DME & Oxygen Payment and Coverage Guideline Tool V.39*

MassHealth

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IMPORTANT READ When billing repair codes (Click Here)

MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A4206										Sometimes	12 33	Syringe with needle, sterile, 1 cc or less, each.	1 unit = each, 120 per month.
DME	A4207										Sometimes	12 33	Syringe with needle, sterile, 2 cc or less, each.	1 unit = each, 120 per month.
DME	A4208										Sometimes	12 33	Syringe with needle, sterile, 3 cc or less, each.	1 unit = each, 120 per month.
DME	A4209										Sometimes	12 33	Syringe with needle, sterile, 5 cc or greater, each.	1 unit = each, 120 per month.
DME	A4210	AAC+20%									Sometimes	12 33	Needle-free injection device, each.	1 unit = each, 31 max per month.
DME	A4210									TW	No	12 33	Needle-free injection device, each. (for use in billing nasal adapter/mucosucal atomization device nasal naloxone resque kit)	1 unit = each, 31 max per month.
DME	A4213										No	12 33	Syringe, sterile, 20 cc or greater, each.	1 unit = each, 31 per month.
DME	A4215									NU	Sometimes	12 33	Needle, sterile, any size, each.	1 unit = each, 31 per month.
DME	A4215									KX	Sometimes	12 33	Needle, sterile, any size, each.	1 unit = each, 31 per month.
OXY	A4216										Sometimes	12 33	Sterile water, saline and/or dextrose, diluent/flush, 10 ml.	1 unit = each, 100 per month.
OXY	A4217									NU	Sometimes	12 33	Sterile water/saline 500 ml.	1 unit = each, 31 per month.
DME/OXY	A4217									AU	Sometimes	12 33	Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies).	1 unit = each, 31 per month.
DME	A4220	AAC+20%									Sometimes	12 33	Refill kit for implantable infusion pump.	1 unit = each, 10 per month. (Supplies for **E0779**)
DME	A4221										Sometimes	12 33	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately).	1 unit = 20 per month, [includes dressings, cannulas, needles and infusion supplies].
DME	A4222										No	12 33	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately).	1 unit = 1 dose of drug (for intermittent infusions, one bag or cassette for each drug dose).
DME	A4223	AAC+20%									No	12 33	Infusion supplies not used with external infusion pump, Per cassette or bag (LIST DRUGS SEPARATELY)	1 unit = 1 dose of drug (for intermittent infusions, one bag or cassette for each drug dose).
DME	A4224										Sometimes	12 33	Supplies for maintenance of insulin infusion catheter, per week	1 unit = 4 per month.
DME	A4225										Sometimes	12 33	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	1 unit = 15 per month.
DME	A4233									NU	Sometimes	12 33	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each.	1 unit = each, 9 per 3 month.
DME	A4234									NU	Sometimes	12 33	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each.	1 unit = each, 9 per 3 month.
DME	A4235									NU	Sometimes	12 33	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each.	1 unit = each, 9 per 3 month.
DME	A4236									NU	Sometimes	12 33	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each.	1 unit = each, 9 per 3 month.
DME	A4244										Sometimes	12 33	Alcohol or peroxide, per pint.	1 unit = per pint, 4 per month.
DME	A4245										Sometimes	12 33	Alcohol wipes, per box.	1 unit = per box, 4 per month.
DME	A4246										Sometimes	12 33	Betadine or phisoHex solution, per pint.	1 unit = per pint, 4 per month.
DME	A4247										Sometimes	12 33	Betadine or iodine swabs/wipes, per box	1 unit = box, 4 per month.
DME	A4250										Sometimes	12 33	Urine test or reagent strips or tablets (100 tablets or strips).	1 unit = each (box of 8, blood ketone), 2 per month.
DME	A4253									NU KS	Sometimes	12 33	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	1 unit =1 box [50], 2 per 3 month. **(Non-insulin dependent)**
DME	A4253									NU KX	Sometimes	12 33	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips.	1 unit =1 box [50], 6 per month. **(Insulin dependent)**
DME	A4256										Sometimes	12 33	Normal, low and high calibrator solution / chips.	1 unit = 1 vial/bottle(100) each, 1 per 3 months [to be used with E0607, E2100 and E2101].
DME	A4258										Sometimes	12 33	Spring-powered device for lancet, each.	1 unit = each, 1 per 6 months [to be used in conjunction with E0607, E2100 and E2101].
DME	A4259									KS	Sometimes	12 33	Lancets, per box of 100.	1 unit = 1 each (box 100) , 1 per 3 months. **(Non-insulin dependent)**. [to be used in conjunction with E0607, E2100 and E2101] .
DME	A4259									KX	Sometimes	12 33	Lancets, per box of 100.	1 unit = 1 each (box 100) , 1 per month. **(Insulin dependent)**. [to be used in conjunction with E0607, E2100 and E2101] .
DME	A4265										Sometimes	12 33	Paraffin, per pound.	1 unit = 1 pound, 1 per 3 months.
DME	A4281										Sometimes	12	Tubing for breast pump, replacement	1 unit = each , 2 per six months.
DME	A4282	AAC+20%									Sometimes	12	Adapter for breast pump, replacement	1 unit = each , 2 per six months.
DME	A4283	AAC+20%									Sometimes	12	Cap for breast pump bottle, replacement	1 unit = each , 2 per six months.
DME	A4284	AAC+20%									Sometimes	12	Breast sheild and splash protector for use with breast pump, replacement	1 unit = each , 2 per six months.
DME	A4285	AAC+20%									Sometimes	12	Polycarbonate bottle for use with breast pump, replacement	1 unit = each , 2 per six months.
DME	A4286	AAC+20%									Sometimes	12	Locking ring for breast pump, replacement	1 unit = each , 2 per six months.
DME	A4310										Sometimes	12 33	Insertion tray without drainage bag and without catheter (accessories only).	1 unit = 1 tray, 1 per month.
DME	A4311										Sometimes	12 33	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	1 unit = 1 tray, 1 per month.
DME	A4312										Sometimes	12 33	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone.	1 unit = 1 tray, 1 per month.
DME	A4313										Sometimes	12 33	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation.	1 unit = 1 tray, 1 per month.
DME	A4314										Sometimes	12 33	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.).	1 unit = 1 tray, 1 per month [A4331 is include in this code].
DME	A4315										Sometimes	12 33	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone.	1 unit = 1 tray, 1 per month [A4331 is include in A4315].
DME	A4316										Sometimes	12 33	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation.	1 unit = 1 tray, 1 per month [A4331 is include in A4316].
DME	A4320										Sometimes	12 33	Irrigation tray with bulb or piston syringe, any purpose.	1 unit = each, 4 per month.
DME	A4321	AAC+20%									Sometimes	12 33	Therapeutic agent for urinary catheter irrigation.	1 unit = each, 4 per month.
DME	A4322										Sometimes	12 33	Irrigation syringe, bulb or piston, each.	1 unit = each , 3 per month.
DME	A4326										Sometimes	12 33	Male external catheter specialty type with integral collection chamber, each.	1 unit = each, 35 per month.
DME	A4327										Sometimes	12 33	Female external urinary collection device; meatal cup, each.	1 unit = each, 4 per month.
DME	A4328										Sometimes	12 33	Female external urinary collection device; pouch, each.	1 unit = each, 31 per month.
DME	A4330										Sometimes	12 33	Perianal fecal collection pouch with adhesive, each.	1 unit = each, 31 per month.
DME	A4331										Sometimes	12 33	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each.	1 unit = each, 2 per month.
DME	A4332										Sometimes	12 33	Lubricant, individual sterile packet, each.	1 unit = each, 250 per month.
DME	A4333										Sometimes	12 33	Urinary catheter anchoring device, adhesive skin attachment, each.	1 unit = each, 2 per month.
DME	A4334										Sometimes	12 33	Urinary catheter anchoring device, leg strap, each.	1 unit = each, 1 per month.
DME	A4338										Sometimes	12 33	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	1 unit = each, 1 per month.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A4340										Sometimes	12 33	Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each.	1 unit = each, 1 per month.
DME	A4344										Sometimes	12 33	Indwelling catheter, foley type, two-way, all silicone, each.	1 unit = each, 1 per month.
DME	A4346										Sometimes	12 33	Indwelling catheter; foley type, three way for continuous irrigation, each.	1 unit = each, 1 per month.
DME	A4349										Sometimes	12 33	Male external catheter, with or without adhesive, disposable, each.	1 unit = each, 250 per month.
DME	A4351										Sometimes	12 33	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each.	1 unit = each, 250 per month.
DME	A4352										Sometimes	12 33	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each.	1 unit = each, 250 per month.
DME	A4353										Sometimes	12 33	Intermittent urinary catheter, with insertion supplies.	1 unit = each, 250 per month.
DME	A4354										Sometimes	12 33	Insertion tray with drainage bag but without catheter.	1 unit = each, 1 per month.
DME	A4355										Sometimes	12 33	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each.	1 unit = each, 1 per month.
DME	A4356										Sometimes	12 33	External urethral clamp or compression device (not to be used for catheter clamp), each.	1 unit = each, 1 per 3 months.
DME	A4357										Sometimes	12 33	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each.	1 unit = each, 2 per months. [A4331 is included in this code].
DME	A4358										Sometimes	12 33	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each.	1 unit = each, 3 per month [A4331, A4358 and A5112 are included in code A4358 and can not be billed separately].
DME	A4361										Sometimes	12 33	Ostomy faceplate, each.	1 unit = each, 10 per 6 months.
DME	A4362										Sometimes	12 33	Skin barrier; solid, 4 x 4 or equivalent; each.	1 unit = each, 20 per month.
DME	A4363										Sometimes	12 33	Ostomy clamp, any type, replacement only, each.	1 unit = each, 20 per month.
DME	A4364										Sometimes	12 33	Adhesive, liquid or equal, any type, per oz.	1 unit = 1 fluid ounce, 4 per month.
DME	A4366										Sometimes	12 33	Ostomy vent, any type, each.	1 unit = each, 20 per month.
DME	A4367										Sometimes	12 33	Ostomy belt, each.	1 unit = each, 1 per month.
DME	A4368										Sometimes	12 33	Ostomy filter, any type, each.	1 unit = each, 4 per month.
DME	A4369										Sometimes	12 33	Ostomy skin barrier, liquid (spray, brush, etc), per oz.	1 unit = 1 fluid ounce, 2 per month.
DME	A4371										Sometimes	12 33	Ostomy skin barrier, powder, per oz.	1 unit = 1 fluid ounce, 10 per 6 month.
DME	A4372										Sometimes	12 33	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each.	1 unit = each, 20 per month.
DME	A4373										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each.	1 unit = each, 20 per month.
DME	A4375										Sometimes	12 33	Ostomy pouch, drainable, with faceplate attached, plastic, each.	1 unit = each, 20 per month. [A4361 and A4377 are included in code A4375].
DME	A4376										Sometimes	12 33	Ostomy pouch, drainable, with faceplate attached, rubber, each.	1 unit = each, 20 per month. [A4361 and A4378 are included in code A4376]
DME	A4377										Sometimes	12 33	Ostomy pouch, drainable, for use on faceplate, plastic, each.	1 unit = each, 20 per month.
DME	A4378										Sometimes	12 33	Ostomy pouch, drainable, for use on faceplate, rubber, each.	1 unit = each, 20 per month.
DME	A4379										Sometimes	12 33	Ostomy pouch, urinary, with faceplate attached, plastic, each.	1 unit = each, 20 per month. [A4361, A4381, and A4382 are included in A4379]
DME	A4380										Sometimes	12 33	Ostomy pouch, urinary, with faceplate attached, rubber, each.	1 unit = each, 20 per month.
DME	A4381										Sometimes	12 33	Ostomy pouch, urinary, for use on faceplate, plastic, each.	1 unit = each, 20 per month.
DME	A4382										Sometimes	12 33	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each.	1 unit = each, 20 per month.
DME	A4383										Sometimes	12 33	Ostomy pouch, urinary, for use on faceplate, rubber, each.	1 unit = each, 20 per month.
DME	A4384										Sometimes	12 33	Ostomy faceplate equivalent, silicone ring, each.	1 unit = each, 20 per month.
DME	A4385										Sometimes	12 33	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each.	1 unit = each, 20 per month.
DME	A4387										Sometimes	12 33	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each.	1 unit = each, 60 per month.
DME	A4388										Sometimes	12 33	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each.	1 unit = each, 20 per month.
DME	A4389										Sometimes	12 33	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each.	1 unit = each, 20 per month.
DME	A4390										Sometimes	12 33	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each.	1 unit = each, 20 per month.
DME	A4391										Sometimes	12 33	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each.	1 unit = each, 20 per month.
DME	A4392										Sometimes	12 33	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each.	1 unit = each, 20 per month.
DME	A4393										Sometimes	12 33	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each.	1 unit = each, 20 per month.
DME	A4394										Sometimes	12 33	Ostomy deodorant with or without lubricant, for use in ostomy pouch, per fluid ounce.	1 unit = 1 fluid ounce, 20 per month.
DME	A4395										Sometimes	12 33	Ostomy deodorant for use in ostomy pouch, solid, per tablet.	1 unit = tablet, 31 per month.
DME	A4396										Sometimes	12 33	Ostomy belt with peristomal hernia support.	1 unit = each, 1 per month.
DME	A4397										Sometimes	12 33	Irrigation supply; sleeve, each.	1 unit = each, 4 per month.
DME	A4398										Sometimes	12 33	Ostomy irrigation supply; bag, each.	1 unit = each, 2 per 6 month.
DME	A4399										Sometimes	12 33	Ostomy irrigation supply; cone/catheter, with or without brush.	1 unit = each, 2 per 6 month.
DME	A4402										Sometimes	12 33	Lubricant, per ounce.	1 unit = 1 ounce, 18 per month.
DME	A4404										Sometimes	12 33	Ostomy ring, each.	1 unit = each, 10 per month.
DME	A4405										Sometimes	12 33	Ostomy skin barrier, non-pectin based, paste, per ounce.	1 unit = 1 ounce, 4 per month.
DME	A4406										Sometimes	12 33	Ostomy skin barrier, pectin-based, paste, per ounce.	1 unit = 1 ounce, 4 per month.
DME	A4407										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each.	1 unit = each, 20 per month.
DME	A4408										Sometimes	12 33	Ostomy skin barrier, wtih flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each.	1 unit = each, 20 per month.
DME	A4409										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each.	1 unit = each, 20 per month.
DME	A4410										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each.	1 unit = each, 20 per month.
DME	A4411										Sometimes	12 33	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each.	1 unit = each, 20 per month.
DME	A4412										Sometimes	12 33	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each.	1 unit = each, 20 per month.
DME	A4413										Sometimes	12 33	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each.	1 unit = each, 20 per month.
DME	A4414										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each.	1 unit = each, 20 per month.

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DME	A4415										Sometimes	12 33	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each.	1 unit = each, 20 per month.
DME	A4416										Sometimes	12 33	Ostomy pouch, closed, with barrier attached, with filter (one piece), each.	1 unit = each, 60 per month.
DME	A4417										Sometimes	12 33	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each.	1 unit = each, 60 per month.
DME	A4418										Sometimes	12 33	Ostomy pouch, closed; without barrier attached, with filter (one piece), each.	1 unit = each, 60 per month.
DME	A4419										Sometimes	12 33	Ostomy pouch, closed; for use on barrier with flange, with filter (two piece), each.	1 unit = each, 60 per month.
DME	A4420	AAC+20%									Sometimes	12 33	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each.	1 unit = each, 60 per month.
DME	A4422										Sometimes	12 33	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each.	1 unit = each, 120 per month.
DME	A4423										Sometimes	12 33	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each.	1 unit = each, 60 per month.
DME	A4424										Sometimes	12 33	Ostomy pouch, drainable, with barrier attached, with filter (one piece), each.	1 unit = each, 20 per month.
DME	A4425										Sometimes	12 33	Ostomy pouch, drainable; for use on barrier with flange, with filter (two piece system), each.	1 unit = each, 20 per month.
DME	A4426										Sometimes	12 33	Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each.	1 unit = each, 20 per month.
DME	A4427										Sometimes	12 33	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each.	1 unit = each, 20 per month.
DME	A4428										Sometimes	12 33	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each.	1 unit = each, 20 per month.
DME	A4429										Sometimes	12 33	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	1 unit = each, 20 per month.
DME	A4430										Sometimes	12 33	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each.	1 unit = each, 20 per month.
DME	A4431										Sometimes	12 33	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each.	1 unit = each, 20 per month.
DME	A4432										Sometimes	12 33	Ostomy pouch, urinary; for use on barrier with flange, with faucet-type tap with valve (two piece), each.	1 unit = each, 20 per month.
DME	A4433										Sometimes	12 33	Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each.	1 unit = each, 20 per month.
DME	A4434										Sometimes	12 33	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each.	1 unit = each, 20 per month.
DME	A4435										Sometimes	12 33	Ostomy pouch, drainable, high output, with or without filter, each.	1 unit = each, 20 per month.
DME	A4450									AU AV AW	Sometimes	12 33	Tape, non-waterproof, per 18 square inches.	1 unit = 18 sq. inches, 720 per month.
DME	A4452									AU AV AW	Sometimes	12 33	Tape, waterproof, per 18 square inches.	1 unit = 18 sq. inches, 40 per month.
DME	A4455										Sometimes	12 33	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce.	1 unit = 1 ounce, 16 ounces per 6 months. [for use with ostomy supplies]
DME	A4456										Sometimes	12 33	Adhesive remover, wipes, any type, each.	1 unit = each, 100 per months. [for use with ostomy supplies]
DME/OXY	A4459	AAC+20%									Sometimes	12 33	Manual pump-operated enema system, includes balloon, catheter and all acceddories, reusable, any type.	1 unit =each, 1 unit per 5 years
DME	A4461										Sometimes	12 33	Surgical dressing holder, nonreusable, each.	1 unit = each, 4 per month.
DME	A4463										Sometimes	12 33	Surgical dressing holder, reusable, each.	1 unit = each, 1 per 3 months.
OXY	A4481										No	12 33	Tracheostoma filter, any type, any size, each.	1 unit = each. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4483										Sometimes	12 33	Moisture exchanger, disposable, for use with invasive ventilation.	1 unit = 1 box (50), 3 per month.
DME	A4490										Sometimes	12 33	Surgical stockings above knee length, each.	1 unit = each, 4 per 3 months.
DME	A4495										Sometimes	12 33	Surgical stockings thigh length, each.	1 unit = each, 4 per 3 months.
DME	A4500										Sometimes	12 33	Surgical stockings below knee length, each.	1 unit = each, 4 per 3 months.
DME	A4510										Sometimes	12 33	Surgical stockings full length, each.	1 unit = each, 4 per 3 months.
OXY	A4556										No	12 33	Electrodes, (e.g., apnea monitor), per pair.	1 unit = 1 pair. A4556 can be billed separately from E0619.
OXY	A4557										No	12 33	Lead wires, (e.g., apnea monitor), per pair.	1 unit = 1 pair. A4556 can be billed separately from E0619.
DME	A4558										Sometimes	12 33	Conductive gel or paste, for use with electrical device (e.g, TENS, NMES), per oz.	1 unit = each, 1 per 3 months.
DME	A4595										Sometimes	12 33	Electrical stimulator supplies, 2 lead, per month, (e.g. tens, nmes).	1 unit = 1 pair, 2 per month. [A4595 is included in purchase of E0720 and E0730]
DME	A4600	AAC+20%									Sometimes	12 33	Sleeve for intermittent limb compression device, replacement only, each.	1 unit = each, 2 per 12 months.
OXY/DME	A4601	AAC+20%									Yes	12 33	Lithium ion battery for nonprosthetic use, replacement.	1 unit = each, 1 per year 5. (For MassHealth members, only this HCPCS can be used for Non Invasive PAP device).
DME	A4602										Yes	12 33	Replacement battery for external infusion pump owned by patient, lithium. 1.5 volt, each.	1 unit = each, 1 per 12 months (from original DOS)
OXY	A4604									NU	Sometimes	12 33	Tubing with intergrated heating element to used with positive pressure device.	1 unit = each, 1 per 3 months.
OXY	A4605									NU	Sometimes	12 33	Transtracheal suction catheter, closed system, each.	1 unit = each, 11 per month.
OXY	A4606	AAC+20%									Yes	12 33	Oxygen probe for use with oximeter device, replacement.	1 unit = each, 1 per 12 months.
OXY	A4608										Yes	12 33	Transtracheal oxygen catheter, each	1 unit - each, 2 per 3 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4611									NU	Yes	12 33	Battery, heavy duty; replacement for patient owned ventilator.	1 unit = each, 2 per 36 months.
OXY	A4611									RR	Yes	12 33	Battery, heavy duty; replacement for patient owned ventilator.	1 unit = each. 2 per 36 months. Rental is for short term use, rental paid amount can not exceed purchase price
OXY	A4611									UE	Yes	12 33	Battery, heavy duty; replacement for patient owned ventilator.	1 unit = each, 2 per 36 months.
OXY	A4612									NU	Yes	12 33	Battery cables; replacement for patient-owned ventilator.	1 unit = each, 2 per 12 months.
OXY	A4612									RR	Yes	12 33	Battery cables; replacement for patient-owned ventilator.	1 unit = each. 2 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
OXY	A4612									UE	Yes	12 33	Battery cables; replacement for patient-owned ventilator.	1 unit = each, 2 per 12 months.
OXY	A4613									NU	Yes	12 33	Battery charger; replacement for patient-owned ventilator.	1 unit = each, 2 per 12 months.
OXY	A4613									RR	Yes	12 33	Battery charger; replacement for patient-owned ventilator.	1 unit = each. 2 per 12 months. Rental is short term and paid amount can not exceed purchase price
OXY	A4613									UE	Yes	12 33	Battery charger; replacement for patient-owned ventilator.	1 unit = each, 2 per 12 months.
OXY	A4614										Sometimes	12 33	Peak expiratory flow rate meter, hand held.	1 unit = each, 1 per 3 month. (1 unit per Date Of Service)
OXY	A4619									NU	Sometimes	12 33	Face Tent	1 unit = each, 1 per 1 month. (used with E0565 and E0585)
OXY	A4623										No	12 33	Tracheostomy, inner cannula. (replacement only)	1 unit = each. 30 per month. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4623	AAC+30%								UA	No	12 33	Tracheostomy, inner cannula. (replacement only)	1 unit = each. 30 per month. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4623	AAC+30%								UC	No	12 33	Tracheostomy, inner cannula. (replacement only)	1 unit = each. 30 per month. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4624									NU	Sometimes	12 33	Tracheal suction catheter, any type other than closed system, each.	1 unit = each, 150 per month [can be billed separately with E0600, not for use with E2000] Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	A4624	AAC+20%								UC	Sometimes	12 33	Tracheal suction catheter, any type other than closed system, each.	1 unit = each, 150 per month [can be billed separately with E0600, not for use with E2000] For MassHealth members only, this code can be used for Bard Cath 'N' Sleeve suction catheters for a child, or child turned adult (21 yrs. and older) under special medical circumstances. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A4625										No	12 33	Tracheostomy care kit for new tracheostomy.	1 unit = each, 14 per post–op episode., [A4625 is only to be used two weeks post-operatively, after two weeks use code A4629] [A7526 is included in A4625 and cannot be billed separately]
OXY	A4626										Sometimes	12 33	Tracheostomy cleaning brush, each.	1 unit = each, 31 per month., [included in A4625 and A4629 and cannot be billed separately]
OXY	A4627										Sometimes	12 33	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler.	1 unit = each 1 per 3 months.
OXY	A4628									NU	Sometimes	12 33	Oropharyngeal suction catheter, each.	1 unit = each, 4 per month. (can be billed separately from E0600.
OXY	A4628	AAC+20%								UC	Yes	12 33	Oropharyngeal suction catheter, each.	1 unit = 1 package (2). Oropharyngeal suction toothetts catheter 450 per month
OXY	A4629										Sometimes	12 33	Tracheostomy care kit for established tracheostomy.	1 unit = each, 31 per month. [A7526 can be billed separately when bill with A4629]
DME	A4630									NU	Sometimes	12 33	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient.	1 unit = each, 12 per 12 months. [used for replacement of patient owned equipment]
DME	A4635									NU	Sometimes	12 33	Underarm pad, crutch, replacement, each.	1 unit = each, 2 per 6 months. [used for replacement of patient owned equipment]
DME	A4635									RR	Sometimes	12 33	Underarm pad, crutch, replacement, each.	1 unit = each, 2 per 6 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	A4635									UE	Sometimes	12 33	Underarm pad, crutch, replacement, each.	1 unit = each, 2 per 6 months. [used for replacement of patient owned equipment]
DME	A4636									NU	Sometimes	12 33	Replacement, handgrip, cane, crutch, or walker, each.	1 unit = each, 2 per 12 months.
DME	A4636									RR	Sometimes	12 33	Replacement, handgrip, cane, crutch, or walker, each.	1 unit = each, 2 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	A4636									UE	Sometimes	12 33	Replacement, handgrip, cane, crutch, or walker, each.	1 unit = each, 2 per 12 months.
DME	A4637									NU	Sometimes	12 33	Replacement, tip, cane, crutch, walker, each.	1 unit = each, 4 per 12 months. [used for replacement of patient owned equipment]
DME	A4637									RR	Sometimes	12 33	Replacement, tip, cane, crutch, walker, each.	1 unit = each, 4 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	A4637									UE	Sometimes	12 33	Replacement, tip, cane, crutch, walker, each.	1 unit = each, 4 per 12 months. [used for replacement of patient owned equipment]
DME	A4638	AAC+20%								NU	Sometimes	12 33	Replacement battery for patient-owned ear pulse generator, each.	1 unit = each, 1 per 2 years. [used for replacement of patient owned equipment]
DME	A4638	1.C						10% of the ACC Markup		RR	Sometimes	12 33	Replacement battery for patient-owned ear pulse generator, each.	1 unit = each. 1 per 2 years.
DME	A4638	1.C						75% of the ACC Markup		UE	Sometimes	12 33	Replacement battery for patient-owned ear pulse generator, each.	1 unit = each, 1 per 2 years. [used for replacement of patient owned equipment]
DME	A4640									NU	Sometimes	12 33	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	1 unit = each, 1 per 12 months. [used for replacement of patient owned equipment] A4640 is included in initial purchase of E0181.
DME	A4640									RR	Sometimes	12 33	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	1 unit = each.,1 per 12 months Rental is for short term use, rental paid amount can not exceed purchase price
DME	A4640									UE	Sometimes	12 33	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	1 unit = each, 1 per 12 months. [used for replacement of patient owned equipment] A4640 is included in initial purchase of E0181.
DME	A4660										Sometimes	12 33	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	1 unit = each, 1 per 3 years.
DME	A4663										Sometimes	12 33	Blood pressure cuff only.	1 unit = each, 1 per 3 years.
DME	A4670										Sometimes	12 33	Automatic blood pressure monitor.	1 unit = each, 1 per 3 years.
DME	A4927										Sometimes	12 14 33	Gloves, non-sterile, per 100.	1 unit = 1 box [100], 4 Boxes per month.
DME	A4930										Sometimes	12 14 33	Gloves, sterile, per pair.	1 unit = 1 pair, 93 per month.
DME	A5051										Sometimes	12 33	Ostomy pouch, closed; with barrier attached (one piece), each.	1 unit = each, 60 per month.
DME	A5052										Sometimes	12 33	Ostomy pouch, closed; without barrier attached (one piece), each.	1 unit = each, 60 per month.
DME	A5053										Sometimes	12 33	Ostomy pouch, closed; for use on faceplate, each.	1 unit = each, 60 per month.
DME	A5054										Sometimes	12 33	Ostomy pouch, closed; for use on barrier with flange (two piece), each.	1 unit = each, 60 per month.
DME	A5055										Sometimes	12 33	Stoma cap.	1 unit = each, 31 per month.
DME	A5056										Sometimes	12 14 33	Ostomy pouch, drainable, with extended wear barrier attached, with filter. (one piece).each	1 unit = each, 31 per month.
DME	A5057										Sometimes	12 14 33	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter. (one piece).each	1 unit = each, 31 per month.
DME	A5061										Sometimes	12 33	Ostomy pouch, drainable; with barrier attached, (one piece), each.	1 unit = each, 20 per month.
DME	A5062										Sometimes	12 33	Ostomy pouch, drainable; without barrier attached (one piece), each.	1 unit = each, 20 per month.
DME	A5063										Sometimes	12 33	Ostomy pouch, drainable; for use on barrier with flange. (two piece system), each.	1 unit = each, 20 per month.
DME	A5071										Sometimes	12 33	Ostomy pouch, urinary; with barrier attached (one piece), each.	1 unit = each, 20 per month.
DME	A5072										Sometimes	12 33	Ostomy pouch, urinary; without barrier attached (one piece), each.	1 unit = each, 20 per month.
DME	A5073										Sometimes	12 33	Ostomy pouch, urinary; for use on barrier with flange (two piece), each.	1 unit = each, 20 per month.
DME	A5081										Sometimes	12 33	Continent device; plug for continent stoma.	1 unit = each, 31 per month.
DME	A5082										Sometimes	12 33	Continent device; catheter for continent stoma.	1 unit = each, 20 per month.
DME	A5083										Sometimes	12 33	Continent device, stoma absorptive cover for continent stoma	1 unit = each, 60 per month.
DME	A5093										Sometimes	12 33	Ostomy accessory; convex insert.	1 unit = each, 20 per month.
DME	A5102										Sometimes	12 33	Bedside drainage bottle with or without tubing, rigid or expandable, each.	1 unit = each, 1 per 6 months.
DME	A5105										Sometimes	12 33	Urinary suspensory with leg bag, with or without tube, each.	1 unit = each, 2 per 3 months.
DME	A5112										Sometimes	12 33	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each.	1 unit = each, 1 per month. [A4358 is included in A5112 and can not be billed separately]
DME	A5113										Sometimes	12 33	Leg strap; latex, replacement only, per set.	1 unit = per set, 2 per 3 months.
DME	A5114										Sometimes	12 33	Leg strap; foam or fabric, replacement only, per set.	1 unit = per set, 2 per 3 months.
DME	A5120									AU AV	Sometimes	12 33	Skin barrier, wipes or swabs, each.	1 unit = each, 150 per month.
DME	A5121										Sometimes	12 33	Skin barrier; solid, 6 x 6 or equivalent, each.	1 unit = each, 20 per month.
DME	A5122										Sometimes	12 33	Skin barrier; solid, 8 x 8 or equivalent, each.	1 unit = each, 20 per month.
DME	A5126										Sometimes	12 33	Adhesive or non-adhesive; disk or foam pad.	1 unit = each, 20 per month.
DME	A5131										Sometimes	12 33	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	1 unit = 16 ounces, 1 per month.
DME	A5200										Sometimes	12 33	Percutaneous catheter/tube anchoring device, adhesive skin attachment.	1 unit = each, 12 per month.
DME	A6010									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen based wound filler, dry form,sterile, per gram of collagen.	1 unit = each [per gram], 45 per month.
DME	A6011									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen based wound filler, gel/paste,sterile, per gram of collagen.	1 unit = each [per gram], 45 per month.
DME	A6021									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen dressing, sterile, size 16 sq. in. or less, each	1 unit = each, 31 per month per wound.
DME	A6022									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	1 unit = each, 31 per month per wound.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A6023									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen dressing, sterile, size more than 48 sq. in., each	1 unit = each, 31 per month per wound.
DME	A6024									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Collagen dressing wound filler,sterile, per 6 inches.	1 unit = 6 inches, 31 per month per wound.
DME	A6154									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Wound pouch, each.	1 unit = each, 12 per month per wound.
DME	A6196									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Alginate or other fiber gelling dressing, wound cover,sterile, pad size 16 sq. in. or less, each dressing.	1 unit = 6 inches, 31 per month per wound.
DME	A6197									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = 6 inches, 31 per month per wound.
DME	A6198	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Alginate or other fiber gelling dressing, wound cover,sterile, pad size more than 48 sq. in., each dressing.	1 unit = 6 inches, 31 per month per wound.
DME	A6199									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Alginate or other fiber gelling dressing, wound filler,sterile, per 6 inches.	1 unit = 6 inches, 60 per month per wound.
DME	A6203									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Composite dressing,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6204									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.
DME	A6205									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Composite dressing,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6206	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Contact layer,sterile, 16 sq. in. or less, each dressing.	1 unit = each, 4 per month per wound.
DME	A6207									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Contact layer,sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing.	1 unit = each, 4 per month per wound.
DME	A6208	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Contact layer,sterile, more than 48 sq. in., each dressing.	1 unit = each, 4 per month per wound.
DME	A6209									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Foam dressing, wound cover,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6210									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.
DME	A6211									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Foam dressing, wound cover,sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6212									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Foam dressing, wound cover,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6213									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.
DME	A6214									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Foam dressing, wound cover,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6215	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Foam dressing, wound filler,sterile, per gram.	1 unit = each, 3 per month per wound.
DME	A6216									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 200 per month per wound.
DME	A6217									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 200 per month per wound.
DME	A6218									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 200 per month per wound.
DME	A6219									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6220									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 100 per month per wound.
DME	A6221	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6222									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated with other than water, normal saline, or hydrogel,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6223									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 100 per 3 months per wound.
DME	A6224									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated with other than water, normal saline, or hydrogel,sterile, pad size more than 48 square inches, without adhesive border, each dressing.	1 unit = each, 100 per 3 months per wound.
DME	A6228	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, water or normal saline,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 100 per 3 months per wound.
DME	A6229									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, water or normal saline,sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing.	1 unit = each, 100 per 3 months per wound.
DME	A6230	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, water or normal saline,sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1 unit = each, 100 per 3 months per wound.
DME	A6231									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, hydrogel, for direct wound contact,sterile, pad size 16 sq. in. or less, each dressing.	1 unit = each, 12 per month per wound.
DME	A6232									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.
DME	A6233									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, hydrogel for direct wound contact,sterile, pad size more than 48 sq. in., each dressing.	1 unit = each, 12 per month per wound.
DME	A6234									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound cover,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6235									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A6236									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound cover,sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6237									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound cover,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6238									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 12 per month per wound.
DME	A6239									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound cover,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6240									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound filler, paste,sterile, per fluid ounce.	1 fluid ounce = 12 per month per wound.
DME	A6241									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrocolloid dressing, wound filler, dry form,sterile, per gram.	1 unit = 1 gram, 45 per month per wound.
DME	A6242									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrogel dressing, wound cover,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 31 per month per wound.
DME	A6243									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 31 per month per wound.
DME	A6244									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrogel dressing, wound cover,sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 31 per month per wound.
DME	A6245									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrogel dressing, wound cover,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6246									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 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.	1 unit = each, 12 per month per wound.
DME	A6247									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrogel dressing, wound cover,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 12 per month per wound.
DME	A6248									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Hydrogel dressing, wound filler, gel, per fluid ounce.	1 unit = 1 fluid ounce, 3 per month per wound.
DME	A6250										Yes	12 14 33	Skin sealants, protectants, moisturizers, ointments, any type, any size.	1 unit = each, 3 per month.
DME	A6251									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Specialty absorptive dressing, wound cover,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6252									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 100 per month per wound.
DME	A6253									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Specialty absorptive dressing, wound cover,sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6254									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Specialty absorptive dressing, wound cover,sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing.	1 unit = each, 31 per month per wound.
DME	A6255									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = each, 31 per month per wound.
DME	A6256									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Specialty absorptive dressing, wound cover,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 31 per month per wound.
DME	A6257									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Transparent film,sterile, 16 sq. in. or less, each dressing.	1 unit = each, 12 per month per wound.
DME	A6258									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Transparent film,sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing.	1 unit = each, 12 per month per wound.
DME	A6259									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Transparent film,sterile, more than 48 sq. in., each dressing.	1 unit = each, 12 per month per wound.
DME	A6260									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Wound cleansers,any type, any size.	1 unit = 16 ounces, 12 per month per wound.
DME	A6266									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard.	1 unit = 1 linear yard, 60 per month per wound.
DME	A6402									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 200 per month per wound.
DME	A6403									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing.	1 unit = each, 200 per month per wound.
DME	A6404									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing.	1 unit = each, 100 per month per wound.
DME	A6407									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Packing strips, non-impregnated,sterile, up to 2 inch in width, per linear yard.	1 unit = each, 31 per month per wound.
DME	A6410										Sometimes	12 33	Eye pad, sterile, each.	1 unit = each, 124 per month.
DME	A6411	AAC+20%									Sometimes	12 33	Eye pad, non-sterile, each.	1 unit = each, 124 per month.
DME	A6442									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard.	1 unit = 1 yard, 240 per month, per wound.
DME	A6443									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches amd less than five inches, per yard.	1 unit = 1 yard, 240 per month, per wound.
DME	A6444									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard.	1 unit = 1 yard, 240 per month, per wound.
DME	A6445									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard.	1 unit = 1 yard,240 per month, per wound.
DME	A6446									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard.	1 unit = 1 yard, 240 per month, per wound.
DME	A6447									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard.	1 unit = 1 yard, 240 per month, per wound.
DME	A6448									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Light compression bandage, elastic, knitted/woven, width lesss than three inches, per yard.	1 unit = 1 yard, 30 per month, per wound.
DME	A6449									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	1 unit = 1 yard, 30 per month, per wound.
DME	A6450	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	1 unit = 1 yard, 30 per month, per wound.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A6451	AAC+20%								A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = 1 yard, 30 per month, per wound.
DME	A6452									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	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.	1 unit = 1 yard, 30 per month, per wound.
DME	A6453									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard.	1 unit = 1 yard, 30 per month, per wound.
DME	A6454									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard.	1 unit = 1 yard, 80 per month, per wound.
DME	A6455									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard.	1 unit = 1 yard, 80 per month, per wound.
DME	A6456									A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard.	1 unit = 1 yard, 160 per month, per wound.
DME	A6457									AW	Sometimes	12 33	Tubular dressing with or without elastic, any width, per linear yard.	1 unit = 1 linear yard, 248 per month.
DME	A6501	AAC+20%									Yes	12 33	Compression burn garment, bodysuit (head to foot), custom fabricated.	1 unit = each, 2 per 12 months. (1 unit per Date Of Service) Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6502	AAC+20%									Yes	12 33	Compression burn garment, chin strap, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6503	AAC+20%									Yes	12 33	Compression burn garment, facial hood, custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6504	AAC+20%									Yes	12 33	Compression burn garment, glove to wrist, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6505	AAC+20%									Yes	12 33	Compression burn garment, glove to elbow, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6506	AAC+20%									Yes	12 33	Compression burn garment, glove to axilla, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6507	AAC+20%									Yes	12 33	Compression burn garment, foot to knee length, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6508	AAC+20%									Yes	12 33	Compression burn garment, foot to thigh length, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6509	AAC+20%									Yes	12 33	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6510	AAC+20%									Yes	12 33	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6511	AAC+20%									Yes	12 33	Compression burn garment, lower trunk including leg openings (panty), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	A6512	AAC+20%									Yes	12 33	Compression burn garment, not otherwise classified.	1 unit = each.
DME	A6513	AAC+20%									Sometimes	12 33	Compression burn mask, face and/or neck, plastic or equal, custom fabricated.	1 unit = each, 2 per year
OXY	A7000									NU	Sometimes	12 33	Canister, disposable, used with suction pump, each.	1 unit = each, 1 per month. [A7000 can be billed separately if patient owns E0600, otherwise included in monthly rental]
OXY	A7001									NU	Sometimes	12 33	Canister, non-disposable, used with suction pump, each.	1 unit = each, 1 per month. [A7001 can be billed separately if patient owns E0600, otherwise included in monthly rental]
OXY	A7002									NU	Sometimes	12 33	Tubing, used with suction pump, each.	1 unit = each, 1 per month [A7002 can be billed separately from E0600 if patient owns E0600, but not if it is included in A7001, otherwise included in monthly rental]
OXY	A7003									NU	Sometimes	12 33	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable.	1 unit = each, 2 per month. [A7003 can be billed separately when used with E0570 only when the patient owns equipment otherwise A7003 is included in rental]
OXY	A7004									NU	Sometimes	12 33	Small volume nonfiltered pneumatic nebulizer, disposable.	1 unit = each, 2 per month. [A7004 can be billed separately when used with E0570 and A7003 only when patient owns equipment otherwise A7004 is included in monthly rental]
OXY	A7005									NU	Sometimes	12 33	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable.	1 unit = each, 3 per 6 months. [A7005 can be billed separately when used with E0570 only when patient owns equipment otherwise A7005 is included in monthly rental]
OXY	A7006									NU	Sometimes	12 33	Administration set, with small volume filtered pneumatic nebulizer.	1 unit = each, 1 per 1 month. [A7006 can be billed separately when used with E0565, E0570 and E0585 only when patient owns equipment otherwise A7006 is included in monthly rental]
OXY	A7010									NU	Sometimes	12 33	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet.	1 unit = each [100ft], 2 per month. [A7010 can be billed separately when used with E0565 and E0585 only when the patient owns equipment, otherwise A7010 is included in monthly rental]
OXY	A7012									NU	Sometimes	12 33	Water collection device, used with large volume nebulizer.	1 unit = each, 2 per month. [A7012 can be billed separately when used with E0565 and E0585 only when patient owns equipment otherwise A7012 is included in monthly rental]
OXY	A7013									NU	Sometimes	12 33	Filter, disposable, used with aerosol compressor or ultrasonic generator.	1 unit = each, 2 per month. [A7013 can be billed separately when used with E0565, E0570 and E0585 only when patient owns equipment otherwise A7013 is included in monthly rental]
OXY	A7014									NU	Sometimes	12 33	Filter, nondisposable, used with aerosol compressor or ultrasonic generator.	1 unit = each, 1 per 3 months. [A7014 can be billed separately when used with E0565, E0572 and E0585 only when patient owns equipment otherwise A7014 is included in monthly rental]
OXY	A7015									NU	Sometimes	12 33	Aerosol mask, used with DME nebulizer.	1 unit = each, 1 per month. [A7015 can be billed separately when used with E0565, E0570 and E0585 only when patient owns equipment otherwise A7015 is included in monthly rental]
OXY	A7017									NU	Sometimes	12 33	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	1 unit = each, 1 per 12 months. [A7017 can be billed separately when used with E0565 or E0572 only when patient owns equipment otherwise A7017 is included in monthly rental.
OXY	A7017									RR	Sometimes	12 33	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
OXY	A7017									UE	Sometimes	12 33	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	1 unit = each, 1 per 12 months. [A7017 can be billed separately when used with E0565 or E0572 only when patient owns equipment otherwise A7017 is included in monthly rental.
OXY	A7018										Sometimes	12 33	Water, distilled, used with large volume nebulizer, 1000 ml.	1 unit [1000 ml] = each, 15 per month.
OXY	A7020										Sometimes	12 33	Interface for cough stimulating device, includes all components, replacement only.	1 unit = each, 1 per 6 months
OXY	A7025									NU	Yes	12 33	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each.	1 unit = each, 1 per 3 years. (Masshealth members only)
OXY	A7025									UE	Yes	12 33	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each.	1 unit = each, 1 per 3 years. (Masshealth members only)
OXY	A7025									KH KI	Yes	12 33	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members.)

