	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0980NU	36.54	Safety vest, wheelchair (new equipment)
E0980RR	3.66	Safety vest, wheelchair (rental)
E0980UE	27.25	Safety vest, wheelchair (used durable medical equipment)
E0981NU	41.68	Wheelchair accessory, seat upholstery, replacement only, each (new equipment)
E0981NUKU	45.74	Wheelchair accessory, seat upholstery, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0981RR	3.86	Wheelchair accessory, seat upholstery, replacement only, each (rental)

Code	Rate	Description
E0981RRKU	3.95	Wheelchair accessory, seat upholstery, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0981UC	AAC+35%	Wheelchair accessory, seat upholstery, replacement only, each (pediatric specialized rehabilitation equipment)
E0981UE	31.42	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment)
E0981UEKU	34.62	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0982NU	45.83	Wheelchair accessory, back upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0982NUKU	49.97	Wheelchair accessory, back upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0982RR	4.17	Wheelchair accessory, back upholstery, replacement only, each (rental)
E0982RRKU	4.24	Wheelchair accessory, back upholstery, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0982UE	34.38	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment)
E0982UEKU	37.50	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E0983KH	276.31	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983KI	276.31	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983KJ	207.23	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983NU	2,763.10	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (new equipment purchase)
E0983UE	2,072.33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (used durable medical equipment purchase)
E0984KH	194.67	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental)
E0984KI	194.67	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental)
E0984KJ	146.00	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental)
E0984NU	1,946.70	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (new equipment)
E0984UE	1,460.03	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (used durable medical equipment)
E0985KH	21.40	Wheelchair accessory, seat lift mechanism (capped rental)
E0985KHKU	22.85	Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0985KI	21.40	Wheelchair accessory, seat lift mechanism (capped rental)

Code	Rate	Description
E0985KIKU	22.85	Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0985KJ	18.31	Wheelchair accessory, seat lift mechanism (capped rental)
E0985KJKU	17.14	Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0985NU	213.95	Wheelchair accessory, seat lift mechanism (new equipment)
E0985NUKU	228.50	Wheelchair accessory, seat lift mechanism (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0985UE	160.46	Wheelchair accessory, seat lift mechanism (used durable medical equipment)
E0985UEKU	171.38	Wheelchair accessory, seat lift mechanism (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0986KH	537.76	Manual wheelchair accessory, push activated power assist, each (capped rental)
E0986KI	537.76	Manual wheelchair accessory, push activated power assist, each (capped rental)
E0986KJ	403.32	Manual wheelchair accessory, push activated power assist, each (capped rental)
E0986NU	5,377.60	Manual wheelchair accessory, push-rim activated power assist system, each (new equipment)
E0986UE	4,033.20	Manual wheelchair accessory, push-rim activated power assist system, each (used durable medical equipment)
E0988KH	314.76	Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental)
E0988KI	314.76	Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental)
E0988KJ	236.07	Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental)
E0988NU	3,147.60	Manual wheelchair accessory, lever-activated, wheel drive, pair (new equipment)

Code	Rate	Description
E0988UE	2,360.70	Manual wheelchair accessory, lever-activated, wheel drive, pair (used durable medical equipment)
E0990NU	89.61	Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment)
E0990NUKU	113.91	Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0990RR	9.67	Wheelchair accessory, elevating leg rest, complete assembly, each (rental)
E0990RRKU	12.83	Wheelchair accessory, elevating leg rest, complete assembly, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0990UE	68.96	Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment)
E0990UEKU	89.01	Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0992NU	88.26	Manual wheelchair accessory, solid seat insert (new equipment)
E0992NUKU	110.56	Manual wheelchair accessory, solid seat insert
E0992RR	7.95	Manual wheelchair accessory, solid seat insert (rental)
E0992RRKU	9.21	Manual wheelchair accessory, solid seat insert
E0992UE	66.20	Manual wheelchair accessory, solid seat insert (used durable medical equipment)
E0992UEKU	82.91	Manual wheelchair accessory, solid seat insert
E0994NU	19.48	Arm rest, each (new equipment)
E0994RR	1.97	Arm rest, each (rental)
E0994UE	14.62	Arm rest, each (used durable medical equipment)
E0995NU	24.62	Wheelchair accessory, calf rest/pad, replacement only, each (new equipment)
E0995NUKU	25.06	Wheelchair accessory, calf rest/pad, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E0995RR	2.51	Wheelchair accessory, calf rest/pad, replacement only, each (rental)
E0995RRKU	2.59	Wheelchair accessory, calf rest/pad, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E0995UE	18.45	Wheelchair accessory, calf rest/pad, replacement only, each (used durable medical equipment)
E0995UEKU	18.78	Wheelchair accessory, calf rest/pad, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1002KH	364.46	Wheelchair accessory, power seating system, tilt only (capped rental)
E1002KHKU	393.17	Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1002KI	365.46	Wheelchair accessory, power seating system, tilt only (capped rental)
E1002KIKU	393.17	Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1002KJ	273.35	Wheelchair accessory, power seating system, tilt only (capped rental)
E1002KJKU	294.88	Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1002NU	3,644.60	Wheelchair accessory, power seating system, tilt only (new equipment)
E1002NUKU	3,931.70	Wheelchair accessory, power seating system, tilt only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1002UE	2,733.45	Wheelchair accessory, power seating system, tilt only (used durable medical equipment)
E1002UEKU	2,948.78	Wheelchair accessory, power seating system, tilt only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E1003KH	409.80	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental)
E1003KHKU	425.99	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1003KI	409.80	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental)
E1003KIKU	425.99	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1003KJ	307.35	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental)
E1003KJKU	319.49	Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1003NU	4,098.00	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment)
E1003NUKU	4,259.90	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1003UE	3,073.50	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment)
E1003UEKU	3,194.93	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1004KH	452.43	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental)

Code	Rate	Description
E1004KHKU	472.32	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1004KI	452.43	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental)
E1004KIKU	472.32	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1004KJ	339.32	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental)
E1004KJKU	354.24	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1004NU	4,524.30	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment)
E1004NUKU	4,723.20	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1004UE	3,393.23	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment)
E1004UEKU	3,542.40	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1005KH	492.26	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental)

Code	Rate	Description
E1005KHKU	511.25	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1005KI	492.26	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental)
E1005KIKU	511.25	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1005KJ	369.20	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental)
E1005KJKU	383.44	Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1005NU	4,922.60	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment)
E1005NUKU	5,112.50	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1005UE	3,691.95	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment)
E1005UEKU	3,834.38	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1006KH	604.91	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental)
E1006KHKU	626.23	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E1006KI	604.91	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental)
E1006KIKU	626.23	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1006KJ	453.68	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental)
E1006KJKU	469.67	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1006NU	6,049.10	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment)
E1006NUKU	6,262.30	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1006UE	4,536.83	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment)
E1006UEKU	4,696.73	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1007KH	785.57	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental)
E1007KHKU	847.97	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1007KI	785.57	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental)

Code	Rate	Description
E1007KIKU	847.97	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1007KJ	589.18	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental)
E1007KJKU	635.98	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1007NU	7,855.70	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment)
E1007NUKU	8,479.70	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1007UE	5,891.78	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment)
E1007UEKU	6,359.78	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1008KH	795.09	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental)
E1008KHKU	848.03	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1008KI	795.09	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental)

Code	Rate	Description
E1008KIKU	848.03	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1008KJ	596.32	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental)
E1008KJKU	636.02	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1008NU	7,950.90	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment)
E1008NUKU	8,480.30	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1008UE	5,963.18	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment)
E1008UEKU	6,360.23	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1009NU	AAC+35%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (new equipment)
E1009RR	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (rental)
E1009UE	I.C.	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (used durable medical equipment)

Code	Rate	Description
E1010KH	105.95	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental)
E1010KHKU	110.96	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1010KI	105.95	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental)
E1010KIKU	110.96	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1010KJ	79.46	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental)
E1010KJKU	83.22	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1010NU	1,059.50	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment)
E1010NUKU	1,109.60	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1010UE	794.63	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment)
E1010UEKU	832.20	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E1011NU	AAC+35%	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (new equipment)
E1011RR	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (rental)
E1011UE	I.C.	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (used durable medical equipment)
E1012KH	94.99	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)
E1012KHKU	110.96	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1012KI	94.99	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)
E1012KIKU	110.96	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1012KJ	71.24	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental)
E1012KJKU	83.22	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1012NU	949.90	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (new equipment)

Code	Rate	Description
E1012NUKU	1,109.60	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1012UE	712.43	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment)
E1012UEKU	832.20	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1014KH	40.38	Reclining back, addition to pediatric size wheelchair (capped rental)
E1014KI	40.38	Reclining back, addition to pediatric size wheelchair (capped rental)
E1014KJ	30.29	Reclining back, addition to pediatric size wheelchair (capped rental)
E1014NU	403.80	Reclining back, addition to pediatric size wheelchair (new equipment)
E1014UE	302.85	Reclining back, addition to pediatric size wheelchair (used durable medical equipment)
E1015NU	121.49	Shock absorber for manual wheelchair, each (new equipment)
E1015NUKU	133.26	Shock absorber for manual wheelchair, each
E1015RR	12.14	Shock absorber for manual wheelchair, each (rental)
E1015RRKU	13.32	Shock absorber for manual wheelchair, each
E1015UE	91.11	Shock absorber for manual wheelchair, each (used durable medical equipment)
E1015UEKU	99.94	Shock absorber for manual wheelchair, each
E1016NU	110.79	Shock absorber for power wheelchair, each (new equipment)
E1016RR	11.09	Shock absorber for power wheelchair, each (rental)
E1016UE	83.09	Shock absorber for power wheelchair, each (used durable medical equipment)

Code	Rate	Description
E1017NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (new equipment)
E1017RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (rental)
E1017UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (used durable medical equipment)
E1018NU	AAC+35%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (new equipment)
E1018RR	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (rental)
E1018UE	I.C.	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (used durable medical equipment)
E1020KH	20.53	Residual limb support system for wheelchair, any type (capped rental)
E1020KHKU	23.60	Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1020KI	20.53	Residual limb support system for wheelchair, any type (capped rental)
E1020KIKU	23.60	Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1020KJ	15.40	Residual limb support system for wheelchair, any type (capped rental)
E1020KJKU	17.70	Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1020NU	205.35	Residual limb support system for wheelchair, any type (new equipment)
E1020NUKU	236.00	Residual limb support system for wheelchair, any type (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E1020UE	154.01	Residual limb support system for wheelchair, any type (used durable medical equipment)
E1020UEKU	177.00	Residual limb support system for wheelchair, any type (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1028KH	16.52	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental)
E1028KHKU	20.03	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1028KI	16.52	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental)
E1028KIKU	20.03	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1028KJ	12.39	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental)
E1028KJKU	15.02	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1028NU	165.19	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment)
E1028NUKU	200.30	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1028UE	123.90	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment)

Code	Rate	Description
E1028UEKU	150.23	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1029KH	34.93	Wheelchair accessory, manual ventilator tray, fixed (capped rental)
E1029KHKU	35.84	Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1029KI	34.93	Wheelchair accessory, manual ventilator tray, fixed (capped rental)
E1029KIKU	35.84	Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1029KJ	26.20	Wheelchair accessory, manual ventilator tray, fixed (capped rental)
E1029KJKU	26.88	Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1029NU	349.30	Wheelchair accessory, manual ventilator tray, fixed (new equipment)
E1029NUKU	358.40	Wheelchair accessory, manual ventilator tray, fixed (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1029UE	261.98	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment)
E1029UEKU	268.80	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1030KH	109.66	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental)
E1030KHKU	113.04	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E1030KI	109.66	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental)
E1030KIKU	113.04	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1030KJ	82.25	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental)
E1030KJKU	84.78	Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1030NU	1,096.60	Wheelchair accessory, manual ventilator tray, gimbaled (new equipment)
E1030NUKU	1,130.40	Wheelchair accessory, manual ventilator tray, gimbaled (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1030UE	822.45	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment)
E1030UEKU	847.80	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E1031KH	40.21	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031KI	40.21	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031KJ	30.16	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031NU	402.14	Rollabout chair, any and all types with castors 5 inches or greater (new equipment purchase)
E1031UE	301.61	Rollabout chair, any and all types with castors 5 inches or greater (used durable medical equipment purchase)
E1035KH	551.35	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035KI	551.35	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)

Code	Rate	Description
E1035KJ	413.52	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035NU	5,513.53	Multi-positional patient transfer system, with integrated seat, operated by care giver (new equipment purchase)
E1035UE	4,135.15	Multi-positional patient transfer system, with integrated seat, operated by care giver (used durable medical equipment purchase)
E1036KH	783.48	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental)
E1036KI	783.48	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental)
E1036KJ	587.61	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental)
E1036NU	7,834.79	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (new equipment purchase)
E1036UE	5,876.09	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (used durable medical equipment purchase)
E1037KH	93.21	Transport chair, pediatric size (capped rental)
E1037KI	93.21	Transport chair, pediatric size (capped rental)
E1037KJ	69.91	Transport chair, pediatric size (capped rental)
E1037NU	932.11	Transport chair, pediatric size (new equipment purchase)
E1037UE	699.08	Transport chair, pediatric size (used durable medical equipment purchase)
E1038KH	14.89	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038KI	14.89	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
E1038KJ	11.17	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038NU	148.92	Transport chair, adult size, patient weight capacity up to and including 300 pounds (new equipment purchase)
E1038UE	111.69	Transport chair, adult size, patient weight capacity up to and including 300 pounds (used durable medical equipment purchase)
E1039KH	29.76	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039KI	29.76	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039KJ	22.32	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039NU	297.59	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (new equipment purchase
E1039UE	223.19	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (used durable medical equipment purchase)
Wheelchairs		
E1050KH	81.34	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050KI	81.34	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050KJ	61.00	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050NU	813.37	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1050UE	610.03	Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)

Code	Rate	Description
E1060KH	118.46	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060KI	118.46	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060KJ	88.84	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060NU	1,184.56	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (new equipment purchase)
E1060UE	888.42	Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (used durable medical equipment purchase)
E1070KH	102.93	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070KI	102.93	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070KJ	77.20	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070NU	1,029.27	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1070UE	771.95	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1083KH	68.33	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083KI	68.33	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083KJ	51.25	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)

Code	Rate	Description
E1083NU	683.32	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (new equipment purchase)
E1083UE	512.49	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (used durable medical equipment purchase)
E1084KH	90.75	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084KI	90.75	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084KJ	68.06	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084NU	907.46	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1084UE	680.60	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1087KH	118.90	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087KI	118.90	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087KJ	89.17	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087NU	1,188.98	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1087UE	891.74	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1088KH	141.68	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)