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	A7025									KJ	Yes	12 33	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members.)
OXY	A7026									NU	Yes	12 33	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each.	1 unit = each, 1 per 3 years.
OXY	A7027									NU	Sometimes	12 31 32 33	Combination oral/nasal mask, used with continuous positive airway pressure device, each	1 unit = each, 1 per 3 months.
OXY	A7028									NU	Sometimes	12 31 32 33	Oral cushion for combination oral/nasal mask, replacement only, each	1 unit = each, 2 per month.
OXY	A7029									NU	Sometimes	12 31 32 33	Nasal pillows for combination oral/nasal mask, replacement only, pair.	1 unit = each, 2 per month.
OXY	A7030									NU	Sometimes	12 33	Full face mask used with positive airway pressure device, each.	1 unit = each, 1 per 3 months. (to be used with E0470, E0471 or E0601)
OXY	A7031									NU	Sometimes	12 33	Face mask interface, replacement for full face mask, each.	1 unit = each, 1 per month. (to be used with E0470, E0471 or E0601)
OXY	A7032									NU	Sometimes	12 33	Replacement cushion for nasal application device, each.	1 unit = each, 2 per month. (used with E0470, E0471 or E0601)
OXY	A7033									NU	Sometimes	12 33	Replacement pillows for nasal application device, pair.	1 unit = each, 2 per month. (used with E0470, E0471 or E0601)
OXY	A7034									NU	Sometimes	12 33	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap.	1 unit = each, 1 per 3 months. (used with E0470, E0471 or E0601)
OXY	A7035									NU	Sometimes	12 33	Headgear used with positive airway pressure device.	1 unit = each, 1 per 6 months. (used with E0470, E0471 or E0601) (1 unit per Date Of Service)
OXY	A7036									NU	Sometimes	12 33	Chinstrap used with positive airway pressure device.	1 unit = each, 1 per 6 months. (used with E0470, E0471 or E0601) (1 unit per Date Of Service)
OXY	A7037									NU	Sometimes	12 33	Tubing used with positive airway pressure device.	1 unit = each, 1 per 3 months. (used with E0601, E0470 or E0471)
OXY	A7038									NU	Sometimes	12 33	Filter, disposable, used with positive airway pressure device.	1 unit = each, 2 per month. (A7038 is included in monthly rental and cannot be billed separately for 6 months after E0470, E0471 or E0601)
OXY	A7039									NU	Sometimes	12 33	Filter, non disposable, used with positive airway pressure device.	1 unit = each, 1 per 6 months. (used with E0470, E0471 or E0601)
OXY	A7044									NU	Sometimes	12 33	Oral interface used with positive airway pressure device, each.	1 unit = each, 1 per 3 month.
OXY	A7045									NU	Sometimes	12 33	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only.	1 unit = each, 1 per 12 month.
OXY	A7045									RR	Sometimes	12 33	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only.	1 unit = each, 1 per 12 month. Rental is for short term use, rental paid amount can not exceed purchase price
OXY	A7045									UE	Sometimes	12 33	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only.	1 unit = each, 1 per 12 month.
OXY	A7046									NU	Sometimes	12 33	Water chamber for humidifier, used with positive pressure device, replacement, each.	1 unit = each, 1 per 6 months. (only when an appropriate humidifier has been purchased)
OXY	A7047										Yes	12 33	Oral interface used with respiratory suction pump, each.	1 unit = each, 1 per 12 month.
DME	A7048										No	12 33	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	1 unit = each, 10 per month.
OXY	A7501										Sometimes	12 33	Tracheostoma valve, including diaphragm, each.	1 unit = each, 1 per 6 month. (used with E0601, E0470, or E0471)
OXY	A7502										Sometimes	12 33	Replacement diaphragm/faceplate for tracheostoma valve, each.	1 unit = each, 3 per 6 months.
OXY	A7503										Sometimes	12 33	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	1 unit = each, 2 per 12 months.
OXY	A7504										Sometimes	12 33	Filter for use in a tracheostoma heat and moisture exchange system, each.	1 unit = each, 90 per month. [packages of 30]
OXY	A7505										Sometimes	12 33	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	1 unit = each, 4 per month.
OXY	A7506										Sometimes	12 33	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each.	1 unit = each, 90 per month. [packages of 30]
OXY	A7507										Sometimes	12 33	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	1 unit = each, 90 per month.
OXY	A7508										Sometimes	12 33	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	1 unit = each, 90 per month.
OXY	A7509										Sometimes	12 33	Filter holder and integrated filter and adhesive, for use as a tracheostoma heat and moisture exchange system, each.	1 unit = each, 90 per month.
OXY	A7520									NU	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each.	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7520	AAC+30%								UA	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7520	AAC+30%								UC	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7521									NU	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each.	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7521	AAC+30%								UA	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7521	AAC+30%								UC	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7522									NU	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each.	1 unit = each, 1 per 12 months.
OXY	A7522	AAC+20%								UC	Sometimes	12 31 32 33	Tracheostomy/laryngectomy tube, stainless steel (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 1 per 12 months.
OXY	A7523	AAC+20%									Sometimes	12 33	Tracheostomy shower protector, each.	1 unit = each, 1 per 6 months.
OXY	A7524										Sometimes	12 33	Tracheostoma stent/stud/button, each.	1 unit = each, 1 per 3 months.
OXY	A7525										Sometimes	12 33	Tracheostomy mask, each.	1 unit = each, 1 per 1 month. [used with E0570 and E0585] claim must include applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	A7526										Sometimes	12 33	Tracheostomy tube collar/holder, each.	1 unit = each, 10 per month. [A7526 is included in A4625 and cannot be billed separately]
OXY	A7527										Sometimes	12 33	Tracheostomy/laryngectomy tube plug, each.	1 unit = each, 12 per year.
DME	A8000									NU	Sometimes	12 32 33	Helmet, protective, soft, prefabricated, includes all components and accessories.	1 unit = each, 1 per 1 year.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	A8000									RR	Sometime	12 14 32 33	Helmet, protective, soft, prefabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8000									UE	Sometimes	12 14 32 33	Helmet, protective, soft, prefabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8001									NU	Sometimes	12 14 32 33	Helmet, protective, hard, prefabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8001									RR	Sometimes	12 14 32 33	Helmet, protective, hard, prefabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8001									UE	Sometimes	12 14 32 33	Helmet, protective, hard, prefabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8002	AAC+30%								NU	Sometimes	12 14 32 33	Helmet, protective, soft, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8002	I.C						10% of the ACC Markup		RR	Sometimes	12 14 32 33	Helmet, protective, soft, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8002	I.C						75% of the ACC Markup		UE	Sometimes	12 14 32 33	Helmet, protective, soft, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8003	AAC+30%								NU	Sometimes	12 14 32 33	Helmet, protective, hard, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8003	I.C						10% of the ACC Markup		RR	Sometimes	12 14 32 33	Helmet, protective, hard, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8003	I.C						75% of the ACC Markup		UE	Sometimes	12 14 32 33	Helmet, protective, hard, custom fabricated, includes all components and accessories	1 unit = each, 1 per 1 year.
DME	A8004	AAC+30%								NU	Sometimes	12 14 32 33	Soft interface for helmet, replacement only	1 unit = each, 1 per 1 year.
DME	A8004	I.C						10% of the ACC Markup		RR	Sometimes	12 14 32 33	Soft interface for helmet, replacement only	1 unit = each, 1 per 1 year.
DME	A8004	I.C						75% of the ACC Markup		UE	Sometimes	12 14 32 33	Soft interface for helmet, replacement only (used durable medical equipment)	1 unit = each, 1 per 1 year.
DME	A9274	AAC+30%									Yes	12 33	External ambulatory insulin delivery system, disposable, each includes all supplies and accessories.	1 unit = each, 20 per month.
DME	A9276	AAC+30%									Yes	12 33	Sensor, invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system.	1 unit = each, Max 10 units per month based on the following manufacturers : • Dexcom – 1 per week, 52 per year. (1 last 7 days) • MiniMed – 10 per month, 120 per year. (1 last 3 days) • Medtronic Enlite System - 5 per month, 60 per year.
DME	A9277	AAC+30%									Yes	12 33	Transmitter, external for use with interstitial continuous glucose monitoring system.	1 unit = each. 2 per year.
DME	A9278	AAC+30%									Yes	12 33	Receiver (monitor), external for use with interstitial continuous glucose monitoring system.	1 unit = each. 1 per year.
DME	A9280	AAC+30%									Yes	12 33	Alert or alarm device, not otherwise classified	1 unit = each, 1 per 3 years. This code is to be used for Enuresis, Seizure alarm and CO2 monitoring device only.
DME	A9281	AAC+20%									Sometimes	12 33	Reaching/grabbing device, any type, any length, each.	1 unit = each, 1 per 12 months.
DME	A9900	AAC+20%									YES	12	Miscellaneous DME supply, accessory and/or service component of another HCPCS code (for MassHealth Members only. Can be used in conjunction with HCPCS A9280 CO2 Monitoring Device)	1 unit = each, 1 per 5 years
DME	B4034										Sometimes	12 14 33	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressing, tape.	1 unit = 1 each, 1 per day. [A5200 included in code B4034], all supplies including dressings], other than feeding tube itself. Can not bill if billing "S" codes (item included in "S" codes) (1 unit per Date Of Service)
DME	B4035										Sometimes	12 14 33	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressing, tape.	1 unit = each, 31 per month. [A5200 included in code B4035] all supllies [including dressings], other than the feeding tube itself included. Can not bill if billing "S" codes (item included in "S" code.
DME	B4036										Sometimes	12 14 33	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressing, tape.	1 unit = each, 31 per month. [A5200 included in code B4036] all supplies [including dressings], other than the feeding tube itself included. Can not bill if billing "S" codes (item included in "S" codes.
DME	B4081										Sometimes	12 14 33	Nasogastric tubing with stylet.	1 unit = each, 6 per 3 months.
DME	B4082										Sometimes	12 14 33	Nasogastric tubing without stylet.	1 unit = each, 6 per 3 months.
DME	B4083										Sometimes	12 14 33	Stomach tube - levine type.	1 unit = each, 6 per 3 months.
DME	B4087									NU	Sometimes	12 14 33	Gastrostomy/jejunostomy tube, standard, any material, any type, each.	1 unit = each, 6 per 3 months, 1 unit per DOS
DME	B4087									UC	Sometimes	12 14 33	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube) **For** this HCPCS providers of DME may use UC modifier for a child (>21 yrs.) under special medical circumstances such as but not limited to spastic movements or behavioral issues that causes the tube to come out and cause a need for frequent replacement. ** Providers are reminded they must have documentation of medical justification in the member's record before supplying/billing with this modifier for > 21 yrs. of age.	1 unit = each, 6 per 3 months, 1 unit per DOS
DME	B4088									NU	Sometimes	12 14 33	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each.	1 unit = each, 6 per 3 months, 1 unit per DOS
DME	B4088									UC	Sometimes	12 14 33	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube) **For** this HCPCS providers of DME may use UC modifier for a child (>21 yrs.) under special medical circumstances such as but not limited to spastic movements or behavioral issues that causes the tube to come out and cause a need for frequent replacement. ** Providers are reminded they must have documentation of medical justification in the member's record before supplying/billing with this modifier for > 21 yrs. of age.	1 unit = each, 6 per 3 months, 1 unit per DOS. (1 unit per Date Of Service)
DME	B4100	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Food thickener, administered orally, per ounce.	1 unit = 1 ounce, 14 units per day/396 per month.
DME	B4102	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Enteral formula: for adult, used to replace fluids and electroyles (e.q. clear liquids) 500 ML = 1 unit.	1 unit = 500ml.
DME	B4102	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral formula: for adult, used to replace fluids and electroyles (e.q. clear liquids) 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
DME	B4103	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Enteral formula: for pediatrices, used to replace fluids and electroyles (e.q. clear liquids) 500 ML = 1 unit.	1 unit = 500ml. (BA)
DME	B4103	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral formula: for pediatrices, used to replace fluids and electroyles (e.q. clear liquids) 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
DME	B4104	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Additive for enteral formula: (e.q. fiber).	1 unit = each, (BA) 6 per day/180 per month.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	B4104	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Additive for enteral formula: (e.q. fiber). 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
DME	B4105	AAC+20%									Yes	12 14 33	In-Line Cartridge Containing Digestive Enzyme(s) for Enteral Feeding	1 unit= each, 2 per day/60 per month
DME	B4149		Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories. (BA)
DME	B4149	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
DME	B4150		Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories (BA).
DME	B4150		Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
DME	B4152		Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories (BA).
DME	B4152		Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
DME	B4153		Link to Calculate Case & Calories							BA	Yes	12 14 33	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	1 unit = 100 calories. (BA)
DME	B4153		Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day
DME	B4154		Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories. (BA)
DME	B4154	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4155		Link to Calculate Case & Calories							BA	Yes	12 14 33	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)	1 unit = 100 calories. (BA)
DME	B4155	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4157	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4157	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories. (BA)
DME	B4158	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day
DME	B4158	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories. (BA)
DME	B4159	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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, 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	B4159	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	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.	1 unit = 100 calories. (BA)
DME	B4160	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4160	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	1 unit = 100 calories. (BA)
DME	B4161	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Enteral 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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4161	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Enteral 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.	1 unit = 100 calories. (BA)
DME	B4162	AAC+25%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day/180 per month.
DME	B4162	AAC+25%	Link to Calculate Case & Calories							BA	Yes	12 14 33	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	1 unit = 100 calories. (BA)
DME	B4164		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4168		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4172	AAC+25%	Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4176		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4178		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4180		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
DME	B4185		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution, per 10 grams lipids.	1 unit = per 10 gram lipids.
DME	B4189		Link to Calculate Case & Calories								No	12 14 33	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.	1 unit = 1 0-51 grams of protein. (B4164, B4180, B4168 - B4178, B4216 included in B4189)
DME	B4193		Link to Calculate Case & Calories								No	12 14 33	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.	1 unit = 52-73 grams of protein.
DME	B4197		Link to Calculate Case & Calories								No	12 14 33	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.	1 unit = 74-100 grams of protien.
DME	B4199		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix.	1 unit = over 100 grams of protein.
DME	B4216		Link to Calculate Case & Calories								Sometimes	12 14 33	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day.	1 unit = 1 per day.
DME	B4220		Link to Calculate Case & Calories								Sometimes	12 14 33	Parenteral nutrition supply kit; premix, per day.	1 unit = 1 per day.
DME	B4222		Link to Calculate Case & Calories								Sometimes	12 14 33	Parenteral nutrition supply kit; home mix, per day.	1 unit = 1 per day.
DME	B4224		Link to Calculate Case & Calories								Sometimes	12 14 33	Parenteral nutrition administration kit, per day.	1 unit = 1 per day.
DME	B5000		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-rf, nephramine, renamine-premix	1 unit = 1 gram. [B4164, B4180, B4168 - B4178, B4216 included in B5000].
DME	B5100		Link to Calculate Case & Calories								No	12 14 33	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, hepatamine-premix	1 unit = 1 gram. [B4164, B4180, B4168 - B4178, B4216 included in B5000].
DME	B5200	AAC+25%	Link to Calculate Case & Calories								No	12 14 33	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	1 unit = 1 gram. [B4164, B4180, B4168 - B4178, B4216 included in B5000].
DME	B9002									NU	Sometimes	12 14 33	Enteral nutrition infusion pump, any type.	1 unit = each, 1 per 3 years.
DME	B9002									RR	Sometimes	12 14 33	Enteral nutrition infusion pump, any type.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price. 1 unit per Date Of Service)
DME	B9002									UE	Sometimes	12 14 33	Enteral nutrition infusion pump with alarm.	1 unit = each, 1 per 3 years.
DME	B9004									NU	Sometimes	12 14 33	Parenteral nutrition infusion pump, portable	1 unit = each, 1 per 3 years.
DME	B9004									RR	Sometimes	12 14 33	Parenteral nutrition infusion pump, portable	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	B9004									UE	Sometimes	12 14 33	Parenteral nutrition infusion pump, portable	1 unit = each, 1 per 3 years.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	B9006									NU	Sometimes	12 14 33	Parenteral nutrition infusion pump, stationary	1 unit = each, 1 per 3 years.
DME	B9006									RR	Sometimes	12 14 33	Parenteral nutrition infusion pump, stationary.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	B9006									UE	Sometimes	12 14 33	Parenteral nutrition infusion pump, stationary.	1 unit = each, 1 per 3 years.
DME	E0100									NU	Sometimes	12 33	Cane, includes canes of all materials, adjustable or fixed, with tip.	1 unit = each, 1 per 3 years.
DME	E0100									RR	Sometimes	12 33	Cane, includes canes of all materials, adjustable or fixed, with tip.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0100									UE	Sometimes	12 33	Cane, includes canes of all materials, adjustable or fixed, with tip.	1 unit = each, 1 per 3 years.
DME	E0105									NU	Sometimes	12 33	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips.	1 unit = each, 1 per 3 years.
DME	E0105									RR	Sometimes	12 33	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0105	AAC+30%								UD	Sometimes	12 33	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips.	1 unit = each, 1 per 3 years.
DME	E0105									UE	Sometimes	12 33	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips.	1 unit = each, 1 per 3 years.
DME	E0110									NU	Sometimes	12 33	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips.	1 unit = each, 1 per 3 years.
DME	E0110									RR	Sometimes	12 33	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0110	AAC+30%								UD	Sometimes	12 33	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips.	1 unit = each, 1 per 3 years.
DME	E0110									UE	Sometimes	12 33	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips.	1 unit = each, 1 per 3 years.
DME	E0111									NU	Sometimes	12 33	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips.	1 unit = each, 2 per 3 years.
DME	E0111									RR	Sometimes	12 33	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0111	AAC+30%								UD	Sometimes	12 33	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	1 unit = each, 2 per 3 years.
DME	E0111									UE	Sometimes	12 33	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips.	1 unit = each, 2 per 3 years.
DME	E0112									NU	Sometimes	12 33	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0112									RR	Sometimes	12 33	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0112	AAC+30%								UD	Sometimes	12 33	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0112									UE	Sometimes	12 33	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0113									NU	Sometimes	12 33	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip.	1 unit = each, 2 per year.
DME	E0113									RR	Sometimes	12 33	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0113	AAC+30%								UD	Sometimes	12 33	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip.	1 unit = each, 2 per year.
DME	E0113									UE	Sometimes	12 33	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip.	1 unit = each, 2 per year.
DME	E0114									NU	Sometimes	12 33	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0114									RR	Sometimes	12 33	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0114	AAC+30%								UD	Sometimes	12 33	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0114									UE	Sometimes	12 33	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year.
DME	E0116									NU	Sometimes	12 33	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each.	1 unit = each, 2 per year
DME	E0116									RR	Sometimes	12 33	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each.	1 unit = each. 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0116	AAC+30%								UD	Sometimes	12 33	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each.	1 unit = each, 2 per year.
DME	E0116									UE	Sometimes	12 33	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each.	1 unit = each, 2 per year.
DME	E0117									NU	Sometimes	12 33	Crutch, underarm, articulating, spring assisted, each	1 unit = each, 2 per year. (Masshealth members only)
DME	E0117	AAC+30%								UD	Sometimes	12 33	Crutch, underarm, articulating, spring assisted, each.	1 unit = each, 2 per year. (Masshealth members only)
DME	E0117									UE	Sometimes	12 33	Crutch, underarm, articulating, spring assisted, each.	1 unit = each, 2 per year. (Masshealth members only)
DME	E0117									KH KI	Sometimes	12 33	Crutch, underarm, articulating, spring assisted, each.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0117									KJ	Sometimes	12 33	Crutch, underarm, articulating, spring assisted, each.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0118	AAC+30%								NU	Sometimes	12 33	Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years.
DME	E0118	I.C.						10% of the ACC Markup		RR	Sometimes	12 33	Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0118	I.C.						75% of the ACC Markup		UE	Sometimes	12 33	Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years.
DME	E0130	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, rigid (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0130 on initial purchase]
DME	E0130	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 33	Walker, rigid (pickup), adjustable or fixed height.	1 unit = each. 1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0130	AAC+30%								UD	Sometimes	12 33	Walker, rigid (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0130 on initial purchase.
DME	E0130	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, rigid (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0130 on initial purchase.
DME	E0135	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, folding (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0135 on initial purchase.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0135	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 33	Walker, folding (pickup), adjustable or fixed height.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0135	AAC+30%								UD	Sometimes	12 33	Walker, folding (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0135 on initial purchase.
DME	E0135	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, folding (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0135 on initial purchase.
DME	E0140	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years.
DME	E0140	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years.
DME	E0140	AAC+30%								UC	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Pediatric walkers.
DME	E0140	AAC+30%								UD	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Bariatric walkers.
DME	E0140	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0140	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0141	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, rigid, wheeled, adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141. (1 unit per Date Of Service)
DME	E0141	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 33	Walker, rigid, wheeled, adjustable or fixed height.	1 unit = each.1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0141	AAC+30%								UC	Sometimes	12 33	Walker, rigid, wheeled, adjustable or fixed height. Pediatric.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141.
DME	E0141	AAC+30%								UD	Sometimes	12 33	Walker, rigid, wheeled, adjustable or fixed height. Bariatric.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141.
DME	E0141	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, rigid, wheeled, adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141.
DME	E0143	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, folding, wheeled, adjustable or fixed height.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase.
DME	E0143	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 33	Walker, folding, wheeled, adjustable or fixed height.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0143	AAC+30%								UC	Sometimes	12 33	Walker, folding, wheeled, adjustable or fixed height. Pediatric.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase.
DME	E0143	AAC+30%								UD	Sometimes	12 33	Walker, folding, wheeled, adjustable or fixed height. Bariatric.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase.
DME	E0143	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, folding, wheeled, adjustable or fixed height.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase.
DME	E0144	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat. Pediatric.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (Masshealth members only)
DME	E0144	AAC+30%								UC	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (Masshealth members only)
DME	E0144	AAC+30%								UD	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (1 unit per Date Of Service) (Masshealth members only)
DME	E0144	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (Masshealth members only)
DME	E0144	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat. Bariatric.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0144	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat. Bariatric.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0147	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Walker, heavy duty, multiple breaking system, variable wheel resistance.	1 unit = each, 1 per 3 years. A4636, E0155 and E0159 is included in initial purchase of E0147 [for patients who weight greater than 350 pounds.
DME	E0147	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 33	Walker, heavy duty, multiple breaking system, variable wheel resistance.	1 unit = each. 1 per 3 years.Rental is for short term use, rental paid amount can not exceed purchase price [for patients who weight greater than 350 pounds.
DME	E0147	AAC+30%								UD	Yes	12 33	Walker, heavy duty, multiple breaking system, variable wheel resistance.	1 unit = each, 1 per 3 years. A4636, E0155 and E0159is included in initial purchase of E0147 [for patients who weight greater than 350 pounds.
DME	E0147	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Walker, heavy duty, multiple breaking system, variable wheel resistance.	1 unit = each, 1 per 3 years. A4636, E0155 and E0159is included in initial purchase of E0147 [for patients who weight greater than 350 pounds.
DME	E0148	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, heavy duty, without wheels, rigid or folding, any type, each.	1 unit = each, 1 per 3 years. A4636, A4637 included in initial purchase of E0148 [patients weights over 300 pounds.
DME	E0148	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 33	Walker, heavy duty, without wheels, rigid or folding, any type, each.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0148	AAC+30%								UD	Sometimes	12 33	Walker, heavy duty, without wheels, rigid or folding, any type, each.	1 unit = each, 1 per 3 years. A4636, A4637 included in initial purchase of E0148 [patients weights over 300 pounds.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0148	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, heavy duty, without wheels, rigid or folding, any type, each.	1 unit = each, 1 per 3 years. A4636, A4637 included in initial purchase of E0148 [patients weights over 300 pounds.
DME	E0149	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 included in initial purchase of E0149 [patients weights over 300 pounds.
DME	E0149	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 included in initial purchase of E0149 [patients weights over 300 pounds.
DME	E0149	AAC+30%								UD	Sometimes	12 33	Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 included in initial purchase of E0149 [patients weights over 300 pounds.
DME	E0149	NOTE When Utilizing this procedure code Click HERE								KH KI	Sometimes	12 33	Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0149	NOTE When Utilizing this procedure code Click HERE								KJ	Sometimes	12 33	Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0153									NU	Sometimes	12 33	Platform attachment, forearm crutch, each.	1 unit = each, 2 per year.
DME	E0153									UE	Sometimes	12 33	Platform attachment, forearm crutch, each.	1 unit = each, 2 per year.
DME	E0153									RR	Sometimes	12 33	Platform attachment, forearm crutch, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0153	AAC+30%								UC	Sometimes	12 33	Platform attachment, forearm crutch, each. Pediatric	1 unit = each, 2 per year.
DME	E0153	AAC+30%								UD	Sometimes	12 33	Platform attachment, forearm crutch, each. Bariatric	1 unit = each, 2 per year.
DME	E0154									NU	Sometimes	12 33	Platform attachment, walker, each.	1 unit = each, 2 per year.
DME	E0154									UE	Sometimes	12 33	Platform attachment, walker, each.	1 unit = each, 2 per year.
DME	E0154									RR	Sometimes	12 33	Platform attachment, walker, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0154	AAC+30%								UC	Sometimes	12 33	Platform attachment, walker, each. Pediatric	1 unit = each, 2 per year.
DME	E0154	AAC+30%								UD	Sometimes	12 33	Platform attachment, walker, each. Bariatric	1 unit = each, 2 per year.
DME	E0155									NU	Sometimes	12 33	Wheel attachment, rigid pick-up walker, per pair.	1 unit = each, 2 per year.
DME	E0155									RR	Sometimes	12 33	Wheel attachment, rigid pick-up walker, per pair.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0155									UE	Sometimes	12 33	Wheel attachment, rigid pick-up walker, per pair.	1 unit = each, 1 per year.
DME	E0155	AAC+30%								UD	Sometimes	12 33	Wheel attachment, rigid pick-up walker, per pair. Bariatric	1 unit = each, 1 per year.
DME	E0156									NU	Sometimes	12 33	Seat attachment, walker.	1 unit = each, 1 per 3 years.
DME	E0156									RR	Sometimes	12 33	Seat attachment, walker.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0156									UE	Sometimes	12 33	Seat attachment, walker.	1 unit = each, 1 per 3 years.
DME	E0156	AAC+30%								UD	Sometimes	12 33	Seat attachment, walker. Bariatric	1 unit = each, 1 per 3 years.
DME	E0157									NU	Sometimes	12 33	Crutch attachment, walker, each.	1 unit = each, 2 per year.
DME	E0157									RR	Sometimes	12 33	Crutch attachment, walker, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0157									UE	Sometimes	12 33	Crutch attachment, walker, each.	1 unit = each, 2 per year.
DME	E0158									NU	Sometimes	12 33	Leg extensions for walker, per set of four (4).	1 unit = per set of 4, 2 per year. [covered for patient six feet tall or more]
DME	E0158									RR	Sometimes	12 33	Leg extensions for walker, per set of four (4).	1 unit = per set of 4. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0158									UE	Sometimes	12 33	Leg extensions for walker, per set of four (4).	1 unit = per set of 4, 2 per year. [covered for patient six feet tall or more]
DME	E0158	AAC+30%								UD	Sometimes	12 33	Leg extensions for walker, per set of four (4).	1 unit = per set of 4, 2 per year. [covered for patient six feet tall or more]
DME	E0159									NU	Sometimes	12 33	Brake attachment for wheeled walker, replacement, each.	1 unit = each, 2 per 12 months
DME	E0159									RR	Sometimes	12 33	Brake attachment for wheeled walker, replacement, each.	1 unit = each. 2 per 12 months Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0159									UE	Sometimes	12 33	Brake attachment for wheeled walker, replacement, each.	1 unit = each, 2 per 12 months
DME	E0159	AAC+30%								UD	Sometimes	12 33	Brake attachment for wheeled walker, replacement, each. Bariatric	1 unit = each, 2 per 12 months
DME	E0160									NU	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode.	1 unit = each, 1 per 12 months.
DME	E0160									RR	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0160									UE	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode.	1 unit = each, 1 per 12 months.
DME	E0161									NU	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s.	1 unit = each, 1 per 12 months.
DME	E0161									RR	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0161									UE	Sometimes	12 33	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	1 unit = each, 1 per 12 months
DME	E0162									NU	Sometimes	12 33	Sitz bath chair.	1 unit = each, 1 per 3 years.
DME	E0162									RR	Sometimes	12 33	Sitz bath chair.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0162									UE	Sometimes	12 33	Sitz bath chair.	1 unit = each, 1 per 3 years.
DME	E0163									NU	Sometimes	12 33	Commode chair, stationary, with fixed arms.	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0163]
DME	E0163									RR	Sometimes	12 33	Commode chair, stationary, with fixed arms.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0163									UE	Sometimes	12 33	Commode chair, stationary, with fixed arms.	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0163]
DME	E0163	AAC+30%								UD	Sometimes	12 33	Commode chair, stationary, with fixed arms. Bariatric	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0163]
DME	E0165									NU	Sometimes	12 33	Commode chair, stationary, with detachable arms.	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165. (Masshealth members only)
DME	E0165	AAC+30%								UD	Sometimes	12 33	Commode chair, stationary, with detachable arms. Bariatric	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165. (Masshealth members only)
DME	E0165									UE	Sometimes	12 33	Commode chair, stationary, with detachable arms.	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165. (Masshealth members only)
DME	E0165									KH KI	Sometimes	12 33	Commode chair, stationary, with detachable arms.	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0165									KJ	Sometimes	12 33	Commode chair, stationary, with detachable arms.	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0167									NU	Sometimes	12 33	Pail or pan for use with commode chair.	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0168, E0165 and E0163.
DME	E0167									RR	Sometimes	12 33	Pail or pan for use with commode chair.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0167	AAC+30%								UD	Sometimes	12 33	Pail or pan for use with commode chair. Bariatric	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0168, E0165 and E0163.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0167									UE	Sometimes	12 33	Pail or pan for use with commode chair.	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0168, E0165 and E0163.
DME	E0168									NU	Sometimes	12 33	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each.	1 unit = each, 1 per 3 years. (E0167 is included in initial purchase of E0168) (weights over 300 pounds)
DME	E0168									RR	Sometimes	12 33	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each .	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0168									UE	Sometimes	12 33	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each.	1 unit = each, 1 per 3 years. (E0167 is included in initial purchase of E0168) (weights over 300 pounds)
DME	E0170									NU	Sometimes	12 33	Commode chair with intergrated seat lift mechanism, electric, any type.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0170									UE	Sometimes	12 33	Commode chair with intergrated seat lift mechanism, electric, any type.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0170	AAC+30%								UD	Sometimes	12 33	Commode chair with intergrated seat lift mechanism, electric, any type. Bariatric	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0170									KH KI	Sometimes	12 33	Commode chair with intergrated seat lift mechanism, electric, any type.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0170									KJ	Sometimes	12 33	Commode chair with intergrated seat lift mechanism, electric, any type.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0171									NU	Sometimes	12 33	Commode chair with integrated seat lift mechanism, non-electric, any type.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0171									UE	Sometimes	12 33	Commode chair with integrated seat lift mechanism, non-electric, any type.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0171	AAC+30%								UD	Sometimes	12 33	Commode chair with integrated seat lift mechanism, non-electric, any type. Bariatric	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0171									KH KI	Sometimes	12 33	Commode chair with integrated seat lift mechanism, non-electric, any type.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0171									KJ	Sometimes	12 33	Commode chair with integrated seat lift mechanism, non-electric, any type.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0172	AAC+30%									Yes	12 33	Seat lift mechanism placed over or on top of toilet, any type.	1 unit = each, 1 per 3 years.
DME	E0175									NU	Sometimes	12 33	Foot rest, for use with commode chair, each.	1 unit = each, 2 per year.
DME	E0175									RR	Sometimes	12 33	Foot rest, for use with commode chair, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0175									UE	Sometimes	12 33	Foot rest, for use with commode chair, each.	1 unit = each, 2 per year.
DME	E0181									NU	Yes	12 33	Pressure pad, alternating with pump, heavy duty.	1 unit = each, 1 per 3 years. A4640 and E0182 included in E0181. (Masshealth members only)
DME	E0181									UE	Yes	12 33	Pressure pad, alternating with pump, heavy duty.	1 unit = each, 1 per 3 years. A4640 and E0182 included in E0181. (Masshealth members only)
DME	E0181									KH KI	Yes	12 33	Pressure pad, alternating with pump, heavy duty.	1 unit = each.1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0181									KJ	Yes	12 33	Pressure pad, alternating with pump, heavy duty.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0182									NU	Yes	12 33	Pump for alternating pressure pad.	1 unit = each, 1 per 3 years. Replacement to an already purchased pressure pad with pump. (Masshealth members only)
DME	E0182									UE	Yes	12 33	Pump for alternating pressure pad.	1 unit = each, 1 per 3 years. Replacement to an already purchased pressure pad with pump. (Masshealth members only)
DME	E0182									KH KI	Yes	12 33	Pump for alternating pressure pad.	1 unit = each, 1 per 3 years. Replacement to an already purchased pressure pad with pump. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0182									KJ	Yes	12 33	Pump for alternating pressure pad.	1 unit = each, 1 per 3 years. Replacement to an already purchased pressure pad with pump. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0184									NU	Sometimes	12 33	Dry pressure mattress.	1 unit = each, 1 per 12 months.
DME	E0184									RR	Sometimes	12 33	Dry pressure mattress.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0184									UE	Sometimes	12 33	Dry pressure mattress.	1 unit = each, 1 per 12 months.
DME	E0185									NU	Sometimes	12 33	Gel or gel-like pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 12 months.
DME	E0185									RR	Sometimes	12 33	Gel or gel-like pressure pad for mattress, standard mattress length and width.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0185									UE	Sometimes	12 33	Gel or gel-like pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 12 months.
DME	E0186									NU	Yes	12 33	Air pressure mattress.	1 unit = each, 1 per 12 months. (Masshealth members only)
DME	E0186									UE	Yes	12 33	Air pressure mattress.	1 unit = each, 1 per 12 months. (Masshealth members only)
DME	E0186									KH KI	Yes	12 33	Air pressure mattress.	1 unit = each, 1 per 12 months. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0186									KJ	Yes	12 33	Air pressure mattress.	1 unit = each, 1 per 12 months. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0187									NU	Yes	12 33	Water pressure mattress.	1 unit = each, 1 per 12 months. (Masshealth members only)
DME	E0187									UE	Yes	12 33	Water pressure mattress.	1 unit = each, 1 per 12 months. (Masshealth members only)
DME	E0187									KH KI	Yes	12 33	Water pressure mattress.	1 unit = each, 1 per 12 months. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0187									KJ	Yes	12 33	Water pressure mattress.	1 unit = each, 1 per 12 months. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0188									NU	Sometimes	12 33	Synthetic sheepskin pad.	1 unit = each, 1 per 12 months.
DME	E0188									RR	Sometimes	12 33	Synthetic sheepskin pad.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0188									UE	Sometimes	12 33	Synthetic sheepskin pad.	1 unit = each, 1 per 12 months.
DME	E0189									NU	Sometimes	12 33	Lambswool sheepskin pad, any size.	1 unit = each, 2 per 6 months.
DME	E0189									RR	Sometimes	12 33	Lambswool sheepskin pad, any size.	1 unit = each. 2 per 6 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0189									UE	Sometimes	12 33	Lambswool sheepskin pad, any size.	1 unit = each, 2 per 6 months.
DME	E0190	AAC+30%								NU	Yes	12 33	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each, 2 per 6 months.
DME	E0190	I.C.						10% of the ACC Markup		RR	Yes	12 33	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each. 2 per 6 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0190	I.C.						75% of the ACC Markup		UE	Yes	12 33	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each, 2 per 6 months.
DME	E0191									NU	Sometimes	12 33	Heel or elbow protector, each.	1 unit = each, 4 per 12 months.
DME	E0191									RR	Sometimes	12 33	Heel or elbow protector, each.	1 unit = each. 4 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0191									UE	Sometimes	12 33	Heel or elbow protector, each.	1 unit = each, 4 per 12 months