Code	Rate	Description
E1088KI	141.68	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088KJ	106.26	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests(capped rental)
E1088NU	1,416.78	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (new equipment purchase)
E1088UE	1,062.59	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1092KH	102.65	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092KI	102.65	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092KJ	76.99	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092NU	1,026.55	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (new equipment purchase)
E1092UE	769.91	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (used durable medical equipment purchase)
E1093KH	88.27	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093KI	88.27	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093KJ	66.20	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)

Code	Rate	Description
E1093NU	882.73	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (new equipment purchase)
E1093UE	662.04	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (used durable medical equipment purchase)
E1100KH	97.54	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100KI	97.54	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100KJ	73.15	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100NU	975.38	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1100UE	731.53	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1110KH	94.49	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110KI	94.49	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110KJ	70.86	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110NU	944.86	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (new equipment purchase)
E1110UE	708.65	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (used durable medical equipment purchase)
E1150KH	76.65	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)

Code	Rate	Description
E1150KI	76.65	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150KJ	57.49	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150NU	766.53	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (new equipment purchase)
E1150UE	574.90	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (used durable medical equipment purchase)
E1160KH	58.74	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160KI	58.74	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160KJ	44.05	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160NU	587.35	Wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1160UE	440.51	Wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1161KH	261.57	Manual adult size wheelchair, includes tilt in space (capped rental)
E1161KI	261.57	Manual adult size wheelchair, includes tilt in space (capped rental)
E1161KJ	196.18	Manual adult size wheelchair, includes tilt in space (capped rental)
E1161NU	2,615.70	Manual adult size wheelchair, includes tilt in space (new equipment)
E1161UE	1,961.78	Manual adult size wheelchair, includes tilt in space (used durable medical equipment)
E1170KH	83.03	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170KI	83.03	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)

Code	Rate	Description
E1170KJ	62.27	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170NU	830.28	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1170UE	622.71	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1171KH	75.32	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171KI	75.32	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171KJ	56.49	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171NU	753.19	Amputee wheelchair, fixed full length arms, without footrests or legrest (new equipment purchase)
E1171UE	564.89	Amputee wheelchair, fixed full length arms, without footrests or legrest (used durable medical equipment purchase)
E1172KH	92.06	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172KI	92.06	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172KJ	69.05	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172NU	920.55	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (new equipment purchase)
E1172UE	690.41	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (used durable medical equipment purchase)
E1180KH	95.23	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180KI	95.23	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)

Code	Rate	Description
E1180KJ	71.42	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180NU	952.26	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (new equipment purchase)
E1180UE	714.20	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (used durable medical equipment purchase)
E1190KH	101.42	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190KI	101.42	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190KJ	76.07	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190NU	1,014.22	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (new equipment purchase)
E1190UE	760.67	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (used durable medical equipment purchase)
E1195KH	118.05	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195KI	118.05	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195KJ	88.54	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195NU	1,180.48	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1195UE	885.36	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)

Code	Rate	Description
E1200KH	81.76	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200KI	81.76	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200KJ	60.66	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200NU	808.78	Amputee wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1200UE	606.58	Amputee wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
E1221KH	44.65	Wheelchair with fixed arm, footrests (capped rental)
E1221KI	44.65	Wheelchair with fixed arm, footrests (capped rental)
E1221KJ	33.49	Wheelchair with fixed arm, footrests (capped rental)
E1221NU	446.51	Wheelchair with fixed arm, footrests (new equipment purchase)
E1221UE	334.88	Wheelchair with fixed arm, footrests (used durable medical equipment purchase)
E1222KH	63.70	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222KI	63.70	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222KJ	47.78	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222NU	636.99	Wheelchair with fixed arm, elevating legrests (new equipment purchase)
E1222UE	477.74	Wheelchair with fixed arm, elevating legrests (used durable medical equipment)
E1223KH	69.55	Wheelchair with detachable arms, footrests (capped rental)
E1223KI	69.55	Wheelchair with detachable arms, footrests (capped rental)
E1223KJ	52.16	Wheelchair with detachable arms, footrests (capped rental)
E1223NU	695.47	Wheelchair with detachable arms, footrests (new equipment purchase)

Code	Rate	Description
E1223UE	521.60	Wheelchair with detachable arms, footrests (used durable medical equipment)
E1224KH	76.25	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224KI	76.25	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224KJ	57.19	Wheelchair with detachable arms, elevating legrests(capped rental)
E1224NU	762.54	Wheelchair with detachable arms, elevating legrests (new equipment purchase)
E1224UE	571.91	Wheelchair with detachable arms, elevating legrests (used durable medical equipment)
E1225KH	32.66	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KHKU	44.63	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1225KI	32.66	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KIKU	44.63	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1225KJ	24.50	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KJKU	33.47	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1225NU	326.57	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (new equipment purchase)
E1225NUKU	446.30	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1225UE	244.93	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less

Code	Rate	Description
		than 80 degrees) (used durable medical equipment)
E1225UEKU	334.73	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226NU	375.26	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (new equipment)
E1226NUKU	538.82	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1226RR	38.16	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (rental)
E1226RRKU	55.45	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1226UE	281.43	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (used durable medical equipment)
E1226UEKU	404.07	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227NU	260.76	Special height arms for wheelchair (new equipment)
E1227RR	26.09	Special height arms for wheelchair (rental)
E1227UE	195.59	Special height arms for wheelchair (used durable medical equipment)
E1228KH	30.98	Special back height for wheelchair (capped rental)
E1228KI	30.98	Special back height for wheelchair (capped rental)
E1228KJ	23.24	Special back height for wheelchair (capped rental)
E1228NU	309.80	Special back height for wheelchair (new equipment purchase)
E1228UE	232.35	Special back height for wheelchair (used durable medical equipment purchase)
E1229	AAC+35%	Wheelchair, pediatric size, not otherwise specified
E1230NU	2,473.38	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (new equipment)

Code	Rate	Description
E1230RR	243.26	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (rental)
E1230UE	1,956.14	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (used durable medical equipment)
E1231NU	AAC+35%	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (new equipment)
E1231RR	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (rental)
E1231UE	I.C.	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (used durable medical equipment)
E1232KH	236.42	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental)
E1232KI	236.42	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental)
E1232KJ	177.32	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental)
E1232NU	2,364.20	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (new equipment)
E1232UE	1,773.15	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (used durable medical equipment)
E1233KH	244.95	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental)
E1233KI	244.95	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental)
E1233KJ	183.71	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental)
E1233NU	2,449.50	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (new equipment)
E1233UE	1,837.13	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (used durable medical equipment)
E1234KH	213.26	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental)

Code	Rate	Description
E1234KI	213.26	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental)
E1234KJ	159.95	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental)
E1234NU	2,132.60	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (new equipment)
E1234UE	1,599.45	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (used durable medical equipment)
E1235KH	205.36	Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental)
E1235KI	205.36	Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental)
E1235KJ	154.02	Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental)
E1235NU	2,053.60	Wheelchair, pediatric size, rigid, adjustable, with seating system (new equipment)
E1235UE	1,540.20	Wheelchair, pediatric size, rigid, adjustable, with seating system (used durable medical equipment)
E1236KH	181.16	Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental)
E1236KI	181.16	Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental)
E1236KJ	135.87	Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental)
E1236NU	1,811.60	Wheelchair, pediatric size, folding, adjustable, with seating system (new equipment)
E1236UE	1,358.70	Wheelchair, pediatric size, folding, adjustable, with seating system (used durable medical equipment)
E1237KH	182.75	Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental)
E1237KI	182.75	Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental)
E1237KJ	137.06	Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental)

Code	Rate	Description
E1237NU	1,827.50	Wheelchair, pediatric size, rigid, adjustable, without seating system (new equipment)
E1237UE	1,370.63	Wheelchair, pediatric size, rigid, adjustable, without seating system (used durable medical equipment)
E1238KH	181.16	Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental)
E1238KI	181.16	Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental)
E1238KJ	135.87	Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental)
E1238NU	1,811.60	Wheelchair, pediatric size, folding, adjustable, without seating system (new equipment)
E1238UE	1,358.70	Wheelchair, pediatric size, folding, adjustable, without seating system (used durable medical equipment)
E1239	AAC+35%	Power wheelchair, pediatric size, not otherwise specified
E1240KH	96.81	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240KI	96.81	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240KJ	72.60	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240NU	968.07	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (new equipment purchase)
E1240UE	726.05	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (used durable medical equipment purchase)
E1270KH	74.18	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270KI	74.18	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)

Code	Rate	Description
E1270KJ	55.63	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270NU	741.80	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1270UE	556.35	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment)
E1280KH	123.34	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280KI	123.34	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280KJ	92.50	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280NU	1,233.35	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (new equipment purchase)
E1280UE	925.01	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (used durable medical equipment)
E1295KH	114.14	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295KI	114.14	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295KJ	85.60	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295NU	1,141.38	Heavy duty wheelchair, fixed full length arms, elevating legrest (new equipment purchase)
E1295UE	856.04	Heavy duty wheelchair, fixed full length arms, elevating legrest (used durable medical equipment purchase)
E1296NU	543.53	Special wheelchair seat height from floor (new equipment)
E1296RR	55.22	Special wheelchair seat height from floor (rental)
E1296UE	407.65	Special wheelchair seat height from floor (used durable medical equipment)
E1297NU	98.30	Special wheelchair seat depth, by upholstery (new equipment)

Code	Rate	Description
E1297RR	10.92	Special wheelchair seat depth, by upholstery (rental)
E1297UE	73.71	Special wheelchair seat depth, by upholstery (used durable medical equipment)
E1298NU	398.11	Special wheelchair seat depth and/or width, by construction (new equipment)
E1298RR	40.73	Special wheelchair seat depth and/or width, by construction (rental)
E1298UE	298.57	Special wheelchair seat depth and/or width, by construction (used durable medical equipment)
Whirlpool-Equipment		
E1300	AAC+30%	Whirlpool, portable (overtub type)
E1310NU	1,715.19	Whirlpool, non-portable (built-in type) (new equipment)
E1310RR	146.69	Whirlpool, non-portable (built-in type) (rental)
E1310UE	1,286.41	Whirlpool, non-portable (built-in type) (used durable medical equipment)
Additional Oxygen Related Equipment		
E1352	AAC+20%	Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353	26.61	Regulator
E1354	AAC+30%	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355	20.05	Stand/rack
E1356	AAC+30%	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357	AAC+30%	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358	AAC+30%	Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1372NU	141.66	Immersion external heater for nebulizer (new equipment)
E1372RR	17.64	Immersion external heater for nebulizer (rental)
E1372UE	105.50	Immersion external heater for nebulizer (used durable medical equipment)

Code	Rate	Description
E1390RR	119.48	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (rental)
E1391RR	119.48	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each (rental)
E1392RR	40.26	Portable oxygen concentrator, rental
E1399NU	AAC+30%	Durable medical equipment, miscellaneous (new equipment)
E1399RB	AAC+30%	Durable medical equipment, miscellaneous (replacement of a part of DME furnished as part of a repair)
E1399U1	AAC+35%	Durable medical equipment miscellaneous (used only for installation of patient lift systems with RE1-RE23)
E1399U3	AAC+30%	Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225)
E1399U4	AAC+30%	Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225)
E1399UC	AAC+35%	Durable medical equipment, miscellaneous (used for pediatric specialized rehabilitation equipment only)
E1405RR	147.53	Oxygen and water vapor enriching system with heated delivery (rental)
E1406RR	131.89	Oxygen and water vapor enriching system without heated delivery (rental)
Artificial Kidney Machines and Accessories		
E1500	AAC+30%	Centrifuge, for dialysis
E1510	AAC+30%	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container

Code	Rate	Description
E1520	AAC+30%	Heparin infusion pump for hemodialysis
E1530	AAC+30%	Air bubble detector for hemodialysis, each, replacement
E1540	AAC+20%	Pressure alarm for hemodialysis, each, replacement
E1550	AAC+20%	Bath conductivity meter for hemodialysis, each
E1560	AAC+20%	Blood leak detector for hemodialysis, each, replacement
E1570	AAC+30%	Adjustable chair, for esrd patients
E1575	AAC+30%	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580	AAC+20%	Unipuncture control system for hemodialysis
E1590	AAC+30%	Hemodialysis machine
E1592	AAC+30%	Automatic intermittent peritioneal dialysis system
E1594	AAC+30%	Cycler dialysis machine for peritoneal dialysis
E1610	AAC+30%	Reverse osmosis water purification system, for hemodialysis
E1615	AAC+30%	Deionizer water purification system, for hemodialysis
E1620	AAC+30%	Blood pump for hemodialysis, replacement
E1625	AAC+30%	Water softening system, for hemodialysis
E1630	AAC+30%	Reciprocating peritoneal dialysis system
E1632	AAC+30%	Wearable artificial kidney, each
E1634	AAC+30%	Peritoneal dialysis clamps, each
E1635	AAC+30%	Compact (portable) travel hemodialyzer system
E1636	AAC+30%	Sorbent cartridges, for hemodialysis, per 10
E1637	AAC+30%	Hemostats, each
E1639	AAC+30%	Scale, each
E1699	AAC+30%	Dialysis equipment, not otherwise specified
Jaw Motion Rehabilitation System and Accessories		
E1700KH	9.74	Jaw motion rehabilitation system (capped rental)
E1700KI	9.74	Jaw motion rehabilitation system (capped rental)
E1700KJ	21.21	Jaw motion rehabilitation system (capped rental)
E1700NU	293.51	Jaw motion rehabilitation system (new equipment)
E1700UE	220.13	Jaw motion rehabilitation system (used durable medical equipment)
E1701	9.64	Replacement cushions for jaw motion rehabilitation system, pkg. of 6

Code	Rate	Description
E1702	20.98	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
Flexion/Extension Device		
E1800KH	97.85	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800KI	97.85	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800KJ	73.39	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800NU	978.52	Dynamic adjustable elbow extension/flexion device, includes soft interface material (new equipment purchase)
E1800UE	733.89	Dynamic adjustable elbow extension/flexion device, includes soft interface material (used durable medical equipment)
E1801KH	121.23	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KI	121.23	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KJ	90.92	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801NU	1,212.27	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1801UE	909.20	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1802KH	307.10	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)

Code	Rate	Description
E1802KI	307.10	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802KJ	230.32	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802NU	3,070.97	Dynamic adjustable forearm pronation/supination device, includes soft interface material (new equipment purchase)
E1802UE	2,303.22	Dynamic adjustable forearm pronation/supination device, includes soft interface material (used durable medical equipment)
E1805KH	118.73	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805KI	118.73	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805KJ	89.05	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805NU	1,187.28	Dynamic adjustable wrist extension/flexion device, includes soft interface material (new equipment purchase)
E1805UE	890.46	Dynamic adjustable wrist extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1806KH	99.54	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KI	99.54	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KJ	74.65	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)

Code	Rate	Description
E1806NU	995.35	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1806UE	746.51	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1810KH	99.51	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810KI	99.51	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810KJ	74.63	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810NU	995.10	Dynamic adjustable knee extension/flexion device, includes soft interface material (new equipment purchase)
E1810UE	746.32	Dynamic adjustable knee extension/flexion device, includes soft interface material (used durable medical equipment)
E1811KH	126.03	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KI	126.03	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KJ	94.52	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811NU	1,260.30	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)

Code	Rate	Description
E1811UE	945.22	Static progressive stretch knee device, extension and/or flexion, or without with range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1812KH	80.80	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812KI	80.80	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812KJ	60.60	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812NU	808.01	Dynamic knee, extension/flexion device with active resistance control (new equipment purchase)
E1812UE	606.01	Dynamic knee, extension/flexion device with active resistance control (used durable medical equipment purchase)
E1815KH	118.73	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815KI	118.73	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815KJ	89.05	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815NU	1,187.28	Dynamic adjustable ankle extension/flexion device, includes soft interface material(new equipment purchase)
E1815UE	890.46	Dynamic adjustable ankle extension/flexion device, includes soft interface material (used durable medical equipment)
E1816KH	128.03	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816KI	128.03	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816KJ	96.02	Static progressive stretch ankle device, flexion and/or extension, with or without range of

Code	Rate	Description
		motion adjustment, includes all components and accessories (capped rental)
E1816NU	1,280.27	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1816UE	960.20	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1818KH	130.70	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental)
E1818KI	130.70	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental)
E1818KJ	98.02	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818NU	1,306.96	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1818UE	980.22	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1820NU	76.81	Replacement soft interface material, dynamic adjustable extension/flexion device (new equipment)
E1820RR	7.68	Replacement soft interface material, dynamic adjustable extension/flexion device (rental)
E1820UE	57.62	Replacement soft interface material, dynamic adjustable extension/flexion device (used durable medical equipment)

Code	Rate	Description
E1821NU	98.90	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (new equipment)
E1821RR	9.87	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (rental)
E1821UE	74.20	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (used durable medical equipment)
E1825KH	118.73	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825KI	118.73	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825KJ	89.05	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825NU	1,187.28	Dynamic adjustable finger extension/flexion device, includes soft interface material (new equipment purchase)
E1825UE	890.46	Dynamic adjustable finger extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1830KH	118.73	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830KI	118.73	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830KJ	89.05	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830NU	1,187.28	Dynamic adjustable toe extension/flexion device, includes soft interface material (new equipment purchase)
E1830UE	890.46	Dynamic adjustable toe extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1831KH	59.71	Static progressive stretch toe device, extension and/or flexion, with or without range of motion

Code	Rate	Description
		adjustment, includes all components and accessories (capped rental)
E1831KI	59.71	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1831KJ	44.78	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and
E1831NU	626.98	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and
E1831UE	470.24	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and
E1840KH	359.63	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840KI	359.63	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840KJ	269.72	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840NU	3,596.27	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (new equipment purchase)
E1840UE	2,697.20	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (used durable medical equipment purchase)
E1841KH	425.66	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KI	425.66	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KJ	319.25	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)

Code	Rate	Description
E1841NU	4,256.63	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1841UE	3,192.47	Static progressive stretch shoulder device, with range of motion adjustment, includes all components and accessories (used durable medical equipment purchase)
E1902	AAC+30%	Communication board, non-electronic augmentative or alternative communication device
E2000KH	48.71	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000KI	48.71	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000KJ	36.53	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000NU	487.05	Gastric suction pump, home model, portable or stationary, electric (new equipment purchase)
E2000UE	365.29	Gastric suction pump, home model, portable or stationary, electric (used durable medical equipment purchase)
E2100NU	604.38	Blood glucose monitor with integrated voice synthesizer (new equipment purchase)
E2100RR	60.44	Blood glucose monitor with integrated voice synthesizer (rental)
E2100UE	453.30	Blood glucose monitor with integrated voice synthesizer (used durable medical equipment)
E2101NU	177.18	Blood glucose monitor with integrated lancing/blood sample (new equipment)
E2101RR	17.71	Blood glucose monitor with integrated lancing/blood sample (rental)
E2101UE	132.89	Blood glucose monitor with integrated lancing/blood sample (used durable medical equipment)
E2120KH	266.42	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120KI	266.42	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120KJ	199.82	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)

Code	Rate	Description
E2120NU	2,664.24	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (new equipment purchase)
E2120UE	1,998.18	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (used durable medical equipment)
DME Wheelchair Accessory		
E2201NU	377.75	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (new equipment)
E2201NUKU	433.46	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches
E2201RR	37.77	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (rental)
E2201RRKU	43.35	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches
E2201UE	283.31	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (used durable medical equipment)
E2201UEKU	325.09	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches
E2202NU	483.23	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2202NUKU	550.63	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2202RR	48.32	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2202RRKU	55.07	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2202UE	362.44	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2202UEKU	412.99	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches

Code	Rate	Description
E2203NU	468.42	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (new equipment)
E2203NUKU	556.54	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches
E2203RR	46.84	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (rental)
E2203RRKU	55.65	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches
E2203UE	351.30	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (used durable medical equipment)
E2203UEKU	417.37	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches
E2204NU	780.89	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (new equipment)
E2204NUKU	944.97	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches
E2204RR	78.09	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (rental)
E2204RRKU	94.51	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches
E2204UE	585.67	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (used durable medical equipment)
E2204UEKU	708.72	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches
E2205NU	34.19	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new equipment)
E2205NUKU	37.95	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each

Code	Rate	Description
E2205RR	3.41	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental)
E2205RRKU	3.78	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2205UE	25.66	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment)
E2205UEKU	28.48	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206NU	40.33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (new equipment)
E2206NUKU	47.25	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each
E2206RR	4.03	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (rental)
E2206RRKU	4.70	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each
E2206UE	30.25	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (used durable medical equipment)
E2206UEKU	35.44	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each
E2207NU	38.74	Wheelchair accessory, crutch and cane holder, each (new equipment)
E2207NUKU	48.79	Wheelchair accessory, crutch and cane holder, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2207RR	3.88	Wheelchair accessory, crutch and cane holder, each (rental)
E2207RRKU	4.89	Wheelchair accessory, crutch and cane holder, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2207UE	29.06	Wheelchair accessory, crutch and cane holder, each (used durable medical equipment)
E2207UEKU	36.60	Wheelchair accessory, crutch and cane holder, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2208NU	77.79	Wheelchair accessory, cylinder tank carrier, each (new equipment)
E2208NUKU	115.23	Wheelchair accessory, cylinder tank carrier, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2208RR	7.78	Wheelchair accessory, cylinder tank carrier, each (rental)
E2208RRKU	11.52	Wheelchair accessory, cylinder tank carrier, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2208UE	58.34	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment)
E2208UEKU	86.42	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2209NU	92.97	Accessory, arm trough, with or without hand support, each (new equipment)
E2209NUKU	103.95	Accessory, arm trough, with or without hand support, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2209RR	9.31	Accessory, with or without hand support, arm trough, each (rental)
E2209RRKU	10.41	Accessory, with or without hand support, arm trough, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2209UE	69.74	Accessory, arm trough, with or without hand support, each (used durable medical equipment)
E2209UEKU	77.98	Accessory, arm trough, with or without hand support, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2210NU	5.40	Wheelchair accessory, bearings, any type, replacement only, each (new equipment)
E2210NUKU	6.34	Wheelchair accessory, bearings, any type, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2210RR	0.50	Wheelchair accessory, bearings, any type, replacement only, each (rental)
E2210RRKU	0.54	Wheelchair accessory, bearings, any type, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2210UE	4.06	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment)
E2210UEKU	4.78	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2211NU	38.03	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (new equipment)
E2211NUKU	47.53	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2211RR	3.73	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (rental)
E2211RRKU	4.59	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2211UE	27.77	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (used durable medical equipment)
E2211UEKU	34.05	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212NU	6.29	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (new equipment)
E2212NUKU	6.82	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2212RR	0.65	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (rental)

Code	Rate	Description
E2212RRKU	0.73	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2212UE	4.73	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (used durable medical equipment)
E2212UEKU	5.13	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213NU	30.93	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (new equipment)
E2213NUKU	35.34	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each
E2213RR	3.10	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (rental)
E2213RRKU	3.55	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each
E2213UE	23.18	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (used durable medical equipment)
E2213UEKU	26.49	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each
E2214NU	35.50	Manual wheelchair accessory, pneumatic caster tire, any size, each (new equipment)
E2214NUKU	41.82	Manual wheelchair accessory, pneumatic caster tire, any size each
E2214RR	3.75	Manual wheelchair accessory, pneumatic caster tire, any size, each (rental)
E2214RRKU	4.59	Manual wheelchair accessory, pneumatic caster tire, any size each
E2214UE	26.62	Manual wheelchair accessory, pneumatic caster tire, any size, each (used durable medical equipment)
E2214UEKU	31.25	Manual wheelchair accessory, pneumatic caster tire, any size each
E2215NU	10.19	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (new equipment)

Code	Rate	Description
E2215NUKU	11.15	Manual wheelchair accessory, tube for pneumatic caster tire, any size each
E2215RR	1.02	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (rental)
E2215RRKU	1.11	Manual wheelchair accessory, tube for pneumatic caster tire, any size each
E2215UE	7.64	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (used durable medical equipment)
E2215UEKU	8.35	Manual wheelchair accessory, tube for pneumatic caster tire, any size each
E2216NU	AAC+30%	Manual wheelchair accessory, foam filled propulsion tire, any size, each (new equipment)
E2216NUKU	52.92	Manual wheelchair accessory, foam filled propulsion tire, any size each
E2216RR	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (rental)
E2216RRKU	5.30	Manual wheelchair accessory, foam filled propulsion tire, any size each
E2216UE	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (used durable medical equipment)
E2216UEKU	39.68	Manual wheelchair accessory, foam filled propulsion tire, any size each
E2217NU	AAC+30%	Manual wheelchair accessory, foam filled caster tire, any size, each (new equipment)
E2217NUKU	46.83	Manual wheelchair accessory, foam filled caster tire, any size each
E2217RR	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (rental)
E2217RRKU	4.68	Manual wheelchair accessory, foam filled caster tire, any size each
E2217UE	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (used durable medical equipment)
E2217UEKU	35.13	Manual wheelchair accessory, foam filled caster tire, any size each
E2218NU	AAC+30%	Manual wheelchair accessory, foam propulsion tire, any size, each (new equipment)

Code	Rate	Description
E2218NUKU	52.92	Manual wheelchair accessory, foam propulsion tire, any size each
E2218RR	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (rental)
E2218RRKU	5.30	Manual wheelchair accessory, foam propulsion tire, any size each
E2218UE	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (used durable medical equipment)
E2218UEKU	39.68	Manual wheelchair accessory, foam propulsion tire, any size each
E2219NU	41.68	Manual wheelchair accessory, foam caster tire, any size, each (new equipment)
E2219NUKU	46.83	Manual wheelchair accessory, foam caster tire, any size each
E2219RR	4.16	Manual wheelchair accessory, foam caster tire, any size, each (rental)
E2219RRKU	4.68	Manual wheelchair accessory, foam caster tire, any size each
E2219UE	31.26	Manual wheelchair accessory, foam caster tire, any size, each (used durable medical equipment)
E2219UEKU	35.13	Manual wheelchair accessory, foam caster tire, any size each
E2220NU	29.67	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (new equipment)
E2220NUKU	33.15	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2220RR	2.91	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (rental)
E2220RRKU	3.20	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2220UE	22.49	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (used durable medical equipment)

Code	Rate	Description
E2220UEKU	25.35	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221NU	26.81	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment)
E2221NUKU	29.68	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2221RR	2.70	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental)
E2221RRKU	3.01	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2221UE	20.12	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment)
E2221UEKU	22.27	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222NU	22.15	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment)
E2222NUKU	24.48	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each
E2222RR	2.20	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental)
E2222RRKU	2.42	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each
E2222UE	16.62	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment)
E2222UEKU	18.36	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each

Code	Rate	Description
E2224NU	98.55	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (new equipment)
E2224NUKU	113.92	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2224RR	10.12	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (rental)
E2224RRKU	11.96	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2224UE	73.92	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2224UEKU	85.44	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225NU	18.52	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
E2225NUKU	20.21	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each
E2225RR	1.85	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2225RRKU	2.01	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each
E2225UE	13.88	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2225UEKU	15.15	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each
E2226NU	39.54	Manual wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2226NUKU	44.07	Manual wheelchair accessory, caster fork, any size, replacement only each
E2226RR	3.95	Manual wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2226RRKU	4.41	Manual wheelchair accessory, caster fork, any size, replacement only each
E2226UE	29.65	Manual wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)

Code	Rate	Description
E2226UEKU	33.06	Manual wheelchair accessory, caster fork, any size, replacement only each
E2227KH	198.84	Manual wheelchair accessory, gear reduction drive wheel, each (capped rental)
E2227KI	198.84	Manual wheelchair accessory, gear reduction drive wheel, each (capped rental)
E2227KJ	149.13	Manual wheelchair accessory, gear reduction drive wheel, each (capped rental)
E2227NU	1,988.40	Manual wheelchair accessory, gear reduction drive wheel, each (new equipment)
E2227UE	1,491.30	Manual wheelchair accessory, gear reduction drive wheel, each (used durable medical equipment)
E2228KH	99.40	Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental)
E2228KHKU	108.75	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2228KI	99.40	Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental)
E2228KIKU	108.75	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2228KJ	74.55	Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental)
E2228KJKU	81.53	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2228NU	994.07	Manual wheelchair accessory, wheel braking system and lock, complete, each (new equipment)
E2228NUKU	1,087.50	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2228UE	745.56	Manual wheelchair accessory, wheel braking system and lock, complete, each (used durable medical equipment)
E2228UEKU	815.62	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2230	AAC+35%	Manual wheelchair accessory, manual standing system
E2231NU	154.15	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (new equipment)