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0193									KH KI	Yes	12 31 32 33	Powered air flotation bed.	1 unit = each. E0277, E0371, E0372 or E0373 can not to be used with E0193. PA renewal every 30 days. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0193									KJ	Yes	12 31 32 33	Powered air flotation bed.	1 unit = each. E0277, E0371, E0372 or E0373 can not to be used with E0193. PA renewal every 30 days. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0194									KH KI	Yes	12 31 32 33	Air fluidized bed.	1 unit = each, 1 per 5 years. E0277, E0371, E0372 or E0373 can not be used with E0194. PA renewal every 30 days. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0194									KJ	Yes	12 31 32 33	Air fluidized bed.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0196									NU	Yes	12 33	Gel pressure mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0196									UE	Yes	12 33	Gel pressure mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0196									KH KI	Yes	12 33	Gel pressure mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0196									KJ	Yes	12 33	Gel pressure mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0197									NU	Sometimes	12 33	Air pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years.
DME	E0197									UE	Sometimes	12 33	Air pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years.
DME	E0197									KH KI	Sometimes	12 33	Air pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0197									KJ	Sometimes	12 33	Air pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0198									NU	Sometimes	12 33	Water pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. Masshealth members only)
DME	E0198									UE	Sometimes	12 33	Water pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. Masshealth members only)
DME	E0198									KH KI	Sometimes	12 33	Water pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0198									KJ	Sometimes	12 33	Water pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0199									NU	Sometimes	12 33	Dry pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years.
DME	E0199									RR	Sometimes	12 33	Dry pressure pad for mattress, standard mattress length and width.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date Of Service)
DME	E0199									UE	Sometimes	12 33	Dry pressure pad for mattress, standard mattress length and width.	1 unit = each, 1 per 3 years.
DME	E0202									RR	Sometimes	12 33	Phototherapy (bilirubin) light with photometer.	14 days maximum, per episode. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0210									NU	Sometimes	12 33	Electric heat pad, standard.	1 unit = each, 1 per 12 months.
DME	E0210									RR	Sometimes	12 33	Electric heat pad, standard.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0210									UE	Sometimes	12 33	Electric heat pad, standard	1 unit = each, 1 per 12 months.
DME	E0215									NU	Sometimes	12 33	Electric heat pad, moist	1 unit = each, 1 per 12 months.
DME	E0215									RR	Sometimes	12 33	Electric heat pad, moist	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0215									UE	Sometimes	12 33	Electric heat pad, moist	1 unit = each, 1 per 12 months.
DME	E0235									NU	Yes	12 33	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0235									UE	Yes	12 33	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0235									KH KI	Yes	12 33	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0235									KJ	Yes	12 33	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0240	AAC+30%								NU	Yes	12 33	Bath/shower chair, with or without wheels, any size.	1 unit = each, 1 per 5 years. Specialty shower commodes
DME	E0240	I.C.						10% of the ACC Markup		RR	Yes	12 33	Bath/shower chair, with or without wheels, any size.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0240	I.C.						75% of the ACC Markup		UE	Yes	12 33	Bath/shower chair, with or without wheels, any size.	1 unit = each, 1 per 5 years. Specialty shower commodes.
DME	E0241										Sometimes	12 33	Bath tub wall rail, each.	1 unit = each, 2 per 3 years
DME	E0242										Sometimes	12 33	Bath tub rail, floor base.	1 unit = each, 1 per 12 months.
DME	E0243										Sometimes	12 33	Toilet rail, each.	1 unit = each, 2 per 12 months.
DME	E0244										Sometimes	12 33	Raised toilet seat.	1 unit = each, 1 per 12 months.
DME	E0244	AAC+30%								UD	Sometimes	12 33	Raised toilet seat.	1 unit = each, 1 per 12 months.
DME	E0245										Sometimes	12 33	Tub stool or bench.	1 unit = each, 1 per 12 months.
DME	E0245	AAC+30%								UD	Sometimes	12 33	Tub stool or bench.	1 unit = each, 1 per 12 months.
DME	E0246										Sometimes	12 33	Transfer tub rail attachment.	1 unit = each, 1 per 12 months.
DME	E0247	AAC+30%								NU	Sometimes	12 33	Transfer bench, for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench.
DME	E0247	I.C.						10% of the ACC Markup		RR	Sometimes	12 33	Transfer bench, for tub or toilet with or without commode opening.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0247	I.C.						75% of the ACC Markup		UE	Sometimes	12 33	Transfer bench, for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench.
DME	E0248	AAC+30%								NU	Sometimes	12 33	Transfer bench, heavy duty for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench.
DME	E0248	I.C.						10% of the ACC Markup		RR	Sometimes	12 33	Transfer bench, heavy duty for tub or toilet with or without commode opening.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0248	I.C.						75% of the ACC Markup		UE	Sometimes	12 33	Transfer bench, heavy duty for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench commode.
DME	E0250	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, fixed height, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0250	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, fixed height, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0250	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, fixed height, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0250	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, fixed height, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0250	AAC+30%								RB	Yes	12 33	Hospital bed, fixed height, with any type side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0251	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, fixed height, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0251	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, fixed height, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0251	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, fixed height, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0251	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, fixed height, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0251	AAC+30%								RB	Yes	12 33	Hospital bed, fixed height, with any type side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0255	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0255	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0255	AAC+30%								RB	Yes	12 33	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.
DME	E0255	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0255	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0256	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0256	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0256	AAC+30%								RB	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0256	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0256	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0260	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0260	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0260	AAC+30%								RB	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0260	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0260	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0261	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0261	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0261	AAC+30%								RB	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0261	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0261	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0265	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0265	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0265	AAC+30%								RB	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0265	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0265	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0266	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0266	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0266	AAC+30%								RB	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0266	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0266	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0271	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Mattress, innerspring.	1 unit = each, 1 per 5 years. [replacement for a owned hospital bed.
DME	E0271	NOTE When Utilizing this procedure code CLICK HERE								RR	Yes	12 33	Mattress, innerspring.	1 unit = each. 1 per 5 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0271	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Mattress, innerspring.	1 unit = each, 1 per 5 years. [replacement for a owned hospital bed]
DME	E0272	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Mattress, foam rubber.	1 unit = each, 1 per 5 years. [replacement for a owned hospital bed]