Code	Rate	Description
E2231NUKU	178.53	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2231RR	15.42	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (rental)
E2231RRKU	17.86	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2231UE	115.61	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (used durable medical equipment)
E2231UEKU	133.88	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	AAC+35%	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	AAC+35%	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	AAC+35%	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	AAC+35%	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	AAC+35%	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2300	AAC+35%	Wheelchair accessory, power seat elevation system, any type
E2301	AAC+35%	Wheelchair accessory, power standing system, any type
E2310KH	105.93	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 hardware (capped rental)

Code	Rate	Description
E2310KHKU	113.50	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 hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2310KI	105.93	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 hardware (capped rental)
E2310KIKU	113.50	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 hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2310KJ	79.45	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 hardware (capped rental)
E2310KJKU	85.13	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 hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2310NU	1,059.30	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 hardware (new equipment)

Code	Rate	Description
E2310NUKU	1,135.00	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 hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2310UE	794.48	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 hardware (used durable medical equipment)
E2310UEKU	851.25	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 hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2311KH	214.14	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental)
E2311KHKU	229.83	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2311KI	214.14	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental)

Code	Rate	Description
E2311KIKU	229.83	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2311KJ	160.61	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \
E2311KJKU	172.37	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2311NU	2,141.40	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment)
E2311NUKU	2,298.30	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2311UE	1,606.05	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment)

Code	Rate	Description
E2311UEKU	1,723.73	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2312KH	214.39	Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental)
E2312KHKC	273.43	Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2312KI	214.39	Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental)
E2312KIKC	273.43	Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2312KJ	160.79	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental)
E2312KJKC	205.07	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) (
E2312NU	2,143.90	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment)

Code	Rate	Description
E2312NUKC	2,734.30	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2312UE	1,607.93	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2312UEKC	2,050.73	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2313KH	34.06	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental)
E2313KI	34.06	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental)
E2313KJ	25.55	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental)
E2313NU	340.60	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)
E2313UE	255.45	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
E2321KH	143.90	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)

Code	Rate	Description
E2321KHKC	191.51	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2321KHKU	251.12	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2321KI	143.90	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)
E2321KIKC	191.51	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2321KIKU	251.12	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2321KJ	107.93	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)
E2321KJKC	143.63	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)

Code	Rate	Description
E2321KJKU	188.34	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2321NU	1,439.00	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2321NUKC	1,915.10	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2321NUKU	2,511.20	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2321UE	1,079.25	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2321UEKC	1,436.33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2321UEKU	1,883.40	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2322KH	131.60	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)
E2322KHKC	195.01	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2322KHKU	265.91	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2322KI	131.60	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)
E2322KIKC	195.01	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2322KIKU	265.91	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2322KJ	98.70	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental)

Code	Rate	Description
E2322KJKC	146.26	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2322KJKU	199.43	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2322NU	1,316.00	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2322NUKC	1,950.10	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2322NUKU	2,659.10	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2322UE	987.00	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment)
E2322UEKC	1,462.58	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical

Code	Rate	Description
		equipment) (replacement of special power wheelchair interface)
E2322UEKU	1,994.33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2323NU	64.35	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment)
E2323NUKU	67.10	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2323RR	6.43	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental)
E2323RRKU	6.70	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2323UE	48.26	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment)
E2323UEKU	50.31	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2324NU	41.61	Power wheelchair accessory, chin cup for chin control interface (new equipment)
E2324NUKU	42.50	Power wheelchair accessory, chin cup for chin control interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2324RR	4.15	Power wheelchair accessory, chin cup for chin control interface (rental)

Code	Rate	Description
E2324RRKU	4.23	Power wheelchair accessory, chin cup for chin control interface (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2324UE	31.20	Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment)
E2324UEKU	31.88	Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2325KH	125.74	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental)
E2325KHKU	130.66	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2325KI	125.74	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental)
E2325KIKU	130.66	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2325KJ	94.31	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental)

Code	Rate	Description
E2325KJKU	98.00	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2325NU	1,257.40	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment)
E2325NUKU	1,306.60	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2325UE	943.05	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment)
E2325UEKU	979.95	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2326KH	32.69	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental)
E2326KHKU	33.69	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2326KI	32.69	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental)
E2326KIKU	33.69	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2326KJ	24.52	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental)
E2326KJKU	25.27	Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2326NU	326.90	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment)
E2326NUKU	336.90	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2326UE	245.18	Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment)
E2326UEKU	252.68	Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2327KH	244.88	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental)
E2327KHKC	309.51	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2327KHKU	385.00	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2327KI	244.88	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental)

Code	Rate	Description
E2327KIKC	309.51	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2327KIKU	385.00	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2327KJ	183.66	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental)
E2327KJKC	232.13	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2327KJKU	288.75	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2327NU	2,448.80	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment)
E2327NUKC	3,095.10	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)

Code	Rate	Description
E2327NUKU	3,850.00	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2327UE	1,836.60	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment)
E2327UEKC	2,321.33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2327UEKU	2,887.50	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2328KH	463.38	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental)
E2328KHKU	480.69	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2328KI	463.38	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental)

Code	Rate	Description
E2328KIKU	480.69	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2328KJ	347.54	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental)
E2328KJKU	360.52	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item
E2328NU	4,633.80	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment)
E2328NUKU	4,806.90	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2328UE	3,475.35	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment)
E2328UEKU	3,605.18	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2329KH	166.22	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)

Code	Rate	Description
E2329KHKU	171.32	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2329KI	166.22	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)
E2329KIKU	171.32	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2329KJ	124.67	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)
E2329KJKU	128.49	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2329NU	1,662.20	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)

Code	Rate	Description
E2329NUKU	1,713.20	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2329UE	1,246.65	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment)
E2329UEKU	1,284.90	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2330KH	320.63	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)
E2330KHKU	331.95	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2330KI	320.63	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)

Code	Rate	Description
E2330KIKU	331.95	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2330KJ	240.47	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental)
E2330KJKU	248.96	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2330NU	3,206.30	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment)
E2330NUKU	3,319.50	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2330UE	2,404.73	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment)

Code	Rate	Description
E2330UEKU	2,489.63	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2331NU	AAC+35%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (new equipment)
E2331RR	I.C.	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (rental)
E2331UE	I.C.	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (used durable mental medical equipment)
E2340NU	396.17	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (new equipment)
E2340RR	39.63	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (rental)
E2340UE	297.16	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (used durable medical equipment)
E2341NU	594.30	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2341RR	59.42	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2341UE	445.73	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2342NU	495.25	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (new equipment)
E2342RR	49.52	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (rental)
E2342UE	371.45	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (used durable medical equipment)

Code	Rate	Description
E2343NU	792.41	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (new equipment)
E2343RR	79.23	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (rental)
E2343UE	594.30	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (used durable medical equipment)
E2351NU	659.43	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment)
E2351NUKU	677.72	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2351RR	65.94	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental)
E2351RRKU	67.80	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2351UE	494.58	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment)
E2351UEKU	508.27	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2358NU	AAC+35%	Power wheelchair accessory, group 34 non-sealed lead acid battery, each (new equipment)
E2358RR	I.C.	Power wheelchair accessory, group 34 non-sealed lead acid battery, each (rental)
E2358UE	I.C.	Power wheelchair accessory, group 34 non-sealed lead acid battery, each (used durable medical equipment)

Code	Rate	Description
E2359NU	177.83	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (new equipment)
E2359NUKU	188.44	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2359RR	17.78	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (rental)
E2359RRKU	18.85	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2359UE	133.38	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (used durable medical equipment)
E2359UEKU	141.33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2360NU	113.10	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment)
E2360NUKU	126.45	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2360RR	11.34	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental)
E2360RRKU	12.71	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2360UE	84.82	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment)

Code	Rate	Description
E2360UEKU	94.82	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2361NU	120.25	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (new equipment)
E2361NUKU	135.29	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2361RR	12.02	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (rental)
E2361RRKU	13.53	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2361UE	90.20	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (used durable medical equipment)
E2361UEKU	101.49	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2362NU	96.25	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment)
E2362NUKU	103.53	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2362RR	9.62	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental)
E2362RRKU	10.35	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2362UE	72.18	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment)
E2362UEKU	77.63	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2363NU	157.57	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
E2363NUKU	180.44	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2363RR	15.75	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (rental)
E2363RRKU	18.04	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2363UE	118.18	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (used durable medical equipment)
E2363UEKU	135.32	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2364NU	107.09	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment)
E2364NUKU	126.45	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2364RR	10.74	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental)

Code	Rate	Description
E2364RRKU	12.71	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2364UE	80.31	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment)
E2364UEKU	94.82	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2365NU	88.76	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (new equipment)
E2365NUKU	108.81	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2365RR	8.87	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (rental)
E2365RRKU	10.87	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2365UE	66.58	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (used durable medical equipment)
E2365UEKU	81.64	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2366NU	198.25	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment)
E2366NUKU	255.73	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment),

Code	Rate	Description
		(DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2366RR	19.86	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental)
E2366RRKU	25.65	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2366UE	148.69	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment)
E2366UEKU	191.81	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2367NU	346.96	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment)
E2367NUKU	406.53	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2367RR	34.70	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental)
E2367RRKU	40.65	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2367UE	260.23	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment)

Code	Rate	Description
E2367UEKU	304.91	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2368KH	42.63	Power wheelchair component, drive wheel motor, replacement only (capped rental)
E2368KHKU	50.11	Power wheelchair component, drive wheel motor, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2368KI	42.63	Power wheelchair component, drive wheel motor, replacement only (capped rental)
E2368KIKU	50.11	Power wheelchair component, drive wheel motor, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2368KJ	31.97	Power wheelchair component, drive wheel motor, replacement only (capped rental)
E2368KJKU	37.58	(Power wheelchair component, drive wheel motor, replacement only capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2368NU	426.25	Power wheelchair component, drive wheel motor, replacement only (new equipment)
E2368NUKU	501.10	Power wheelchair component, drive wheel motor, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2368UE	319.69	Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment)
E2368UEKU	375.83	Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2369KH	37.75	Power wheelchair component, drive wheel gear box, replacement only (capped rental)

Code	Rate	Description
E2369KHKU	43.67	Power wheelchair component, drive wheel gear box, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2369KI	37.75	Power wheelchair component, drive wheel gear box, replacement only (capped rental)
E2369KIKU	43.67	Power wheelchair component, drive wheel gear box, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2369KJ	28.31	Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only)
E2369KJKU	32.75	Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2369NU	377.37	Power wheelchair component, drive wheel gear box, replacement only (new equipment)
E2369NUKU	436.70	Power wheelchair component, drive wheel gear box, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2369UE	283.03	Power wheelchair component, drive wheel gear box, replacement only (used durable medical equipment)
E2369UEKU	327.53	Power wheelchair component, drive wheel gear box, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2370KH	65.60	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental)
E2370KHKU	77.89	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2370KI	65.60	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental)
E2370KIKU	77.89	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2370KJ	49.20	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental)
E2370KJKU	58.42	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2370NU	655.96	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2370NUKU	778.90	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only, (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2370UE	491.97	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment)
E2370UEKU	584.18	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2371NU	135.77	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment)
E2371NUKU	146.23	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2371RR	13.58	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental)
E2371RRKU	14.63	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2371UE	101.84	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment)
E2371UEKU	109.68	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2372NU	AAC+35%	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (new equipment)
E2372RR	I.C.	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (rental)
E2372UE	I.C.	Power wheelchair accessory, group 27 nonsealed lead acid battery, each (used durable medical equipment)
E2373KH	74.74	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental)
E2373KHKC	114.06	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2373KHKU	117.40	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2373KI	74.74	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental)
E2373KIKC	114.06	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2373KIKU	117.40	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2373KJ	56.06	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental)
E2373KJKC	85.55	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface)
E2373KJKU	88.05	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2373NU	747.40	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment)
E2373NUKC	1,140.60	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)

Code	Rate	Description
E2373NUKU	1,174.00	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2373UE	560.55	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2373UEKC	855.45	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface)
E2373UEKU	880.50	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2374KH	48.57	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental)
E2374KHKU	51.82	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2374KI	48.57	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental)

Code	Rate	Description
E2374KIKU	51.82	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2374KJ	36.43	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental)
E2374KJKU	38.87	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2374NU	485.70	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment)
E2374NUKU	518.20	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2374UE	364.28	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment)

Code	Rate	Description
E2374UEKU	388.65	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2375KH	74.72	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2375KHKU	83.07	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2375KI	74.72	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2375KIKU	83.07	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2375KJ	56.04	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2375KJKU	62.30	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2375NU	747.30	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)

Code	Rate	Description
E2375NUKU	830.70	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2375UE	560.47	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
E2375UEKU	623.03	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2376KH	121.39	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2376KHKU	130.22	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2376KI	121.39	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2376KIKU	130.22	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2376KJ	91.04	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental)
E2376KJKU	97.67	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2376NU	1,213.90	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
E2376NUKU	1,302.20	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2376UE	910.43	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
E2376UEKU	976.65	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2377KH	45.77	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental)
E2377KHKU	47.10	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2377KI	45.77	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental)
E2377KIKU	47.10	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2377KJ	34.33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental)

Code	Rate	Description
E2377KJKU	35.33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2377NU	444.20	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment)
E2377NUKU	471.00	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2377UE	333.15	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment)
E2377UEKU	353.25	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2378KH	56.57	Power wheelchair component, actuator, replacement only (rental)
E2378KHKU	57.60	Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2378KI	56.57	Power wheelchair component, actuator, replacement only (rental)
E2378KIKU	57.60	Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2378KJ	42.43	Power wheelchair component, actuator, replacement only (rental)

Code	Rate	Description
E2378KJKU	43.20	Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2378NU	565.70	Power wheelchair component, actuator, replacement only (new equipment purchase)
E2378NUKU	576.00	Power wheelchair component, actuator, replacement only (new equipment purchase), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2378UE	424.28	Power wheelchair component, actuator, replacement only (used durable medical equipment purchase)
E2378UEKU	432.00	Power wheelchair component, actuator, replacement only (used durable medical equipment purchase), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2381NU	63.25	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2381NUKU	73.89	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2381RR	6.34	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental)
E2381RRKU	7.41	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2381UE	47.45	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2381UEKU	55.42	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2382NU	18.32	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2382NUKU	20.14	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2382RR	1.83	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental)
E2382RRKU	2.00	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2382UE	13.75	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2382UEKU	15.11	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2383NU	127.85	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment)
E2383NUKU	147.33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2383RR	12.79	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental)
E2383RRKU	14.73	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2383UE	95.89	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment)
E2383UEKU	110.49	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2384NU	66.33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment)
E2384NUKU	78.49	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2384RR	6.64	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental)
E2384RRKU	7.87	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2384UE	49.75	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2384UEKU	58.88	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2385NU	43.81	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment)
E2385NUKU	48.02	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2385RR	4.39	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental)