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0272	NOTE When Utilizing this procedure code CLICK HERE								RR	Yes	12 33	Mattress, foam rubber.	1 unit = each. 1 per 5 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0272	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Mattress, foam rubber.	1 unit = each, 1 per 5 years. [replacement for a owned hospital bed]
DME	E0274									NU	Sometimes	12 33	Over-bed table.	1 unit = each, 1 per 5 years.
DME	E0274									RR	Sometimes	12 33	Over-bed table.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0274									UE	Sometimes	12 33	Over-bed table.	1 unit = each, 1 per 5 years.
DME	E0275									NU	Sometimes	12 33	Bed pan, standard, metal or plastic.	1 unit = each, 1 per 6 month.
DME	E0275									RR	Sometimes	12 33	Bed pan, standard, metal or plastic.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0275									UE	Sometimes	12 33	Bed pan, standard, metal or plastic.	1 unit = each, 1 per 6 month.
DME	E0276									NU	Sometimes	12 33	Bed pan, fracture, metal or plastic.	1 unit = each, 1 per 6 month.
DME	E0276									RR	Sometimes	12 33	Bed pan, fracture, metal or plastic.	1 unit = each. 1 per 6 month. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0276									UE	Sometimes	12 33	Bed pan, fracture, metal or plastic	1 unit = each, 1 per 6 month.
DME	E0277									NU	Yes	12 31 32 33	Powered pressure-reducing air mattress.	1 unit = each, 1 per 5 years. **E0277 is not to be used with E0193, E0371, E0372,or E0373.** (Masshealth members only)
DME	E0277									UE	Yes	12 31 32 33	Powered pressure-reducing air mattress.	1 unit = each, 1 per 5 years. **E0277 is not to be used with E0193, E0371, E0372,or E0373.** (Masshealth members only)
DME	E0277									KH KI	Yes	12 31 32 33	Powered pressure-reducing air mattress.	1 unit = each, 1 per 5 years. **E0277 is not to be used with E0193, E0371, E0372,or E0373.** (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0277									KJ	Yes	12 31 32 33	Powered pressure-reducing air mattress.	1 unit = each, 1 per 5 years. **E0277 is not to be used with E0193, E0371, E0372,or E0373.** (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0280									NU	Yes	12 33	Bed cradle, any type.	1 unit = each, 1 per 5 years. (to prevent contact with bed coverings.)
DME	E0280									RR	Yes	12 33	Bed cradle, any type.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0280									UE	Yes	12 33	Bed cradle, any type.	1 unit = each, 1 per 5 years. [to prevent contact with bed coverings.
DME	E0290									NU	Yes	12 33	Hospital bed, fixed height, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0290.
DME	E0290									UE	Yes	12 33	Hospital bed, fixed height, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0290.
DME	E0290									KH KI	Yes	12 33	Hospital bed, fixed height, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0290. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0290									KJ	Yes	12 33	Hospital bed, fixed height, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0290. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0290	AAC+30%								RB	Yes	12 33	Hospital bed, fixed height, without side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0291									NU	Yes	12 33	Hospital bed, fixed height, without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0291									UE	Yes	12 33	Hospital bed, fixed height, without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0291									KH KI	Yes	12 33	Hospital bed, fixed height, without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0291									KJ	Yes	12 33	Hospital bed, fixed height, without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0291	AAC+30%								RB	Yes	12 33	Hospital bed, fixed height, without side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0292									NU	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0292. (Masshealth members only)
DME	E0292									UE	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0292. (Masshealth members only)
DME	E0292									KH KI	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0292. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0292									KJ	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0292. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0292	AAC+30%								RB	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0293									NU	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0293									UE	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0293									KH KI	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0293									KJ	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0293	AAC+30%								RB	Yes	12 33	Hospital bed, variable height, hi-lo, without side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0294									NU	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0294									UE	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0294									KH KI	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0294									KJ	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0294	AAC+30%								RB	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0295									NU	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0295									UE	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0295									KH KI	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0295									KJ	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0295	AAC+30%								RB	Yes	12 33	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0296									NU	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272 is included in E0296. (Masshealth members only)
DME	E0296									UE	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272 is included in E0296. (Masshealth members only)
DME	E0296									KH KI	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272 is included in E0296. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0296									KJ	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272 is included in E0296. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0296	AAC+30%								RB	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0297									NU	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0297									UE	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0297									KH KI	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0297									KJ	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0297	AAC+30%								RB	Yes	12 33	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
DME	E0300	AAC+30%								NU	Yes	12 33	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0300	I.C.						75% of the ACC Markup		UE	Yes	12 33	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0300									KH KI	Yes	12 33	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0300									KJ	Yes	12 33	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0300	AAC+30%								RB	Yes	12 33	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (replacement of a part of a DME furnished as part of a repair)	Replacement of a part of DME furnished as part of a repair.
DME	E0301									NU	Yes	12 33	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.	1 unit = each, 1 per 5 years., E0305, E0310 included in E0301. (Masshealth members only)
DME	E0301									UE	Yes	12 33	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.	1 unit = each, 1 per 5 years., E0305, E0310 included in E0301. (Masshealth members only)
DME	E0301									KH KI	Yes	12 33	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.	1 unit = each, 1 per 5 years., E0305, E0310 included in E0301. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0301									KJ	Yes	12 33	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.	1 unit = each, 1 per 5 years., E0305, E0310 included in E0301. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0301	AAC+30%								RB	Yes	12 33	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 DME furnished as part of a repair.
DME	E0302									NU	Yes	12 33	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302. (Masshealth members only)
DME	E0302									UE	Yes	12 33	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302. (Masshealth members only)
DME	E0302									KH KI	Yes	12 33	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0302									KJ	Yes	12 33	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0302	AAC+30%								RB	Yes	12 33	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302.
DME	E0303									NU	Yes	12 33	Hospital bed, extra 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.	1 unit = each, 1 per 5 years. E0271, E0272, E0305, E0310 included in E0303. Weight is over 350 pounds but does not exceed 600 pounds. (Masshealth members only)
DME	E0303									UE	Yes	12 33	Hospital bed, extra 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.	1 unit = each, 1 per 5 years. E0271, E0272, E0305, E0310 included in E0303. Weight is over 350 pounds but does not exceed 600 pounds. (Masshealth members only)
DME	E0303									KH KI	Yes	12 33	Hospital bed, extra 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.	1 unit = each, 1 per 5 years. E0271, E0272, E0305, E0310 included in E0303. Weight is over 350 pounds but does not exceed 600 pounds. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0303									KJ	Yes	12 33	Hospital bed, extra 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.	1 unit = each, 1 per 5 years. E0271, E0272, E0305, E0310 included in E0303. Weight is over 350 pounds but does not exceed 600 pounds. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0303	AAC+30%								RB	Yes	12 33	Hospital bed, extra 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 DME furnished as part of a repair.
DME	E0304									NU	Yes	12 33	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272, E0305, E0310 included in E0304. Weight exceeds 600 pounds. (Masshealth members only)
DME	E0304									UE	Yes	12 33	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272, E0305, E0310 included in E0304. Weight exceeds 600 pounds. (Masshealth members only)
DME	E0304									KH KI	Yes	12 33	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272, E0305, E0310 included in E0304. Weight exceeds 600 pounds. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0304									KJ	Yes	12 33	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272, E0305, E0310 included in E0304. Weight exceeds 600 pounds. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0304	AAC+30%								RB	Yes	12 33	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 DME furnished as part of a repair.
DME	E0305	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Bed side rails, half length.	1 unit = each, 1 per 5 years., E0305 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0310] (Masshealth members only)
DME	E0305	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Bed side rails, half length.	1 unit = each, 1 per 5 years., E0305 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0310] (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0305	NOTE When Utilizing this procedure code CLICK HERE								KH KI	Yes	12 33	Bed side rails, half length.	1 unit = each, 1 per 5 years., E0305 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0310] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0305	NOTE When Utilizing this procedure code CLICK HERE								KJ	Yes	12 33	Bed side rails, half length.	1 unit = each, 1 per 5 years., E0305 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0310] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0310	NOTE When Utilizing this procedure code CLICK HERE								NU	Yes	12 33	Bed side rails, full length.	1 unit = each, 1 per 5 years, E0310 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0305] (2 unit per Date Of Service)
DME	E0310	NOTE When Utilizing this procedure code CLICK HERE								RR	Yes	12 33	Bed side rails, full length.	1 unit = each. 1 per 5 years, Rental is for short term use, rental paid amount can not exceed purchase price (2 unit per Date Of Service)
DME	E0310	NOTE When Utilizing this procedure code CLICK HERE								UE	Yes	12 33	Bed side rails, full length.	1 unit = each, 1 per 5 years, E0310 can be used with E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297 [not with E0305] (2 unit per Date Of Service)
DME	E0315									NU	Yes	12 33	Bed accessory: board, table, or support device, any type.	1 unit = each, 1 per 5 years.
DME	E0315									RR	Yes	12 33	Bed accessory: board, table, or support device, any type.	1 unit = each, 1 per 5 years, Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date of Service)
DME	E0315									UE	Yes	12 33	Bed accessory: board, table, or support device, any type.	1 unit = each, 1 per 5 years.
DME	E0316									NU	Yes	12 33	Safety enclosure frame/canopy for use with hospital bed, any type.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0316									UE	Yes	12 33	Safety enclosure frame/canopy for use with hospital bed, any type.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0316									KH KI	Yes	12 33	Safety enclosure frame/canopy for use with hospital bed, any type.	1 unit = each, 1 per 5 years. Specialty Pediatric products to be used with this code are; Enclosed Safety Beds [Pediacraft, Hard. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0316									KJ	Yes	12 33	Safety enclosure frame/canopy for use with hospital bed, any type.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0325									NU	Sometimes	12 33	Urinal; male, jug-type, any material.	1 unit = each, 1 per 3 months.
DME	E0325									RR	Sometimes	12 33	Urinal; male, jug-type, any material.	1 unit = each. 1 per 3 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0325									UE	Sometimes	12 33	Urinal; male, jug-type, any material.	1 unit = each, 1 per 3 months.
DME	E0326									NU	Sometimes	12 33	Urinal; female, jug-type, any material.	1 unit = each, 1 per 3 months.
DME	E0326									RR	Sometimes	12 33	Urinal; female, jug-type, any material.	1 unit = each.1 per 3 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0326									UE	Sometimes	12 33	Urinal; female, jug-type, any material.	1 unit = each, 1 per 3 months.
DME	E0328	AAC 30%									Yes	12 33	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	1 unit = each, 1 per 5 years. **RE units must be requested using K0739 U5 modifier.** **• RE 1–5 - Specialized (1–5 hours)**
DME	E0328	AAC 30%								UA	Yes	12 33	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 10, use for adults for safety)	1 unit = each, 1 per 5 years. **RE units must be requested using K0739 U5 modifier.** **• RE 1–5 - Specialized (1–5 hours)**
DME	E0329	AAC 30%									Yes	12 33	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	1 unit = each, 1 per 5 years. **RE units must be requested using K0739 U5 modifier.** **• RE 1–5 - Specialized (1–5 hours)**
DME	E0329	AAC 30%								UA	Yes	12 33	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 10, use for adults for safety)	1 unit = each, 1 per 5 years. **RE units must be requested using K0739 U5 modifier.** **• RE 1–5 - Specialized (1–5 hours)**
DME	E0371									NU	Yes	12 33	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0371									UE	Yes	12 33	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0371									KH KI	Yes	12 33	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0371									KJ	Yes	12 33	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0372									NU	Yes	12 33	Powered air overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0372									UE	Yes	12 33	Powered air overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0372									KH KI	Yes	12 33	Powered air overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0372									KJ	Yes	12 33	Powered air overlay for mattress, standard mattress length and width.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0373									NU	Yes	12 33	Nonpowered advanced pressure reducing mattress.	1 unit = each, 1 per 5 years., E0277 can be used with E0372. (Masshealth members only)
DME	E0373									UE	Yes	12 33	Nonpowered advanced pressure reducing mattress.	1 unit = each, 1 per 5 years., E0277 can be used with E0372. (Masshealth members only)
DME	E0373									KH KI	Yes	12 33	Nonpowered advanced pressure reducing mattress.	1 unit = each, 1 per 5 years., E0277 can be used with E0372. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0373									KJ	Yes	12 33	Nonpowered advanced pressure reducing mattress.	1 unit = each, 1 per 5 years., E0277 can be used with E0372. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0424									RR	Yes	12 31 32 33	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	1 unit = each. Rental paid amount can not exceed purchase price. Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	E0431									RR	Yes	12 31 32 33	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.	1 unit = each. Rental paid amount can not exceed purchase price Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order. Documentation of hours away from stationary required.
OXY	E0434									RR	Yes	12 31 32 33	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing.	1 unit = each. Rental paid amount can not exceed purchase price . Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order. Documentation of hours away from stationary required.
OXY	E0439									RR	Yes	12 31 32 33	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing.	1 unit = each. Contents included. (prescribed amount of oxygen exceeds 4 LPM or portable oxygen is prescribed) Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.
OXY	E0439									QF	Yes	12 31 32 33	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing. (prescribed amount of oxygen exceeds 4 LPM or portable oxygen is prescribed)	1 unit = each. Contents included. (prescribed amount of oxygen exceeds 4 LPM or portable oxygen is prescribed)Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.
OXY	E0439									QG	Yes	12 31 32 33	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing. (prescribed amount of oxygen exceeds 4 LPM or portable oxygen is prescribed)	1 unit = each. Contents included. (prescribed amount of oxygen exceeds 4 LPM or portable oxygen is prescribed)Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.
OXY	E0445									NU	Yes	12 33	Oximeter device for measuring blood oxygen levels non-invasively.	1 unit = each. 1 per 5 years. Covers portable or monitor, for use when SPO2 is transient, variable and unpredictable, even in the presence of supplemental oxygen, and occurs on a regular frequent basis and regular requiring frequent changes in liter flow.
OXY	E0445									RR	Yes	12 33	Oximeter device for measuring blood oxygen levels non-invasively.	1 unit = each. 1 per 5 years. Covers portable or monitor, for use when SPO2 is transient, variable and unpredictable, even in the presence of supplemental oxygen, and occurs on a regular frequent basis and regular requiring frequent changes in liter flow.
OXY	E0445									UE	Yes	12 33	Oximeter device for measuring blood oxygen levels non-invasively.	1 unit = each. 1 per 5 years. Covers portable or monitor, for use when SPO2 is transient, variable and unpredictable, even in the presence of supplemental oxygen, and occurs on a regular frequent basis and regular requiring frequent changes in liter flow.
OXY	E0465									U2	Yes	12 31 32 33	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) (e.g., tracheostomy tube) **(rental, first 6 months)**	1 unit = each. Monthly rental.
OXY	E0465									RR	Yes	12 31 32 33	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) (e.g., tracheostomy tube) **(rental, months seven and beyond)**	1 unit = each. Monthly rental.
OXY	E0466									U2	Yes	12 31 32 33	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) **(rental, first six months)**	1 unit = each. Monthly rental.
OXY	E0466									RR	Yes	12 31 32 33	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) **(rental, months seven and beyond)**	1 unit = each. Monthly rental.
OXY	E0470									NU	Yes	12 31 32 33	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)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (Masshealth members only)
OXY	E0470									UE	Yes	12 31 32 33	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)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (Masshealth members only)
OXY	E0470									KH KI	Yes	12 31 32 33	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)	1 unit = each. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0470									KJ	Yes	12 31 32 33	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)	1 unit = each. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0471									NU	Yes	12 31 32 33	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)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (Masshealth members only)
OXY	E0471									UE	Yes	12 31 32 33	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)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (Masshealth members only)
OXY	E0471									KH KI	Yes	12 31 32 33	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask. (intermittent assist device with continuous positive airway pressure device)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0471									KJ	Yes	12 31 32 33	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)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0472									NU	Yes	12 31 32 33	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (humidifier not included)	1 unit = each. 1 per 5 years.
OXY	E0472									UE	Yes	12 31 32 33	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (used equipment) (humidifier not included)	1 unit = each. 1 per 5 years.
OXY	E0472									KH KI	Yes	12 31 32 33	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (humidifier not included)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0472									KJ	Yes	12 31 32 33	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (humidifier not included)	1 unit = each. The Physician must document therepeutic benefit and compliance of equipment use between the 61st and 90th day to obtain a new PA for the continued rental of the equipment. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	E0480									NU	Yes	12 33	Percussor, electric or pneumatic, home model.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0480									UE	Yes	12 33	Percussor, electric or pneumatic, home model.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0480									KH KI	Yes	12 33	Percussor, electric or pneumatic, home model.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0480									KJ	Yes	12 33	Percussor, electric or pneumatic, home model.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0482									NU	Yes	12 33	Cough stimulating device, alternating positive and negative airway pressure.	1 unit = each, 1 per 5 years. (used to clear secreations for patients who cannot clear themselves). Claims must include applicable **ICD-10** that determines the Medical Necessity of this product. (Masshealth members only)
OXY	E0482									UE	Yes	12 33	Cough stimulating device, alternating positive and negative airway pressure.	1 unit = each, 1 per 5 years. (used to clear secreations for patients who cannot clear themselves). (1 unit per Date Of Service) Claims must include applicable **ICD-10** that determines the Medical Necessity of this product. (Masshealth members only)
OXY	E0482									KH KI	Yes	12 33	Cough stimulating device, alternating positive and negative airway pressure.	1 unit = each, 1 per 5 years. (used to clear secreations for patients who cannot clear themselves). Claims must include applicable **ICD-10** that determines the Medical Necessity of this product. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0482									KJ	Yes	12 33	Cough stimulating device, alternating positive and negative airway pressure.	1 unit = each, 1 per 5 years. (used to clear secreations for patients who cannot clear themselves). Claims must include applicable **ICD-10** that determines the Medical Necessity of this product. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0483									NU	Yes	12 33	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each.	1 unit = each, 1 per 5 years (used for patients that have the ability to clear their own secretions). (Masshealth members only)
OXY	E0483									UE	Yes	12 33	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each.	1 unit = each, 1 per 5 years (used for patients that have the ability to clear their own secretions). (Masshealth members only)
OXY	E0483									KH KI	Yes	12 33	High frequency chest wall oscillationair-pulse generator system, includes all accessories and supplies, each.	1 unit = each, 1 per 5 years (used for patients that have the ability to clear their own secretions). (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0483									KJ	Yes	12 33	High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each.	1 unit = each, 1 per 5 years (used for patients that have the ability to clear their own secretions). (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0484									NU	Yes	12 33	Oscillatory positive expiratory pressure device, non-electric, any type, each.	1 unit = each, 1 per 12 months (used for patients that have the ability to clear their own secretions).
OXY	E0484									RR	Yes	12 33	Oscillatory positive expiratory pressure device, non-electric, any type	1 unit = each. 1 per 12 months Rental is for short term use, rental paid amount can not exceed purchase price
OXY	E0484									UE	Yes	12 33	Oscillatory positive expiratory pressure device, non-electric, any type, each	1 unit = each, 1 per 12 months (used for patients that have the ability to clear their own secreations).
OXY	E0487	AAC+30%									Yes	12 33	Spirometer, electronic, includes all accessories.	1 unit = each, 1 per 5 years. (post operative Lung Transplant only) Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	E0500									RR	Yes	12 31 32 33	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source.	1 unit = each.
OXY	E0550									NU	Yes	12 31 32 33	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.	1 unit = each, 1 per 5 years., E0550 is included in Oxygen Delivery Systems and cannot be billed separately. (Masshealth members only)
OXY	E0550									UE	Yes	12 31 32 33	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.	1 unit = each, 1 per 5 years., E0550 is included in Oxygen Delivery Systems and cannot be billed separately. (Masshealth members only)
OXY	E0550									KH KI	Yes	12 31 32 33	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.	1 unit = each, 1 per 5 years., E0550 is included in Oxygen Delivery Systems and cannot be billed separately. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0550									KJ	Yes	12 31 32 33	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.	1 unit = each, 1 per 5 years., E0550 is included in Oxygen Delivery Systems and cannot be billed separately. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0560									NU	Yes	12 31 32 33	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	1 unit = each, 1 per 5 years.
OXY	E0560									RR	Yes	12 31 32 33	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
OXY	E0560									UE	Yes	12 31 32 33	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	1 unit = each, 1 per 5 years.
OXY	E0561									NU	Yes	12 31 32 33	Humidifier, non-heated, used with positive airway pressure device.	1 unit = each, 1 per 5 years.
OXY	E0561									RR	Yes	12 31 32 33	Humidifier, non-heated, used with positive airway pressure device.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price Can be rented separetly when ordered for use with E0470, E0471 and E0601 during capped rental months.
OXY	E0561									UE	Yes	12 31 32 33	Humidifier, non-heated, used with positive airway pressure device.	1 unit = each, 1 per 5 years.
OXY	E0562									NU	Yes	12 31 32 33	Humidifier, heated, used with positive airway pressure device.	1 unit = each, 1 per 5 years. Can be rented separetly when ordered for use with E0470, E0471 and E0601 during capped rental months.
OXY	E0562									RR	Yes	12 31 32 33	Humidifier, heated, used with positive airway pressure device.	1 unit = each. 1 per 5 years Rental is for short term use, rental paid amount can not exceed purchase price
OXY	E0562									UE	Yes	12 31 32 33	Humidifier, heated, used with positive airway pressure device.	1 unit = each, 1 per 5 years. Can be rented separetly when ordered for use with E0470, E0471 and E0601 during capped rental months.
OXY	E0565									NU	Yes	12 31 32 33	Compressor, air power source for equipment which is not self- contained or cylinder driven.	1 unit = each, 1 per 5 years. Accessories associated with E0565 are A4619, A7525, A7526, A7006, A7012, A7013, A7014, A7015, A7017, and E1372. (Masshealth members only)
OXY	E0565									UE	Yes	12 31 32 33	Compressor, air power source for equipment which is not self- contained or cylinder driven.	1 unit = each, 1 per 5 years. Accessories associated with E0565 are A4619, A7525, A7526, A7006, A7012, A7013, A7014, A7015, A7017, and E1372. (Masshealth members only)
OXY	E0565									KH KI	Yes	12 31 32 33	Compressor, air power source for equipment which is not self- contained or cylinder driven.	1 unit = each, 1 per 5 years. Accessories associated with E0565 are A4619, A7525, A7526, A7006, A7012, A7013, A7014, A7015, A7017, and E1372. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0565									KJ	Yes	12 31 32 33	Compressor, air power source for equipment which is not self- contained or cylinder driven.	1 unit = each, 1 per 5 years. Accessories associated with E0565 are A4619, A7525, A7526, A7006, A7012, A7013, A7014, A7015, A7017, and E1372. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0570									NU	No	12 33	Nebulizer, with compressor.	1 unit = each, 1 per 5 years. Accessories associated with E0570 are A4621 A7525, A7526, A7003, A7004, A7005, A7006, A7013, and A7015. (Masshealth members only)
OXY	E0570									UE	No	12 33	Nebulizer, with compressor.	1 unit = each, 1 per 5 years. Accessories associated with E0570 are A4621 A7525, A7526, A7003, A7004, A7005, A7006, A7013, and A7015. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	E0570									KH KI	No	12 33	Nebulizer, with compressor.	1 unit = each, 1 per 5 years. Accessories associated with E0570 are A4621 A7525, A7526, A7003, A7004, A7005, A7006, A7013, and A7015. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0570									KJ	No	12 33	Nebulizer, with compressor.	1 unit = each, 1 per 5 years. Accessories associated with E0570 are A4621 A7525, A7526, A7003, A7004, A7005, A7006, A7013, and A7015.
OXY	E0572									NU	Yes	12 33	Aerosol compressor, adjustable pressure, light duty for intermittent use.	1 unit = each, 1 per 5 years. Accessories associated with E0572 are A7006 and A7014. (Masshealth members only)
OXY	E0572									UE	Yes	12 33	Aerosol compressor, adjustable pressure, light duty for intermittent use.	1 unit = each, 1 per 5 years. Accessories associated with E0572 are A7006 and A7014. (Masshealth members only)
OXY	E0572									KH KI	Yes	12 33	Aerosol compressor, adjustable pressure, light duty for intermittent use.	1 unit = each, 1 per 5 years. Accessories associated with E0572 are A7006 and A7014. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0572									KJ	Yes	12 33	Aerosol compressor, adjustable pressure, light duty for intermittent use.	1 unit = each, 1 per 5 years. Accessories associated with E0572 are A7006 and A7014. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0585									NU	Yes	12 33	Nebulizer, with compressor and heater.	1 unit = each, 1 per 5 years. Accessories associated with E0585 are A4619, A7525, A7526, A7006 A7010, A7012, A7013, A7014, and A7015. (Masshealth members only)
OXY	E0585									UE	Yes	12 33	Nebulizer, with compressor and heater.	1 unit = each, 1 per 5 years. Accessories associated with E0585 are A4619, A7525, A7526, A7006 A7010, A7012, A7013, A7014, and A7015. (Masshealth members only)
OXY	E0585									KH KI	Yes	12 33	Nebulizer, with compressor and heater.	1 unit = each, 1 per 5 years. Accessories associated with E0585 are A4619, A7525, A7526, A7006 A7010, A7012, A7013, A7014, and A7015. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0585									KJ	Yes	12 33	Nebulizer, with compressor and heater.	1 unit = each, 1 per 5 years. Accessories associated with E0585 are A4619, A7525, A7526, A7006 A7010, A7012, A7013, A7014, and A7015. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0600									NU	Yes	12 33	Respiratory suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0600									UE	Yes	12 33	Respiratory suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0600									KH KI	Yes	12 33	Respiratory suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0600									KJ	Yes	12 33	Respiratory suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0601									NU	Yes	12 31 32 33	Continuous positive airway pressure (CPAP) device.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0601									UE	Yes	12 31 32 33	Continuous positive airway pressure (CPAP) device.	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E0601									KH KI	Yes	12 31 32 33	Continuous positive airway pressure (CPAP) device.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0601									KJ	Yes	12 31 32 33	Continuous positive airway pressure (CPAP) device.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0602									NU	Sometimes	12 33	Breast pump, manual, any type.	1 unit = each, 1 per pregnancy
DME	E0602									RR	Sometimes	12 33	Breast pump, manual, any type.	1 unit = each, 1 per pregnancy Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0602									UE	Sometimes	12 33	Breast pump, manual, any type.	1 unit = each, 1 per pregnancy
DME	E0603									NU	Sometimes	12 33	Breast pump, electric (AC &/or DC), any type	1 unit = each, 1 per pregnancy
DME	E0604									RR	Yes	12 33	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric. (AC and / or DC)	1 unit = each, 1 month rental. Rental is for short term use, rental paid amount can not exceed purchase price.
DME	E0605									NU	No	12 33	Vaporizer, room type.	1 unit = each, 1 per 24 months.
DME	E0605									RR	No	12 33	Vaporizer, room type.	1 unit = each. 1 per 24 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0605									UE	No	12 33	Vaporizer, room type.	1 unit = each, 1 per 24 months.
DME	E0606									NU	No	12 33	Postural drainage board.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0606									UE	No	12 33	Postural drainage board.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0606									KH KI	No	12 33	Postural drainage board.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0606									KJ	No	12 33	Postural drainage board.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0607									NU	Sometimes	12 33	Home blood glucose monitor.	1 unit = each, 1 per 2 years.
DME	E0607									RR	Sometimes	12 33	Home blood glucose monitor.	1 unit = each. 1 per 2 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0607									UE	Sometimes	12 33	Home blood glucose monitor.	1 unit = each, 1 per 2 years.
DME	E0610									NU	Yes	12 33	Pacemaker monitor, self-contained., (checks battery depletion, includes audible and visible check systems)	1 unit = each, 1 per 3 years.
DME	E0610									RR	Yes	12 33	Pacemaker monitor, self-contained., (checks battery depletion, includes audible and visible check systems)	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0610									UE	Yes	12 33	Pacemaker monitor, self-contained., (checks battery depletion, includes audible and visible check systems)	1 unit = each, 1 per 3 years.
DME	E0617									NU	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years.
DME	E0617									UE	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years.
DME	E0617									KH KI	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0617									KJ	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0617									NU KF	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years.
DME	E0617									UE KF	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years.
DME	E0617									KH KF	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0617									KI KF	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0617									KJ KF	Yes	12	External Defibrillator with integrated.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	E0619									KH KI	Sometimes	12 31 32 33	Apnea monitor, with recording feature.	PA required after 3 months of use., [After 3 months of use providers are required to down load the memory and send the report to the ordering physician for interpretation of events] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	E0619									KJ	Sometimes	12 31 32 33	Apnea monitor, with recording feature.	PA required after 3 months of use., [After 3 months of use providers are required to down load the memory and send the report to the ordering physician for interpretation of events] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0621									NU	No	12 33	Sling or seat, patient lift, canvas or nylon.	1 unit each, 1 per 12 months.
DME	E0621									RR	No	12 33	Sling or seat, patient lift, canvas or nylon.	1 unit each. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0621									UE	No	12 33	Sling or seat, patient lift, canvas or nylon.	1 unit each, 1 per 12 months.
DME	E0625	AAC+30%								NU	Yes	12 33	Patient lift, bathroom or toilet, not otherwise classified.	1 unit = each, 1 per 5 years. This code is for lifts such as Surehand and Voyager for MassHealth Members
DME	E0625	I.C.						10% of the ACC Markup		RR	Yes	12 33	Patient lift, bathroom or toilet, not otherwise classified.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0625	I.C.						75% of the ACC Markup		UE	Yes	12 33	Patient lift, bathroom or toilet, not otherwise classified.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0627									NU	Yes	12 33	Seat lift mechanism, electric, any type.	1 unit = each, 1 per 5 years.
DME	E0627									RR	Yes	12 33	Seat lift mechanism, electric, any type.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0627									UE	Yes	12 33	Seat lift mechanism, electric, any type.	1 unit = each, 1 per 5 years.
DME	E0629									NU	Yes	12 33	Seat lift mechanism non-electric, any type. (Separate seat lift mechanism for use with patient owned furniture)	1 unit = each, 1 per 5 years.
DME	E0629									RR	Yes	12 33	Seat lift mechanism non-electric, any type.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0629									UE	Yes	12 33	Seat lift mechanism non-electric, any type. (Separate seat lift mechanism for use with patient owned furniture)	1 unit = each, 1 per 5 years.
DME	E0630									NU	Yes	12 33	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s).	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0630] (Masshealth members only)
DME	E0630									UE	Yes	12 33	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s).	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0630] (Masshealth members only)
DME	E0630	AAC+30%								RB	Yes	12 33	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s). (replacement because of wear and tear, damage, or loss)	Replacement of a part of DME furnished as part of a repair.
DME	E0630									KH KI	Yes	12 33	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s).	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0630] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0630									KJ	Yes	12 33	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s).	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0630] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0635									NU	Yes	12 33	Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635). (Masshealth members only)
DME	E0635									UE	Yes	12 33	Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635). (Masshealth members only)
DME	E0635	AAC+35%								U1	Yes	12 33	Patient lift, electric with seat or sling. (customized)	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635). (Masshealth members only)
DME	E0635	AAC+30%								RB	Yes	12 33	Patient lift, electric with seat or sling. (furnished as part of a repair/replacement)	Replacement of a part of DME furnished as part of a repair.
DME	E0635									KH KI	Yes	12 33	Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635). (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0635									KJ	Yes	12 33	Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635). (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0636									NU	Yes	12 33	Multipositional patient support system, with integrated lift, patient accessible controls.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636] (Masshealth members only)
DME	E0636									UE	Yes	12 33	Multipositional patient support system, with integrated lift, patient accessible controls.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636] (Masshealth members only)
DME	E0636	AAC+30%								RB	Yes	12 33	Multipositional patient support system, with integrated lift, patient accessible controls. (furnished as part of a repair/replacement)	Replacement of a part of DME furnished as part of a repair.
DME	E0636									KH KI	Yes	12 33	Multipositional patient support system, with integrated lift, patient accessible controls.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0636									KJ	Yes	12 33	Multipositional patient support system, with integrated lift, patient accessible controls.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636] (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0637									NU	Yes	12 33	Combination sit to stand system, any size, with seat lift feature, with or without wheels.	1 unit = each, 1 per 5 years.
DME	E0637									RR	Yes	12 33	Combination sit to stand system, any size, with seat lift feature, with or without wheels.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0637									UE	Yes	12 33	Combination sit to stand system, any size, with seat lift feature, with or without wheels.	1 unit = each, 1 per 5 years.
DME	E0638									NU	Yes	12 33	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander.
DME	E0638									RR	Yes	12 33	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each. 1 per 5 years. Small, medium or large Prone or Supine Stander. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0638	AAC+35%								UC	Yes	12 33	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander. Use for children customized standers.
DME	E0638	AAC+35%								UD	Yes	12 33	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander. (1 unit per Date Of Service) (Bariatric)
DME	E0638									UE	Yes	12 33	Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander.
DME	E0639	AAC+35%								NU	Yes	12 33	Patient lift, moveable from room to room with disassembly and reassembly,includes all components/accessories.(New Equipment)	1 unit = each, 1 per 5 years. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0639	AAC+35%								RB	Yes	12 33	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)	1 unit = each, 1 per 5 years.
DME	E0639									UE	Yes	12 33	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0639									KH KI	Yes	12 33	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0639									KJ	Yes	12 33	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0640	AAC+35%								NU	Yes	12 33	Patient lift, fix system, includes all components/accessories.(New Equipment)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0640	AAC+35%								RB	Yes	12 33	Patient lift, fix system, includes all components/accessories.(replacement of a part of DME furnished as part of a repair).	1 unit = each, 1 per 5 years.
DME	E0640									UE	Yes	12 33	Patient lift, fix system, includes all components/accessories.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0640									KH KI	Yes	12 33	Patient lift, fix system, includes all components/accessories.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0640									KJ	Yes	12 33	Patient lift, fix system, includes all components/accessories.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0641	AAC+30%								NU	Yes	12 33	Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years.
DME	E0642	AAC+30%								NU	Yes	12 33	Standing frame system, mobile (dynamic stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years.
DME	E0650									NU	Yes	12 33	Pneumatic compressor, non-segmental home model.	1 unit = each, 1 per 5 years. E0650 can be used with E0655 - E0666 and also E0671 - E0673.
DME	E0650									RR	Yes	12 33	Pneumatic compressor, non-segmental home model.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date Of Service) E0650 can be used with E0655 - E0666 and also E0671 - E0673. (1 unit per Date Of Service)
DME	E0650									UE	Yes	12 33	Pneumatic compressor, non-segmental home model.	1 unit = each, 1 per 5 years. E0650 can be used with E0655 - E0666 and also E0671 - E0673.
DME	E0651									NU	Yes	12 33	Pneumatic compressor, segmental home model without calibrated gradient pressure.	1 unit = each, 1 per 5 years. E0651 can be used with E0667 - E0669.
DME	E0651									RR	Yes	12 33	Pneumatic compressor, segmental home model without calibrated gradient pressure.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0651									UE	Yes	12 33	Pneumatic compressor, segmental home model without calibrated gradient pressure.	1 unit = each, 1 per 5 years. E0651 can be used with E0667 - E0669.
DME	E0652									NU	Yes	12 33	Pneumatic compressor, segmental home model with calibrated gradient pressure.	1 unit = each, 1 per 5 years. E0652 can be used with E0667 - E0669.
DME	E0652									RR	Yes	12 33	Pneumatic compressor, segmental home model with calibrated gradient pressure.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0652									UE	Yes	12 33	Pneumatic compressor, segmental home model with calibrated gradient pressure.	1 unit = each, 1 per 5 years. E0652 can be used with E0667 - E0669.
DME	E0655									NU	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm.	1 unit = each, 2 per 3 years. E0655 can be used with E0650.
DME	E0655									RR	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0655									UE	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm.	1 unit = each, 2 per 3 years. E0655 can be used with E0650.
DME	E0656									NU	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Trunk.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0656									KH KI	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Trunk.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0656									KJ	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Trunk.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0656									UE	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Trunk.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0657									KH KI	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Chest.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0657									KJ	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Chest.	1 unit = each, 1 per 3 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0657									NU	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Chest.	1 unit = each, 1 per 3 years. (Masshealth members only)
DME	E0657									UE	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, Chest.	1 unit = each, 1 per 3 years. (1 unit per Date Of Service) (Masshealth members only)
DME	E0660									NU	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each, 2 per 3 years. E0660 can be used with E0650.
DME	E0660									RR	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0660									UE	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each, 2 per 3 years. E0660 can be used with E0650.
DME	E0665									NU	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each, 2 per 3 years. E0665 can be used with E0650.
DME	E0665									RR	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0665									UE	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each, 2 per 3 years. E0665 can be used with E0650.
DME	E0666									NU	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each, 2 per 3 years. E0666 can be used with E0650.
DME	E0666									RR	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0666									UE	Yes	12 33	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each, 2 per 3 years. E0666 can be used with E0650.
DME	E0667									NU	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each, 2 per 3 years. E0667 can be used with E0651 or E0652.
DME	E0667									RR	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0667									UE	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full leg.	1 unit = each, 2 per 3 years. E0667 can be used with E0651 or E0652.
DME	E0668									NU	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each, 2 per 3 years. E0668 can be used with E0651 or E0652.
DME	E0668									RR	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0668									UE	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, full arm.	1 unit = each, 2 per 3 years. E0668 can be used with E0651 or E0652.
DME	E0669									NU	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each, 2 per 3 years. E0669 can be used with E0651 or E0652.
DME	E0669									RR	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0669									UE	Yes	12 33	Segmental pneumatic appliance for use with pneumatic compressor, half leg.	1 unit = each, 2 per 3 years. E0669 can be used with E0651 or E0652.
DME	E0670									NU	YES	12 33	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1 unit = each, 2 per 3 years. Can be used with E0651 or E0652)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0670									RR	YES	12 33	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date Of Service) Can be used with E0651 or EE0652)
DME	E0670									UE	YES	12 33	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	1 unit = each, 2 per 3 years. Can be used with E0651 or E0652)
DME	E0671									NU	Yes	12 33	Segmental gradient pressure pneumatic appliance, full leg.	1 unit = each, 2 per 3 years. E0671 can be used with E0650.
DME	E0671									RR	Yes	12 33	Segmental gradient pressure pneumatic appliance, full leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0671									UE	Yes	12 33	Segmental gradient pressure pneumatic appliance, full leg.	1 unit = each, 2 per 3 years. E0671 can be used with E0650.
DME	E0672									NU	Yes	12 33	Segmental gradient pressure pneumatic appliance, full arm.	1 unit = each, 2 per 3 years., E0672 can be used with E0650.
DME	E0672									RR	Yes	12 33	Segmental gradient pressure pneumatic appliance, full arm.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0672									UE	Yes	12 33	Segmental gradient pressure pneumatic appliance, full arm.	1 unit = each, 2 per 3 years., E0672 can be used with E0650.
DME	E0673									NU	Yes	12 33	Segmental gradient pressure pneumatic appliance, half leg.	1 unit = each, 2 per 3 years., E0673 can be used with E0650.
DME	E0673									RR	Yes	12 33	Segmental gradient pressure pneumatic appliance, half leg.	1 unit = each. 2 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0673									UE	Yes	12 33	Segmental gradient pressure pneumatic appliance, half leg.	1 unit = each, 2 per 3 years., E0673 can be used with E0650.
DME	E0675									NU	Yes	12 33	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency. (unilateral or bilateral system)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0675									UE	Yes	12 33	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency. (unilateral or bilateral system)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0675									KH KI	Yes	12 33	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency. (unilateral or bilateral system)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0675									KJ	Yes	12 33	Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency. (unilateral or bilateral system)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0700	AAC+30%									No	12 33	Safety equipment. (e.g., belt, harness or vest)	1 unit = each, 1 per 12 months.
DME	E0705									NU	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each, 1 per 3 years.
DME	E0705									RR	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0705									UE	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each, 1 per 3 years.
DME	E0705									NU KU	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each, 1 per 3 years.
DME	E0705									RR KU	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0705									UE KU	Sometimes	12 33	Transfer board or device, any type, each.	1 unit = each, 1 per 3 years.
DME	E0710	AAC+20%									Sometimes	12 33	Restraints, any type. (body, chest, wrist or ankle)	1 unit = each, 8 per 12 months.
DME	E0720									NU	Yes	12 33	TENS, two lead, localized stimulation.	1 unit = each, 1 per 3 years.
DME	E0730									NU	Yes	12 33	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation.	1 unit = each, 1 per 3 years.
DME	E0731									NU	Yes	12 33	Form fitting conductive garment for delivery of tens or nmes. (with conductive fibers separated from the patient's skin by layers of fabric)	1 unit = each, 1 per 3 years.
DME	E0747									NU KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0747									RR KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0747									UE KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0748									NU KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, spinal applications.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0748									RR KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, spinal applications.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0748									UE KF	Yes	12 33	Osteogenesis stimulator, electrical, non-invasive, spinal applications.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0760									NU KF	Yes	12 33	Ostogenesis stimulator, low intensity ultrasound, non-invasive.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0760									RR KF	Yes	12 33	Ostogenesis stimulator, low intensity ultrasound, non-invasive.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0760									UE KF	Yes	12 33	Ostogenesis stimulator, low intensity ultrasound, non-invasive.	1 unit = each, 1 per 5 years. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	E0776									NU	Yes	12 33	IV pole.	1 unit = each, 1 per 5 years.
DME	E0776									RR	Yes	12 33	IV pole.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0776									UE	Yes	12 33	IV pole.	1 unit = each, 1 per 5 years.
DME	E0776									NU BA	Yes	12 33	IV pole.	1 unit = each, 1 per 5 years.
DME	E0776									RR BA	Yes	12 33	IV pole.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0776									UE BA	Yes	12 33	IV pole.	1 unit = each, 1 per 5 years.
DME	E0779									NU	Yes	12 33	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	1 unit = each, 1 per 5 years. Supplies used with E0779 codes are **A4220**.
DME	E0779									UE	Yes	12 33	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	1 unit = each, 1 per 5 years. E0776 cannot be provided with E0779. Supplies used with E0779 codes are A4221 or A4222 or K0552. (Masshealth members only)
DME	E0779									KH KI	Yes	12 33	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	1 unit = each, 1 per 5 years. E0776 cannot be provided with E0779. Supplies used with E0779 codes are A4221 or A4222 or K0552. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0779									KJ	Yes	12 33	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater.	1 unit = each, 1 per 5 years. E0776 cannot be provided with E0779. Supplies used with E0779 codes are A4221 or A4222 or K0552. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0780									NU	Yes	12 33	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours.	1 unit = each, 1 per 5 years. E0776 cannot be provided with E0780. Supplies used with E0779 codes are A4221 or A4222 or K0553]
DME	E0781									NU	Yes	12 33	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	1 unit = each, 1 per 5 years. E0776 cannot be provided. Supplies codes used with E0781 are A4221 or A4222 or K0552. (Masshealth members only)
DME	E0781									UE	Yes	12 33	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	1 unit = each, 1 per 5 years. E0776 cannot be provided. Supplies codes used with E0781 are A4221 or A4222 or K0552. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0781									KH KI	Yes	12 33	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	1 unit = each, 1 per 5 years. E0776 cannot be provided. Supplies codes used with E0781 are A4221 or A4222 or K0552. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0781									KJ	Yes	12 33	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient.	1 unit = each, 1 per 5 years. E0776 cannot be provided. Supplies codes used with E0781 are A4221 or A4222 or K0552. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0784	AAC+30%								NU	Yes	12 33	External ambulatory infusion pump, insulin.	1 unit = each, 1 per 5 years., E0776 cannot be provided with E0784, straight purchase for MassHealth members. (Masshealth members only)
DME	E0784									UE	Yes	12 33	External ambulatory infusion pump, insulin.	1 unit = each, 1 per 5 years., E0776 cannot be provided with E0784, straight purchase for MassHealth members. (Masshealth members only)
DME	E0784									KH KI	Yes	12 33	External ambulatory infusion pump, insulin.	1 unit = each, 1 per 5 years., E0776 cannot be provided with E0784. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0784									KJ	Yes	12 33	External ambulatory infusion pump, insulin.	1 unit = each, 1 per 5 years., E0776 cannot be provided with E0784. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0791									NU	Yes	12 33	Parenteral infusion pump, stationary, single or multi-channel.	1 unit = each, 1 per 5 years., E0776 can be supplied separately when using E0791. (Masshealth members only)
DME	E0791									UE	Yes	12 33	Parenteral infusion pump, stationary, single or multi-channel.	1 unit = each, 1 per 5 years., E0776 can be supplied separately when using E0791. (Masshealth members only)
DME	E0791									KH KI	Yes	12 33	Parenteral infusion pump, stationary, single or multi-channel.	1 unit = each, 1 per 5 years., E0776 can be supplied separately when using E0791. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0791									KJ	Yes	12 33	Parenteral infusion pump, stationary, single or multi-channel.	1 unit = each, 1 per 5 years., E0776 can be supplied separately when using E0791. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0840									NU	Yes	12 33	Traction frame, attached to headboard, cervical traction.	1 unit = each, 1 per 5 years.
DME	E0840									RR	Yes	12 33	Traction frame, attached to headboard, cervical traction.	1 unit = each.1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0840									UE	Yes	12 33	Traction frame, attached to headboard, cervical traction.	1 unit = each, 1 per 5 years.
DME	E0849									NU	Yes	12 33	Traction equipment, cervical, freestanding stand/frame, pneumatic applying traction force to other than mandible.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0849									KH KI	Yes	12 33	Traction equipment, cervical, freestanding stand/frame, pneumatic applying traction force to other than mandible.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0849									KJ	Yes	12 33	Traction equipment, cervical, freestanding stand/frame, pneumatic applying traction force to other than mandible.	1 unit = each. 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0849									UE	Yes	12 33	Traction equipment, cervical, freestanding stand/frame, pneumatic applying traction force to other than mandible.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0850									NU	Yes	12 33	Traction stand, free standing, cervical traction.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
DME	E0850									RR	Yes	12 33	Traction stand, free standing, cervical traction.	1 unit = each.1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0850									UE	Yes	12 33	Traction stand, free standing, cervical traction.	1 unit = each, 1 per 5 years.
DME	E0855									NU	Yes	12 33	Cervical traction equipment not requiring additional stand or frame.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0855									UE	Yes	12 33	Cervical traction equipment not requiring additional stand or frame.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0855									KH KI	Yes	12 33	Cervical traction equipment not requiring additional stand or frame.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0855									KJ	Yes	12 33	Cervical traction equipment not requiring additional stand or frame.	1 unit = each.1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0856									NU	Yes	12 33	Cervical traction device, with inflatable air bladder(s).	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0856									KH KI	Yes	12 33	Cervical traction device, with inflatable air bladder(s).	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0856									KJ	Yes	12 33	Cervical traction device, with inflatable air bladder(s).	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0856									UE	Yes	12 33	Cervical traction device, with inflatable air bladder(s)	1 unit = each. (Masshealth members only)
DME	E0860									NU	Yes	12 33	Traction equipment, overdoor, cervical.	1 unit = each, 1 per 5 years.
DME	E0860									RR	Yes	12 33	Traction equipment, overdoor, cervical.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0860									UE	Yes	12 33	Traction equipment, overdoor, cervical.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
DME	E0870									NU	Yes	12 33	Traction frame, attached to footboard, extremity traction, (e.g. buck's)	1 unit = each, 1 per 5 years.
DME	E0870									RR	Yes	12 33	Traction frame, attached to footboard, extremity traction, (e.g. buck's)	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0870									UE	Yes	12 33	Traction frame, attached to footboard, extremity traction, (e.g. buck's)	1 unit = each, 1 per 5 years.
DME	E0880									NU	Yes	12 33	Traction stand, free standing, extremity traction, (e.g., buck's)	1 unit = each, 1 per 5 years.
DME	E0880									RR	Yes	12 33	Traction stand, free standing, extremity traction, (e.g., buck's)	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0880									UE	Yes	12 33	Traction stand, free standing, extremity traction, (e.g., buck's)	1 unit = each, 1 per 5 years.
DME	E0890									NU	Yes	12 33	Traction frame, attached to footboard, pelvic traction.	1 unit = each, 1 per 5 years.
DME	E0890									RR	Yes	12 33	Traction frame, attached to footboard, pelvic traction.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0890									UE	Yes	12 33	Traction frame, attached to footboard, pelvic traction.	1 unit = each, 1 per 5 years.
DME	E0900									NU	Yes	12 33	Traction stand, free standing, pelvic traction, (e.g., buck's)	1 unit = each, 1 per 5 years.
DME	E0900									RR	Yes	12 33	Traction stand, free standing, pelvic traction, (e.g., buck's)	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0900									UE	Yes	12 33	Traction stand, free standing, pelvic traction, (e.g., buck's)	1 unit = each, 1 per 5 years.
DME	E0910									NU	Yes	12 33	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar.	1 unit = each, 1 per 5 years., allowed for patient to sit up for respiratory condition, change in body position or to get in or out of bed. (Masshealth members only)
DME	E0910									UE	Yes	12 33	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar.	1 unit = each, 1 per 5 years., allowed for patient to sit up for respiratory condition, change in body position or to get in or out of bed. (Masshealth members only)
DME	E0910									KH KI	Yes	12 33	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar.	1 unit = each, 1 per 5 years., allowed for patient to sit up for respiratory condition, change in body position or to get in or out of bed. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0910									KJ	Yes	12 33	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar.	1 unit = each, 1 per 5 years., allowed for patient to sit up for respiratory condition, change in body position or to get in or out of bed. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0911									NU	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0911									UE	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0911									KH KI	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0911									KJ	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0912									NU	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0912									UE	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0912									KH KI	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0912									KJ	Yes	12 33	Trapeze bars, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0920									NU	Yes	12 33	Fracture frame, attached to bed, includes weights.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0920									UE	Yes	12 33	Fracture frame, attached to bed, includes weights.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0920									KH KI	Yes	12 33	Fracture frame, attached to bed, includes weights.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0920									KJ	Yes	12 33	Fracture frame, attached to bed, includes weights.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0930									NU	Yes	12 33	Fracture frame, free standing, includes weights.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0930									UE	Yes	12 33	Fracture frame, free standing, includes weights	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0930									KH KI	Yes	12 33	Fracture frame, free standing, includes weights.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0930									KJ	Yes	12 33	Fracture frame, free standing, includes weights.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0935									RR	Yes	12 33	Continuous passive motion exercise device for use on knee only.	1 month maximum [per episode] Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0936	AAC+30%									Yes	12 33	Continuous passive motion exercise device for use other than knee.	1 month maximum [per episode]
DME	E0940									NU	Yes	12 33	Trapeze bar, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0940									UE	Yes	12 33	Trapeze bar, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0940									KH KI	Yes	12 33	Trapeze bar, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0940									KJ	Yes	12 33	Trapeze bar, free standing, complete with grab bar.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0941									NU	Yes	12 33	Gravity assisted traction device, any type.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0941									UE	Yes	12 33	Gravity assisted traction device, any type.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0941									KH KI	Yes	12 33	Gravity assisted traction device, any type.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0941									KJ	Yes	12 33	Gravity assisted traction device, any type.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0942									NU	STOP "Sometimes" Click Here	12 33	Cervical head harness/halter.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
DME	E0942									RR	STOP "Sometimes" Click Here	12 33	Cervical head harness/halter.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0942									UE	STOP "Sometimes" Click Here	12 33	Cervical head harness/halter.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
DME	E0944									NU	STOP "Sometimes" Click Here	12 33	Pelvic belt/harness/boot.	1 unit = each, 1 per 5 years.
DME	E0944									RR	STOP "Sometimes" Click Here	12 33	Pelvic belt/harness/boot.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0944									UE	STOP "Sometimes" Click Here	12 33	Pelvic belt/harness/boot.	1 unit = each, 1 per 5 years.
DME	E0945									NU	STOP "Sometimes" Click Here	12 33	Extremity belt/harness.	1 unit = each, 2 per 5 years.
DME	E0945									RR	STOP "Sometimes" Click Here	12 33	Extremity belt/harness.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0945									UE	STOP "Sometimes" Click Here	12 33	Extremity belt/harness.	1 unit = each, 2 per 5 years.
DME	E0946									NU	Yes	12 33	Fracture, frame, dual with cross bars, attached to bed., (e.g. balken, 4 poster)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0946									UE	Yes	12 33	Fracture, frame, dual with cross bars, attached to bed., (e.g. balken, 4 poster)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	E0946									KH KI	Yes	12 33	Fracture, frame, dual with cross bars, attached to bed., (e.g. balken, 4 poster)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0946									KJ	Yes	12 33	Fracture, frame, dual with cross bars, attached to bed., (e.g. balken, 4 poster)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0947									NU	Yes	12 33	Fracture frame, attachments for complex pelvic traction.	1 unit = each, 1 per 5 years.
DME	E0947									RR	Yes	12 33	Fracture frame, attachments for complex pelvic traction.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0947									UE	Yes	12 33	Fracture frame, attachments for complex pelvic traction.	1 unit = each, 1 per 5 years.
DME	E0948									NU	Yes	12 33	Fracture frame, attachments for complex cervical traction.	1 unit = each, 1 per 5 years.
DME	E0948									RR	Yes	12 33	Fracture frame, attachments for complex cervical traction.	1 unit = each. 1 per 5 years. Replacement for wheelchair purchased. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0948									UE	Yes	12 33	Fracture frame, attachments for complex cervical traction.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
DME	E0950	NOTE When Utilizing this procedure code Click HERE								NU	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each, 1 per 5 years.
DME	E0950	NOTE When Utilizing this procedure code Click HERE								RR	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0950	NOTE When Utilizing this procedure code Click HERE								UE	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each, 1 per 5 years.
DME	E0950	NOTE When Utilizing this procedure code Click HERE								RR KU	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0950	NOTE When Utilizing this procedure code Click HERE								UE KU	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each, 1 per 5 years.
DME	E0950	AAC+35%								U1	No	12 31 32 33	Wheelchair accessory, tray, each.	1 unit = each, 1 per 5 years. When submitting E0950 Tray, all accessory's and part need to be submitted with the U1 modifier
DME	E0951									NU RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0951									RR RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0951									UE RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0951									NU KU RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0951									RR KU RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0951									UE KU RT LT	STOP "No" Click Here	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0952									NU RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0952									RR RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year (2 units per date of service) Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0952									UE RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0952									NU KU RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year (2 units per date of Service)
DME	E0952									RR KU RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year (2 units per date of service) Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0952									UE KU RT LT	STOP "No" Click Here	12 31 32 33	Toe loop/holder, any type, each.	1 unit = each, 4 per year. (2 units per date of service)
DME	E0955									NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year
DME	E0955									UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year
DME	E0955									KH	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year.
DME	E0955									KI KJ	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year.
DME	E0955									NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year
DME	E0955									UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year
DME	E0955									KH KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year.
DME	E0955									KI KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year.
DME	E0955									KJ KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.	1 unit = each, 2 per year.
DME	E0956									NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year
DME	E0956									RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date Of Service)
DME	E0956									UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year
DME	E0956									NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year
DME	E0956									RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per Date Of Service)
DME	E0956									UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.	1 unit = each, 4 per year
DME	E0957									NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year
DME	E0957									RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price (2 units per date of service)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0957									UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year
DME	E0957									NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year
DME	E0957									RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price (2 units per Date Of Service)
DME	E0957									UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.	1 unit = each, 4 per year
DME	E0958									NU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 year
DME	E0958									UE RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (Masshealth members only)
DME	E0958									KH KI	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0958									KJ	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0958									NU KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 year
DME	E0958									UE KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (Masshealth members only)
DME	E0958									KH KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0958									KI KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0958									KJ KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.	1 unit = each, 1 per 5 years (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E0959									NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0959									RR	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0959									UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0959									NU KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0959									RR KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0959									UE KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.	1 unit = each, 2 per 5 years
DME	E0960									NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each, 2 per year.
DME	E0960									RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0960									UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each, 2 per year.
DME	E0960									NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each. 2 per year.
DME	E0960									RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0960									UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	1 unit = each. 2 per year.
DME	E0961									NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year
DME	E0961									RR	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0961									UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year
DME	E0961									NU KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year
DME	E0961									RR KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0961									UE KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.	1 unit = each, 4 per year
DME	E0966									NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year. (1 unit per Date Of Service)
DME	E0966									RR	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per date of service)
DME	E0966									UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year (1 per Date Of Service)
DME	E0966									NU KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year. (1 unit per Date Of Service)
DME	E0966									RR KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price (1 unit per date of service)
DME	E0966									UE KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, headrest extension, each.	1 unit = each, 4 per year (1 per Date Of Service)
DME	E0967									NU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0967									RR RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0967									UE RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year
DME	E0967									NU KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year
DME	E0967									RR KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0967									UE KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each.	1 unit = each, 2 per year
DME	E0971	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year
DME	E0971	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0971	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year
DME	E0971	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year
DME	E0971	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0971	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.	1 unit = each, 4 per year
DME	E0973	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year
DME	E0973	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0973	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year
DME	E0973	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year
DME	E0973	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0973	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	1 unit = each, 2 per year
DME	E0974	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year
DME	E0974	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0974	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year
DME	E0974	AAC+35%								UD RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year
DME	E0974	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year
DME	E0974	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0974	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.	1 unit = each, 2 per year
DME	E0978									NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each, 2 per year.
DME	E0978									RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0978									UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each, 2 per year.
DME	E0978									NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each, 2 per year.
DME	E0978									RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0978									UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each.	1 unit = each, 2 per year.
DME	E0980									NU	STOP "No" Click Here	12 31 32 33	Safety vest, wheelchair	1 unit = each, 2 per year.
DME	E0980									RR	STOP "No" Click Here	12 31 32 33	Safety vest, wheelchair	1 unit = each, 2 per year.. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E0980									UE	STOP "No" Click Here	12 31 32 33	Safety vest, wheelchair	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E0981	AAC+35%								UC	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each., 1 per year(1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E0981	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E0982	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.	1 unit = each, 1 per year (1 unit per Date Of Service)
DME/MOB	E0983	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0983	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0983	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0983	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0984									NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0984									UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0984									KH KI	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0984									KJ	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0985									NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years.
DME/MOB	E0985									UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years.
DME/MOB	E0985									KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0985									KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0985									NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years.
DME/MOB	E0985									UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years.
DME/MOB	E0985									KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0985									KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0985									KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, seat lift mechanism.	1 unit = each, 1 per 5 years.
DME/MOB	E0986									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, push rim activated power assist, each.	1 unit = each, 1 per 5 years.
DME/MOB	E0986									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, push rim activated power assist, each.	1 unit = each, 1 per 5 years.
DME/MOB	E0986									KH KI	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, push rim activated power assist, each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0986									KJ	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, push rim activated power assist, each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0988									NU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0988									UE	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E0988									KH KI	STOP "Sometimes" Click Here	12 14 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0988									KJ	STOP "Sometimes" Click Here	12 14 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E0990									NU	STOP "No" Click Here	12 14 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E0990									RR	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E0990	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year
DME/MOB	E0990	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year
DME/MOB	E0990	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E0990	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.	1 unit = each, 4 per year
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								RR	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E0992	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat insert.	1 unit = each, 2 per year
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each, 4 per year.
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each, 4 per year.
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each, 4 per year.
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each, 4 per year.
DME/MOB	E0995	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, calf rest/pad, replacement only, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiraqtory or digestive issues. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E1002	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, tilt only.	1 unit = each, 1 per year 5. Clinical Benefits if member requires the ability to independently reposition due to pressure relief, circulatory complications. Respiractory or digestive issues. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1003	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1004	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1005	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, recline only, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1006	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1007	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1008	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1009	AAC+35%								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1009	I.C						10% of the ACC Markup		RR	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1009	I.C						75% of the ACC Markup		UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1010	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1011	AAC+35%								NU	STOP "Yes" Click Here	12 31 32 33	Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each, 2 per 5 years.
DME/MOB	E1011	I.C						10% of the ACC Markup		RR	STOP "Yes" Click Here	12 31 32 33	Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1011	I.C						75% of the ACC Markup		UE	STOP "Yes" Click Here	12 31 32 33	Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each, 2 per 5 years.
DME/MOB	E1012									NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3 years.
DME/MOB	E1012									UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3 years.
DME/MOB	E1012									KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1012									KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1012									NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3 years.
DME/MOB	E1012									UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3 years.
DME/MOB	E1012									KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1012									KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1012									KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	1 unit = each, 1 per 3years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1014									NU	STOP "Yes" Click Here	12 31 32 33	Reclining back, addition to pediatric wheelchair.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E1014									UE	STOP "Yes" Click Here	12 31 32 33	Reclining back, addition to pediatric wheelchair.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E1014									KH KI	STOP "Yes" Click Here	12 31 32 33	Reclining back, addition to pediatric wheelchair.	1 unit = each, 1 per 3years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E1014									KJ	STOP "Yes" Click Here	12 31 32 33	Reclining back, addition to pediatric wheelchair.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E1015									NU	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1015									RR	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1015									UE	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1015									NU KU	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1015									RR KU	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1015									UE KU	STOP "Yes" Click Here	12 31 32 33	Shock absorber for manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1016									NU	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1016									RR	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1016									UE	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1016									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1016									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1016									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Shock absorber for power wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1017	AAC+35%								NU	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1017	I.C						10% of the ACC Markup		RR	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1017	I.C						75% of the ACC Markup		UE	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1018	AAC+35%								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1018	I.C						10% of the ACC Markup		RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each,. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1018	I.C						75% of the ACC Markup		UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each,. 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1020									NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1020									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1020									KH KI RT LT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1020									KJ LT RT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1020									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1020									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased.
DME/MOB Click Here POS 31 32	E1020									KH KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1020									KI KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1020									KJ KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Residual limb support system for wheelchair, any type	1 unit = each, 4 per year. Replacement for wheelchair purchased. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year Capped rental modifiers must be used for all Medicare dually eligible members.
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year Capped rental modifiers must be used for all Medicare dually eligible members.
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year Capped rental modifiers must be used for all Medicare dually eligible members.
DME/MOB Click Here POS 31 32	E1028	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "No" Click Here	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.	1 unit = each, 8 per year Capped rental modifiers must be used for all Medicare dually eligible members.
DME/MOB Click Here POS 31 32	E1029									NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1029									KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E1030									UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E1030									KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1031	NOTE When Utilizing this procedure code Click HERE								NU	No	12 33	Rollabout chair, any and all types with castors 5 inches or greater.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1031	NOTE When Utilizing this procedure code Click HERE								UE	No	12 33	Rollabout chair, any and all types with castors 5 inches or greater.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1031	NOTE When Utilizing this procedure code Click HERE								KH KI	No	12 33	Rollabout chair, any and all types with castors 5 inches or greater.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1031	NOTE When Utilizing this procedure code Click HERE								KJ	No	12 33	Rollabout chair, any and all types with castors 5 inches or greater.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB	E1035									NU	Yes	12 33	Multi-positional patient transfer system, with integrated seat, operated by care giver.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1035									UE	Yes	12 33	Multi-positional patient transfer system, with integrated seat, operated by care giver.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1035									KH KI	Yes	12 33	Multi-positional patient transfer system, with integrated seat, operated by care giver.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1035									KJ	Yes	12 33	Multi-positional patient transfer system, with integrated seat, operated by care giver.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1036									NU	Yes	12 33	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1036									UE	Yes	12 33	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1036									KH KI	Yes	12 33	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1036									KJ	Yes	12 33	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1037	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Transport chair, pediatric size.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1037	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Transport chair, pediatric size.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1037	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Transport chair, pediatric size.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1037	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Transport chair, pediatric size.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1038	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Transport chair, adult size, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1038	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Transport chair, adult size, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1038	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Transport chair, adult size, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1038	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Transport chair, adult size, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1039	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1039	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1039	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1039	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	E1161	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Manual adult size wheelchair, includes tilt in space.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1161	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Manual adult size wheelchair, includes tilt in space.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	E1161	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Manual adult size wheelchair, includes tilt in space.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	E1161	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Manual adult size wheelchair, includes tilt in space.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1225	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1226	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1231	AAC+35%								NU	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E1231	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1231	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E1232	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1232	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E1232	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1232	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1233	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1233	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1233	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1233	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1234	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1234	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1234	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1234	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1235	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1235	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1235	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1235	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1236	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E1236	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1236	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1236	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, with seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1237	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1237	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1237	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, rigid, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1237	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1238	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1238	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1238	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1238	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Wheelchair, pediatric size, folding, adjustable, without seating system.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	E1296	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Special wheelchair seat height from floor	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1296	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Special wheelchair seat height from floor	1 unit = each, 1 per 5 years., Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1296	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Special wheelchair seat height from floor	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1297	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Special wheelchair seat depth, by upholstery	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1297	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Special wheelchair seat depth, by upholstery	1 unit = each, 1 per 5 years., Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1297	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Special wheelchair seat depth, by upholstery	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1298	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Special wheelchair seat depth and/or width, by construction	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	E1298	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Special wheelchair seat depth and/or width, by construction	1 unit = each, 1 per 5 years., Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E1298	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Special wheelchair seat depth and/or width, by construction	1 unit = each, 1 per 5 years. (Masshealth members only)
OXY	E1372									NU	Yes	12 31 32 33	Immersion external heater for nebulizer.	1 unit = each, 1 per 3 years. , [E1372 can be billed separately only when patient owns equipment otherwise E1372 is included in monthly rental.
OXY	E1372									RR	Yes	12 31 32 33	Immersion external heater for nebulizer.	1 unit = each. 1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
OXY	E1372									UE	Yes	12 31 32 33	Immersion external heater for nebulizer.	1 unit = each, 1 per 3 years. , [E1372 can be billed separately only when patient owns equipment otherwise E1372 is included in monthly rental.
OXY	E1390									RR	Yes	12 31 32 33	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.	1 unit = each, 1 per month, monthly rental Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.
OXY	E1392									RR	Yes	12 33	Portable concentrator requirements: capability of delivering 85% or greater oxygen concentration and of operating on either AC or DC (e.g., auto accessory outlet) power. Code E1392 includes the device itself, and integrated battery or beneficiary replacement batteries that are capable of providing at least 2 hours of remote portability at a minimum of 2 LPM equivalency, a battery charger, an AC power adapter, a DC power adapter and carrying bag and/ or cart. Must not weigh more than 20 pounds. Providers may also request code E1390 for members that require continuous oxygen usage.	1 unit = 1 month rental, Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order. Documentation of hours away from stationary required. A portable oxygen concentrator (POC) may not be requested if member's liter flow needs exceeds the liter flow capacity of the (POC). Only one portable oxygen system will be approved for long term use. *May also be ordered short term for Interstate and Airline Travel. Providers must specify the exact dates of travel on the Prior Authorization (PA) request.
DME	E1399	AAC+35%								UC	Yes	12 33	Durable medical equipment, miscellaneous	Used only for Children's Specialty Rehab Equipment.
DME	E1399	AAC+30%								RB	Sometimes	12 31 32 33	Durable medical equipment, miscellaneous (replacement of a part of DME furnished as part of a repair).	PA required when K0739 RB and E1399 RB combined equal more $1,000.00 no matter what POS.
DME	E1399	AAC+35%								U1	Sometimes	12 31 32 33	Durable medical equipment, miscellaneous	1 unit = each, **RE units must be requested using K0739 U5 modifier.**
DME	E1399	AAC+30%								U3	Sometimes	12 31 32 33	Supplies for maintenance of insulin infusion pump, catheter each, (used for MassHealth members instead of A4224)	1 unit = each. 20 per month.
DME	E1399	AAC+30%								U4	Sometimes	12 31 32 33	Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHeath members instead of A4225)	1 unit = each. 20 per month.
DME	E1800									NU	Yes	12 33	Dynamic adjustable elbow extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1800									UE	Yes	12 33	Dynamic adjustable elbow extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1800									KH KI	Yes	12 33	Dynamic adjustable elbow extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1800									KJ	Yes	12 33	Dynamic adjustable elbow extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1801									NU	Yes	12 33	Static progressive stretch elbow device, extension and/or flexion with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E1801									UE	Yes	12 33	Static progressive stretch elbow device, extension and/or flexion with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1801									KH KI	Yes	12 33	Static progressive stretch elbow device, extension and/or flexion with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1801									KJ	Yes	12 33	Static progressive stretch elbow device, extension and/or flexion with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1802									NU	Yes	12 33	Dynamic adjustable forearm pronation/supination device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1802									UE	Yes	12 33	Dynamic adjustable forearm pronation/supination device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1802									KH KI	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1802									KJ	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1805									NU	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1805									UE	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1805									KH KI	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1805									KJ	Yes	12 33	Dynamic adjustable wrist extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1806									NU	Yes	12 33	Static progressive stretch wrist device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1806									UE	Yes	12 33	Static progressive stretch wrist device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1806									KH KI	Yes	12 33	Static progressive stretch wrist device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1806									KJ	Yes	12 33	Static progressive stretch wrist device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1810									NU	Yes	12 33	Dynamic adjustable knee extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1810									UE	Yes	12 33	Dynamic adjustable knee extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1810									KH KI	Yes	12 33	Dynamic adjustable knee extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1810									KJ	Yes	12 33	Dynamic adjustable knee extension / flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1811									NU	Yes	12 33	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1811									UE	Yes	12 33	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1811									KH KI	Yes	12 33	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1811									KJ	Yes	12 33	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1812									NU	Yes	12 33	Dynamic knee extension/flexion device with active resistance control.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1812									UE	Yes	12 33	Dynamic knee extension/flexion device with active resistance control.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1812									KH KI	Yes	12 33	Dynamic knee extension/flexion device with active resistance control.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1812									KJ	Yes	12 33	Dynamic knee extension/flexion device with active resistance control.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1815									NU	Yes	12 33	Dynamic adjustable ankle extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1815									UE	Yes	12 33	Dynamic adjustable ankle extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1815									KH KI	Yes	12 33	Dynamic adjustable ankle extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1815									KJ	Yes	12 33	Dynamic adjustable ankle extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1816									NU	Yes	12 33	Static progressive stretch ankle device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1816									UE	Yes	12 33	Static progressive stretch ankle device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1816									KH KI	Yes	12 33	Static progressive stretch ankle device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1816									KJ	Yes	12 33	Static progressive stretch ankle device, flexion and/or extension with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1818									NU	Yes	12 33	Static progressive stretch forearm pronation / supination device with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1818									UE	Yes	12 33	Static progressive stretch forearm pronation / supination device with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1818									KH KI	Yes	12 33	Static progressive stretch forearm pronation / supination device with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E1818									KJ	Yes	12 33	Static progressive stretch forearm pronation / supination device with or without range of motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1820									NU	Yes	12 33	Replacement soft interface material, dynamic adjustable extension/flexion device.	1 unit = each, 2 per 5 years.
DME	E1820									RR	Yes	12 33	Replacement soft interface material, dynamic adjustable extension/flexion device.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E1820									UE	Yes	12 33	Replacement soft interface material, dynamic adjustable extension/flexion device.	1 unit = each, 2 per 5 years.
DME	E1821									NU	Yes	12 33	Replacement soft interface material/cuffs for bi-directional static progressive stretch device.	1 unit = each, 2 per 5 years.
DME	E1821									RR	Yes	12 33	Replacement soft interface material/cuffs for bi-directional static progressive stretch device.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E1821									UE	Yes	12 33	Replacement soft interface material/cuffs for bi-directional static progressive stretch device.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1825									NU	Yes	12 33	Dynamic adjustable finger extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1825									UE	Yes	12 33	Dynamic adjustable finger extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1825									KH KI	Yes	12 33	Dynamic adjustable finger extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1825									KJ	Yes	12 33	Dynamic adjustable toe extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1830									NU	Yes	12 33	Dynamic adjustable toe extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1830									UE	Yes	12 33	Dynamic adjustable toe extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1830									KH KI	Yes	12 33	Dynamic adjustable toe extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1830									KJ	Yes	12 33	Dynamic adjustable toe extension/flexion device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1831									NU	Yes	12 33	Static progressive stretch toe device, extension and/or flexion, with or without range or motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1831									UE	Yes	12 33	Static progressive stretch toe device, extension and/or flexion, with or without range or motion adjustment, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1831									KH KI	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1831									KJ	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1840									NU	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1840									UE	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1840									KH KI	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1840									KJ	Yes	12 33	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1841									NU	Yes	12 33	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1841									UE	Yes	12 33	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories.	1 unit = each, 2 per 5 years. (Masshealth members only)
DME	E1841									KH KI	Yes	12 33	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1841									KJ	Yes	12 33	Static progressive stretch shoulder device, with or without range of motion adjustability, includes all components and accessories.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E1902	AAC+30%									Yes	12 33	Communication board, non-electronic augmentative or alternative communication device.	1 unit = each, 1 per 3 years.
DME	E2000									NU	Yes	12 33	Gastric suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 3 years.
DME	E2000									UE	Yes	12 33	Gastric suction pump, home model, portable or stationary, electric.	1 unit = each, 1 per 3 years.
DME	E2000									KH KI	Yes	12 33	Gastric suction pump, home model, portable or stationary, electric.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E2000									KJ	Yes	12 33	Gastric suction pump, home model, portable or stationary, electric.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	E2100									NU	Yes	12 33	Blood glucose monitor with integrated voice synthesizer.	1 unit= each. 1 per 3 years. Visual impairment (i.e., best corrected visual acuity of 20/200 or worse)
DME	E2100									RR	Yes	12 33	Blood glucose monitor with integrated voice synthesizer.	1 unit = each. 1 per 3 years, Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2100									UE	Yes	12 33	Blood glucose monitor with integrated voice synthesizer.	1 unit = each, 1 per 3 years. Visual impairment (i.e., best corrected visual acuity of 20/200 or worse)
DME	E2101									NU	Yes	12 33	Blood glucose monitor with integrated lancing/blood sample.	1 unit = each, 1 per 3 years. Manual dexterity impairments.
DME	E2101									RR	Yes	12 33	Blood glucose monitor with integrated lancing/blood sample.	1 unit = each. 1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2101									UE	Yes	12 33	Blood glucose monitor with integrated lancing/blood sample.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2201									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2201									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2201									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2201									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2201									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2201									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2202									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each, 1 per 5 years.

Revised 12.21.20 (Link)	Service Code AAC+% Codes	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link) COST PER CASE	QTY IN CASE	EACH	ACC Markup	MARKUP INFORMATION Pricing Example Instructions (Link) INV COST	UNITS	ACC Markup	Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here) Description	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS Requirements & Limits
DME/MOB Click Here POS 31 32	E2202									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2202									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2202									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2202									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2202									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2203									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2203									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2203									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2203									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2203									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2203									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2204									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
DME/MOB Click Here POS 31 32	E2205									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year
DME/MOB Click Here POS 31 32	E2205									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2205									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year
DME/MOB Click Here POS 31 32	E2205									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year
DME/MOB Click Here POS 31 32	E2205									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2205									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.	1 unit = each, 4 per year
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								RR	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								NU KU	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								RR KU	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	E2206	NOTE When Utilizing this procedure code Click HERE								UE KU	Sometimes	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, replacement only each.	1 unit = each, 8 per year.
DME/MOB	E2207									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years.
DME/MOB	E2207									RR	STOP "Yes" Click Here	12 32	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	E2207									UE	STOP "Yes" Click Here	12 32	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years.
DME/MOB	E2207									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years.
DME/MOB	E2207									RR KU	STOP "Yes" Click Here	12 32	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2207									UE KU	STOP "Yes" Click Here	12 32	Manual wheelchair accessory, crutch and cane holder, each.	1 unit = each. 2 per 5 years.
DME/MOB Click Here POS 31 32	E2208									NU	STOP "Sometimes" Click Here	12 32	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years.
DME/MOB Click Here POS 31 32	E2208									RR	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2208									UE	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years.
DME/MOB Click Here POS 31 32	E2208									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years.
DME/MOB Click Here POS 31 32	E2208									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2208									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.	1 unit = each. 1 per 5 years.
DME/MOB Click Here POS 31 32	E2209									NU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2209									RR	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2209									UE	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2209									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2209									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2209									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, arm trough, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each. 8 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each. 8 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2210	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.	1 unit = each, 8 per year.
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2211	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2212	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2213									NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2213									RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2213									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2213									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2213									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2213									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2214	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2215	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2216	AAC+30%								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2216	I.C						10% of the ACC Markup		RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2216	I.C						75% of the ACC Markup		UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2216									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2216									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2216									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2217	AAC+30%								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2217	I.C						10% of the ACC Markup		RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2217	I.C						75% of the ACC Markup		UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2217									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2217									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2217									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2218	AAC+30%								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2218	I.C						10% of the ACC Markup		RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2218	I.C						75% of the ACC Markup		UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2218									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2218									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2218									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2219									NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2219									RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2219									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2219									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2219									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2219									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2220	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2221	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2222	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2224	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2225	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2226	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.	1 unit = each, 4 per year.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2227	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each	1 unit = each, 2 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2227	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each	1 unit = each, 2 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2227	NOTE When Utilizing this procedure code Click HERE								KH KI RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2227	NOTE When Utilizing this procedure code Click HERE								KJ RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2228									NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2228									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2228									KH KI LT RT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2228									KJ LT RT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2228									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2228									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2228									KH KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2228									KI KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2228									KJ KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 unit = each, 2 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2231									NU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2231									RR	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2231									UE	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2231									NU KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2231									RR KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2231									UE KU	STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2291	AAC+35%									STOP "Sometimes" Click Here	12 31 32 33	Back planar, for pediatric size wheelchair including fixed attaching hardware.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2292	AAC+35%									STOP "Sometimes" Click Here	12 31 32 33	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2293	AAC+35%									STOP "Sometimes" Click Here	12 31 32 33	Back contoured, for pediatric size wheelchair including fixed atttaching hardware	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2294	AAC+35%									STOP "Yes" Click Here	12 31 32 33	Seat contoured, for pediatric size wheelchair including fixed atttaching hardware	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2295	AAC+35%									STOP "Yes" Click Here	12 31 32 33	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple postioning features.	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2300	AAC+35%									STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power seat elevation system, any type	1 unit = each, 1 per 3 years.
DME/MOB Click Here POS 31 32	E2301	AAC+35%									STOP "Yes" Click Here	12 31 32 33	Wheelchair accessory, power standing system, any type	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2310									NU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2310									NU KU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									UE	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									UE KU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									KH KI	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									KJ	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									KH KU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									KI KU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2310									KJ KU	STOP "Yes" Click Here	12 31 32 33	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	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									NU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									NU KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									UE	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									UE KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									KH KI	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									KJ	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									KH KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									KI KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2311									KJ KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									NU KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2312									UE KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									KH KI	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									KJ	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									KH KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									KI KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2312									KJ KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2313									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory,harness for upgrade to expandable controller, including all fasteners, connectors and mounting harware, each	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2313									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory,harness for upgrade to expandable controller, including all fasteners, connectors and mounting harware, each	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2313									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory,harness for upgrade to expandable controller, including all fasteners, connectors and mounting harware, each	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2313									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory,harness for upgrade to expandable controller, including all fasteners, connectors and mounting harware, each	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									NU KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									UE KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KH KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KI KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KJ KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
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DME/MOB Click Here POS 31 32	E2321									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2321									KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									NU KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									UE KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KH KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KI KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KJ KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2322									KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2323									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2323									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2323									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2323									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2323									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2323									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2324									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface)	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2324									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2324									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface	1 unit = each, 1 per 5 years. Rental is for short term use, renatl paid amount can not ecxcced purchace price
DME/MOB Click Here POS 31 32	E2324									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface	1 unit = each, 1 per 5 years. Rental is for short term use, renatl paid amount can not ecxcced purchace price
DME/MOB Click Here POS 31 32	E2324									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2324									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2325	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2326									KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2326									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KH KI	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KJ	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									NU KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									UE KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KH KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KI KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KJ KC	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									NU KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									UE KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KH KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KI KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2327									KJ KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2328									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									KH KI	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									KJ	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									NU KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									UE KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									KH KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									KI KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2328									KJ KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									NU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									UE	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									KH KI	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									KJ	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									NU KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									UE KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									KH KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									KI KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2329									KJ KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									NU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									UE	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									KH KI	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2330									KJ	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									NU KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									UE KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									KH KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									KI KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2330									KJ KU	STOP "Yes" Click Here	12 31 32 33	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.	1 unit = each, 1 per 5 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2331	AAC+35%								NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2331	I.C						10% of the ACC Markup		RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2331	I.C						75% of the ACC Markup		UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2340									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-23 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2340									RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-23 inches	1 unit = each.1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2340									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-23 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2341									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 24-27 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2341									RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 24-27 inches	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2341									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 24-27 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2342									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-21 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2342									RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-21 inches	1 unit = each.1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2342									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 20-21inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2343									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 22-25 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2343									RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 22-25 inches	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2343									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, nonstandard seat frame, width, 22-25 inches	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2351									NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2351									RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2351									UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2351									NU KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2351									RR KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2351									UE KU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	E2358	AAC+35%								NU	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2358	I.C						10% of the ACC Markup		RR	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each. 4 per 12 months.Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2358	I.C						75% of the ACC Markup		UE	STOP "Yes" Click Here	12 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2359									NU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2359									RR	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2359									UE	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2359									NU KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2359									RR KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2359									UE KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per 12 months.
DME/MOB Click Here POS 31 32	E2360									NU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2360									RR	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2360									UE	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2360									NU KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2360									RR KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2360									UE KU	STOP "Sometimes" Click Here	12 14 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2361									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2361									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2361									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2361									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2361									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2361									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2362									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2362									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2362									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2362									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2362									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2362									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2363									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2363									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2363									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2363									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2363									RR KU		12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2363									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2364									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2364									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2364									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2364									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2364									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each. 4 per year Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2364									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2365									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2365									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2365									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2365									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2365									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2365									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2366	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2367	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2368	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2369	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only	1 unit = each, 2 per 3 years. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2370	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	1 unit = each, 4 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2371									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2371									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2371									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2371									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2371									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2371									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2372	AAC+35%								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2372	I.C						10% of the ACC Markup		RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2372	I.C						75% of the ACC Markup		UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each, 4 per year.
DME/MOB Click Here POS 31 32	E2373									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2373									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									NU KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									UE KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KH KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KI KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2373									KJ KC	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2374	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	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.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year.

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DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2375	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2376	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2377									KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2377									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue.	1 unit = each, 1 per year. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								KH KI	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								KH KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								KI KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								KJ	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								KJ KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) Capped rental modifiers must be used for all Medicare dually eligible members if the member has signed a purchase option letter to rent the Complex Rehabilitation Power Wheelchair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2378	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair component, actuator, replacement only	1 unit = each, 1 per year. E2378 to be used with Power Wheelchair base group 1 and 2 (K0813-K0843) NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2381	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2382	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2383	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2384	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2385	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2386	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2387	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2388	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each .4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2389	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2390	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2391	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2392	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2394	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2395	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2396	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2397									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2397									NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2397									RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2397									RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each. 4 per 1 year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2397									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each, 4 per 1 year.
DME/MOB Click Here POS 31 32	E2397									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, lithium-based battery, each	1 unit = each, 4 per 1 year.
DME	E2500									NU	Yes	12 31 32 33	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2500									RR	Yes	12 31 32 33	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	1 unit = each. ,1 per 3 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2500									UE	Yes	12 31 32 33	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2502									NU	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2502									RR	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	1 unit = each. ,1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2502									UE	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2504									NU	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2504									RR	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	1 unit = each. , 1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2504									UE	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2506									NU	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 40 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2506									RR	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 40 minutes recording time.	1 unit = each. ,1 per 3 years Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2506									UE	Yes	12 31 32 33	Speech generating device, digitalized speech, using prerecorded messages, greater than 40 minutes recording time.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2508									NU	Yes	12 31 32 33	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2508									RR	Yes	12 31 32 33	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	1 unit = each, 1 per 3 years., Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. Rental is for short term use, rental paid amount can not exceed purchase price
DME	E2508									UE	Yes	12 31 32 33	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	E2510									NU	Yes	12 31 32 33	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	**E2510**									RR	Yes	12 31 32 33	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output. Rental is for short term use, rental paid amount can not exceed purchase price
DME	**E2510**									UE	Yes	12 31 32 33	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	**E2510**	**$0.00**								**TW**	Yes	12 31 32 33	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. **(MassHealth-only usuage of this code with modifier is for a non-dedicated alternative augmentatiive communication device persuant to 130 CMR 409.000)**	1 unit = each, 1 per 3 years. , Includes the device, any applicable software, batteries, battery chargers, and AC adapters. Digital speech output.
DME	**E2511**	AAC+30%								NU	Yes	12 31 32 33	Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. (1 unit per Date Of Service) Speech generating software program that enables a laptop computer, desktop computer or personal digital assistant [PDA] to function as a speech generating device.
DME	**E2511**	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. , (1 unit per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price.
DME	**E2511**	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. (1 unit per Date Of Service) Speech generating software program that enables a laptop computer, desktop computer or personal digital assistant [PDA] to function as a speech generating device.)
DME	**E2511**	**$0.00**								**TW**	Yes	12 31 32 33	Speech generating software program, for personal computer or personal digital assistant. **(MassHealth-only usuage of this code with modifier is for a non-dedicated alternative augmentatiive communication device persuant to 130 CMR 409.000)**	1 unit = each. (1 unit per Date Of Service) Non-dedicated speech generating software program that enables a laptop computer, desktop computer or personal digital assistant [PDA] to function as a speech generating device.
DME	**E2512**	AAC+30%								NU	Yes	12 31 32 33	Accessory for speech generating device, mounting system.	1 unit = each. (1 unit per Date Of Service)
DME	**E2512**	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Accessory for speech generating device, mounting system.	1 unit = each. (1 unit per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME	**E2512**	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Accessory for speech generating device, mounting system.	1 unit = each. (1 unit per Date Of Service)
DME	**E2512**	**$0.00**								**TW**	Yes	12 31 32 33	Accessory for speech generating device, mounting system. **(MassHealth-only usuage of this code with modifier is for a non-dedicated alternative augmentatiive communication device persuant to 130 CMR 409.000)**	1 unit = each. (1 unit per Date Of Service)
DME	**E2599**	AAC+30%								NU	Yes	12 31 32 33	Accessory for speech generating device, not otherwise classified.	1 unit = each, (1 unit per Date Of Service)
DME	**E2599**	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Accessory for speech generating device, not otherwise classified.	1 unit = each. (1 unit per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME	**E2599**	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Accessory for speech generating device, not otherwise classified.	1 unit = each. (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	**E2599**	**$0.00**								**TW**	Yes	12 31 32 33	Accessory for speech generating device, not otherwise classified. **(MassHealth-only usuage of this code with modifier is for a non-dedicated alternative augmentatiive communication device persuant to 130 CMR 409.000)**	1 unit = each. (1 unit per Date Of Service)
DME/MOB Click Here POS 31 32	**E2601**									NU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2601**									NU KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2601**									RR	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2601**									RR KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2601**									UE	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2601**									UE KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2602**									NU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2602**									NU KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2602**									RR	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2602**									RR KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2602**									UE	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2602**									UE KU	Sometimes	12 31 32 33	General use wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2603**									NU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2603**									NU KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2603**									RR	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2603**									RR KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	**E2603**									UE	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2603**									UE KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2604**									NU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	**E2604**									NU KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2604									RR	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2604									RR KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2604									UE	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2604									UE KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2605									NU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2605									NU KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2605									RR	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2605									RR KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2605									UE	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2605									UE KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2606									NU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2606									NU KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2606									RR	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2606									RR KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2606									UE	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2606									UE KU	Sometimes	12 31 32 33	Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2607									NU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2607									NU KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2607									RR	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2607									RR KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2607									UE	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2607									UE KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width less 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2608									NU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2608									NU KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2608									RR	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2608									RR KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2608									UE	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2608									UE KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2609	AAC+35%								NU	Yes	12 31 32 33	Custom fabricated wheelchair seat cushion, any size.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2609	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Custom fabricated wheelchair seat cushion, any size.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2609	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Custom fabricated wheelchair seat cushion, any size.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2610	AAC+35%								NU	Yes	12 31 32 33	Wheelchair seat cushion, powered.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2610	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Wheelchair seat cushion, powered.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2610	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Wheelchair seat cushion, powered.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2611									NU	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2611									NU KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2611									RR	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2611									RR KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2611									UE	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2611									UE KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width less than 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2612									NU	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2612									NU KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2612									RR	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2612									RR KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2612									UE	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2612									UE KU	Sometimes	12 31 32 33	General use wheelchair back cushion, width 22 inches any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2613									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2613									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2613									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2613									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2613									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2613									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2614									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2614									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2614									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2614									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2614									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2614									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2615									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2615									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2615									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2615									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2615									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2615									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2616									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2616									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2616									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2616									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each.1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2616									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2616									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, posterior-lateral, 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2617	AAC+35%								NU	STOP "YES" Click Here	12 31 32 33	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2617	I.C						10% of the ACC Markup		RR	STOP "YES" Click Here	12 31 32 33	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2617	I.C						75% of the ACC Markup		UE	STOP "YES" Click Here	12 31 32 33	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2619									NU	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2619									NU KU	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2619									RR	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each. 2 per year.Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2619									RR KU	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each, 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	E2619									UE	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2619									UE KU	Sometimes	12 31 32 33	Replacement cover for wheelchair seat cushion or back cushion, each.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2620									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2620									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2620									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.

Revised 12.21.20 (Link)	Service Code AAC+% Codes	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link) COST PER CASE	QTY IN CASE	EACH	ACC Markup	MARKUP INFORMATION Pricing Example Instructions (Link) INV. COST	UNITS	ACC Markup	Modifier Required (Link)	PA Required (Link)	POS Required (Link)	Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2620									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2620									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2620									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, less than 22 inches, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2621									NU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2621									NU KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2621									RR	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2621									RR KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each. 1 per year. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2621									UE	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2621									UE KU	Sometimes	12 31 32 33	Positioning wheelchair back cushion, planar back with lateral support, width 22 inches or greater, any height, including any type mounting hardware.	1 unit = each, 1 per year.
DME/MOB Click Here POS 31 32	E2622									NU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2622									NU KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2622									RR	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2622									RR KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2622									UE	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2622									UE KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2623									NU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2623									NU KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2623									RR	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2623									RR KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2623									UE	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2623									UE KU	Sometimes	12 31 32 33	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2624									NU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2624									NU KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2624									RR	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2624									RR KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2624									UE	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2624									UE KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2625									NU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2625									NU KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2625									RR	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2625									RR KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	E2625									UE	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2625									UE KU	Sometimes	12 31 32 33	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth.	1 unit = each, 2 per year.
DME/MOB Click Here POS 31 32	E2626									NU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2626									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2626									RR	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2626									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.

IMPORTANT READ When Billing repair codes (Click Here)

MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS

Revised 12.21.20 (Link)	Service Code AAC+% Codes	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link) COST PER CASE	QTY IN CASE	EACH	ACC Markup	MARKUP INFORMATION Pricing Example Instructions (Link) INV COST	UNITS	ACC Markup	Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here) Description	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS Requirements & Limits
DME/MOB Click Here POS 31 32	E2626									UE	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2626									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2627									NU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2627									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2627									RR	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2627									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2627									UE	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2627									UE KU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2628									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2628									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2628									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2628									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2628									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2628									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2629									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2629									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2629									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2629									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2629									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2629									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2630									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2630									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2630									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2630									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2630									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2630									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2631									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2631									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2631									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2631									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2631									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2631									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2632									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2632									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each, 2 per 5 years.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2632									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2632									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2632									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2632									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2633									NU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2633									NU KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2633									RR LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2633									RR KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB Click Here POS 31 32	E2633									UE LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each, 2 per 5 years.
DME/MOB Click Here POS 31 32	E2633									UE KU LT RT	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.	1 unit = each, 2 per 5 years.
DME	E8000	AAC+35%									Yes	12 33	Gait trainer, pediatric size, posterior support, includes all accessories and components.	1 unit = each, 1 per 5 years.
DME	E8001	AAC+35%									Yes	12 33	Gait trainer, pediatric size, upright support, includes all accessories and components.	1 unit = each, 1 per 5 years.
DME	E8002	AAC+35%									Yes	12 33	Gait trainer, pediatric size, anterior support, includes all accessories and components.	1 unit = each, 1 per 5 years.
DME/MOB	K0001	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Standard wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0001	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Standard wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0001	NOTE When Utilizing this procedure code Click HERE								KH KI	Sometimes	12 33	Standard wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0001	NOTE When Utilizing this procedure code Click HERE								KJ	Sometimes	12 33	Standard wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0002	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Standard hemi (low seat) wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0002	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Standard hemi (low seat) wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0002	NOTE When Utilizing this procedure code Click HERE								KH KI	Sometimes	12 33	Standard hemi (low seat) wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0002	NOTE When Utilizing this procedure code Click HERE								KJ	Sometimes	12 33	Standard hemi (low seat) wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0003	NOTE When Utilizing this procedure code Click HERE								NU	Sometimes	12 33	Lightweight wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0003	NOTE When Utilizing this procedure code Click HERE								UE	Sometimes	12 33	Lightweight wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0003	NOTE When Utilizing this procedure code Click HERE								KH KI	Sometimes	12 33	Lightweight wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0003	NOTE When Utilizing this procedure code Click HERE								KJ	Sometimes	12 33	Lightweight wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0004	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0004	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB	K0004	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0004	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0005	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0005	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0005	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	High strength, lightweight wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0006	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Heavy duty wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0006	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Heavy duty wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0006	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Heavy duty wheelchair.	1 unit = each, 1 per 5 years., for weight over 250. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0006	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Heavy duty wheelchair.	1 unit = each, 1 per 5 years., for weight over 250. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0007	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 33	Extra heavy duty wheelchair.	1 unit = each, 1 per 5 years. (use E0983 for add on power packs, for weights over 300 pounds) (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0007	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 33	Extra heavy duty wheelchair.	1 unit = each, 1 per 5 years. (use E0983 for add on power packs, for weights over 300 pounds) (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0007	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 33	Extra heavy duty wheelchair.	1 unit = each, 1 per 5 years. (use E0983 for add on power packs, for weights over 300 pounds) (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0007	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 33	Extra heavy duty wheelchair.	1 unit = each, 1 per 5 years. (use E0983 for add on power packs, for weights over 300 pounds) (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0008	AAC+35%									Yes	12 33	Custom manual wheelchair/base.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0009	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 14 33	Other manual wheelchair/base	1 unit = each, 1 per 5 years.
DME/MOB	K0009	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 14 33	Other manual wheelchair/base	1 unit = each, 1 per 5 years.
DME/MOB	K0009	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 14 33	Other manual wheelchair/base	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0009	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 14 33	Other manual wheelchair/base	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0010	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 14 33	Standard/weight frame, motorized, power wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0010	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 14 33	Standard/weight frame, motorized, power wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0010	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 14 33	Standard/weight frame, motorized, power wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0010	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 14 33	Standard/weight frame, motorized, power wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								NU KF	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								UE KF	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KH KF	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KI KF	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KJ KF	Yes	12 14 33	Standard/weight frame, motorized/ power wheelchair with programmable control parameters for speed adjustment, tremor dampening, excelleration control and braking (FDA class III)	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0012	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 14 33	Light weight portable motorized/ power wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0012	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 14 33	Light weight portable motorized/ power wheelchair.	1 unit = each, 1 per 5 years.
DME/MOB	K0012	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 14 33	Light weight portable motorized/ power wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0012	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 14 33	Light weight portable motorized/ power wheelchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0013	AAC+35%									Yes	12 31 32 33	Custom Motorized Power/Wheelchair base.	1 unit = each, 1 per 5 years.
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 1 per 5 years.
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 1 per 5 years.
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 1 per 5 years.
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 1 per 5 years.
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KH RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KH KU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KI RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KI KU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KJ RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0015	NOTE When Utilizing this procedure code Click HERE								KJ KU RT LT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, base, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Detachable, non-adjustable height armrest, replacement only, each.	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, base, replacement only, each	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, base, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0017	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, base, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0018	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Detachable, adjustable height armrest, upper portion, replacement only, each	1 unit = each, 2 per 5 years.
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each, 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0019	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Arm pad, replacement only, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each, 2 per 5 years.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each, 2 per 5 years.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each, 2 per 5 years.
DME/MOB	K0020	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Fixed, adjustable height armrest, pair.	1 unit = each, 2 per 5 years.
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each, 2 per 5 years.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0037	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	High mount flip-up footrest, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0038	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0039	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Leg strap, H style, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								NU LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								NU KU LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each, 2 per 5 years.
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								RR LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								RR KU LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								UE LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0040	NOTE When Utilizing this procedure code Click HERE								UE KU LT RT	STOP "No" Click Here	12 31 32 33	Adjustable angle footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0041	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Large size footplate, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Standard size footplate, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Standard size footplate, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Standard size footplate, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Standard size footplate, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0042	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Standard size footplate, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0043	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0044									NU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0044									NU KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0044									RR RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0044									RR KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0044									UE RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0044									UE KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0045	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Footrest, complete assembly, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0046	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, lower extension tube, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0047	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating legrest, upper hanger bracket, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years.
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years.
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years.
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0050	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Ratchet assembly, replacement only.	1 unit = each. 2 per 5 years.
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0051	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Cam release assembly, footrest or legrest, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0052	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Swingaway, detachable footrests, replacement only, each.	1 unit = each. 2 per 5 years.
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years.
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years.
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years.
DME/MOB	K0053	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years.
DME/MOB	K0053	AAC+35%								UD RT LT	STOP "No" Click Here	12 31 32 33	Elevating footrests, articulating (telescoping), each.	1 unit = each. 2 per 5 years.
DME/MOB	K0056									NU	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each, 1 per 12 months.
DME/MOB	K0056									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each, 1 per 12 months.
DME/MOB	K0056									RR	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0056									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each. 1 per 12 months. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0056									UE	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each, 1 per 12 months.
DME/MOB	K0056									UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	1 unit = each, 1 per 12 months.
DME/MOB	K0065									NU	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each, 1 per 12 months.
DME/MOB	K0065									NU KU	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each. 2 per year.
DME/MOB	K0065									RR	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each. 2 per year.
DME/MOB	K0065									RR KU	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0065									UE	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0065									UE KU	STOP "No" Click Here	12 31 32 33	Spoke protectors, each.	1 unit = each. 2 per year.
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0069	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.