Code	Rate	Description
E2385RRKU	4.82	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2385UE	32.85	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2385UEKU	36.00	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2386NU	117.14	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment)
E2386NUKU	145.99	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2386RR	11.71	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental)
E2386RRKU	14.60	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2386UE	87.86	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2386UEKU	109.50	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2387NU	53.36	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment)
E2387NUKU	65.46	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2387RR	5.34	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental)
E2387RRKU	6.55	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2387UE	40.04	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment)
E2387UEKU	49.14	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2388NU	46.01	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment)
E2388NUKU	48.87	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2388RR	4.61	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental)
E2388RRKU	4.89	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2388UE	34.51	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2388UEKU	36.67	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2389NU	25.34	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment)

Code	Rate	Description
E2389NUKU	26.55	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2389RR	2.54	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental)
E2389RRKU	2.67	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2389UE	18.99	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment)
E2389UEKU	19.89	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2390NU	39.43	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment)
E2390NUKU	41.51	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2390RR	3.94	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental)
E2390RRKU	4.15	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2390UE	29.56	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2390UEKU	31.11	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to

Code	Rate	Description
		DMEPOS competitive bidding program number 3)
E2391NU	17.13	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment)
E2391NUKU	19.88	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2391RR	1.72	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental)
E2391RRKU	1.99	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2391UE	12.85	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment)
E2391UEKU	14.91	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2392NU	42.71	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment)
E2392NUKU	52.26	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2392RR	4.28	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental)

Code	Rate	Description
E2392RRKU	5.26	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2392UE	32.04	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment)
E2392UEKU	39.21	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2394NU	64.63	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment)
E2394NUKU	74.47	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2394RR	6.47	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental)
E2394RRKU	7.46	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2394UE	48.47	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2394UEKU	55.85	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2395NU	45.24	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)

Code	Rate	Description
E2395NUKU	52.91	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2395RR	4.53	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2395RRKU	5.31	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2395UE	33.94	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2395UEKU	39.69	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2396NU	53.61	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2396NUKU	62.15	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2396RR	5.70	Power wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2396RRKU	6.91	Power wheelchair accessory, caster fork, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2396UE	40.22	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2396UEKU	46.64	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2397NU	443.59	Power wheelchair accessory, lithium-based battery, each (new equipment)

Code	Rate	Description
E2397NUKU	466.10	Power wheelchair accessory, lithium-based battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2397RR	44.36	Power wheelchair accessory, lithium-based battery, each (rental)
E2397RRKU	46.62	Power wheelchair accessory, lithium-based battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2397UE	332.68	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
E2397UEKU	349.55	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2398	I.C.	Wheelchair accessory, dynamic positioning hardware for back
Wound Therapy		
E2402KH	1,026.17	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402KI	1,026.17	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402KJ	769.63	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402NU	10,261.71	Negative pressure wound therapy electrical pump, stationary or portable (new equipment purchase)
E2402UE	7,696.28	Negative pressure wound therapy electrical pump, stationary or portable (used durable medical equipment purchase)
Speech Generating Device		
E2500NU	367.46	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (new equipment)
E2500RR	36.75	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (rental)

Code	Rate	Description
E2500UE	275.60	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (used durable medical equipment)
E2502NU	1,123.67	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (new equipment)
E2502RR	112.37	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (rental)
E2502UE	842.77	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (used durable medical equipment)
E2504NU	1,482.26	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (new equipment)
E2504RR	148.25	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (rental)
E2504UE	1,111.70	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (used durable medical equipment)
E2506NU	2,173.45	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (new equipment)
E2506RR	217.33	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (rental)
E2506UE	1,630.05	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (used durable medical equipment)
E2508NU	3,360.87	Speech generating device, synthesized speech, requiring message formulation by spelling and

Code	Rate	Description
		access by physical contact with the device (new equipment)
E2508RR	336.08	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (rental)
E2508UE	2,520.66	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (used durable medical equipment)
E2510NU	6,360.00	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (new equipment)
E2510RR	636.00	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (rental)
E2510TW	-	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*).
E2510UE	4,770.00	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (used durable medical equipment)
E2511NU	AAC+30%	Speech generating software program, for personal computer or personal digital assistant (new equipment)
E2511RR	I.C.	Speech generating software program, for personal computer or personal digital assistant (rental)
E2511TW	-	Speech generating software program (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.)

Code	Rate	Description
E2511UE	I.C.	Speech generating software program, for personal computer or personal digital assistant (used durable medical equipment)
E2512NU	AAC+30%	Accessory for speech generating device, mounting system (new equipment)
E2512RR	I.C.	Accessory for speech generating device, mounting system (rental)
E2512TW	-	Accessory for speech generating device, mounting system (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.)
E2512UE	I.C.	Accessory for speech generating device, mounting system (used durable medical equipment)
E2599NU	AAC+30%	Accessory for speech generating device, not otherwise classified (new equipment)
E2599RR	AAC+30%	Accessory for speech generating device, not otherwise classified (rental)
E2599TW	-	Accessory for speech generating device, not otherwise classified (protective case) [not covered if used as a modification to home internet or phone services.] (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.)
E2599UE	I.C.	Accessory for speech generating device, not otherwise classified (used durable medical equipment)
Wheelchair Cushion		
E2601NU	49.64	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2601NUKU	59.33	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2601RR	4.97	General use wheelchair seat cushion, width less than 22 inches, any depth (rental)

Code	Rate	Description
E2601RRKU	5.95	General use wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2601UE	37.24	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2601UEKU	44.50	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2602NU	98.59	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2602NUKU	115.82	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2602RR	9.86	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2602RRKU	11.59	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2602UE	73.94	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2602UEKU	86.88	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2603NU	121.14	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2603NUKU	147.04	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2603RR	12.12	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental)

Code	Rate	Description
E2603RRKU	14.71	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2603UE	90.86	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2603UEKU	110.29	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2604NU	156.83	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2604NUKU	182.78	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2604RR	15.68	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2604RRKU	18.28	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2604UE	117.63	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2604UEKU	137.10	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2605NU	227.94	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2605NUKU	261.12	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2605RR	22.80	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)

Code	Rate	Description
E2605RRKU	26.12	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2605UE	170.97	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2605UEKU	195.87	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2606NU	344.73	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2606NUKU	407.36	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2606RR	34.48	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2606RRKU	40.74	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2606UE	258.54	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2606UEKU	305.49	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2607NU	238.61	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2607NUKU	281.17	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2607RR	23.86	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)

Code	Rate	Description
E2607RRKU	28.12	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2607UE	178.96	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2607UEKU	210.88	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2608NU	283.40	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2608NUKU	337.66	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2608RR	28.34	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2608RRKU	33.76	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2608UE	212.55	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2608UEKU	253.25	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2609NU	AAC+35%	Custom fabricated wheelchair seat cushion, any size
E2609RR	I.C.	Custom fabricated wheelchair seat cushion, any size (rental)
E2609UE	I.C.	Custom fabricated wheelchair seat cushion, any size (used durable medical equipment)

Code	Rate	Description
E2610NU	AAC+35%	Wheelchair seat cushion, powered (new equipment)
E2610RR	I.C.	Wheelchair seat cushion, powered (rental)
E2610UE	I.C.	Wheelchair seat cushion, powered (used durable medical equipment)
E2611NU	226.54	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2611NUKU	303.00	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2611RR	22.65	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental)
E2611RRKU	30.29	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2611UE	169.92	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2611UEKU	227.27	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2612NU	340.36	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2612NUKU	409.89	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2612RR	34.03	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental)

Code	Rate	Description
E2612RRKU	40.99	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2612UE	255.27	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2612UEKU	307.41	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2613NU	338.48	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2613NUKU	381.28	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2613RR	33.85	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental)
E2613RRKU	38.13	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2613UE	253.86	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2613UEKU	285.96	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2614NU	451.17	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2614NUKU	527.66	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2614RR	45.12	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental)
E2614RRKU	52.76	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2614UE	338.38	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2614UEKU	395.76	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2615NU	391.46	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2615NUKU	438.77	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2615RR	39.15	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental)

Code	Rate	Description
E2615RRKU	43.89	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2615UE	293.59	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2615UEKU	329.07	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2616NU	501.23	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2616NUKU	590.36	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2616RR	50.12	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2616RRKU	59.04	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2616UE	375.93	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2616UEKU	442.78	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2617NU	AAC+35%	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (new equipment)
E2617RR	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (rental)
E2617UE	I.C.	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (used durable medical equipment)
E2619NU	47.11	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment)
E2619NUKU	49.77	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2619RR	4.71	Replacement cover for wheelchair seat cushion or back cushion (rental)
E2619RRKU	4.97	Replacement cover for wheelchair seat cushion or back cushion (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2619UE	35.35	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment)
E2619UEKU	37.37	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2620NU	451.25	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2620NUKU	531.29	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2620RR	45.13	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental)

Code	Rate	Description
E2620RRKU	53.14	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2620UE	338.44	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2620UEKU	398.49	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2621NU	470.39	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2621NUKU	557.56	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2621RR	47.04	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2621RRKU	55.76	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2621UE	352.79	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)

Code	Rate	Description
E2621UEKU	418.17	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2622NU	301.67	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
E2622NUKU	321.54	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2622RR	30.17	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
E2622RRKU	32.16	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2622UE	226.25	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
E2622UEKU	241.15	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2623NU	382.72	Skin protection wheelchair seat cushion, adjustable,width 22 inches or greater, any depth (new equipment)
E2623NUKU	409.15	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2623RR	38.28	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)

Code	Rate	Description
E2623RRKU	40.93	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2623UE	287.04	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
E2623UEKU	306.85	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2624NU	305.29	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
E2624NUKU	324.19	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2624RR	30.53	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
E2624RRKU	32.42	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2624UE	228.98	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
E2624UEKU	243.16	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2625NU	382.34	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)

Code	Rate	Description
E2625NUKU	410.40	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2625RR	38.23	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)
E2625RRKU	41.03	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2625UE	286.75	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
E2625UEKU	307.80	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
Wheelchair Arm Support		
E2626NU	651.51	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (new equipment)
E2626NUKU	699.08	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2626RR	65.14	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (rental)
E2626RRKU	69.88	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2626UE	488.61	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (used durable medical equipment)

Code	Rate	Description
E2626UEKU	524.24	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2627NU	1,033.91	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (new equipment)
E2627NUKU	1,115.50	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2627RR	103.41	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (rental)
E2627RRKU	111.58	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2627UE	775.43	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (used durable medical equipment)
E2627UEKU	836.61	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2628NU	775.09	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (new equipment)
E2628NUKU	840.35	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2628RR	77.51	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (rental)

Code	Rate	Description
E2628RRKU	84.03	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2628UE	581.31	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (used durable medical equipment)
E2628UEKU	630.25	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2629NU	949.59	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (new equipment)
E2629NUKU	966.76	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2629RR	94.95	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (rental)
E2629RRKU	96.66	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2629UE	712.20	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (used durable medical equipment)

Code	Rate	Description
E2629UEKU	725.08	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2630NU	684.22	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (new equipment)
E2630NUKU	743.66	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2630RR	68.42	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (rental)
E2630RRKU	74.37	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2630UE	513.16	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (used durable medical equipment)
E2630UEKU	557.74	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
E2631NU	248.36	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (new equipment)
E2631NUKU	252.87	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2631RR	24.84	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (rental)
E2631RRKU	25.28	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2631UE	186.27	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (used durable medical equipment)
E2631UEKU	189.64	Wheelchair accessory, addition to mobile arm support, elevating proximal arm (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2632NU	174.58	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (new equipment)
E2632NUKU	189.15	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2632RR	17.46	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (rental)
E2632RRKU	18.92	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2632UE	130.93	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (used durable medical equipment)

Code	Rate	Description
E2632UEKU	141.86	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2633NU	146.61	Wheelchair accessory, addition to mobile arm support, supinator (new equipment)
E2633NUKU	160.44	Wheelchair accessory, addition to mobile arm support, supinator (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2633RR	14.66	Wheelchair accessory, addition to mobile arm support, supinator (rental)
E2633RRKU	16.05	Wheelchair accessory, addition to mobile arm support, supinator (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
E2633UE	109.96	Wheelchair accessory, addition to mobile arm support, supinator (used durable medical equipment)
E2633UEKU	120.34	Wheelchair accessory, addition to mobile arm support, supinator (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
Gait Trainer		
E8000	AAC+35%	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	AAC+35%	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	AAC+35%	Gait trainer, pediatric size, anterior support, includes all accessories and components
Drugs Administered Other Than Oral Method		
G0333	48.45	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary
J0133	0.40	Injection, acyclovir, 5 mg
J0153	0.82	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
J0285	8.74	Injection, amphotericin b, 50 mg
J0287	18.57	Injection, amphotericin b lipid complex, 10 mg

Code	Rate	Description
J0288	12.92	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	30.43	Injection, amphotericin b liposome, 10 mg
J0882	3.53	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)
J0895	13.29	Injection, deferoxamine mesylate, 500 mg
J1170	1.27	Injection, hydromorphone, up to 4 mg
J1250	4.03	Injection, dobutamine hydrochloride, per 250 mg
J1265	0.52	Injection, dopamine hcl, 40 mg
J1325	10.74	Injection, epoprostenol, 0.5 mg
J1455	11.11	Injection, foscarnet sodium, per 1000 mg
J1459	32.52	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1555	AAC+20%	Injection, immune globulin (cuvitru), 100 mg
J1557	31.72	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1559	12.21	Injection, immune globulin (hizentra),100 mg
J1561	35.50	Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1561JB	39.24	Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg (administered subcutaneously)
J1562	9.69	Injection, immune globulin (vivaglobin), 100 mg
J1566	29.66	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg
J1568	36.08	Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	32.40	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569JB	44.62	Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg (administered subcutaneously)
J1570	29.96	Injection, ganciclovir sodium, 500 mg