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(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KH RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KH KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KI RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KI KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KJ RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								KJ KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0070	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0071	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								NU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								NU KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								RR KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0072	NOTE When Utilizing this procedure code Click HERE								UE KU RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each.	1 unit = each. 2 per year.
DME/MOB	K0073									NU RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year.
DME/MOB	K0073									NU KU RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year.
DME/MOB	K0073									RR RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0073									RR KU RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0073									UE RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year.
DME/MOB	K0073									UE KU RT LT	STOP "No" Click Here	12 31 32 33	Caster pin lock, each.	1 unit = each. 2 per year.
DME/MOB	K0077									NU	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with solid tire, replacement only,each.	1 unit = each. 2 per year.
DME/MOB	K0077									RR RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with solid tire, replacement only,each.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0077									UE RT LT	STOP "Sometimes" Click Here	12 31 32 33	Front caster assembly, complete, with solid tire, replacement only,each.	1 unit = each. 2 per year.
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								NU	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year.
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								NU KU	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year.
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								RR	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								RR KU	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								UE	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year.
DME/MOB	K0098	NOTE When Utilizing this procedure code Click HERE								UE KU	STOP "No" Click Here	12 31 32 33	Drive belt for power wheelchair, replacement only.	1 unit = each. 2 per year.
DME/MOB	K0105									NU	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years.
DME/MOB	K0105									NU KU	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB	K0105									RR	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0105									RR KU	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB	K0105									UE	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years.
DME/MOB	K0105									UE KU	Sometimes	12 32	IV hanger, each.	1 unit = each. 1 per 5 years.
DME/MOB	K0108	AAC+35%								NU	STOP "Sometimes" Click Here	12 31 32 33	Wheelchair component or accessory, not otherwise specified. (new equipment)	1 unit = each, **RE units must be requested using K0739 U5 modifier.**
DME/MOB	K0108	AAC+35%								RB	STOP "Sometimes" Click Here	12 31 32 33	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)	PA required when K0739 RB and K0108 NU combined equal more $1,000.00 no matter what POS.
DME/MOB	K0195									NU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = 1 pair, 2 per 5 years. Repair to previously purchased wheelchair, include PA number on claim, RE-1 through RE-23 cannot be used with this modifier (requires PA) PA required when K0739 RB and K0108 RB combined equal more $1,000.00 no matter what POS. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request
DME/MOB	K0195									UE	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = 1 pair, 2 per 5 years. Repair to previously purchased wheelchair, include PA number on claim, RE-1 through RE-23 cannot be used with this modifier (requires PA) PA required when K0739 RB and K0108 RB combined equal more $1,000.00 no matter what POS. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request
DME/MOB	K0195									KH KI	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	K0195									KJ	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0195									NU KU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = 1 pair, 2 per 5 years. Repair to previously purchased wheelchair, include PA number on claim, RE-1 through RE-23 cannot be used with this modifier (requires PA) PA required when K0739 RB and K0108 RB combined equal more $1,000.00 no matter what POS. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request
DME/MOB	K0195									UE KU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = 1 pair, 2 per 5 years. Repair to previously purchased wheelchair, include PA number on claim, RE-1 through RE-23 cannot be used with this modifier (requires PA) PA required when K0739 RB and K0108 RB combined equal more $1,000.00 no matter what POS. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request
DME/MOB	K0195									KH KU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0195									KI KU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0195									KJ KU	STOP "No" Click Here	12 31 32 33	Elevating leg rests, pair. (for use with capped rental wheelchair base)	1 unit = each, 2 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	K0455									RR	Yes	12 33	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	K0462	I.C	REQUIRED CLAIMS FORM								No	12 14 33	Temporary replacement of patient-owned equipment being repaired, any type	1 unit=each. K0462 can only be billed **ONCE** with each repair of member owned equipment that has been determined to be unusable and a appropriate replacement has been provided. (The Temporary Replacement Equipment Form **must** be completed and submited with each claim.)
DME	K0552										Sometimes	12 33	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each.	1 unit = each, 20 per month. Intermittent infusions, one bag or cassettes for each drug dose, and continuous cassettes, bag or syringe.
DME	K0553										Yes	12 33	Supplies allowance for therapeutic continuous glucose monitor (CGM) includes all supplys and accessories.	1 unit = 1 month supply. (may only be used for dually eligible members)
DME	K0554									NU	Yes	12 33	Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (new equipment)	1 unit = 1 month supply. (may only be used for dually eligible members)
DME	K0554									RR	Yes	12 33	Receiver (monitor), dedicated for use with therapeutic continuous glucose monitor system (rental)	1 unit = 1 month supply. (may only be used for dually eligible members)
DME	K0554									UE	Yes	12 33	Receiver (monitor), dedicated for use with therapeutic continuous glucose monitor system (used durable medical equipment)	1 unit = 1 month supply. (may only be used for dually eligible members)
DME	K0601									NU	Sometimes	12 33	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each.	1 unit = each 1 per 3 years, Replacement for already purchased equipment.
DME	K0602									NU	Sometimes	12 33	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each.	1 unit = each 1 per 3 years, Replacement for already purchased equipment.
DME	K0603									NU	Sometimes	12 33	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each.	1 unit = each 1 per 3 years, Replacement for already purchased equipment.
DME	K0604									NU	Sometimes	12 33	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each.	1 unit = each 1 per 3 years, Replacement for already purchased equipment.
DME	K0605									NU	Sometimes	12 33	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each.	1 unit = each 1 per 3 years, Replacement for already purchased equipment.
DME	K0606									NU KF	Yes	12 33	Automatic external defibrillator with integrated electrocardiogram analysis, garment type	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0606									UE KF	Yes	12 33	Automatic external defibrillator with integrated electrocardiogram analysis, garment type..(FDA class III device)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0606									KH KF	Yes	12 33	Automatic external defibrillator with integrated electrocardiogram analysis, garment type	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	K0606									KI KF	Yes	12 33	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (FDA class III device)	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME	K0606									KJ KF	Yes	12 33	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (FDA class III device)	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME	K0607									NU	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0607									NU KF	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0607									UE	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0607									UE KF	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Masshealth members only)
DME	K0607									KH KF	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME	K0607									KI KF	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME	K0607									KJ KF	Yes	12 33	Replacement battery for automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME	K0608									NU	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
DME	K0608									NU KF	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
DME	K0608									RR	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME	K0608									RR KF	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price (NUKF UEKF)
DME	K0608									UE	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
DME	K0608									UE KF	Yes	12 33	Replacement garment for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
DME	K0609									NU	Yes	12 33	Replacement electrodes for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
DME	K0609									NU KF	Yes	12 33	Replacement electrodes for use with automatic external defibrillator, each (FDA class III device)	1 unit = each, 1 per 5 years.
OXY	K0730									NU	Yes	12 33	Controlled dose inhalation drug delivery system	1 unit = each, 1 per 5 years. A controlled dose inhalation drug delivery system (K0730) is covered when it is medically necessary to deliver the iloprost (Q4080) to patients with pulmonary artery hypertension who meet the following criteria. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product. (Masshealth members only)
OXY	K0730									UE	Yes	12 33	Controlled dose inhalation drug delivery system	1 unit = each, 1 per 5 years. A controlled dose inhalation drug delivery system (K0730) is covered when it is medically necessary to deliver the iloprost (Q4080) to patients with pulmonary artery hypertension who meet the following criteria. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product. (Masshealth members only)
OXY	K0730									KH KI	Yes	12 33	Controlled dose inhalation drug delivery system	1 unit = each, 1 per 5 years. A controlled dose inhalation drug delivery system (K0730) is covered when it is medically necessary to deliver the iloprost (Q4080) to patients with pulmonary artery hypertension who meet the following criteria. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
OXY	K0730									KJ	Yes	12 33	Controlled dose inhalation drug delivery system	1 unit = each, 1 per 5 years. A controlled dose inhalation drug delivery system (K0730) is covered when it is medically necessary to deliver the iloprost (Q4080) to patients with pulmonary artery hypertension who meet the following criteria. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME	K0733									NU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each, 4 per year.
DME	K0733									NU KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each, 4 per year.
DME	K0733									RR	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	K0733									RR KU	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each. 4 per year. Rental is for short term use, rental paid amount can not exceed purchase price
DME	K0733									UE	STOP "Sometimes" Click Here	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each, 4 per year.
DME	K0733									UE KU	Yes	12 31 32 33	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorted glassmat)	1 unit = each, 4 per year.
OXY	K0738									RR	Yes	12 31 32 33	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 is for short term use, rental paid amount can not exceed purchase price. Qualifying ABGs or SPO2 within 2 days of discharge from facility or within 90 days of new or renewal order.
DME/MOB Click Here POS 31 32	K0739									RB	Sometimes	12 31 32 33	Repair or nonroutine service for Durable Medical Equipment other than Oxygen requiring the skill of a technician, labor component, per 15 mins	1 unit = 15 minutes. PA required for any repair of equipment pver $1,000.00. PA required when K0739 RB and K0108 RB or E1399 RB combined equal more $1,000.00 no matter what POS.
DME/MOB Click Here POS 31 32	K0739	Direct Service Component (RE units) - link								U5	Yes	12 31 32 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.	1 RE unit = 1 hour. Providers will be required to request RE units as a separate line item on the PA. Providers must identify the number of RE units being requested on the PA line item.
DME/MOB Click Here POS 31 32	K0739									UB	Sometimes	12 31 32 33	Repair or nonroutine service for Durable Medical Equipment other than Oxygen requiring the skill of a technician, labor component, per 15 mins	1 unit = 15 minutes. PA required for any repair of equipment pver $1,000.00. PA required when K0739 RB and K0108 RB or E1399 RB combined equal more $1,000.00 no matter what POS.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0800	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0800	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0800	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0801	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0801	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0801	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0802	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0802	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0802	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0806	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0806	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0806	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0807	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0807	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0807	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0808	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0808	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0808	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0813	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0813	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0813	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0813	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0814	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0814	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0814	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0814	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0815	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0815	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0815	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0815	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0816	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0816	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0816	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0816	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0820	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0820	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0820	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0820	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0821	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0821	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0821	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0821	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0822	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0822	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0822	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0822	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0823	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0823	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0823	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0823	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0824	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0824	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0824	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0824	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0825	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0825	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0825	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0825	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0826	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0826	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0826	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0826	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0827	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, captains chair, patient weight weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0827	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, captains chair, patient weight weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0827	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, captains chair, patient weight weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0827	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, captains chair, patient weight weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0828	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0828	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0828	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0828	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0829	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0829	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0829	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0829	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0830	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0830	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0830	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0831	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0831	NOTE When Utilizing this procedure code Click HERE								RR	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0831	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0835	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0835	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0835	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0835	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0836	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0836	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0836	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0836	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0837	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0837	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0837	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0837	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0838	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0838	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0838	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0838	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0839	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0839	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0839	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0839	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0840	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0840	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. Masshealth members only)
DME/MOB Click Here POS 31 32	K0840	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0840	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0841	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. Masshealth members only)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0841	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0841	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0841	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0842	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0842	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Masshealth members only)
DME/MOB Click Here POS 31 32	K0842	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0842	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0843	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0843	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0843	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0843	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0848	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0848	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0848	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0848	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0849	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0849	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0849	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0849	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0850	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0850	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0850	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0850	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0851	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0851	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0851	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0851	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0852	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0852	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0852	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0852	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0853	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0853	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0853	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0853	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0854	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient 'weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0854	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient 'weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0854	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient 'weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0854	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient 'weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0855	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0855	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0855	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0855	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0856	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0856	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0856	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0856	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0857	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0857	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0857	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0857	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0858	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0858	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0858	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0858	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0859	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, captains chair, 'patient weight capacity 301 to 450 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0859	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, captains chair, 'patient weight capacity 301 to 450 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0859	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, captains chair, 'patient weight capacity 301 to 450 pounds	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0859	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, single power option, captains chair, 'patient weight capacity 301 to 450 pounds	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0860	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0860	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0860	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0860	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0861	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0861	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0861	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0861	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0862	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0862	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0862	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0862	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0863	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0863	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0863	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0863	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years. (Capped rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0864	NOTE When Utilizing this procedure code Click HERE								NU	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0864	NOTE When Utilizing this procedure code Click HERE								UE	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. NU UE modifiers can be used for MassHealth members that are not dually eligible or for dually eligible members that have signed a Purchase Option Letter stating they want to purchase the chair. Note: the purchase option letter must be submitted with the initial Prior Authorization Request.
DME/MOB Click Here POS 31 32	K0864	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0864	NOTE: When Utilizing this procedure code Click HERE								KJ	Yes	12 31 32 33	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB Click Here POS 31 32	K0868	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0868	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0868	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0869	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0869	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0869	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0870	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0870	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0870	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0871	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0871	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each. 1 per 5 years.Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0871	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0877	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0877	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0877	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0878	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0878	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0878	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0879	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0879	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0879	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0880	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0880	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each. (1 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0880	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0884	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0884	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. (1 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
DME/MOB Click Here POS 31 32	K0884	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0885	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0885	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0885	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0886	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0886	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each.1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0886	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0890	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0890	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME/MOB Click Here POS 31 32	K0890	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0891	AAC+35%								NU	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
DME/MOB Click Here POS 31 32	K0891	I.C						10% of the ACC Markup		RR	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each. 1 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price .
DME	K0891	I.C						75% of the ACC Markup		UE	Yes	12 31 32 33	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
OXY	L8501										Sometimes	12 14 33	Tracheostomy speaking valve.	1 unit = 1 each, 1 per 3 months. Claim must include applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S5160										Sometimes	12 31 32 33	Emergency response system; installation and testing.	1 unit = each, 1 every 5 years. Installation per RID Number [per episode]
DME	S5161									RR	Sometimes	12 33	Emergency response system; service fee, per month. (excludes installation and testing)	1 unit = 1 month.
DME	S5162	AAC+30%									Sometimes	12 33	Emergency response system: purchase only.	1 unit = each, 1 per 5 years.
DME	S5162									TW	Sometimes	12 33	Emergency response system: purchase only (backup 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, can not be billed separatly at the time the unit is installed)	1 unit = each, 1 per 5 years.
DME	S5497										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S5498										No	12 33	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.	1 unit = 1 day, 31 per month. included in rate is all equipment and supplies, do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0784
DME	S5501										No	12 33	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.	1 unit = 1 day, 31 per month. , included in rate is all equipment and supplies, do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0784
DME	S5502										No	12 33	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)	1 unit = 1 day, 31 per month. , included in rate is all equipment and supplies, do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0784
DME	S5517										No	12 33	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting.	1 unit = 1 day, 31 per month. [month is DOS driven and cannot cross fiscal year]. Included in rate is all equipment and supplies, do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784
DME	S5518										No	12 33	Home infusion therapy, all supplies necessary for catheter repair.	1 unit = 1 day, 31 per month, included in rate is all equipment and supplies, do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784
DME	S5520										Sometimes	12 33	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion.	1 unit = 1 installation, 2 per month.
DME	S5521										Sometimes	12 33	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion.	1 unit = 1 installation, 2 per month.
DME	S5522									SD	Sometimes	12 33	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only. (no supplies or catheter included)	1 unit = 1 installation, 2 per month.
DME	S5523									SD	Sometimes	12 33	Home infusion therapy, insertion of midline central venous catheter, nursing services only. (no supplies or catheter included)	1 unit = 1 installation, 2 per month.
OXY	S8186	AAC+20%									Sometimes	12 33	Swivel adaptor.	1 unit = each. 1 per month.
OXY	S8210	AAC+20%									Sometimes	12 33	Mucus trap.	1 unit = 1 box (50), 3 per month.
DME	S8265	AAC+20%									Sometimes	12 33	Haberman feeder for cleft lip/palate.	1 unit = each, 4 per 3 months.
DME	S8420	AAC+20%									Sometimes	12 33	Gradient pressure aid (sleeve and glove combination), custom made.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8421	AAC+20%									Sometimes	12 33	Gradient pressure aid (sleeve and glove combination), ready made.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8422	AAC+20%									Sometimes	12 33	Gradient pressure aid (sleeve), custom made, medium weight.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8423	AAC+20%									Sometimes	12 33	Gradient pressure aid (sleeve), custom made, heavy weight.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8424	AAC+20%									Sometimes	12 33	Gradient pressure aid (sleeve), ready made.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8425	AAC+20%									Sometimes	12 33	Gradient pressure aid (glove), custom made, medium weight.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8426	AAC+20%									Sometimes	12 33	Gradient pressure aid (glove), custom made, heavy weight.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8427	AAC+20%									Sometimes	12 33	Gradient pressure aid (glove), ready made.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8428	AAC+20%									Sometimes	12 33	Gradient pressure aid (gauntlet), ready made.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8429	AAC+20%									Sometimes	12 33	Gradient pressure exterior wrap.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S8430	AAC+20%									Sometimes	12 33	Padding for compression bandage, roll.	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
OXY	S8999	AAC+20%								NU	No	12 33	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	1 unit = each, 4 per year. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
DME	S9325										No	12 33	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, S9327 or S9328)	1 unit = 1 day, 31 per month. , Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	S9326										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9327										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9328										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9329										No	12 33	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)	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9330										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9331										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9336										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9338										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9339										No	12 33	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	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9340										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, do not bill B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B9002, B9004, E0776
DME	S9341										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, do not bill B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B9002, B9004, E0776
DME	S9342										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, do not bill B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B9002, B9004, E0776
DME	S9343										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, do not bill B9998, B9999, B9006, B4034, B4035, B4036, B4081, B4082, B4083, B9002, B9004, E0776
DME	S9345										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9346										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9347										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9348										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9349										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9351										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9353										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]

Revised 12.21.20	Service Code	Payment Rates C.H.I.A. 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	S9355										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9357										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9359										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9361										No	12 33	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.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9363										No	12 33	Home infusion therapy, anti-spasmotic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem.	1 unit = 1 day, 31 per month. Included in rate is all equipment and supplies, [do not bill A4221, A4222, A4230, A4231, A4232, A4245, E0776, E0781, E0784.]
DME	S9364										No	12 33	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)	1 unit = 1 day, 31 per month.
DME	S9365										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9366										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9367										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9368										No	12 33	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	1 unit = 1 day, 31 per month.
DME	S9370										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9372										No	12 33	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)	1 unit = 1 day, 31 per month.
DME	S9373										No	12 33	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)	1 unit = 1 day, 31 per month.
DME	S9374										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9375										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9376										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9377										No	12 33	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	1 unit = 1 day, 31 per month.
DME	S9434	AAC+20%									No	12 33	Modified solid food supplements for inborn errors of metabolism.	1 unit = each.
DME	S9435	AAC+20%									No	12 33	Medical foods for inborn errors of metabolism.	1 unit = each.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	S9490										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9494										No	12 33	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment. (drug and nursing visits coded separately), per diem.	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9497										No	12 33	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.	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9500										No	12 33	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.	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9501										No	12 33	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.	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9502										No	12 33	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	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9503										No	12 33	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	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9504										No	12 33	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	1 unit = 1 day, 100 per month. (KO KP KQ SH SJ are informational modifiers for multiple antibiotic treatments per day)
DME	S9537										No	12 33	Home therapy; hematopoietic hormone injection therapy (e.g.crythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment. (drugs and nursing visits coded separately), per diem	1 unit = 1 day, 31 per month.
DME	S9538										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9542										No	12 33	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	1 unit = 1 day, 31 per month.
DME	S9558										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9559										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9560										No	12 33	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.	1 unit = 1 day, 31 per month.
DME	S9562										No	12 33	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	1 unit = 1 day, 31 per month.
DME	S9590										No	12 33	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	1 unit = 1 day, 31 per month.
DME	T4521										Yes	12 33	Adult sized disposable incontinence product brief/diaper, Small, each	1 unit = each, 248 per month.
DME	T4522										Yes	12 14 33	Adult sized disposable incontinence product brief/diaper, Medium, each	1 unit = each, 248 per month.
DME	T4523										Yes	12 14 33	Adult sized disposable incontinence product brief/diaper, Large, each	1 unit = each, 248 per month.
DME	T4524										Yes	12 14 33	Adult sized disposable incontinence product brief/diaper, Extra Large, each	1 unit = each, 248 per month.
DME	T4525										Yes	12 14 33	Adult sized disposable incontinence product, protective underwear/pull-on small size, each	1 unit = each, 248 per month.
DME	T4526										Yes	12 14 33	Adult sized disposable incontinence product protective underwear/pull-on medium size, each	1 unit = each, 248 per month.
DME	T4527										Yes	12 14 33	Adult sized disposable incontinence product protective underwear/pull-on large size, each	1 unit = each, 248 per month.
DME	T4528										Yes	12 14 33	Adult sized disposable incontinence product protective underwear/pull-on extra large size, each	1 unit = each, 248 per month.
DME	T4529										Yes	12 14 33	Pediatric sized disposable incontinence product, brief/diaper, small/medium, each	1 unit = each, 248 per month.
DME	T4530										Yes	12 14 33	Pediatric sized disposable incontinence product, brief/diaper, large, each	1 unit = each, 248 per month.
DME	T4531										Yes	12 14 33	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	1 unit = each, 248 per month.
DME	T4532										Yes	12 14 33	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	1 unit = each, 248 per month.
DME	T4533										Yes	12 14 33	Youth sized disposable incontinence product, brief/diaper, each	1 unit = each, 248 per month.

Revised 12.21.20	Service Code	Payment Rates C.H.I.A 101 CMR 322.00	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ When Billing repair codes (Click Here)	MONTHLY SUPPLIES CAN ONLY BE DELIVERED & BILLED ON A MONTHLY BASIS
(Link)	AAC+% Codes		COST PER CASE	QTY IN CASE	EACH	ACC Markup	INV COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	T4534										Yes	12 14 33	Youth sized disposable incontinence product protective underwear/pull on, each	1 unit = each, 248 per month.
DME	T4535										Yes	12 14 33	Disposable liner/shield/guard/pad/undergarment for incontinence, each	1 unit = each, 248 per month.
DME	T4536										Yes	12 14 33	Incontinence product, protective underwear/pull-on reusable, any size, each	1 unit = each, 5 per 3 months.
DME	T4537										Yes	12 14 33	Incontinence product, protective under pad, reusable, bed size, each	1 unit = each, 2 per month.
DME	T4539										Yes	12 14 33	Incontinence product diaper/brief, reusable, any size, each.	1 unit = each, 5 per 3 months.
DME	T4540										Yes	12 14 33	Incontinence product, protective underpad, reusable chair size, each.	1 unit = each, 2 per month.
DME	T4541										Yes	12 14 33	Incontinence product, disposable underpad, large, each.	1 unit = each, 248 per month.
DME	T4542										Yes	12 14 33	Incontinence product, disposable underpad, small, each.	1 unit = each, 248 per month.
DME	T4543										Yes	12 14 33	Disposable incontinence product, brief/diaper, bariatric, size up to XXL, each	1 unit = each, 248 per month.
DME	T4543									UD	Yes	12 14 33	Disposable incontinence product, brief/diaper, bariatric, size up to XXXL, each	1 unit = each, 248 per month.
DME	T4544										Yes	12 14 33	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each.	1 unit = each, 150 per month.
DME	T5001	AAC+35%								NU	Yes	12 14 33	Positioning seat for persons with special orthopedic needs, for use in vehicle.	1 unit = each, 1 per 3 years.
DME	T5001	I.C.						10% of the ACC Markup		RR	Yes	12 14 33	Positioning seat for persons with special orthopedic needs, for use in vehicle.	1 unit = each, 1 per 3 years.
DME	T5001	I.C.						75% of the ACC Markup		UE	Yes	12 14 33	Positioning seat for persons with special orthopedic needs, for use in vehicle.	1 unit = each, 1 per 3 years.
DME	99601									SD	No	12 33	Home infusion/specialty drug administration, per visit (up to 2 hours) (services provided by registered nurse with specialized, highly technical home infusion training)	Documentation needed would be the Registered Nurses clinical home vist notes.
DME	99602									SD	No	12 33	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)	Documentation needed would be the Registered Nurses clinical home vist notes.

NOTICES

When repairing a wheelchair or adding any new compo
amount of the claim is over $1000.00 (based on M
This includes all HCPC'S that say "NO" or "SOMI
on the DME/OXY Payment and Coverage Guideline Too

Failure to do so will result in recoupment.

- **K0108 Detail Worksheet (w/ secondary discount) form**

onents or accessories that requires LABOR and the total
lassHealth's Fees) a Prior Approval is required.
ETIMES" in the Prior Approval column
ol.

(click)

NOTICES

When repairing a wheelchair or adding any new components or accessories that requires LABOR and the total amount of the claim is over $1000.00 (based on MassHealth's Fees) a Prior Approval is required. This includes all HCPC'S that say "NO" or "SOMETIMES" in the Prior Approval column on the DME/OXY Payment and Coverage Guideline Tool.

Failure to do so will result in recoupment.

- **K0108 Detail Worksheet (w/ secondary discount) form (click)**

NOTICES

When repairing a wheelchair or adding any new compo
amount of the claim is over $1000.00 (based on M
This includes all HCPC'S that say "NO" or "SOMI
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ETIMES" in the Prior Approval column
ol.

(click)

(P.O.S) Place Of Service Code

NEW

- 12 - HOME
- 14 - GROUP HOME
- 31 - SKILLED NURSING FACILITY
- 32 - NURSING FACILITY
- 33 - REST HOME

A1 - Dressing for 1 wounds
A2 - Dressing for 2 wounds
A3 - Dressing for 3 wounds
A4 - Dressing for 4 wounds
A5 - Dressing for 5 wounds
A6 - Dressing for 6 wounds
A7 - Dressing for 7 wounds
A8 - Dressing for 8 wounds
A9 - Dressing for 9 or more wounds
AU - URO, Ostomy or trach item
AV - Item W prosthetic/orthotic
AW - Item W a surgical dressing
BA - Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BO - Orally administered nutrition, not by feeding tube.
KC - Replacement of special power wheelchair interface (applicable to codes E2320-E2330)
KF - FDA class III device.
KH - DME POS item, initial claim, purchase or first month rental (For MassHealth member's first claim.)
KI - DME POS item, second or third month rental
KJ - DME POS item, parenteral enteral nutrition (PEN) pump or capped rental, months 4 to 13 (for MassHealth membe
KO - Single drug unit dose form
KP - First drug of multiple unit dose formulation
KQ - Second or subsequent drug of a multiple drug unit dose formulation
KS - Glucose monitor supply for diabetic beneficary (member not treated with insulin)
KX - Specific required documentation on file (member treated with insulin)
KU- DMEPOS item subject to DME POS competitive bidding program #3. *Use this modifier when billing for wheelchair a cushions furnished in connection with Group 3 complex rehabilitative power wheelchairs with dates of service beginning*
LT- Left Side(used to identify procedures performed on the left side of the body)
NU - New equipment
QF - Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is p
QG - Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM)
RB - Replacement of a part of DME furnised as part of a repair
RR - Rental (Use the RR modifier when DME is to be rented.)
RT- Right Side(used to identify procedures performed on the right side of the body)
SD - Services provided by registered nurse with specialized, highly technical home infusion training. This modifier can members, NOT for use for dually eligible beneficiaries.
TW- Used for code A4210 (for use in billing nasal adapter/mucosucal atomization device nasal naloxone resque kit)
TW- Used for codes E2510, E2511 & E2512 (MassHealth-only usuage of this code with modifier is for a non-dedicated communication device persuant to 130 CMR 409.000)
U1 - Medicaid level of care 1 (used only for nonstandard power wheelchair trays, patient lift systems, standers, gait trai base unit that have billable HCPCS codes) This modifier can only be used for MassHealth members, NOT for use for d
U2 -Medicaid level of care 2 Modifier is used on rental months 1 through 6 (for designated HCPCS codes) (not to be us equipment since before 07/01/04). This modifier can only be used for MassHealth members, NOT for use for dually eli

U3 - Medicaid level of care 3 (for designated HCPCS codes)This modifier can only be used for MassHealth members, l beneficiaries.(used only for supplies for maintenance of insulin infusion catheter for MassHealth)
U4 - Medicaid level of care 3 (for designated HCPCS codes)This modifier can only be used for MassHealth members, l beneficiaries.(used only for supplies for maintenance of insulin infusion catheter for MassHealth)
U5-Direct Service Component(RE units) may be requested upon evaluation of complex mobility systems RE1 –RE23, f movable and fixed patient lift systems(E0639 & E0640) RE1 –RE23, and installation of pediatric/turned adult safety beds One RE unit equals 1 hour.
UA -Medicaid level of care 10 (used for adults for safety beds and customized tracheostomy supplies)
UB - Used with K0739 by mobility "RTS" providers only, for in-home repair and servicing of customized mobility equipn used for MassHealth members, NOT for use for dually eligible beneficiaries.
UC - Medicaid level of care 12 (use for pediatric specialized rehabilitation equipment only) This modifier can only be u NOT for use for dually eligible beneficiaries.
UD - Medicaid level of care 13, as defined by each state (Used for bariatric equipment.) This modifier can only be use NOT for use for dually eligible beneficiaries.
UE - Used durable medical equipment

DME = Durable Medical Equipment

MOB = Mobility Products

OXY = Oxygen/Respiratory

P.A - MEANING

"Yes" means PA is always required

"No" means PA is never required, unless you want to ask for more than the procedure code limit allows.

"Sometimes" means a PA is sometimes required.

PA is required when the requested units exceed the limits listed for the service code in the Payment and Coverage Guideline Tools.

Providers may submit a PA request for all members and services (even if a PA is not typically required for the service) for coverage of additional units beyond the specified guidelines, if additional units are medically necessary. The request should be submitted before the additional units are provided, and must be supported by documentation of medical necessity.

Once a Prior Authorization is approved for additional unit(s) the provider must bill the additional unit(s) on a separate claim with a different delivery date than the allowed monthly shipment.

Note: If the provider bills on the same claim and delivers on the same date of service claims will deny.

DETERMINE COST OF A SINGLE ITEM
AUTOMATIC ACC+% MARKUP

To determine the cost of a single item, enter the cost from the invoice and enter the number of units, this will automatically populate the cost of each item and the applicable ACC+% markup according to the Division of Health Care Finance and Policy Regulations.

SEE EXAMPLE ON THE RIGHT

Always submit the invoice for ACC+% HCPC codes with claims and PA's if PA is required.

EXAMPLE

MARKUP INFORMATION

INV. COST	UNITS	RATE AFTER ACC+% MARKUP
$6.00	1	$7.20

Amount per unit (each) $6.00

The unit the provider is billing for on the claim (1)

The amount to be paid to the provider after the ACC+% markup.
(in this case it was 20%)
$7.20

$6.00 X 1.20 (20% markup) = $7.20

INSTRUCTION ON CASE BREAKDOWN

To determine the cost of a single item in a case, enter the cost of the case from the invoice, this will automatically populate the cost of each and the applicable ACC+% markup according to the Division of Health Care Finance and Policy Regulations.

SEE EXAMPLE ON THE RIGHT

Always submit the invoice for ACC+% HCPC codes with claims and PA's if PA is required.

EXAMPLE

CASE INFORMATION

COST OF CASE	QUANTITY IN CASE	EACH	RATE AFTER ACC+% Markup
$650.00	200	$3.50	$3.90

This is the cost of the case.

This is the Quantity in the case. (200)

This is the amount of each unit. ($3.50 ea.)

This is the Markup Price. ACC+% ($3.90 ea.)

$650.00 Divided by 200 = $3.50 ea. X ACC+% markup $3.90

DIRECT SERVICE COMPONET CODES

Purchase of Customized Seating, Positioning, Mobi

These items require a custom rehabilitation equipment order invol or occupational therapist, or a Wheelchair Clinic and utilizing m evaluation, trial, specification, design, product selection, custom component at the pre-approved levels of time and complexity as de

Direc

RE 1

RE 6 - 10 ***Intermediate*** **-More time an**

RE 11 - 15 ***More time and complexit***
fabrication of some parts and may ir

RE 16 - 23 ***Complex*** **-More ti**
high level of complexity and r
extended amount of custom
physicians,therapist, teachers.

ility Systems, and Related Accessories.

lving the consultation of a Rehabilitation Technology Specialist (RTS) with a physical obility, seating, positioning products with some or all of the following as necessary: fabrication, fittings, instruction and follow-up. .3 CMR 22.06, plus the direct service efined below:

t Service RE-Units

l - 5 *Specialized* (1 to 5 hours)
ıd complexity with multiple trials of equipment. (6 to 10 hours)
y -multiple trials of equipment, high level of complexity in custom ıvolve use of companents from one or more manufactures. (11 to 15 hours)
ime and complexity with multiple trials of equipment, very nay involve extensive time for trials of multiple products, ı fabrication, or interactions with several professionals- (16-23 hours).

K0108 RA

Purchase of Customized Seating, Positioning, Mobility Systems, and Related Accessories.

These items require a custom rehabilitation equipment order involving the consultation of a Rehabilitation Technology

Direct Service Part	Description
RE 1 Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultation of a Rehab Technology Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [1-hour].
RE 2 Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultation of a Rehab Technology Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [2-hours].
RE 3 Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultation of a Rehab Technology Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [3-hours].
RE 4 Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultation of a Rehab Technology Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [4-hours].
RE 5 Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultation of a Rehab Technology Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with some or all of the following as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [5-hours].

		fabrication, fittings, instruction, follow-up and in the instance of fixed patient lift system installation [5 hours].

BA Modifier Calculation

* PRICING CALCULATION PER CASE *				* PRICING
COST OF CASE CASE	QUANTITY IN CASE	EACH	ACC Markup	Calories Per Container

CASE INFORMATION

* CALCULATION FOR CALORIES *		
CALORIES PRESCRIBED PER DAY	UNITS PER DAY	UNITS PER MONTHLY

CALCULATION PER UNIT *	
1 Unit = 100 Calories	**Cost Per Unit**

CALORIES INFORMATION

UNITS PER YEAR

Rev. 08/01/12

BA Modifier Calculation

* PRICING CALCULATION PER CASE *				* PRICING CALCULATION PER UNIT *		
COST OF CASE CASE	QUANTITY IN CASE	EACH	ACC Markup	Calories Per Container	1 Unit = 100 Calories	Cost Per Unit
CASE INFORMATION				CALORIES INFORMATION		

* CALCULATION FOR CALORIES *

CALORIES PRESCRIBED PER DAY	UNITS PER DAY	UNITS PER MONTHLY	UNITS PER YEAR

BA Modifier Calorie Calculation

* CALCULATION FOR CALORIES *

CALORIES PRESCRIBED PER DAY	UNITS PER DAY	UNITS PER MONTHLY	UNITS PER YEAR

REV. 11/28/16

BA Modifier Calc

* CALCULATION F

CALORIES PRESCRIBED PER DAY	UNITS PER DAY

orie Calculation

FOR CALORIES *

UNITS PER MONTHLY	UNITS PER YEAR

REV. 11/28/16

HOSPITAL BEDS PROCDURE CODES

When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.

E0271, E0272: Mattress, innerspring/foam rubber

- When combined with E0251, bill as E0250
- When combined with E0291, bill as E0290
- When combined with E0293, bill as E0292
- When combined with E0295, bill as E0294
- When combined with E0266, bill as E0265
- When combined with E0297, bill as E0296
- When combined with E0301, bill as E0303
- When combined with E0302, bill as E0304

E0305, E0310: Bedside rails, half-length/full-length

- When combined with E0290, bill as E0250
- When combined with E0291, bill as E0251
- When combined with E0292, bill as E0255
- When combined with E0293, bill as E0256
- When combined with E0294, bill as E0260
- When combined with E0295, bill as E0261
- When combined with E0296, bill as E0265
- When combined with E0297, bill as E0266

E0271, E0272: Mattress, innerspring/foam rubber plus
E0305, E0310: Bedside rails, half-length/full-length

- When combined with E0291, bill as E0250
- When combined with E0293, bill as E0255
- When combined with E0295, bill as E0260
- When combined with E0297, bill as E0265

Purchase of Customized Seating, Positioning, Mobility Systems, and Related Accessories.

These items require a custom rehabilitation equipment order involving the consultation of a Rehabilitation Technology Specialist (
occupational therapist, or a Wheelchair Clinic and utilizing mobility, seating, positioning products with some or all of the following as nec
specification, design, product selection, custom fabrication, fittings, instruction and follow-up. .3 CMR 22.06, plus the direct service
approved levels of time and complexity as defined below:

Direct Service Part	Description
RE 1- Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with sc as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, instance of fixed patient lift system installation [1-hour].
RE 2- Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with sc as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, instance of fixed patient lift system installation [2-hours].
RE 3- Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with sc as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, instance of fixed patient lift system installation [3-hours].
RE 4- Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with sc as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, instance of fixed patient lift system installation [4-hours].
RE 5- Specialized	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with sc as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction, instance of fixed patient lift system installation [5-hours].

RE 6- Intermediate	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, custo parts [6-hours].
RE 7- Intermediate	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, custo parts [7-hours].
RE 8- Intermediate	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, custo parts [8-hours].
RE 9- Intermediate	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, custo parts [9-hours].
RE 10- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more manufactures [10-hou
RE 11- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a

	as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more manufactures [11-hou

RE 12- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more manufactures [12-hou
RE 13- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more manufactures [13-hou
RE 14- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more manufactures [14-hou
RE 15- Comprehensive	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, high l custom fabrication of some parts and may involve use of components from one or more [15-hours].
RE 16- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a

	as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [16-hours].