Code	Rate	Description
J1572	33.46	Injection, immune globulin, (flebogamma/flebogama dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1575	14.72	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin
J1599	AAC	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1644AX	0.18	Injection, heparin sodium, per 1000 units
J1815	0.67	Injection, insulin, per 5 units
J1817	2.38	Insulin for administration through DME (i.e., insulin pump) per 50 units
J2175	0.48	Injection, meperidine hydrochloride, per 100 mg
J2260	43.84	Injection, milrinone lactate, 5 mg
J2270	0.60	Injection, morphine sulfate, up to 10 mg
J2274	7.28	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg
J2407	21.77	Injection, oritavancin, 10 mg
J2545	96.68	Pentamidine isethionate, inhalation solution, FDA-approved final product, on-compounded, administered through DME, unit dose form, per 300 mg
J2920	2.46	Injection, methylprednisolone sodium succinate, up to 40 mg
J2930	3.49	Injection, methylprednisolone sodium succinate, up to 125 mg
J3010	0.60	Injection, fentanyl citrate, 0.1 mg
J3090	1.03	Injection, tedizolid phosphate, 1 mg
J3285	52.49	Injection, treprostinil, 1 mg
J3380	14.47	Injection, vedolizumab, 1 mg
J3489	23.40	Injection, zoledronic acid, 1 mg
Miscellaneous Drugs and Solutions		
J7340	AAC	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7500	0.14	Azathioprine, oral, 50 mg
J7501	77.66	Azathioprine, parenteral, 100 mg
J7502	2.86	Cyclosporine, oral, 100 mg
J7503	AAC	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg

Code	Rate	Description
J7504	966.39	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	982.67	Muromonab-CD3, parenteral, 5 mg
J7507	0.72	Tacrolimus, oral, per 1 mg
J7508	0.33	Tacrolimus, extended release, (Astagraf XL). oral, 0.1 mg
J7509	0.28	Methylprednisolone oral, per 4 mg
J7510	0.11	Prednisolone oral, per 5 mg
J7511	546.55	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg
J7512	0.01	Prednisone, immediate release or delayed release, oral, 1 mg
J7513	447.39	Daclizumab, parenteral, 25 mg
J7515	0.83	Cyclosporine, oral, 25 mg
J7516	36.29	Cyclosporine, parenteral, 250 mg
J7517	0.86	Mycophenolate mofetil, oral, 250 mg
J7518	2.60	Mycophenolic acid, oral, 180 mg
J7520	7.50	Sirolimus, oral, 1 mg
J7525	139.77	Tacrolimus, parenteral, 5 mg
J7527	AAC	Everolimus, oral, 0.25 mg
Inhalation Drugs		
J7605KO	7.02	Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms (single drug unit dose formulation)
J7606KO	8.00	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms
J7608KO	3.42	Acetylcysteine, inhalation solution, FDA-approved final product, non-compunded, administered through DME, unit dose form, per gram (single drug unit dose formulation)
J7609	0.05	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7611	0.10	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg

Code	Rate	Description
J7612	0.24	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg
J7613KO	0.04	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (single drug unit dose formulation)
J7614KO	0.07	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (single drug unit dose formulation)
J7620	0.13	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME
J7626KO	4.52	Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (single drug unit dose formulation)
J7631KO	0.68	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7639KO	33.14	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7644KO	0.18	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7669KO	0.37	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation)
J7682KO	47.27	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (single drug unit dose formulation)

Code	Rate	Description
J7686KO	430.47	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
J7999	AAC	Compounded drug, not otherwise classified
J8501	8.67	Aprepitant, oral, 5 mg
J8520	4.45	Capecitabine, oral, 150 mg
J8521	14.15	Capecitabine, oral, 500 mg
J8530	3.12	Cyclophosphamide; oral, 25 mg
J8540	0.11	Dexamethasone, oral, 0.25 mg
J8610	1.18	Methotrexate; oral, 2.5 mg
J8650	28.99	Nabilone, oral, 1 mg
J8655	419.97	Netupitant 300 Mg and Palonosetron 0.5 Mg, oral
J8670	2.65	Rolapitant, oral, 1 mg
Chemotherapy Drugs		
J9000	10.66	Injection, doxorubicin hydrochloride, 10 mg
J9032	27.63	Injection, belinostat, 10 mg
J9039	AAC	Injection, blinatumomab, 1 microgram
J9040	245.96	Injection, bleomycin sulfate, 15 units
J9065	52.46	Injection, cladribine, per 1 mg
J9100	6.96	Cytarabine, 100 mg
J9190	1.76	Injection, fluorouracil, 500 mg
J9200	116.28	Floxuridine, 500 mg
J9208	127.82	Ifosfamide, 1 gm
J9271	38.84	Injection, pembrolizumab, 1 mg
J9299	21.56	Injection, nivolumab, 1 mg
J9308	45.91	Injection, ramucirumab, 5 mg
J9360	3.49	Injection, vinblastine sulfate, 1 mg
J9370	28.88	Vincristine sulfate, 1 mg
J9390	92.65	Injection, vinorelbine tartrate, 10 mg
K Codes (Temporary) K0000-K9999		
Wheelchair and Wheelchair Accessories		
K0001KH	36.41	Standard wheelchair (capped rental)
K0001KI	36.41	Standard wheelchair (capped rental)
K0001KJ	27.31	Standard wheelchair (capped rental)
K0001NU	364.14	Standard wheelchair (new equipment purchase)
K0001UE	273.11	Standard wheelchair (used equipment purchase)
K0002KH	53.61	Standard hemi (low seat) wheelchair (capped rental)

Code	Rate	Description
K0002KI	53.61	Standard hemi (low seat) wheelchair (capped rental)
K0002KJ	40.21	Standard hemi (low seat) wheelchair (capped rental)
K0002NU	536.10	Standard hemi (low seat) wheelchair (new equipment purchase)
K0002UE	402.08	Standard hemi (low seat) wheelchair (used durable medical equipment purchase)
K0003KH	59.43	Lightweight wheelchair (capped rental)
K0003KI	59.43	Lightweight wheelchair (capped rental)
K0003KJ	44.57	Lightweight wheelchair (capped rental)
K0003NU	594.32	Lightweight wheelchair (new equipment purchase)
K0003UE	445.74	Lightweight wheelchair (used durable medical equipment purchase)
K0004KH	84.77	High strength, lightweight wheelchair (capped rental)
K0004KI	84.77	High strength, lightweight wheelchair (capped rental)
K0004KJ	63.58	High strength, lightweight wheelchair (capped rental)
K0004NU	847.71	High strength, lightweight wheelchair (new equipment purchase)
K0004UE	635.78	High strength, lightweight wheelchair (used durable medical equipment purchase)
K0005NU	1,737.26	Ultralightweight wheelchair (new equipment)
K0005RR	173.71	Ultralightweight wheelchair (rental)
K0005UE	1,302.91	Ultralightweight wheelchair (used durable medical equipment)
K0006KH	90.73	Heavy duty wheelchair (capped rental)
K0006KI	90.73	Heavy duty wheelchair (capped rental)
K0006KJ	68.05	Heavy duty wheelchair (capped rental)
K0006NU	907.29	Heavy duty wheelchair (new equipment purchase)
K0006UE	680.47	Heavy duty wheelchair (used durable medical equipment)
K0007KH	132.20	Extra heavy duty wheelchair (capped rental)
K0007KI	132.20	Extra heavy duty wheelchair (capped rental)
K0007KJ	99.15	Extra heavy duty wheelchair (capped rental)
K0007NU	1,322.01	Extra heavy duty wheelchair (new equipment purchase)

Code	Rate	Description
K0007UE	991.51	Extra heavy duty wheelchair (used durable medical equipment)
K0008	AAC+35%	Custom manual wheelchair base
K0009KH	79.01	Other manual wheelchair/base (capped rental)
K0009KI	79.01	Other manual wheelchair/base (capped rental)
K0009KJ	59.26	Other manual wheelchair/base (capped rental)
K0009NU	790.10	Other manual wheelchair/base (new equipment)
K0009UE	592.58	Other manual wheelchair/base (used durable medical equipment)
K0010KH	470.93	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010KI	470.93	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010KJ	353.20	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010NU	4,709.30	Standard-weight frame, motorized/power wheelchair (new equipment purchase)
K0010UE	3,531.98	Standard-weight frame, motorized/power wheelchair (used durable medical equipment)
K0011KH	566.33	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KHKF	628.76	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device)
K0011KI	566.33	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KIKF	628.76	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device)

Code	Rate	Description
K0011KJ	424.75	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KJKF	471.57	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device)
K0011NU	5,663.30	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase)
K0011NUKF	6,287.60	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase) (FDA class III device)
K0011UE	4,247.48	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment)
K0011UEKF	4,715.70	Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment) (FDA class III device)
K0012KH	359.21	Lightweight portable motorized/power wheelchair (capped rental)
K0012KI	359.21	Lightweight portable motorized/power wheelchair (capped rental)
K0012KJ	269.41	Lightweight portable motorized/power wheelchair (capped rental)
K0012NU	3,592.10	Lightweight portable motorized/power wheelchair (new equipment purchase)
K0012UE	2,694.08	Lightweight portable motorized/power wheelchair (used durable medical equipment)

Code	Rate	Description
K0013	AAC+35%	Custom motorized/power wheelchair base
K0015KH	14.59	Detachable, non-adjustable height armrest, replacement only, each (capped rental)
K0015KHKU	17.62	Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0015KI	14.59	Detachable, non-adjustable height armrest, replacement only, each (capped rental)
K0015KIKU	17.62	Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0015KJ	10.94	Detachable, non-adjustable height armrest, replacement only, each (capped rental)
K0015KJKU	13.22	Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0015NU	145.89	Detachable, non-adjustable height armrest, replacement only, each (new equipment)
K0015NUKU	176.20	Detachable, non-adjustable height armrest, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0015UE	109.41	Detachable, non-adjustable height armrest, replacement only, each (used durable medical equipment)
K0015UEKU	132.15	Detachable, non-adjustable height armrest, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0017NU	46.16	Detachable, adjustable height armrest, base, replacement only, each (new equipment)
K0017NUKU	49.57	Detachable, adjustable height armrest, base, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0017RR	4.62	Detachable, adjustable height armrest, base, replacement only, each (rental)

Code	Rate	Description
K0017RRKU	4.95	Detachable, adjustable height armrest, base, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0017UE	34.62	Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment)
K0017UEKU	37.18	Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0018NU	25.93	Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment)
K0018NUKU	27.69	Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0018RR	2.59	Detachable, adjustable height armrest, upper portion, replacement only, each (rental)
K0018RRKU	2.76	Detachable, adjustable height armrest, upper portion, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0018UE	19.45	Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment)
K0018UEKU	20.78	Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0019NU	13.59	Arm pad, replacement only, each (new equipment)
K0019NUKU	16.65	Arm pad, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0019RR	1.36	Arm pad, replacement only, each (rental)

Code	Rate	Description
K0019RRKU	1.66	Arm pad, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0019UE	10.19	Arm pad, replacement only, each (used durable medical equipment)
K0019UEKU	12.50	Arm pad, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0020NU	43.51	Fixed, adjustable height armrest, pair (new equipment)
K0020NUKU	45.07	Fixed, adjustable height armrest, pair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0020RR	4.35	Fixed, adjustable height armrest, pair (rental)
K0020RRKU	4.51	Fixed, adjustable height armrest, pair (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0020UE	32.63	Fixed, adjustable height armrest, pair (used durable medical equipment)
K0020UEKU	33.80	Fixed, adjustable height armrest, pair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0037NU	43.47	High mount flip-up footrest, each (new equipment)
K0037NUKU	46.72	High mount flip-up footrest, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0037RR	3.78	High mount flip-up footrest, each (rental)
K0037RRKU	3.85	High mount flip-up footrest, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0037UE	32.61	High mount flip-up footrest, each (used durable medical equipment)
K0037UEKU	35.05	High mount flip-up footrest, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0038NU	22.47	Leg strap, each (new equipment)

Code	Rate	Description
K0038NUKU	23.55	Leg strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0038RR	2.25	Leg strap, each (rental)
K0038RRKU	2.36	Leg strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0038UE	16.84	Leg strap, each (used durable medical equipment)
K0038UEKU	17.64	Leg strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0039NU	49.08	Leg strap, H style, each (new equipment)
K0039NUKU	52.26	Leg strap, H style, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0039RR	4.92	Leg strap, H style, each (rental)
K0039RRKU	5.26	Leg strap, H style, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0039UE	36.81	Leg strap, H style, each (used durable medical equipment)
K0039UEKU	39.21	Leg strap, H style, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0040NU	59.48	Adjustable angle footplate, each (new equipment)
K0040NUKU	72.44	Adjustable angle footplate, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0040RR	5.94	Adjustable angle footplate, each (rental)
K0040RRKU	7.23	Adjustable angle footplate, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0040UE	44.60	Adjustable angle footplate, each (used durable medical equipment)
K0040UEKU	54.30	Adjustable angle footplate, each (used durable medical equipment), (DMEPOS item subject to

Code	Rate	Description
		DMEPOS competitive bidding program number 3)
K0041NU	47.58	Large size footplate, each (new equipment)
K0041NUKU	51.33	Large size footplate, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0041RR	4.78	Large size footplate, each (rental)
K0041RRKU	5.18	Large size footplate, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0041UE	35.69	Large size footplate, each (used durable medical equipment)
K0041UEKU	38.49	Large size footplate, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0042NU	31.73	Standard size footplate, replacement only, each (new equipment)
K0042NUKU	35.34	Standard size footplate, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0042RR	3.17	Standard size footplate, replacement only, each (rental)
K0042RRKU	3.53	Standard size footplate, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0042UE	23.79	Standard size footplate, replacement only, each (used durable medical equipment)
K0042UEKU	26.50	Standard size footplate, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0043NU	18.17	Footrest, lower extension tube, replacement only, each (new equipment)
K0043NUKU	18.94	Footrest, lower extension tube, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0043RR	1.81	Footrest, lower extension tube, replacement only, each (rental)
K0043RRKU	1.88	Footrest, lower extension tube, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0043UE	13.65	Footrest, lower extension tube, replacement only, each (used durable medical equipment)
K0043UEKU	14.23	Footrest, lower extension tube, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0044NU	15.65	Footrest, upper hanger bracket, replacement only, each (new equipment)
K0044NUKU	16.15	Footrest, upper hanger bracket, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0044RR	1.57	Footrest, upper hanger bracket, replacement only, each (rental)
K0044RRKU	1.62	Footrest, upper hanger bracket, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0044UE	11.73	Footrest, upper hanger bracket, replacement only, each (used durable medical equipment)
K0044UEKU	12.10	Footrest, upper hanger bracket, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0045NU	52.36	Footrest, complete assembly, replacement only, each (new equipment)
K0045NUKU	54.93	Footrest, complete assembly, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0045RR	5.32	Footrest, complete assembly, replacement only, each (rental)
K0045RRKU	5.66	Footrest, complete assembly, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0045UE	39.28	Footrest, complete assembly, replacement only, each (used durable medical equipment)
K0045UEKU	41.20	Footrest, complete assembly, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0046NU	18.23	Elevating legrest, lower extension tube, replacement only, each (new equipment)
K0046NUKU	18.94	Elevating legrest, lower extension tube, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0046RR	1.82	Elevating legrest, lower extension tube, replacement only, each (rental)
K0046RRKU	1.88	Elevating legrest, lower extension tube, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0046UE	13.69	Elevating legrest, lower extension tube, replacement only, each (used durable medical equipment)
K0046UEKU	14.23	Elevating legrest, lower extension tube, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0047NU	67.99	Elevating legrest, upper hanger bracket, replacement only, each (new equipment)
K0047NUKU	74.19	Elevating legrest, upper hanger bracket, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0047RR	6.81	Elevating legrest, upper hanger bracket, replacement only, each (rental)
K0047RRKU	7.44	Elevating legrest, upper hanger bracket, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0047UE	50.98	Elevating legrest, upper hanger bracket, replacement only, each (used durable medical equipment)

Code	Rate	Description
K0047UEKU	55.62	Elevating legrest, upper hanger bracket, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0050NU	30.12	Ratchet assembly replacement only (new equipment)
K0050NUKU	32.55	Ratchet assembly, replacement only
K0050RR	3.01	Ratchet assembly replacement only (rental)
K0050RRKU	3.24	Ratchet assembly, replacement only
K0050UE	22.60	Ratchet assembly replacement only (used durable medical equipment)
K0050UEKU	24.62	Ratchet assembly, replacement only
K0051NU	48.22	Cam release assembly, footrest or legrest, replacement only, each (new equipment)
K0051NUKU	51.03	Cam release assembly, footrest or legrest, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0051RR	4.84	Cam release assembly, footrest or legrest, replacement only, each (rental)
K0051RRKU	5.14	Cam release assembly, footrest or legrest, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0051UE	36.16	Cam release assembly, footrest or legrest, replacement only, each (used durable medical equipment)
K0051UEKU	38.26	Cam release assembly, footrest or legrest, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0052NU	74.44	Swingaway, detachable footrests, replacement only, each (new equipment)
K0052NUKU	89.69	Swingaway, detachable footrests, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0052RR	7.44	Swingaway, detachable footrests, replacement only, each (rental)

Code	Rate	Description
K0052RRKU	8.96	Swingaway, detachable footrests, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0052UE	55.82	Swingaway, detachable footrests, each (used durable medical equipment)
K0052UEKU	67.23	Swingaway, detachable footrests, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0053NU	90.84	Elevating footrests, articulating (telescoping), each (new equipment)
K0053NUKU	98.96	Elevating footrests, articulating (telescoping), each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0053RR	9.08	Elevating footrests, articulating (telescoping), each (rental)
K0053RRKU	9.89	Elevating footrests, articulating (telescoping), each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0053UD	AAC+35%	Elevating footrests, articulating (telescoping), each (bariatric equipment)
K0053UE	68.13	Elevating footrests, articulating (telescoping), each (used durable medical equipment)
K0053UEKU	74.22	Elevating footrests, articulating (telescoping), each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0056NU	96.40	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment)
K0056NUKU	107.04	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0056RR	9.64	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental)
K0056RRKU	10.71	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0056UE	72.31	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment)
K0056UEKU	80.29	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0065NU	46.17	Spoke protectors, each (new equipment)
K0065NUKU	50.02	Spoke protectors, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0065RR	4.62	Spoke protectors, each (rental)
K0065RRKU	5.00	Spoke protectors, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0065UE	34.63	Spoke protectors, each (used durable medical equipment)
K0065UEKU	37.53	Spoke protectors, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0069NU	97.90	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (new equipment)
K0069NUKU	112.47	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0069RR	10.02	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (rental)
K0069RRKU	11.71	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0069UE	73.42	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (used durable medical equipment)
K0069UEKU	84.35	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0070KH	17.48	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental)
K0070KHKU	20.63	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0070KI	17.48	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental)
K0070KIKU	20.63	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0070KJ	13.11	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental)
K0070KJKU	15.47	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0070NU	174.74	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (new equipment)

Code	Rate	Description
K0070NUKU	206.30	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0070UE	131.06	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (used durable medical equipment)
K0070UEKU	154.73	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0071NU	112.26	Front caster assembly, complete, with pneumatic tire, replacement only, each (new equipment)
K0071NUKU	122.96	Front caster assembly, complete, with pneumatic tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0071RR	11.23	Front caster assembly, complete, with pneumatic tire, replacement only, each (rental)
K0071RRKU	12.30	Front caster assembly, complete, with pneumatic tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0071UE	84.18	Front caster assembly, complete, with pneumatic tire, replacement only, each (used durable medical equipment)
K0071UEKU	92.19	Front caster assembly, complete, with pneumatic tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0072NU	68.29	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (new equipment)
K0072NUKU	74.03	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0072RR	6.83	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (rental)
K0072RRKU	7.40	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0072UE	51.21	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (used durable medical equipment)
K0072UEKU	55.50	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0073NU	36.51	Caster pin lock, each (new equipment)
K0073NUKU	39.18	Caster pin lock, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0073RR	3.65	Caster pin lock, each (rental)
K0073RRKU	3.92	Caster pin lock, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0073UE	27.38	Caster pin lock, each (used durable medical equipment)
K0073UEKU	29.37	Caster pin lock, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0077NU	55.88	Front caster assembly, complete, with solid tire, replacement only, each (new equipment)
K0077NUKU	66.25	Front caster assembly, complete, with solid tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0077RR	5.58	Front caster assembly, complete, with solid tire, replacement only, each (rental)
K0077RRKU	6.61	Front caster assembly, complete, with solid tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0077UE	41.90	Front caster assembly, complete, with solid tire, replacement only, each (used durable medical equipment)
K0077UEKU	49.66	Front caster assembly, complete, with solid tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0098NU	24.56	Drive belt for power wheelchair replacement only (new equipment)
K0098NUKU	26.40	Drive belt for power wheelchair replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0098RR	2.46	Drive belt for power wheelchair replacement only (rental)
K0098RRKU	2.65	Drive belt for power wheelchair replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0098UE	18.41	Drive belt for power wheelchair replacement only (used durable medical equipment)
K0098UEKU	19.78	Drive belt for power wheelchair replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0105NU	102.99	IV hanger, each (new equipment)
K0105NUKU	111.91	IV hanger, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0105RR	10.30	IV hanger, each (rental)
K0105RRKU	11.19	IV hanger, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0105UE	77.25	IV hanger, each (used durable medical equipment)
K0105UEKU	83.93	IV hanger, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0108NU	AAC+35%	Wheelchair component or accessory, not otherwise specified (new equipment)

Code	Rate	Description
K0108RA	47.03	Wheelchair component or accessory, not otherwise specified (for MassHealth purposes only K0108RA is to be a separate line item on a PA/claim for the sole usage of the direct service components RE1-RE23) (per hour)
K0108RB	AAC+35%	Wheelchair component or accessory, not otherwise specified (for MassHealth purposes only K0108RB is to be used for replacement of a part that has no HIPAA-compliant HCPCCS code)
K0195KH	14.01	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KHKU	17.94	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0195KI	14.01	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KIKU	17.94	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0195KJ	10.51	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KJKU	13.46	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0195NU	140.10	Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase)
K0195NUKU	179.40	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0195UE	105.08	Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase)
K0195UEKU	134.55	Elevating leg rests, pair (for use with capped rental wheelchair base)
Equipment, Replacement, Repair, Rental		
K0455RR	248.89	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol (rental)
K0462	I.C.	Temporary replacement of patient-owned equipment being repaired, any type
K0552	2.35	Supplies for external non-insulin infusion pump, syringe type cartridge, sterile, each

Code	Rate	Description
K0553	248.38	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit = 1 month's supply
K0554NU	239.37	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (new equipment)
K0554RR	23.94	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (rental)
K0554UE	179.53	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (used durable medical equipment)
K0601NU	1.02	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602NU	5.81	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603NU	0.52	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604NU	5.58	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605NU	13.38	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0606KHKF	2,366.38	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606KIKF	2,366.38	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606KJKF	1,774.79	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606NUKF	23,663.83	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase) (FDA class III device)
K0606UEKF	17,747.87	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase) (FDA class III device)
K0607KH	18.26	Replacement battery for automatic external defibrillator, each (capped rental)

Code	Rate	Description
K0607KHKF	20.26	Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device)
K0607KI	18.26	Replacement battery for automatic external defibrillator, each (capped rental)
K0607KIKF	20.26	Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device)
K0607KJ	13.69	Replacement battery for automatic external defibrillator, each (capped rental)
K0607KJKF	15.20	Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device)
K0607NU	182.58	Replacement battery for automatic external defibrillator, each (new equipment)
K0607NUKF	202.64	Replacement battery for automatic external defibrillator, each (new equipment) (FDA class III device)
K0607UE	136.94	Replacement battery for automatic external defibrillator, each (used durable medical equipment)
K0607UEKF	151.98	Replacement battery for automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0608NU	113.89	Replacement garment for use with automatic external defibrillator, each (new equipment)
K0608NUKF	126.47	Replacement garment for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0608RR	11.42	Replacement garment for use with automatic external defibrillator, each (rental)
K0608RRKF	12.67	Replacement garment for use with automatic external defibrillator, each (rental) (FDA class III device)
K0608UE	85.43	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment)
K0608UEKF	94.84	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0609NU	757.46	Replacement electrodes for use with automatic external defibrillator, each (new equipment)

Code	Rate	Description
K0609NUKF	840.98	Replacement electrodes for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0669	AAC+35%	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0730KH	162.00	Controlled dose inhalation drug delivery system (capped rental)
K0730KI	162.00	Controlled dose inhalation drug delivery system (capped rental)
K0730KJ	121.50	Controlled dose inhalation drug delivery system (capped rental)
K0730NU	1,620.02	Controlled dose inhalation drug delivery system (new equipment)
K0730UE	1,215.02	Controlled dose inhalation drug delivery system (used durable medical equipment purchase)
K0733NU	23.32	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
K0733NUKU	29.30	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0733RR	2.34	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
K0733RRKU	2.95	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3)
K0733UE	17.50	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
K0733UEKU	21.99	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3)

Code	Rate	Description
K0738RR	40.26	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
K0739RB	21.11	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers)
K0739U5	46.33	Direct Service Component (RE) units for evaluation of complex mobility systems, for installation of custom movable and fixed patient lift systems RE1– RE23, and installation of pediatric/turned adult safety beds RE1–RE5. One RE unit equals 1 hour
K0739UB	24.83	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, ATP providers only)
K0740RB	24.83	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers)
K0743RR	I.C.	Suction pump, home model, portable, for use on wounds (rental)
K0744	AAC+20%	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less
K0745	AAC+20%	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches
K0746	AAC+20%	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches
Power Operated Vehicle and Accessories		
K0800NU	1,041.09	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0800RR	104.12	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (rental)

Code	Rate	Description
K0800UE	780.82	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0801NU	1,802.66	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (new equipment)
K0801RR	180.25	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (rental)
K0801UE	1,351.99	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (used durable medical equipment)
K0802NU	2,036.55	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0802RR	203.65	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0802UE	1,527.41	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0806NU	1,391.75	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0806RR	139.17	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (rental)
K0806UE	1,043.82	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0807NU	2,132.76	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (new equipment)
K0807RR	213.28	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (rental)
K0807UE	1,599.58	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0808NU	3,298.44	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)

Code	Rate	Description
K0808RR	329.84	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0808UE	2,473.83	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0812NU	AAC+35%	Power operated vehicle, not otherwise classified (new equipment)
K0812RR	I.C.	Power operated vehicle, not otherwise classified (rental)
K0812UE	I.C.	Power operated vehicle, not otherwise classified (used durable medical equipment)
Power Wheelchairs		
K0813KH	301.04	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813KI	301.04	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813KJ	120.42	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813NU	2,006.93	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0813UE	1,505.20	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0814KH	358.84	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0814KI	358.84	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0814KJ	143.54	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
K0814NU	2,392.27	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0814UE	1,794.20	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0815KH	383.91	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815KI	383.91	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815KJ	153.56	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815NU	2,559.40	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment)
K0815UE	1,919.55	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0816KH	380.17	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816KI	380.17	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816KJ	152.07	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816NU	2,534.47	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0816UE	1,900.85	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0820KH	316.77	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
K0820KI	316.77	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820KJ	126.71	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820NU	2,111.80	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0820UE	1,583.85	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0821KH	375.89	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821KI	375.89	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821KJ	150.36	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821NU	2,505.93	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0821UE	1,879.45	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0822KH	452.62	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822KI	452.62	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822KJ	181.05	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822NU	3,017.47	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)

Code	Rate	Description
K0822UE	2,263.10	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0823KH	427.33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823KI	427.33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823KJ	170.93	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823NU	2,848.87	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0823UE	2,136.65	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0824KH	568.43	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824KI	568.43	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824KJ	227.37	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824NU	3,789.53	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0824UE	2,842.15	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0825KH	507.85	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825KI	507.85	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)

Code	Rate	Description
K0825KJ	203.14	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825NU	3,385.67	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment equipment)
K0825UE	2,539.25	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0826KH	768.52	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826KI	768.52	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826KJ	307.41	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826NU	5,123.47	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0826UE	3,842.60	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0827KH	667.58	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827KI	667.58	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827KJ	267.03	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827NU	4,450.53	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0827UE	3,337.90	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (used durable medical equipment)

Code	Rate	Description
K0828KH	865.25	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828KI	866.25	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828KJ	346.10	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828NU	5,768.33	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0828UE	4,326.25	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0829KH	840.60	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829KI	840.60	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829KJ	336.24	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829NU	5,604.00	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0829UE	4,203.00	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0830NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0830RR	391.41	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)

Code	Rate	Description
K0830UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0831NU	3,914.10	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0831RR	391.41	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0831UE	2,935.58	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0835KH	456.11	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835KI	456.11	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835KJ	182.44	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835NU	3,040.73	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0835UE	2,280.55	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0836KH	473.04	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836KI	473.04	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
K0836KJ	189.22	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836NU	3,153.60	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0836UE	2,365.20	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0837KH	559.19	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837KI	559.19	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837KJ	223.68	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837NU	3,727.93	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0837UE	2,795.95	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0838KH	498.48	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838KI	498.48	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838KJ	199.39	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)