RE 17- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [17-hours].
RE 18- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication. [18-hours].
RE 19- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [19-hours].
RE 20- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with so as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians,

	Could include extended amount of custom fabrication [20-hours].
RE 21- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [21-hours].
RE 22- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [22-hours].
RE 23- Complex	Custom rehab equipment, power wheelchair trays and fixed patient lift systems, order requiring the consultatio Specialist [RTS] with a P.T/O.T. or a Wheelchair Clinic and utilizing Mobility/Seating/Positioning products with s as necessary: evaluation, trial, specification, design, product selection, custom fabrication, fittings, instruction a instance of fixed patient lift system installation. More time and complexity with multiple trials of equipment, very may involve extensive time for trails of multiple products or interactions with several professionals- physicians, Could include extended amount of custom fabrication [23-hours].

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OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl codes in column II relate to each code in column I.

*	Power Operated Vehicle (K0800-K0812)
*	Rollabout Chair (E1031)
*	Transport Chair (E1037, E1038, E1039)
*	Manual Wheelchair Base (E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)
*	Power Wheelchair Base Groups 1 and 2 (K0813-K0843)
*	Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)
*	E0973
*	E0950
*	E0990
*	Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)
*	E1009, E1010
*	E2325
*	E1020

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl codes in column II relate to each code in column I.

*	K0039
*	K0045
*	K0046
*	K0047
*	K0053
*	K0069
*	K0070
*	K0071
*	K0072
*	K0077
	K0195

BASIC COVERAGE CRITERIA:

All of the following basic criteria (A-C) must be met for a power mobility device (K0800-(E0986) to be covered. Additional coverage criteria for specific devices are listed below.

A) The patient has a mobility limitation that significantly impairs his/her ability to partici living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locatior

* Prevents the patient from accomplishing an MRADL entirely, or

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl
codes in column II relate to each code in column I.

* Places the patient at reasonably determined heightened risk of morbidi
to perform an MRADL; or
* Prevents the patient from completing an MRADL within a reasonable ti

B) The patient's mobility limitation cannot be sufficiently and safely resolved by the use

C) The patient does not have sufficient upper extremity function to self-propel an optima
to perform MRADLs during a typical day.

* Limitations of strength, endurance, range of motion, or coordination, presence
upper extremities are relevant to the assessment of upper extremity function

* An optimally-configured manual wheelchair is one with an appropriate wheelb
appropriate non-powered accessories.

POWER OPERATED VEHICLES (K0800-K0808, K0812):

A POV is covered if all of the basic coverage criteria (A-C) have been met and if criteri

D) The patient is able to:

* Safely transfer to and from a POV, and
* Operate the tiller steering system, and
* Maintain postural stability and position while operating the POV.

E) The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities
use of the POV.
F) The patient's home provides adequate access between rooms, maneuvering space, a
is provided.
G) The patient's weight is less than or equal to the weight capacity of the POV that is p

H) Use of a POV will significantly improve the patient's ability to participate in MRADLs

I) The patient has not expressed an unwillingness to use a POV.

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl
codes in column II relate to each code in column I.

Group 2 POVs (K0806-K0808) have added capabilities that are not needed for use in the
provided and coverage criteria for a POV are met, approval will be based on the allowance for tl
comparable Group 1 POV. (See Least Costly Alternative section for information relating to this a

If coverage criteria A-I are met and if a patient's weight can be accommodated by a PC
that is provided, approval will be based on the allowance for the least costly medically appropria

POWER WHEELCHAIRS (K0813-K0891):

A power wheelchair is covered if:

a. All of the basic coverage criteria (A-C) are met; and
b. The patient does not meet coverage criterion D, E, or F for a POV; and
c. Either criterion J or K is met; and
d. Criterion L, M, N, and O are met; and
e. Any coverage criteria pertaining to the specific wheelchair type (see below

J) The patient has the mental and physical capabilities to safely operate the power whe

K) If the patient is unable to safely operate the power wheelchair, the patient has a car
an optimally configured manual wheelchair, but is available, willing, and able to safely operate
L) The patient's weight is less than or equal to the weight capacity of the power wheelc

M) The patient's home provides adequate access between rooms, maneuvering space, a
wheelchair that is provided.
N) Use of a power wheelchair will significantly improve the patient's ability to participat
and/or physical impairments, participation in MRADLs may require the assistance of a caregiv
O) The patient has not expressed an unwillingness to use a power wheelchair.

SPECIFIC TYPES OF POWER WHEELCHAIRS:

I. A Group 1 PWC (K0813-K0816) or a Group 2 (K0820-K0829) is covered if all of t
wheelchair is appropriate for the patient's weight.

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl codes in column II relate to each code in column I.

II. A Group 2 Single Power Option PWC (K0835 – K0840) is covered if all of the cov

A. Criterion 1 or 2 is met; and
B. Criterion 3 is met.

1. The patient requires a drive control interface other than a hand or chin-operated s include but are not limited to head control, sip and puff, switch control).
2. The patient meets coverage criteria for a power tilt or a power recline seating sys and the system is being used on the wheelchair.
3. The patient has had a specialty evaluation that was performed by a licensed/certi (PT) or occupational therapist (OT), or physician who has specific training and experience medical necessity for the wheelchair and its special features. The PT, OT, or physician m

If a Group 2 Single Power Option PWC is provided and if II (A) or II(B) is not m provided to accommodate a power seat elevation feature, a power standing feature, or c met, approval will be based on the allowance for the least costly medically appropriate alt

III. A Group 2 Multiple Power Option PWC (K0841-K0843) is covered if all of th

A. Criterion 1 or 2 is met; and
B. Criterion 3 is met.

1. The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair.
2. The patient uses a ventilator which is mounted on the wheelchair.
3. The patient has had a specialty evaluation that was performed by a licensed/cer or physician who has specific training and experience in rehabilitation wheelchair evalua and its special features. The PT, OT, or physician may have no financial relationship wit

If a Group 2 Multiple Power Option PWC is provided and if III (A) or III(B) is not r will be based on the allowance for the least costly medically appropriate alternative Group

IV. A Group 3 PWC with no power options (K0848-K0855) is covered if:

A. All of the coverage criteria (a)-(e) for a PWC are met; and
B. The patient's mobility limitation is due to a neurological condition, myopathy, or co
C. The patient has had a specialty evaluation that was performed by a licensed/certifi

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl
codes in column II relate to each code in column I.

physician who has specific training and experience in rehabilitation wheelchair eval
the wheelchair and its special features. The PT, OT, or physician may have no fina
If a Group 3 PWC is provided and criterion A is met but either criterion B or C is n
the least costly medically appropriate alternative Group 2 PWC.

V. A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power O

A. The Group 3 criteria IV(A) and IV(B) are met; and
B. The Group 2 Single Power Option (criteria II [A] and II[B]) or Multiple Power Optic

If a Group 3 Single Power Option or Multiple Power Options PWC is provided and C
criteria are not met, approval will be based on the allowance for the least costly
alternative Group 2 or Group 3

VI. Group 4 PWCs (K0868-K0886) have added capabilities that are not needed for use
provided and coverage criteria for a Group 2 or Group 3 PWC are met, approval v
medically appropriate alternative.

VII. A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Pow
A. All the coverage criteria (a)-(e) for a PWC are met; and
B. The patient is expected to grow in height; and
C. The Group 2 Single Power Option (criteria II [A] and II[B]) or Multiple Pov
are met.

If a Group 5 PWC is provided but all the coverage criteria are not met, approval w
medically appropriate alternative.

VIII. A push-rim activated power assist device (E0986) for a manual wheelchair is cove

A. All of the criteria for a power mobility device listed in the Basic Coverage (
B. The patient has been self-propelling in a manual wheelchair for at least on
C. The patient has had a specialty evaluation that was performed by a license
or physician who has specific training and experience in rehabilitation whee
for the device. The PT, OT, or physician may have no financial relationship

LEAST COSTLY ALTERNATIVE:

Coverage criteria for power mobility devices are based on a stepwise progression of medi
that is provided are not met and if there is another device that meets the patient's mec
for the least costly medically appropriate alternative.

OPTIONS & ACCESSORIES SECTION 607

A Column II code is included in the allowance for the corresponding Column I code wl
codes in column II relate to each code in column I.

Determinations of least costly alternative will take into account the patient's weight, seat
features (i.e., power seating systems, alternative drive controls, and ventilators).

hen provided at the same time. When multiple codes are listed in column I, all the

All options and accessories
All options and accessories
All options and accessories except E0990, K0195
E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
K0017, K0018, K0019
E1028
E0995, K0042, K0043, K0044, K0045, K0046, K0047
E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E1028
E1028

hen provided at the same time. When multiple codes are listed in column I, all the

K0038
K0043, K0044
K0043
K0044
E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
E2220, E2224
E2211, E2212, E2224
E2214, E2215, E2225, E2226
E2219, E2225, E2226
E2221, E2222, E2225, E2226
E0995, K0042, K0043, K0044, K0045, K0046, K0047

Rev. 10/28/14

K0891) or a push-rim activated power assist device

pate in one or more mobility-related activities of daily
ıs in the home. A mobility limitation is one that:

hen provided at the same time. When multiple codes are listed in column I, all the

ity or mortality secondary to the attempts

me frame.

of an appropriately fitted cane or walker.

lly-configured manual wheelchair in the home

e of pain, or deformity or absence of one or both
.

ase, device weight, seating options, and other

a D-I are also met.

s (e.g., vision) are sufficient for safe mobility

nd surfaces for the operation of the POV that

provided.

.

hen provided at the same time. When multiple codes are listed in column I, all the

e home. Therefore, if a Group 2 POV is
ne least costly medically appropriate alternative, the
nd all subsequent LCA statements.)

)V with a lower weight capacity than the POV
te alternative.

) are met.

elchair that is provided; or

egiver who is unable to adequately propel
e the power wheelchair that is provided; and
hair that is provided.

nd surfaces for the operation of the power

e in MRADLs. For patients with severe cognitive
ver.

he coverage criteria (a)-(e) for a PWC are met and the

hen provided at the same time. When multiple codes are listed in column I, all the

erage criteria (a)-(e) for a PWC are met and if:

standard proportional joystick (examples

stem (see link for Options and Accessories section 607)

ified medical professional, such as a physical therapist
e in rehabilitation wheelchair evaluations and that documents the
ay have no financial relationship with the supplier.
et (including but not limited to situations in which it is only
nly power elevating leg-rests) but the coverage criteria for a PWC are
ternative Group 2 PWC.
ne coverage criteria (a)-(e) for a PWC are met and if:

(see link for Options and Accessories section 607)

rtified medical professional, such as a PT or OT,
ations and that documents the medical necessity for the wheelchair
h the supplier.
met but the criteria for another PWC are met, approval
2 PWC.

ongenital skeletal deformity; and
ied medical professional, such as a PT or OT, or

hen provided at the same time. When multiple codes are listed in column I, all the

luations and that documents the medical necessity for
ancial relationship with the supplier.
ıot met, approval will be based on the allowance for

ıptions (K0861-K0864) is covered if:

ons (criteria III[A] and III[B]) (respectively) are met.

Criterion IV(A) is met but all of the other coverage
medically appropriate PWC.

in the home. Therefore, if these wheelchairs are
will be based on the allowance for the least costly

er Options (K0891) is covered if:

wer Options (criteria III[A] and III[B]) (respectively)

will be based on the allowance for the least costly

ered if all of the following criteria are met:

Criteria section are met; and
e year; and
d/certified medical professional, such as a PT or OT,
lchair evaluations and that documents the need
with the supplier.

cal necessity. If coverage criteria for the device
dical needs, approval will be based on the allowance

hen provided at the same time. When multiple codes are listed in column I, all the

:ing needs, and needs for other special

608 Enter

HCPCS
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al Product Classification List

BACK TO THE TOP

Product Name
Active Food Thickener
Nana Flakes
Resource Puree Appeal

Thick-It 2
Thick-It Original
Thik & Clear Instant Food Thickener
Thik & Clear Instant Food Thickener, Honey
Thik & Clear Instant Food Thickener, Nectar Consistency
THIK & CLEAR INSTANT FOOD THICKENER, PUDDING
Original New Orleans Smoothee
Resource Breeze
Resource Diabetishield
Carnation Instant Breakfast Juice Drink (Tangy Orange, Sweet Berry)
Ceralyte 50 Oral Hydration Therapy
Ceralyte 70 Oral Hydration Therapy
Ceralyte 90 Oral Hydration Therapy
Enlive
Resource Arginaid Extra
Ceralyte 50 Oral Hydration Therapy
Ceralyte 70 Oral Hydration Therapy
Ceralyte 90 Oral Hydration Therapy
Pedialyte
Active Fiber Powder
Bipolan
Clear 2 Go
Cvf
Cyto-Q
Fiber 7
Fiber Supreme
Fiber-Stat
Juice Plus Fiber- Fruit Punch
Juice Plus Fiber-Apple
Juice Plus Fiber-Grape
Juice Plus Fiber-Orange
Liquid Fiber Flow
Nano Vm 1-3
Nano Vm 4-8
Resource Benefiber
Scandical

Uti-Stat
Compleat
Compleat B
Compleat Pediatric
Thick-It Puree
Amtf
Amtf High Protein
Balanced - The Total Nutritional Drink (Instant Meal Replacment Drink)
Balanced - The Total Nutritional Drink (Ready To Drink Meal)
Boost
Boost High Protein
Boost With Benefiber
Carnation Instant Breakfast Lactose Free (Vanilla, Chocolate, Strawberry)
Ensure
Ensure Fiber With Fos
Ensure Powder
Enteralife Hn
Enteralife Hn Fiber
Enteralife Hn-2
Fibersource
Fibersource Hn
Fortison
Isocal
Isocal Hn Plus
Isocal Ii
Isosource
Isosource Hn
Jevity 1.0 Cal
Jevity 1.2 Cal
Monogen
Naturite
Nitrolan (Nitro-Pro)
Nitro-Pro (Nitrolan)
Nubasics
Nutrapak
Nutren 1.0
Nutren 1.0 With Fiber
Nutri Drink
Nutriflavor
Nutriheal Complete Nutrition For Healing Support
Nutrition
Osmolite 1.0 Cal
Osmolite 1.2 Cal
Portagen
Probalance
Promote
Promote With Fiber

Replete
Replete With Fiber
Susta Ii
Sustacal
Sustacal Basic
Sustacal Fiber
Ultracal
X-Milk
Advantage Plus - 10 Plus
Advantage Plus - 60 Plus
A-Soy
Ensure High Calcium
Ensure Hp
Amte High Cal 2.0
Amtf Hical2.0
Boost Plus
Carnation Instant Breakfast Lactose Free Plus (Vanilla, Chocolate, Strawberry)
Carnation Instant Breakfast Lactose Free Vhc (Vanilla)
Enlive
Ensure Plus
Hi-Cal
Hormel Solutions Balanced Fortified Nutrition
Isosource 1.5
Jevity 1.5 Cal
Med Pass 2.0
Med Plus 2.0
Naturite Plus
Nestle Vhc 2.25 Complete Very High Calorie Liquid Nutrition
Nubasics 2.0 Complete
Nubasics Plus
Nutren 1.5
Nutren 1.5 Fiber
Nutren 2.0
Nutri Drink Plus
Nutriassist 1.5
Nutrition Plus
Osmolite 1.5 Cal
Prosurgex
Resource 2.0
Resource Support
Resource Support (Vanilla, Chocolate, Strawberry)
Resurgex Select
Scandishake
Sustacal Plus
Twocal Hn
Resurgex Plus (Previously Named Prosurgex)
Accupepha

Crucial Complete Elemental Diet
F.A.A. (Free Amino Acid Diet)
Glutasorb
Impact Glutamine
L-Emental
L-Emental Plus
Optimental
Peptamen
Peptamen 1.5
Peptamen Af
Peptamen Complete Elemental Diet With Prebio1
Peptamen Vhp
Peptical
Peptinex
Peptinex 1.0 Formula
Peptinex 1.5
Peptinex Dt
Peptinex Dt With Prebiotics
Perative
Pro-Peptide
Pro-Peptide Vhn
Subdue
Subdue Ready-To-Hang
Tolerex
Vital Hn
Vivonex Plus
VIVONEX RTF
Vivonex T.E.N.
Aminaid
Amtf Renal
Amtf Renal 2.0
Amtf Trauma
Boost Diabetic
Boost Glucose Control
Diabetic Nutritional Shake
Diabetisource Ac
Enterex Diabetic With Fiber
Enterex Hepatic
Glucerna
Glucerna 1.2 Cal
Glucerna Select
Glucerna Shake
Gluco Pro
Glytrol
Hepatic Acid
Impact
Impact 1.5

Impact Advanced Recovery (Chocolate, Vanilla)
Isosource Vhn
Ketocal 3:1
Ketocal 4:1
L-Emental Hepatic
Modulen Ibd
Nepro With Carb Steady
Novasource Gi Control
Novasource Pulmonary
Novasource Renal
Nutra/Pro Chocolate High Protein Drink Mix
Nutra/Pro Strawberry High Protein Drink Mix
Nutra/Pro Vanilla High Protein Drink Mix
Nutren Pulmonary
Nutren Renal
Nutrihep
Oxepa
Pivot 1.5 Cal
Pulmocare
Re/Gen Strawberry
Re/Gen Vanilla
RE/GEN VANILLA REDUCED SUGAR
Renalcal
Resource Diabetic Tf
Similac Pm 60/40
Suplena With Carb Steady
Tarvil
Traumacal
Amtf Diabetic
Amtf Pulmonary
Immun-Aid
Impact With Fiber
80056
Active Protein Powder
Add-Ins
Albumax Dietary Supplement
Argiment
Arginine Amino Acid Supplement
Citrulline 1000 Amino Acid Supplement
Complete Amino Acid Mix
Complex Msud Amino Acid Blend
Cystine Amino Acid Supplement
Duocal (Super Soluble)
Eaa Supplement
Egg/Pro Powder
Enfamil Human Milk Fortifier
Epulor

Essence Isolated Protein Blend
Essential Amino Acid Mix
Essential Proplus
Essential Protein
Ga Gel
Glutamine Enriched Antioxidant Formula
Glutamine Immune Deficiency Formula
Glutamine Unsweetened Regular
Hcu Cooler
Hcu Express Powder
Hcu Gel
Hi Procal
Hom 1
Hom 2
Immunocal
Isoleucine 1000 Amino Acid Supplement
Isoleucine Amino Acid Supplement
Juven With Arginine, Glutamine And Hmb
K-Pax Immune Support Protein
L-Emental Amino Acid Supplement - 100% L-Arginine
L-Emental Amino Acid Supplement - 100% L-Glutamine
L-Emental Arginine Supplement Drink Mix (Lemon Lime, Orange)
Leucine Amino Acid Supplement
Liquacel
Lophlex
Loprofin Drink Mix
Lp-Drink
Lp-Drink Chocolate
Lps 15/30
Lps Critical Care
Matrix 5.0 Sustained Release Protein Blend
Mckesson Instapro
Mct Oil
Mct Pro-Cal
Microlipid
Mma/Pa Gel
Msud 1
Msud 2
Msud Express Cooler
Msud Express Powder
Msud Gel
Nectar Lattes Whey Protein Isolate
Nectar Naturals Whey Protein Isolate
Nectar Sweets Whey Protein Isolate
Nectar Whey Protein Isolate
Nestle Additions Calorie And Protein Food Enhancer
Nutramine

Nutramine T
Nutrimod Protein Supplement
Nutrivir
Nutrivir - Nsa (No Sugar Added)
Os 1
Os 2
Pfd 1
Pfd 2
Phenylade Amino Acid Blend
Phenylade Mte Amino Acid Blend
Phenylade60 Drink Mix
Phenylalanine Amino Acid Supplement
Phenylene 75
Phlexy-10 Add-Ins
Phlexy-10 Drink Mix
Pku 1
Pku 2
Pku 3
Pku Cooler 10
Pku Cooler 20
Pku Express Cooler
Polycal
Polycose
Procare
Procel Protein Supplement
Profect 200
Profect 25
Profect 50
Prolact-Plus
Promix
Promod Liquid Protein
Pronutra
Propac Plus
Propass Protein Supplement
Pro-Phree
Prosource Protein Supplement
Pro-Stat 101
Pro-Stat 121
Pro-Stat 150
Pro-Stat 64
Pro-Stat Awc
Pro-Stat Profile
Pro-Stat Rc
Proteinex Liquid (8 Oz. Bottle And 16 Oz. Bottle)
Proteinex-18
Protifar
Provimin

Rcf (Ross Carbohydrate Free)
Resource Arginaid
Resource Benecalorie
Resource Beneprotein Instant Protein Powder
Resource Glutasolve
Resource Instant Protein Powder
Restore-X
Resurgex
Soypro
Sumacal
Sysco Classic Lactose Free Procal
Tyr 1
Tyr 2
Tyr Cooler
Tyr Express
Tyr Gel
Ucd 1
Ucd 2
Unjury Protein
Upcal D
Valine 1000 Amino Acid Supplement
Valine Amino Acid Supplement
Mma/Pa Express Powder
COMPLEX ESSENTIAL MSD
Complex Msud Drink Mix-Vanilla Flavored
Cyclinex-2
Ga
I-Valex-2
Ketonex-2
Lanaflex
Lmd
Milupa Pku 2 Tomato
Msud Maxamum
Oa 2
Periflex Advance - Chocolate
Phenylene
Phenyl-Free 2
Phenyl-Free 2hp
Propimex-2
Tyrex-2
Tyros 2
Wnd 2
Xleu Maxamum
Xlys, Xtrp Maxamum
Xmet Maxamum
Xmtvi Maxamum
Xphe Maxamum Drink, Forest Berries

Xphe Maxamum Drink, Orange
Xphe Maxamum, Flavored
Xphe Maxamum, Flavored, Sachet
Xphe Maxamum, Unflavored
Xphe Maxamum, Unflavored, Sachet
Bcad 2
Glutarex-2
Hcy 2
Hominex-2
Periflex Advance - Orange
Periflex Advance - Unflavored
Phenex-2
Phenex-2, Vanilla
Phenylade Drink Mix
Phenylade Essential Drink Mix
Phenylade40 Drink Mix
Baby's Choice Gentle With Iron, Lipids Dha & Ara
Baby's Choice Milk-Based With Iron With Beta-Carotene & Nucleotides
Enfamil
Enfamil A.R.
Enfamil A.R. Lipil
Enfamil Gentlease Lipil
Enfamil Lactofree
Enfamil Lactofree Lipil
Enfamil Lipil Low Iron
Enfamil Lipil With Iron
Enfamil Next Step Lipil
Good Start 2 Essentials With Iron
Good Start 2 Supreme Dha & Ara
Good Start Supreme Natural Cultures
Kroger Comforts Complete Gentle With Lipids Dha & Ara
Lipistart
Monogen
Nan
Nan Dha & Ara
Parent's Choice 2 With Lipids Dha & Ara
Parent's Choice Gentle With Lipids Dha & Ara
Parent's Choice Infant Formula Milk-Based With Lipids Dha & Ara
Parent's Choice Infant Formula Milk-Based With Lipids Dha & Ara (Concentrated Liquid)
Parent's Choice Lactose-Free With Lipids Dha & Ara
Parent's Choice Milk-Based With Lipids Dha & Ara
Parent's Choice Organic With Lipids Dha & Ara
Portagen
Similac Advance With Iron
Similac Go & Grow Milk-Based Formula
Similac Organic Infant Formula With Iron
Similac Sensitive

Similac Sensitive R.S.
Target Lactose-Free With Lipids Dha & Ara
Target Milk-Based With Lipids Dha & Ara
Target Milk-Based With Lipids Dha & Ara With Partially Broken Down Whey Protein
Ultra Bright Beginings With Lipids Dha & Ara
Ultra Bright Beginnings 2 With Iron Lipids Dha & Ara
Ultra Bright Beginnings Gentle With Lipids Dha & Ara
Ultra Bright Beginnings Organic Milk-Based With Lipids Dha & Ara
X-Milk
Advantage Plus - 10 Plus
Amtf Pediatric
Good Start Dha & Ara With Iron
Good Start Essentials With Iron
Good Start Supreme With Iron
A-Soy
Baby's Choice Soy With Iron With Lipids Dha & Ara
Enfamil Next Step Prosobee Lipil
Enfamil Prosobee
Enfamil Prosobee Lipil
Good Start 2 Supreme Soy Dha & Ara
Good Start Supreme Soy Dha & Ara
Isomil
Parent's Choice Soy With Lipids Dha & Ara
Prosobee
Similac Go & Grow Soy-Based Formula
Similac Isomil Advance Soy Formula With Iron
Similac Isomil Df
Similac Isomil Soy Formula With Iron
Target Soy With Lipids Dha & Ara
Ultra Bright Beginnings Soy With Lipids Dha & Ara
Good Start 2 Soy Essentials With Iron
Good Start Soy Essentials With Iron
Bright Beginnings Pediatric Drink (Strawberry, Chocolate, Vanilla)
Bright Beginnings Pediatric Drink With Fiber (Vanilla)
Bright Beginnings Soy Pediatric Drink (Vanilla)
Carnation Instant Breakfast Junior (Vanilla, Chocolate)
Enfamil Enfacare
Enfamil Enfacare Lipil
Enfamil Kindercal Tf
Enfamil Premature Lipil (Low Iron 20 Cal, With Iron 20 Cal, Low Iron 24 Cal, With Iron 24 Cal)
Enfaport Lipil
Kindercal
Nutren Junior Diet
Nutren Junior With Fiber Diet
Pediasure (Vanilla, Chocolate, Strawberry, Banana Cream)
Pediasure Enteral Formula
Pediasure With Fiber

Pediasure With Fiber Enteral Formula
Prolact-20
Prolact-24
Resource Just For Kids
Resource Just For Kids 1.5 Cal
Resource Just For Kids 1.5 Cal With Fiber
Resource Just For Kids With Fiber
Similac Neosure
Similac Neosure Advance
Similac Special Care With Iron 24
Enfacare Lipil
3232a
E028 Splash, Grape
E028 Splash, Orange-Pineapple
E028 Splash, Tropical Fruit
Elecare Vanilla
Enfamil Nutramigen
Enfamil Nutramigen Lipil
Enfamil Pregestimil
L-Emental Pediatric
Neocate Infant Formula
Neocate Infant With Dha And Ara
Neocate Junior
Neocate Junior Chocolate
Nutramigen
Nutramigen Aa Lipil
Pediatric Peptinex Dt
Pediatric Peptinex Dt With Fiber
Peptamen Junior Complete Elemental Diet For Children
Peptamen Junior With Prebio1
Pregestimil
Pro-Peptide For Kids
Similac Alimentum Advance With Iron
Vital Jr.
Vivonex Pediatric
Elecare
Neocate One + Powder
Pepdite One +
Peptamen Junior Complete Elemental Diet For Children - Powder
Peptamen Junior Fiber
3200ab
Bcad 1
Calcilo Xd
COMPLEX ESSENTIAL MSD
Complex Msud Drink Mix-Vanilla Flavored
Cyclinex-1
Cyclinex-2

Ga
Glutarex-1
Hcy 1
Hcy 2
Hominex-1
Hominex-2
I-Valex-1
I-Valex-2
Ketonex-1
Ketonex-2
Lmd
Milupa Pku 2 Tomato
Msud Analog
Msud Diet Powder
Msud Maxamaid
Msud Maxamum
Oa 1
Oa 2
Periflex Advance - Chocolate
Periflex Advance - Orange
Periflex Advance - Unflavored
Periflex Infant
Periflex Junior
Phenylade Drink Mix
Phenylade Essential Drink Mix
Phenylade40 Drink Mix
Phenylene
Phenyl-Free 1
Pku Express
Pku-Gel
Tyrex-1
Tyros 2
Wnd 1
Wnd 2
Xleu Analog
XLEU MAXAMAID
Xleu Maxamum
Xlys, Xtrp Analog
XLYS, XTRP MAXAMAID
Xlys, Xtrp Maxamum
Xmet Analog
XMET MAXAMAID
Xmet Maxamum
Xmet Xcys Analog
Xmtvi Analog
XMTVI MAXAMAID
Xmtvi Maxamum

Xphe Analog
XPHE MAXAMAID, ORANGE
XPHE MAXAMAID, STRAWBERRY
XPHE MAXAMAID, UNFLAVORED
Xphe Maxamum Drink, Forest Berries
Xphe Maxamum Drink, Orange
Xphe Maxamum, Flavored
Xphe Maxamum, Flavored, Sachet
Xphe Maxamum, Unflavored
Xphe Maxamum, Unflavored, Sachet
Xphe, Xtyr Analog
XPHE, XTYR MAXAMAID
Xptm Analog
Acerflex
Bcad 2
Glutarex-2
Phenex-1
Phenex-2
Phenex-2, Vanilla
Phenyl-Free 2
Phenyl-Free 2hp
Propimex-1
Propimex-2
Tyrex-2
Tyros 1

Recent Additions or Changes to DME/OXY Payment Tool

- Added KU modifiers to HCPC codes refer to Administrative Bulletin 20-87
- Added HCPC B4105 to tool
- Added HCPC K0462 Temporay Replacement Equipment

Mobility Reminder for Nursing Facility Members (POS 31 32):

- *MassHealth does not cover cushions , repairs and accessories for members residing in nursing facilities (place of service 31 or 32) for no as referenced in 130 CMR 409.415(2)(b), any accessories and repairs is the responsibility of the facility.*

- *MassHealth allows payment for repairs and accessories for members living in nursing facilities (place of service 31 or 32) only when Mas member's medically necessary mobility system, seating system, or add-on that was purchased solely for the full-time use of the member i facility as referenced in 130 CMR 409.415 (A) (1) (a) (b).*

n-covered manual wheelchairs

sHealth has paid for the

in a nursing

CALCULATOR FOR MANUFACTURERS INVOI

■ Please Note: Masshealth does not except "**QUOTES**" w

BREAKDOWN ON DISCOUNT

Term Discount	-	$0.00

****

Total Discount		$0.00
AAC Markup	0%	$0.00
Total of AAC plus Term Discount on INVOICE	-	$0.00

****

Plus the Early Payment Discount Incentive	5%	$0.00
TOTAL MARKUP		$0.00

CE DISCOUNT TERM PLUS AAC & 5%

ith a claim, ONLY an **INVOICE** ■

"ENTER"
INVOICE
Unit Price After
Term Discount

"ENTER"
Medicaid
AAC Markup

AAC Markup

Early Payment
Discount Incentive

5%

TOTAL

$0.00

Rev. 10/16/19

Providers are to use ICD code(s) when applicable to determines the Medical on any of the procedure codes below.

A4623
A4624
A6501
A6502
A6503
A6504
A6505
A6506
A6507
A6508
A6509
A6510
A6511
A7520
A7521
A7525
E0482
E0487
E0747
E0748
E0760
K0730
L8501
S8420
S8421
S8422
S8423
S8424
S8425
S8426
S8427
S8428
S8429
S8430
S8999

Necessity of the product

- ***MassHealth does not cover cushions, repairs and accessories for members residing in nursing facilities (place of service 31 or 32) for non-covered manual wheelchairs as referenced in 130 CMR 409.415(2)(b), any accessories and repairs is the responsibility of the facility.***

- ***MassHealth allows payment for repairs and accessories for members living in nursing facilities (place of service 31 or 32) only when MassHealth has paid for the member's medically necessary mobility system, seating system, or add-on that was purchased solely for the full-time use of the member in a nursing facility as referenced in 130 CMR 409.415 (A) (1) (a) (b).***

MA Health Care Training Forum Update

PRIOR AUTHORIZATION REQUESTS

Effective Monday, December 3, 2012, providers who submit Prior Authorization (PA) requests via the MMIS Provider C
Center (POSC) will no longer be able to add a line item to a previously adjudicated PA.

To modify an existing PA on the POSC, providers must submit a NEW PA request for the procedure code and the nur
being requested for review. When submitting a new PA request for an adjustment or modification, providers must ente
ADJUSTMENT/MODIFICATION in the PROVIDER COMMENTS section and, if applicable, include the active PA numbe
adjusted/modified along with units already used/billed. With the exception of adjustment requests to change the size c
products, the provider must include all required documentation to justify the medical necessity of the request, includin
by the member's prescribing provider that states the reason for the adjustment/modification and prescription, if require

Upon receipt of the adjustment/modification request, the Prior Authorization Unit (PAU) will review for medical necessit
adjudicate the request as appropriate.

If you have any questions regarding this information, please contact the PAU at 1-800-862-8341 or PriorAuthorization@u

For more information about this notice or any previous notices, please visit www.mass.gov/masshealth/newmmisnotices

Sincerely,

MA Health Care Training Forum

I. **<u>Deferrals:</u> If a MassHealth Provider submits a prior authoriz that does not conform to all submission requirements; the Pr Unit (PAU) will defer the request back to the MassHealth Pro provide the MassHealth Provider the opportunity to submit t documentation as soon as possible.**

A. If upon receiving a prior authorization request, the PAU identifies that specific required documentation is missin letter of medical necessity), incorrectly submitted (i.e. su documentation on provider letterhead versus MassHeal requirements, using an incorrect medical necessity form information is needed to support medical necessity, the prior authorization request by changing the prior autho Review" status to "Deferred" status.

B. In the *Additional Information* section of MMIS, the PAU C specify which documentation is missing, incorrectly sub and request that the MassHealth Provider submit the do attachment to the existing prior authorization via the M Online Service Center (POSC).

C. The MassHealth Provider will obtain the specifics regar documentation via the POSC by reviewing the Deferred relevant prior authorization. (To obtain the Deferred Li the *Prior Authorization Search* screen and choose *Deferred* down list, then click *Search*. All prior authorizations def MassHealth Provider will appear in the *Prior Authorizati* the bottom of the screen.)

D. The MassHealth Provider will submit the requested doc POSC by choosing the appropriate prior authorization # List and opening the *Attachment* tab. The MassHealth P upload the documentation through the *New Item* functio

E. Upon receipt of the requested documentation from the Mas
via the POSC, the PAU Clinical Reviewer will process the p
as usual.
   1) If the MassHealth Provider submits the requested do
   within 4 calendar days of the date the PAU requests
   documentation (deferral date), the prior authorizatio
   adjudicated within the original Cornelius date [i.e. w
   days per MassHealth Regulation 130CMR 450.303(E
   date the PAU receives the prior authorization reques
   2) If the MassHealth Provider submits the required doc
   calendar days or more after the PAU requests the do
   (deferral date), per regulation, the decision will be d
   elapsing between the 4 days and when the PAU rece
   documentation. These elapsed days will be added to
   Cornelius date to ensure allowable time to review, p
   Oxy/Resp example:
      a) Prior authorization is received at PAU on 1/3
      Cornelius date is 2/21/13. Prior authorizatio
      2/2/13. If the MassHealth Provider submits t
      documentation on 2/10/13 (8 days after the P
      documentation), the Cornelius date now beco
      days minus 4 days = 4 additional days added
      date).

F. If the PAU does not receive the requested documentation w
the deferral date, the PAU Clinical Reviewer will adjudicat
authorization request based on the available documentatio
MassHealth Provider. If required documentation is missin
Clinical Reviewer may deny the prior authorization reques
with 130 CMR 409.418(F) (4). (Please see Operating Standa
information).

G. MassHealth Providers are strongly encouraged to submit th

documentation within 4 days to ensure no interruption of s

H. If the MassHealth Provider does not have, and does not exp
requested documentation to submit, the MassHealth Provid

PAU by sending an email to PriorAuthorization@umassmed.edu with
"DEFERRAL – Tracking # XXXXXXX" in the email subject line, and stat
the MassHealth Provider does not have the requested information to su

II. <u>Denials:</u> The PAU may deny prior authorization requests if the MassHealth Provider submits a request that does not meet the medical necessity requirements, has not been submitted in accordance with MassHealth regulations and guidelines, is a duplication of equipment or services previously authorized by MassHealth or owned by the Member, or if the prior authorization had previously been deferred and medical necessity has not been established.

A. If upon receiving a prior authorization request, the PAU Clinical Reviewer identifies that the required documentation submitted does not establish medical necessity or did not follow the appropriate *MassHealth Guidelines for Medical Necessity Determination*, and it is clear that additional documentation will not impact the determination, the PAU Clinical Reviewer will deny the prior authorization request in accordance with the appropriate regulations related to the service line. 130 CMR 450.204, 130 CMR 409.417, 130 CMR 409.418 (A), 130 CMR 442.408, 130 CMR; 130 CMR 428.412 130 CMR 427.409.

B. If upon receiving a prior authorization request, the PAU Clinical Reviewer identifies that the MassHealth Provider did not submit the request in accordance with the appropriate MassHealth Regulation Manual and related Guidelines, the PAU Clinical Reviewer will deny the prior authorization request.