Code	Rate	Description
K0838NU	3,323.20	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0838UE	2,492.40	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0839KH	731.13	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839KI	731.13	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839KJ	292.45	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839NU	4,874.20	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0839UE	3,655.65	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0840KH	1,113.40	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840KI	1,113.40	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840KJ	445.36	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840NU	7,422.67	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)

Code	Rate	Description
K0840UE	5,567.00	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0841KH	495.88	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841KI	495.88	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841KJ	198.35	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841NU	3,305.87	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0841UE	2,479.40	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0842KH	495.60	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842KI	495.60	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842KJ	198.24	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842NU	3,304.00	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0842UE	2,478.00	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight

Code	Rate	Description
		capacity up to and including 300 pounds (used durable medical equipment)
K0843KH	593.54	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0843KI	593.54	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0843KJ	237.42	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0843NU	3,956.93	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0843UE	2,967.70	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0848KH	755.28	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848KI	755.28	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848KJ	302.11	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848NU	5,035.20	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0848UE	3,776.40	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0849KH	726.16	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
K0849KI	726.16	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0849KJ	290.46	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0849NU	4,841.07	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0849UE	3,630.80	Power wheelchair
K0850KH	876.10	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850KI	876.10	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850KJ	350.44	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850NU	5,840.67	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0850UE	4,380.50	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0851KH	842.37	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851KI	842.37	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851KJ	336.95	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851NU	5,615.80	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0851UE	4,211.85	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)

Code	Rate	Description
K0852KH	1,012.27	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852KI	1,012.27	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852KJ	404.91	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852NU	6,748.47	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0852UE	5,061.35	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0853KH	1,039.86	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853KI	1,039.86	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853KJ	415.94	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853NU	6,932.40	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (new equipment purchase)
K0853UE	5,199.30	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (used durable medical equipment)
K0854KH	1,377.59	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854KI	1,377.59	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854KJ	551.04	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)

Code	Rate	Description
K0854NU	9,183.93	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0854UE	6,887.95	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0855KH	1,301.34	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855KI	1,301.34	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855KJ	520.54	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855NU	8,675.60	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0855UE	6,506.70	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0856KH	810.71	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856KI	810.71	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856KJ	324.28	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856NU	5,404.73	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0856UE	4,053.55	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient

Code	Rate	Description
		weight capacity up to and including 300 pounds (used durable medical equipment)
K0857KH	826.96	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857KI	826.96	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857KJ	330.78	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857NU	5,513.07	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0857UE	4,134.80	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0858KH	1,005.86	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858KI	1,005.86	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858KJ	402.34	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858NU	6,705.73	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0858UE	5,029.30	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)

Code	Rate	Description
K0859KH	959.28	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859KI	959.28	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859KJ	383.71	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859NU	6,395.20	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0859UE	4,796.40	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0860KH	1,436.99	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860KI	1,436.99	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860KJ	574.80	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860NU	9,579.93	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0860UE	7,184.95	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0861KH	812.01	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)

Code	Rate	Description
K0861KHKF	1,045.98	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device)
K0861KI	812.01	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861KIKF	1,046.98	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device)
K0861KJ	324.80	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861KJKF	418.39	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device)
K0861NU	5,413.40	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0861NUKF	6,973.20	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) (FDA class III device)
K0861UE	4,060.05	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds ((used durable medical equipment)
K0861UEKF	5,229.90	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds ((used durable medical equipment) (FDA class III device)
K0862KH	1,005.86	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)

Code	Rate	Description
K0862KI	1,005.86	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862KJ	402.34	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862NU	6,705.73	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0862UE	5,029.30	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0863KH	1,421.44	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863KI	1,421.44	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863KJ	568.58	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863NU	9,476.27	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0863UE	7,107.20	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0864KH	1,691.53	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864KI	1,691.53	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)

Code	Rate	Description
K0864KJ	676.61	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864NU	11,276.87	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0864UE	8,457.65	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0868NU	AAC+35%	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0868RR	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (rental)
K0868UE	I.C.	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (used durable medical equipment)
K0869NU	AAC+35%	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0869RR	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0869UE	I.C.	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0870NU	AAC+35%	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)
K0870RR	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0870UE	I.C.	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity

Code	Rate	Description
		301 to 450 pounds (used durable medical equipment)
K0871NU	AAC+35%	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment)
K0871RR	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental)
K0871UE	I.C.	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0877NU	AAC+35%	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0877RR	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0877UE	I.C.	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0878NU	AAC+35%	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0878RR	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental)
K0878UE	I.C.	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0879NU	AAC+35%	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0879RR	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)

Code	Rate	Description
K0879UE	I.C.	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0880NU	AAC+35%	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (new equipment)
K0880RR	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (rental)
K0880UE	I.C.	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (used durable medical equipment)
K0884NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0884RR	I.C.	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0884UE	I.C.	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0885NU	AAC+35%	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (new equipment)
K0885RR	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (rental)
K0885UE	I.C.	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (used durable medical equipment)
K0886NU	AAC+35%	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment)

Code	Rate	Description
K0886RR	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental)
K0886UE	I.C.	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0890NU	AAC+35%	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment)
K0890RR	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0890UE	I.C.	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0891NU	AAC+35%	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment)
K0891RR	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental)
K0891UE	I.C.	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment)
K0898NU	AAC+35%	Power wheelchair, not otherwise classified (new equipment)
K0898RR	I.C.	Power wheelchair, not otherwise classified (rental)
K0898UE	I.C.	Power wheelchair, not otherwise classified (used durable medical equipment)
K0899NU	AAC+35%	Power mobility device, not coded by DME PDAC or does not meet criteria (new equipment)
K0899RR	I.C.	Power mobility device, not coded by DME PDAC or does not meet criteria (rental)

Code	Rate	Description
K0899UE	I.C.	Power mobility device, not coded by DME PDAC or does not meet criteria (used durable medical equipment)
K0900	AAC+30%	Custom durable medical equipment, other than wheelchair
K1001	I.C.	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
K1002	I.C.	Cranial electrotherapy stimulation(CES) system, includes all supplies and accessories, any type
K1003	I.C.	Whirlpool tub, walk-in, portable
K1005	0.20	Disposable collection and storage for bag for breast milk, any size, any type, each
Prosthetic Procedures		
Larynx and Trachea Prosthetics and Accessories		
L8501	130.02	Tracheostomy speaking valve
Q Codes (Temporary)		
Q0161	AAC	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0162	0.02	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0163	0.22	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen
Q0164	0.04	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen

Code	Rate	Description
Q0166	1.11	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen
Q0167	1.39	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0169	0.03	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0173	0.30	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0174	AAC	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0175	1.72	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0177	0.12	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Q0180	94.79	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen

Code	Rate	Description
Q0510	42.50	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant
Q0511	20.40	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period
Q0512	13.60	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period
Q0513	28.05	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	56.10	Pharmacy dispensing fee for inhalation drug(s); per 90 days
Q2052	AAC	Services, supplies and accessories used in the home under the Medicare Intravenous Immune Globulin (IVIG) Demonstration
Q4074	94.85	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms
Q5101	0.82	Injection, filgrastim (g-csf), biosimilar, one microgram
Temporary National Codes (Non-Medicare)		
S5035	I.C.	Home infusion therapy, routine service of infusion device (e.g. pump maintenance)
S5036	I.C.	Home infusion therapy, repair of infusion device (e.g. pump repair)
S5160	38.53	Emergency response system; installation and testing
S5161RR	20.00	Emergency response system; service fee, per month (excludes installation and testing)
S5162	AAC+30%	Emergency response system; purchase only
S5162TW	30.00	Emergency response system; purchase only (back-up equipment; for MassHealth members only, use this HCPCS code and modifier combination for a replacement auto alert transmitter button for PERS, used for a lost button only, cannot be billed separately at the time the unit is installed)

Code	Rate	Description
S5497	13.95	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5498	13.95	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem
S5501	13.95	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5502	13.95	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)
S5517	13.95	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting
S5518	13.95	Home infusion therapy, all supplies necessary for catheter repair
S5520	125.83	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion
S5521	120.79	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion
S5522SD	86.99	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)

Code	Rate	Description
S5523SD	86.99	Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training)
S8097	AAC+20%	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8186	AAC+20%	Swivel adaptor
S8189	AAC+20%	Tracheostomy supply, not otherwise classified
S8210	AAC+20%	Mucus trap
S8262	AAC+30%	Mandibular orthopedic repositioning device, each
S8265	AAC+20%	Haberman feeder for cleft lip/palate
S8420	AAC+20%	Gradient pressure aid (sleeve and glove combination), custom made
S8421	AAC+20%	Gradient pressure aid (sleeve and glove combination), ready made
S8422	AAC+20%	Gradient pressure aid (sleeve), custom made, medium weight
S8423	AAC+20%	Gradient pressure aid (sleeve), custom made, heavy weight
S8424	AAC+20%	Gradient pressure aid (sleeve), ready made
S8425	AAC+20%	Gradient pressure aid (glove), custom made, medium weight
S8426	AAC+20%	Gradient pressure aid (glove), custom made, heavy weight
S8427	AAC+20%	Gradient pressure aid (glove), ready made
S8428	AAC+20%	Gradient pressure aid (gauntlet), ready made
S8429	AAC+20%	Gradient pressure exterior wrap
S8430	AAC+20%	Padding for compression bandage, roll
S8431	AAC+20%	Compression bandage, roll
S8450	AAC+20%	Splint, prefabricated, digit (specify digit by use of modifier)
S8451	AAC+20%	Splint, prefabricated, wrist or ankle
S8452	AAC+20%	Splint, prefabricated, elbow
S8490	AAC+20%	Insulin syringes (100 syringes, any size)
S8999	AAC+20%	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)

Code	Rate	Description
S9325	37.51	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, SS9327 or S9328)
S9326	37.51	Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9327	37.51	Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	37.51	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9329	46.68	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
S9330	46.68	Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9331	46.68	Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Code	Rate	Description
S9336	44.86	Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	51.51	Home infusion therapy, immunotherapy therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem
S9339	35.58	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9340	14.84	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9341	12.28	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9342	14.84	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9343	12.28	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
S9345	51.51	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Code	Rate	Description
S9346	44.86	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	44.86	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9348	73.22	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	44.86	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	44.86	Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9353	44.86	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	73.22	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

Code	Rate	Description
S9357	73.22	Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	73.22	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9361	73.22	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9363	73.22	Home infusion therapy, anti-spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9364	43.95	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)
S9365	43.95	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem

Code	Rate	Description
S9366	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9367	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acids, drugs, and nursing visits coded separately), per diem
S9368	43.95	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem
S9370	9.62	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9372	9.62	Home therapy; intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with hydration therapy codes S9374-S9377)
S9373	30.04	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales)

Code	Rate	Description
S9374	30.04	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9375	30.04	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9376	30.04	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9377	30.04	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem
S9379	AAC+20%+$8.00	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9434	AAC+20%	Modified solid food supplements for inborn errors of metabolism
S9435	AAC+20%	Medical foods for inborn errors of metabolism
S9490	44.86	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and

Code	Rate	Description
		equipment (drug and nursing visits coded separately), per diem (do not use with
S9497	51.51	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	44.86	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	51.73	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9502	56.20	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9503	61.87	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	73.22	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9537	9.62	Home therapy; hematopoietic hormone injection therapy (e.g., crythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary

Code	Rate	Description
		supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	51.51	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
S9542	9.62	Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	9.62	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9559	9.62	Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	9.62	Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	9.62	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9590	23.55	Home therapy, irrigation therapy (e.g. sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
Miscellaneous		

Code	Rate	Description
T4521	0.46	Adult sized disposable incontinence product, brief/diaper, small each
T4522	0.53	Adult sized disposable incontinence product, brief/diaper, medium each
T4522U6	0.65	Enhanced: Adult sized disposable incontinence product, brief/diaper, medium, each
T4523	0.71	Adult sized disposable incontinence product, brief/diaper, large each
T4523U6	0.87	Enhanced: Adult sized disposable incontinence product, brief/diaper, large each
T4524	0.74	Adult sized disposable incontinence product, brief/diaper, extra large each
T4524U6	1.04	Enhanced: Adult sized disposable incontinence product, brief/diaper, extra- large, each
T4525	0.66	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each
T4526	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each
T4527	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each
T4528	0.79	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each
T4529	0.66	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each
T4530	0.83	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	0.70	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size each
T4532	0.58	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each
T4533	0.46	Youth sized disposable incontinence product, brief/diaper, each
T4534	0.72	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	0.40	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4535UD	AAC+20%	Disposable liner/shield/guard/pad/undergarment, for incontinence, each (bariatric)

Code	Rate	Description
T4536	AAC+20%	Incontinence product, protective underwear/pull-on, reusable, bed size, each
T4537	13.83	Incontinence product, protective underpad, reusable, bed size, each
T4538	AAC+20%	Diaper service, reusable diaper, each diaper
T4539	AAC+20%	Incontinence product, diaper/brief, reusable, any size, each
T4540	AAC+20%	Incontinence product, protective underpad, reusable, chair size, each
T4541	0.34	Incontinence product, disposable underpad, large, each
T4542	0.29	Incontinence product, disposable underpad, small size, each
T4543	AAC+20%	Disposable incontinence product, brief/diaper, bariatric, size up to XXL, each
T4543UD	2.19	Disposable incontinence product, brief/diaper, bariatric, size XXXL and above, each
T4544	AAC+20%	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each
T5001NU	AAC+35%	Positioning seat for persons with special orthopedic needs, for use in vehicle (new equipment)
T5001RR	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (rental)
T5001UE	I.C.	Positioning seat for persons with special orthopedic needs, for use in vehicle (used durable medical equipment)
Home Infusion 99601SD	86.99	Home infusion/specialty drug administration, per visit (up to two hours) (services provided by registered nurse with specialized, highly technical home infusion training)
99602SD	45.48	Home infusion/specialty drug administration, each additional hour (services provided by registered nurse with specialized, highly technical home infusion training) (use in conjunction with (99601SD)

322.07: Severability

The provisions of 101 CMR 322.00 are severable. If any provision of 101 CMR 322.00 or the

application of any provision to the sale or rental of durable medical equipment, medical/surgical supplies, oxygen and respiratory therapy equipment should be held invalid or unconstitutional, such determination shall not be construed to affect the validity or constitutionality of any other provision of 101 CMR 322.00 or the application of any other provision.

REGULATORY AUTHORITY

101 CMR 322.00: M.G.L. c. 118E.