C. If upon receiving a prior authorization request, the PAU Clinical Reviewer identifies that the request is a duplication of DME/Oxy/Resp or Orthotic and Prosthetics already authorized by MassHealth or owned by the Member, the PAU Clinical Reviewer will deny the prior authorization request in accordance with 130 CMR 409.414(B) (3, 130 CMR 427.407, 130 CMR 442.400 or 130 CMR 428.400.

D. If after deferring a prior authorization request, the PAU does not receive the requested documentation from the MassHealth Provider, the PAU Clinical Reviewer will deny the prior authorization request, consistent with

Reviewer will deny the prior authorization request, consistent with MassHealth Operating Standard I – Deferrals.

E. Upon denial of a prior authorization request in MMIS, the PAU Clinical Reviewer will choose the appropriate reason code in MMIS, and ensure that the reason for the denial is included in the external text message, as follows:
   1) "*Date* MassHealth has denied your prior authorization request for X. Prior authorization request denied due to XXXX. *CID*# XX."

   2) Note: If the reason code for the denial does not include the appropriate regulation citation, the PAU Clinical Reviewer will state the appropriate regulation in the external text message.

F. **NOTE:** Members have the right to a fair hearing with the Board of Hearings (BOH) after a denial. Multiple and repeated submissions of a prior authorization request with the same documentation, despite previous denials, are not appropriate alternatives to the standard appeal process. After the third prior authorization request is denied, all additional requests submitted with the same documentation will be voided by the PAU.

III. Prior Authorizations with Missing or Incorrect Procedure Codes or Modifi

Occasionally, the PAU may receive a prior authorization request with a missing or incorrect procedure code(s) or modifier.

A. Upon receiving a prior authorization request with an incorrect procedure co incorrect/missing modifier, the PAU Clinical Reviewer will:
   1) If the procedure code requested is inconsistent with the submitted me documentation and the appropriate code can be clearly identified on t submitted documentation, the PAU Clinical Reviewer will modify the prior authorization request and correct the procedure code to the appropriate code for the requested item.
      a) The PAU Clinical Reviewer will include in the external text message: *"Date* MassHealth has modified your prior authorization request to correct the procedure code due to Provider error. *CID #"*

B. If the MassHealth Provider is using a miscellaneous procedure code, not spe to the requested item due to TPL/billing issues, the MassHealth Provider mu specify in the Provider Comments section of the prior authorization request reason for using the miscellaneous code.

C. If the prior authorization request contains multiple line items and a procedu code is identified in the submitted medical documentation that has not been requested as a procedure code, the PAU Clinical Reviewer will adjudicate on the procedure codes requested on the prior authorization. A new line will no added for the missing code.
   1) The MassHealth Provider will be responsible for submitting a new pr

authorization request, should the item be requested.

D. If the procedure code requested is inconsistent with the submitted medical documentation, and the appropriate code is not evident based on the submit documentation, the PAU Clinical Reviewer or designee will:
   1) Defer the PA and request clarification of the procedure code. Follow Operating Standard I for Deferrals.

E. If the modifier requested on the prior authorization request is inconsistent w the submitted medical documentation, but the appropriate modifier is clearl identified on the submitted documentation, the PAU Clinical Reviewer will correct the modifier.

   1) The PAU Clinical Reviewer will include in the external text message: "*Date* MassHealth has modified the prior authorization request to corre the procedure code modifier due to Provider error. *CID #*"

F. If a procedure code modifier is required and it is missing, but the appropriate modifier is clearly identified on the submitted documentation, the PAU Clinic Reviewer will add the modifier.
   1) The PAU Clinical Reviewer will include in the external text message: "*Date* MassHealth has modified the prior authorization request to add procedure code modifier. *CID #* "

G. If a procedure code modifier is missing and the appropriate procedure code modifier is not clearly identified on the submitted documentation, the PAU Clinical Reviewer or designee will defer the PA and request clarification of th procedure code modifier. Follow Operating Standard I for Deferrals.

IV. Prior Authorizations with Errors

A. When a MassHealth Provider submits a prior authorization with a mat (numerical) error (i.e. in the units submitted in the prior authorization request, incorrect dates)

1) Upon identifying the math error in the prior authorization request, th PAU Clinical Reviewer will correct the error, adjust the prior authorization request, and specify the reason for the modification wit the following external message text:
    a) "*Date* MassHealth has modified your request for X due to a submission error (specify: calculation error, date errors, etc.) b your MassHealth Provider. *CID# XX*."
    b) This message text should be followed by additional external message text that specifies what equipment or service has been authorized, including the quantity and dates of service.

B. When PAU makes a math error in adjudicating the prior authorization

1) Upon identifying a math error made by the PAU, the MassHealth Provider must e-mail the PAU at PriorAuthorization@umassmed.edu include the following:
    a) CORRECTION in the subject line of the e-mail

a) CORRECTION in the subject line of the e-mail
b) Prior authorization #
c) Lines/units to be corrected

2) The PAU Clinical Reviewer will review the correction request, modify prior authorization as appropriate, and enter the correction with the following external message text:
   a) "*Date* MassHealth has modified your prior authorization for X to a MassHealth calculation error. *CID# XX.*"
   b) This message text should be followed by additional external message text that specifies what equipment or service has been authorized, including the quantity and dates of service.

C. <u>When PAU makes an error in expiration dates</u>

1) Upon identifying an expiration date error made by the PAU, the MassHealth Provider must e-mail the PAU at PriorAuthorization@umassmed.edu and include the following:

   a) CORRECTION in the subject line of the e-mail
   b) Prior authorization #
   c) Dates to be corrected

2) The PAU Clinical Reviewer will review the correction request, modify t prior authorization as appropriate, and enter the correction with the following external message text:
   a) "*Date* MassHealth has modified your prior authorization for X d to a MassHealth error inputting expiration dates. *CID# XX.*"
   b) This message text should be followed by additional external message text that specifies what equipment or service has been authorized, including the quantity and dates of service.

D. <u>When PAU makes an error in the message text</u>

1) Upon identifying a message text error made by the PAU, the MassHealt Provider must e-mail the PAU at PriorAuthorization@umassmed.edu a include the following:
   a) CORRECTION in the subject line of the e-mail
   b) Prior authorization #
   c) Message to be corrected

2) The PAU Clinical Reviewer will review the correction request, modify t prior authorization as appropriate, and enter the correction with the following external message text:
   a) "*Date* MassHealth has modified your prior authorization for X du to a MassHealth error when entering the message text. Corrected message is as follows, *corrected message then entered here. CID# XX*

V. **Prior Authorization Requests for Absorbent Product Size Changes:**

A. **The DME Provider will submit a new prior authorization request to MassHealth for an absorbent product size change. If the new Prior Authorization request is approved or modified, the current authorization will be modified with a new end date.** Upon identifying that an absorbent product size change is needed, the DME Provider will submit a NEW PRIO AUTHORIZATION request through the POSC.
   1) DME Provider request must include the following in the **Provider Comments** Section:
      a) SIZE CHANGE
      b) Existing Absorbent Product Prior Authorization #
      c) Number of remaining units billed/to be billed, for the original size on the existing prior authorization
      d) Effective date for the size change
   2) ****NOTE: This new prior authorization request requires new documentation to support medical necessity.**

B. PAU downloads prior authorization request and distributes to the appropriate PAU Clinical Reviewer for adjudication.

1) PAU Clinical Reviewer processes request in accordance with information provided in A.2. above.
2) If the request is approved or modified, the PAU Clinical Reviewer will adjudicate the new prior authorization request submitted by the DME Provider, and includes the following external text message for the prior authorization notice to be forwarded to the Member and DME Provider:
   a) Approvals: "*Date* MassHealth has approved your prior authorization request for an absorbent product size change. Authorize size X absorbent products, X units per month, beginning XX and ending XX. *CID# XX.*"
   b) Modifications: "*Date* MassHealth has modified your prior authorization request for an absorbent product size change. Authoriz size X absorbent products, X units per month, beginning XX and ending XX. *CID# XX.*" PAU Clinical Reviewer should also include th reason for modification in the external text message, if there are additional reasons for modification.
3) PAU Clinical Reviewer modifies the existing prior authorization in MMIS by:

   a) Modifying the units on the original size line item to reflect the units billed/to be billed.
   b) PAU Clinical Reviewer will modify the existing prior authoratio by:
      i) Adjusting the end date to occur on the day before the sta date of the new prior authorization.
      ii) Including the following external text message: "*Date* MassHealth has approved a request for an absorbent size change. This PA has been modified as of XX/XX/XXXX the number of units has been adjusted. Please refer to PXXXXX.
   c) NOTE: If there are multiple line items on a PA, the end dates for al line items on the prior authorization must be the same.
4) If the request is denied, PAU Clinical Reviewer denies the new prior authorization request submitted by the DME Provider, and prior authorization decision notice is forwarded to the Member and DME

authorization decision notice is forwarded to the Member and DME Provider with the following external text message:

a) "*Date* MassHealth has denied your prior authorization request for a absorbent product size change. The size on your current prior authorization will continue until the prior authorization expires on XXXX. CID# XX."

VI. <u>Expedited Prior Authorization Requests:</u> Prior Authorization Unit (PAU will expedite the processing of prior authorization (PA) requests for Durable Medical Equipment (DME) and Oxygen/Respiratory Equipme under the following circumstances:

A. The PA request is for a MassHealth Member who is being discharged from an inpatient facility and is in need of equipment at the time of discharge.
B. Any other considerations identified by the prescribing provider to prev an acute hospitalization (i.e. acute illness, post-op).

In any of the above circumstances, the Provider must notify PAU (see below) that a PA request is being submitted so that PAU can expedite th processing of the PA. If all required documentation is included to determine medical necessity, the PAU will adjudicate PA requests for th circumstances within two business days of the date PAU is notified by t Provider that the PA request has been submitted.

C. Provider submits a PA request for an expedited PA through the Provid On-Line Service Center (POSC). Provider request must include:
   1) Specify "FACILITY DISCHARGE" "or "URGENT NEED" in the PROVIDER COMMENTS Section.
   2) Provider must clearly describe and define the "URGENT NEED." I review will not be expedited without description of the urgent need
   3) Immediately after submitting these requests through the POSC, the Provider must obtain the tracking number for the PA request, and contact the designated PAU staff as follows:
      a) Contact PAU by email at Priorauthorization@umassmed.edu wi "Expedited Request Facility Discharge – Tracking #XXXXXXX," "Expedited Request Urgent Need – Tracking #XXXXXXX" in th email subject line or by phone at (800) 862-8341.

<u>NOTE: Failure to contact the PAU as described above may result in the prior authorization request not being expedited.</u>

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QUICK LINKS

CLICK HERE FOR QUICK REVIEW OF NEW UPDATES TO THE DME/OXYGEN GUIDELINE TOOL

LINKS

- Provider Publications
- Medical Necessity Determination
- Error Codes and Explanations
- BA Modifier Calculation Tool
- BA Modifier Calorie Calculation ONLY
- Enteral Product Classification List
- 5 % Discount Calculator
- MH Provider Remittance Advice Message Text
- JOB AID - Provider Process for Managed-Care Entity (MCE) Recoupments

FORMS

- DME Medical Supplies General Prescription
- DME Medical Necessity Review Forms
- Personal Emergency Response System (PERS)

TRANSMITTAL (TL) / BULLETINS

- OXY - Bulletins (Link)
- DME - Transmittal Letters (Link)
- ALL PROVIDER - TL (Link)
- ALL PROVIDER - BULLETINS (Link)
- DME - Bulletins (Link)
- OXY - Transmittal Letters (Link)

REGULATIONS

- MH DME REGULATIONS - 130 CMR 409.000
- MH OXYGEN REGULATIONS-130 CMR 427.000

Prior Authorization Standards of Operation

- OPTUM's SOP
- Community Case Management (CCM)
- PA to exceed the maximum allowable units

Provider Support Contract Informati

- **OPTUM:**

Email: support@masshealthltss.com
Toll-free: 844-368-5184
Fax: 888-832-3006
Mail: MassHealth LTSS,
PO Box 159108, Boston, MA 02215

IMPORTANT TRANSMITTALS & BULLETINS

- BULLETIN 24 - MARCH 2012 - "Provider Overpayment Disclossure Process"
- BULLETIN 209 REGUARDING MUE'S (Link)
- DME - Bulletin-19
- OXYGEN - Bulletin 15
- DME - Transmittal 34 - 10-2016

IMPORTANT
READ
When billing repair codes (Click Here)

on

CCM

Email: CommCase@umassmed.edu
Tool-free: 800-863-6068
Faxed: 508-421-5905
Mail: Disability & Community Services
333 South Street, Shrewsbury, MA 01545-7807 **Attn:CCM**

PRIOR AUTHORIZATION UNIT
DME, OXYGEN/RESPIRATORY AND THERAPY REVIEWS
CONTACT INFORMATION

Rev. 6-9-16

Management	Position/Title	CID #	Telephone #
Brown, Susan	Associate Director, Allied Health Services	141	(508)421-5936
George, Kay	Associate Director of Care Management	054	(508) 856-3982
Girard, Daniel (OT)	Team Lead	1028	(508) 856-7752
Ikenberry, Kerri	Director of Clinical Services	099	(508) 421-5901
Nurse, Vivian(RT)	Team Lead	341	(508) 421-5858
O'Keefe, Jean(RN)	Team Lead	8979	(774) 455-5196
Ryan, Patricia	Associate Director, Business Operations & Systems	N/A	(508) 421-5980

PAU PHONE: 1-800-862-8341

PriorAuthorization@umassmed.edu

Please use this e-mail address to communicate items such as Corrections (Date of Service, Unit errors or Provider ID errors), Calculation i
further response to the Provider.

Please refer to the POSC for the status of any PA request, if it has not been 15 days since submission (21 days for Therapy PAs). These inq

Note: Inquiries about Community Case Management (CCM) PAs should be directed to CCM at 1-800-863-6068 or commcase@umassr

Clinical Reviewer	Discipline	Pro
Burtenshaw, Anne	OT	DME-OT & OT Services
Coyne, Jane	RN	Abosrbents
Donaghy, Kelly	COTA	Wheelchair Modifications & Compr
Eagle, Jacqueline	OT	DME-Wheelchairs, Accessories & Re
Hennigan, Jennifer	PT	DME-PT & PT Services
Hogan, Lisa	RN	Absorbents
Miller, Jody	RT	Respiratory
Musoke, Sylvia	RN	Absorbents & Enterals
Pedone, Sara	PT	DME-PT & PT Services
Kathleen Thomas	ST	Speech Therapy & DME-Speech De
Ruiz, Virdany	RT	Respiratory

Appeals	Position/Title	CID #	Telephone #
Phillips, Linda	Senior Manager, Appeals and Regulatory Compliance	166	508-856-1641
Morel, Margie	Appeals Coordinator for DME, Oxygen/Resp & Therapies	N/A	(508) 421-6130

E-mail Address
Susan.Brown@umassmed.edu
Kay.George@umassmed.edu
Daniel.Girard@umassmed.edu
Kerri.Ikenberry@umassmed.edu
Vivan.Nurse@umassmed.edu
Jean.O'Keefe@umassmed.edu
Patricia.Ryan@umassmed.edu

ssues, Line item questions, etc.

uiries should not be sent via e-mail to the PAU.
med.edu.

ducts/Service

ession Stockings
epairs

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E-mail Address
Linda.phillips@umassmed.edu
Margie.Morel@umassmed.edu

PROCEDURE CODES WITH MODIFIERS THAT "RT LT" MODIFIERS HAVE BEEN ADDED

Procdure Code	Modifiers							
E0951	NU RT LT	RR RT LT	UE RT LT	NU KE RT LT	RR KE RT LT	UE KE RT LT		
E0952	NU RT LT	RR RT LT	UE RT LT	NU KE RT LT	RR KE RT LT	UE KE RT LT		
E0958	KH KI RT LT	KJ RT LT	NU RT LT	UE RT LT				
E0959	NU RT LT	RR RT LT	UE RT LT					
E0961	NU RT LT	RR RT LT	UE RT LT					
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E2209	NU RT LT	RR RT LT	UE RT LT	NU KE RT LT	RR KE RT LT	UE KE RT LT		
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K0070	NU RT LT	RR RT LT	UE RT LT					
K0071	NU RT LT	RR RT LT	UE RT LT					
K0072	NU RT LT	RR RT LT	UE RT LT					
K0073	NU RT LT	RR RT LT	UE RT LT					
K0077	NU RT LT	RR RT LT	UE RT LT					

PROCEDURE CODES WHICH PLACE OF SERVICE (POS) 14 HAVE BEEN ADDED.

Procdure Code							
A4927	A4930	A5056	A5057	A8000	A8001	A8003	A8004
B4035	B4036	B4081	B4082	B4083	B4087	B4088	B4100
B4103	B4104	B4149	B4150	B4152	B4153	B4154	B4155
B4158	B4159	B4160	B4161	B4162	B4164	B4168	B4172
B4178	B4180	B4185	B4189	B4193	B4197	B4199	B4216
B4222	B4224	B5000	B5100	B5200	B9000	B9002	B9004
E0988	E2358	E2359	E2626	E2627	E2628	E2629	E2630
T4521	T4522	T4523	T4524	T4525	T4526	T4527	T4528
T4530	T4531	T4532	T4533	T4534	T4535	T4536	T4537
T4539	T4540	T4541	T4542				

B4034
B4102
B4157
B4176
B4220
B9006
E2631
T4529
T4538

IMPORTANT INFORMATION WHEN REQUESTING A PA WHEN MAX ALLOWABLE UNITS EXCEEDS

When requesting PA to exceed the maximum allowable units, the provider must submit to MassHealth, in addition to any PA request that is required for units up to the maximum allowable, a separate PA request for the number of units being requested that exceed the r allowed. The provider must include medical documentation that supports the medical necessity of the additional units, including require under 130 CMR 409.417 and 409.418; and if the PA request for units in excess of the maximum is authorized by MassHealth, the provider must submit a separate claim with separate dates of service for the excess units that were provided, corresponding to the se PA that was approved by MassHealth. However the provider can never submit a claim for units that are above the set limits amount as indicated on the MassHealth Payment and Coverage Guideline Tool in this case the increased limits would have to be delivered and bill on different dates of service.

Example;

A4624 Suction Catheters, 1 unit = each, 150 per month, no PA required. Members medical condition requires more than 150 per month provider must request a PA for the amount needed over the allowed limits on the MassHealth Payment and Coverage Guideline Tool. The PA for the excess amount must be delivered and billed on a different date of service however the total amount can never be more t unit limit. Example PA was approved for 300 suction catheters over the 150 limit, providers must deliver and bill no more than 150 per date of service, if they do the claim will deny as over the limits even if there is a PA in place for the 300 catheters

Walker Unbundling Billing for Brakes

A Column II code is included in the allowance for the corresponding Column I code when p
at the same time and must not be billed separately at the time of billing the Column I code.

COLUMN I	COLUMN II
E0130	A4636, A4637
E0135	A4636, A4637
E0140	A4636, A4637, E0155, E0159
E0141	A4636, A4637, E0155, E0159
E0143	A4636, A4637, E0155, E0159
E0144	A4636, A4637, E0155, E0156, E0159
E0147	A4636, E0155, E0159
E0148	A4636, A4637
E0149	A4636, A4637, E0155, E0159

HCPCS codes and narrative description for the above table:

HCPCS Code	Narrative Description
A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EA
A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HE
E0141	WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT
E0143	WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGH
E0144	WALKER, ENCLOSED, FOUR SIDED FRAMED, RIGID OR FOLDI
E0147	WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIA
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDIN
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY T
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMEN
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY T
E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMEN

Note: *HCPCS code E0159 (Brake attachment for wheeled walker, replacement each) is ap*
replacement brakes ONLY.

rovided

CH
GHT, ANY TYPE
HT
NG, WHEELED WITH
BLE WHEEL RESISTANCE
G, ANY TYPE, EACH
YPE
T, EACH
YPE
T, EACH

plicable for

MassHealth

Member Name:

ID# DATE:

THIS SECTION IS FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH SECONDARY DISCOUNT ON THE INVOICE

Description:

	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%
	Retail	$		Cost	$		X 1.35 =	$		Cost + 5%

TOTAL

THIS SECTION FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH NO DISCOUNT ON THE INVOICE

	Retail	$		Cost	$		X 1.35 =	$	
	Retail	$		Cost	$		X 1.35 =	$	
	Retail	$		Cost	$		X 1.35 =	$	
	Retail	$		Cost	$		X 1.35 =	$	

TOTAL _____

TOTAL ALLOWABLE FOR K0108 _____

RE Units must be requested as a line item utilizing procedure code K0739 U5. Number of RE units

must be id

REV. 9/5/19

MassHealth

Member Name: _____

ID# _____ DATE: _____

THIS SECTION IS FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH SECONDARY DISCOUNT ON THE INVOICE

Description:

_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%

TOTAL

THIS SECTION FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH NO DISCOUNT ON THE INVOICE

_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____

TOTAL _____

TOTAL ALLOWABLE FOR K0108 _____

Member Name: _____

ID# _____ DATE: _____

THIS SECTION IS FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH SECONDARY DISCOUNT ON THE INVOICE

Description:

_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	$	_____ Cost + 5%

TOTAL

THIS SECTION FOR USE WHEN SUBMITTING THE K0108 WORKSHEET WITH NO DISCOUNT ON THE INVOICE

_____	Retail	$	_____	Cost	$	_____	X 1.35 =	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	_____
_____	Retail	$	_____	Cost	$	_____	X 1.35 =	_____

TOTAL _____

TOTAL ALLOWABLE FOR K0108 _____

PARTS / COMPONENTS PROCEDURES CO

DME	**E0942**				NU	12 33	Cervical head harness/halter.
DME	**E0942**				RR	12 33	Cervical head harness/halter.
DME	**E0942**				UE	12 33	Cervical head harness/halter.
DME	**E0944**				NU	12 33	Pelvic belt/harness/boot.
DME	**E0944**				RR	12 33	Pelvic belt/harness/boot.
DME	**E0944**				UE	12 33	Pelvic belt/harness/boot.
DME	**E0945**				NU	12 33	Extremity belt/harness.
DME	**E0945**				RR	12 33	Extremity belt/harness.
DME	**E0945**				UE	12 33	Extremity belt/harness.
DME/MOB	**E0951**				NU RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0951**				RR RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0951**				UE RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0951**				NU KE RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0951**				RR KE RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0951**				UE KE RT LT	12 31 32 33	Heel loop/holder, any type, with or without ankle strap, each.
DME/MOB	**E0952**				NU RT LT	12 31 32 33	Toe loop/holder, any type, each.
DME/MOB	**E0952**				RR RT LT	12 31 32 33	Toe loop/holder, any type, each.
DME/MOB	**E0952**				UE RT LT	12 31 32 33	Toe loop/holder, any type, each.
DME/MOB	**E0952**				NU KE RT LT	12 31 32 33	Toe loop/holder, any type, each.
DME/MOB	**E0952**				RR KE RT LT	12 31 32 33	Toe loop/holder, any type, each.

DME/MOB	**E0952**				UE KE RT LT	12 31 32 33	Toe loop/holder, any type, each.
DME/MOB	**E0955**				NU	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0955**				RR	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0955**				UE	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0955**				NU KE	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0955**				RR KE	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0955**				UE KE	12 31 32 33	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				NU	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				RR	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				UE	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				NU KE	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				RR KE	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0956**				UE KE	12 31 32 33	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each.
DME/MOB	**E0957**				NU	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.
DME/MOB	**E0957**				RR	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.
DME/MOB	**E0957**				UE	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.
DME/MOB	**E0957**				NU KE	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.

DME/MOB	**E0957**				RR KE	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.
DME/MOB	**E0957**				UE KE	12 31 32 33	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware.
DME/MOB	**E0958**				KH KI RT LT	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.
DME/MOB	**E0958**				KJ RT LT	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.
DME/MOB	**E0958**				NU RT LT	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.
DME/MOB	**E0958**				UE RT LT	12 31 32 33	Manual wheelchair accessory, one-arm drive attachment, each.
DME/MOB	**E0959**				NU RT LT	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.
DME/MOB	**E0959**				RR RT LT	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.
DME/MOB	**E0959**				UE RT LT	12 31 32 33	Manual wheelchair accessory, adapter for amputee, each.
DME/MOB	**E0960**				NU	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0960**				RR	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0960**				UE	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0960**				NU KE	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0960**				RR KE	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0960**				UE KE	12 31 32 33	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
DME/MOB	**E0961**				NU RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.
DME/MOB	**E0961**				RR RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.
DME/MOB	**E0961**				UE RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock brake extension (handle), each.

DME/MOB	**E0966**				NU	12 31 32 33	Manual wheelchair accessory, headrest extension, each.
DME/MOB	**E0966**				RR	12 31 32 33	Manual wheelchair accessory, headrest extension, each.
DME/MOB	**E0966**				UE	12 31 32 33	Manual wheelchair accessory, headrest extension, each.
DME/MOB	**E0967**				NU RT LT	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, each.
DME/MOB	**E0967**				RR RT LT	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, each.
DME/MOB	**E0967**				UE RT LT	12 31 32 33	Manual wheelchair accessory, hand rim with projections, any type, each.
DME/MOB	**E0968**				KH KI	12 33	Commode seat, wheelchair.
DME/MOB	**E0968**				KJ	12 33	Commode seat, wheelchair.
DME/MOB	**E0968**				NU	12 33	Commode seat, wheelchair.
DME/MOB	**E0968**				UE	12 33	Commode seat, wheelchair.
DME/MOB	**E0969**				NU	12 33	Narrowing device, wheelchair.
DME/MOB	**E0969**				RR	12 33	Narrowing device, wheelchair.
DME/MOB	**E0969**				UE	12 33	Narrowing device, wheelchair.
DME/MOB	**E0971**				NU RT LT	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.
DME/MOB	**E0971**				RR RT LT	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.
DME/MOB	**E0971**				UE RT LT	12 31 32 33	Manual wheelchair accessory, anti-tipping device, each.
DME/MOB	**E0973**				NU RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
DME/MOB	**E0973**				RR RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
DME/MOB	**E0973**				UE RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
DME/MOB	**E0973**				NU KE RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
DME/MOB	**E0973**				RR KE RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.

DME/MOB	**E0973**				UE KE RT LT	12 31 32 33	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
DME/MOB	**E0974**				NU RT LT	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.
DME/MOB	**E0974**				RR RT LT	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.
DME/MOB	**E0974**	AAC+35%			UD RT LT	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.
DME/MOB	**E0974**				UE RT LT	12 31 32 33	Manual wheelchair accessory, anti-rollback device, each.
DME/MOB	**E0978**				NU	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each. (new equipment)
DME/MOB	**E0978**				RR	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each. (rental)
DME/MOB	**E0978**				UE	12 31 32 33	Wheelchair accessory, positioning belt/saftey belt/pelvic strap, each. (used durable medical equipment)
DME/MOB	**E0980**				NU	12 31 32 33	Safety vest, wheelchair.
DME/MOB	**E0980**				RR	12 31 32 33	Safety vest, wheelchair.
DME/MOB	**E0980**				UE	12 31 32 33	Safety vest, wheelchair.
DME/MOB	**E0981**				NU	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**				RR	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**	AAC+35%			UC	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**				UE	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**				NU KE	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**				RR KE	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0981**				UE KE	12 31 32 33	Wheelchair accessory, seat upholstery, replacement only, each.
DME/MOB	**E0982**				NU	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.
DME/MOB	**E0982**				RR	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.
DME/MOB	**E0982**				UE	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.

DME/MOB	**E0982**				NU KE	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.
DME/MOB	**E0982**				RR KE	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.
DME/MOB	**E0982**				UE KE	12 31 32 33	Wheelchair accessory, back upholstery, replacement only, each.
DME/MOB	**E0985**				NU	12 31 32 33	Wheelchair accessory, seat lift mechanism.
DME/MOB	**E0985**				RR	12 31 32 33	Wheelchair accessory, seat lift mechanism.
DME/MOB	**E0985**				UE	12 31 32 33	Wheelchair accessory, seat lift mechanism.
DME/MOB	**E0988**				NU	12 14 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.
DME/MOB	**E0988**				RR	12 14 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.
DME/MOB	**E0988**				UE	12 14 31 32 33	Manual wheelchair accessory, lever-activated, wheel drive, pair.
DME/MOB	**E0990**				NU	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**				RR	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**	AAC+35%			UE	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**				UE	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**				NU KE	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**				RR KE	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0990**				UE KE	12 31 32 33	Wheelchair accessory, elevating leg rest, complete assembly, each.
DME/MOB	**E0992**				NU	12 31 32 33	Manual wheelchair accessory, solid seat insert.
DME/MOB	**E0992**				RR	12 31 32 33	Manual wheelchair accessory, solid seat insert.
DME/MOB	**E0992**				UE	12 31 32 33	Manual wheelchair accessory, solid seat insert.
DME/MOB	**E0994**				NU RT LT	12 31 32 33	Arm rest, each.

DME/MOB	**E0994**				RR RT LT	12 31 32 33	Arm rest, each.
DME/MOB	**E0994**				UD RT LT	12 31 32 33	Arm rest, each.
DME/MOB	**E0995**				NU RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E0995**				RR RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E0995**				UE RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E0995**				NU KE RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E0995**				RR KE RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E0995**				UE KE RT LT	12 31 32 33	Wheelchair accessory, calf rest/pad, each.
DME/MOB	**E1014**				NU	12 31 32 33	Reclining back, addition to pediatric wheelchair.
DME/MOB	**E1014**				RR	12 31 32 33	Reclining back, addition to pediatric wheelchair.
DME/MOB	**E1014**				UE	12 31 32 33	Reclining back, addition to pediatric wheelchair.
DME/MOB	**E1014**				KH KI	12 31 32 33	Reclining back, addition to pediatric wheelchair.
DME/MOB	**E1014**				KJ	12 31 32 33	Reclining back, addition to pediatric wheelchair.
DME/MOB	**E1015**				NU RT LT	12 31 32 33	Shock absorber for manual wheelchair, each.
DME/MOB	**E1015**				RR RT LT	12 31 32 33	Shock absorber for manual wheelchair, each.
DME/MOB	**E1015**				UE RT LT	12 31 32 33	Shock absorber for manual wheelchair, each.
DME/MOB	**E1016**				NU RT LT	12 31 32 33	Shock absorber for power wheelchair, each.
DME/MOB	**E1016**				RR RT LT	12 31 32 33	Shock absorber for power wheelchair, each.

DME/MOB	**E1016**				UE RT LT	12 31 32 33	Shock absorber for power wheelchair, each.
DME/MOB	**E1016**				NU KE RT LT	12 31 32 33	Shock absorber for power wheelchair, each.
DME/MOB	**E1016**				RR KE RT LT	12 31 32 33	Shock absorber for power wheelchair, each.
DME/MOB	**E1016**				UE KE RT LT	12 31 32 33	Shock absorber for power wheelchair, each.
DME/MOB	**E1017**	AAC+35%			NU RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.
DME/MOB	**E1017**	I.C.	10% of the ACC Markup		RR RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.
DME/MOB	**E1017**	I.C.	75% of the ACC Markup		UE RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.
DME/MOB	**E1018**	AAC+35%			NU RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.
DME/MOB	**E1018**	I.C.	10% of the ACC Markup		RR RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.
DME/MOB	**E1018**	I.C.	75% of the ACC Markup		UE RT LT	12 31 32 33	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.
DME/MOB	**E1020**				NU RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (new equipment)
DME/MOB	**E1020**				RR RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (rental)
DME/MOB	**E1020**				UE RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (used durable medical equipment)
DME/MOB	**E1020**				NU KE RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E1020**				RR KE RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E1020**				UE KE RT LT	12 31 32 33	Residual limb support system for wheelchair, any type (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

DME/MOB	**E1028**				NU	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1028**				RR	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1028**				UE	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1028**				NU KE	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1028**				RR KE	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1028**				UE KE	12 31 32 33	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory.
DME/MOB	**E1029**				NU	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				RR	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				UE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				KH KI	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				KJ	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				KH KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.

DME/MOB	**E1029**				KI KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				KJ KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				NU KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				RR KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1029**				UE KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, fixed.
DME/MOB	**E1030**				NU	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				RR	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				UE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				KH KI	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				KJ	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				KH KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				KI KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				KJ KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				NU KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				RR KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E1030**				UE KE	12 31 32 33	Wheelchair accessory, manual ventilator tray, gimbaled.
DME/MOB	**E2205**				NU RT LT	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.
DME/MOB	**E2205**				RR RT LT	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.

DME/MOB	**E2205**				UE RT LT	12 31 32 33	Manual wheelchair accessory, handrim without projections (includes ergonmic or contoured), any type, replacement only, each.
DME/MOB	**E2206**				NU RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, each.
DME/MOB	**E2206**				RR RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, each.
DME/MOB	**E2206**				UE RT LT	12 31 32 33	Manual wheelchair accessory, wheel lock assembly, complete, each.
DME/MOB	**E2207**				NU	12 32	Manual wheelchair accessory, crutch and cane holder, each.
DME/MOB	**E2207**				RR	12 32	Manual wheelchair accessory, crutch and cane holder, each.
DME/MOB	**E2207**				UE	12 32	Manual wheelchair accessory, crutch and cane holder, each.
DME/MOB	**E2208**				NU	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2208**				NU KE	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2208**				RR	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2208**				RR KE	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2208**				UE	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2208**				UE KE	12 31 32 33	Wheelchair accessory, cylinder tank carrier, each.
DME/MOB	**E2209**				NU RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.
DME/MOB	**E2209**				NU KE RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.
DME/MOB	**E2209**				RR RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.
DME/MOB	**E2209**				RR KE RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.
DME/MOB	**E2209**				UE RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.
DME/MOB	**E2209**				UE KE RT LT	12 31 32 33	Wheelchair accessory, arm trough, each.

DME/MOB	**E2210**				NU	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2210**				NU KE	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2210**				RR	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2210**				RR KE	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2210**				UE	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2210**				UE KE	12 31 32 33	Wheelchair accessory, bearing any type, replacement only, each.
DME/MOB	**E2211**				NU RT LT	12 31 32 33	Wheelchair accessory, pneumatic propulsion tire, any size, each.
DME/MOB	**E2211**				RR RT LT	12 31 32 33	Wheelchair accessory, pneumatic propulsion tire, any size, each.
DME/MOB	**E2211**				UE RT LT	12 31 32 33	Wheelchair accessory, pneumatic propulsion tire, any size, each.
DME/MOB	**E2212**				NU RT LT	12 31 32 33	Wheelchair accessory, tube for pneumatic propulsion tire, any size, each.
DME/MOB	**E2212**				RR RT LT	12 31 32 33	Wheelchair accessory, tube for pneumatic propulsion tire, any size, each.
DME/MOB	**E2212**				UE RT LT	12 31 32 33	Wheelchair accessory, tube for pneumatic propulsion tire, any size, each.
DME/MOB	**E2213**				NU RT LT	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.
DME/MOB	**E2213**				RR RT LT	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.
DME/MOB	**E2213**				UE RT LT	12 31 32 33	Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each.
DME/MOB	**E2214**				NU RT LT	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each. (new equipment)
DME/MOB	**E2214**				RR RT LT	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.
DME/MOB	**E2214**				UE RT LT	12 31 32 33	Manual wheelchair accessory, pneumatic caster tire, any size each.
DME/MOB	**E2215**				NU RT LT	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.
DME/MOB	**E2215**				RR RT LT	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.

DME/MOB	**E2215**				UE RT LT	12 31 32 33	Manual wheelchair accessory, tube for pneumatic caster tire, any size each.
DME/MOB	**E2216**	AAC+30%			NU RT LT	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.
DME/MOB	**E2216**	I.C.	10% of the ACC Markup		RR RT LT	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.
DME/MOB	**E2216**	I.C.	75% of the ACC Markup		UE RT LT	12 31 32 33	Manual wheelchair accessory, foam filled propulsion tire, any size each.
DME/MOB	**E2217**	AAC+30%			NU RT LT	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.
DME/MOB	**E2217**	I.C.	10% of the ACC Markup		RR RT LT	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.
DME/MOB	**E2217**	I.C.	75% of the ACC Markup		UE RT LT	12 31 32 33	Manual wheelchair accessory, foam filled caster tire, any size each.
DME/MOB	**E2218**	AAC+30%			NU RT LT	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.
DME/MOB	**E2218**	I.C.	10% of the ACC Markup		RR RT LT	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.
DME/MOB	**E2218**	I.C.	75% of the ACC Markup		UE RT LT	12 31 32 33	Manual wheelchair accessory, foam propulsion tire, any size each.
DME/MOB	**E2219**				NU RT LT	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.
DME/MOB	**E2219**				RR RT LT	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.
DME/MOB	**E2219**				UE RT LT	12 31 32 33	Manual wheelchair accessory, foam caster tire, any size each.
DME/MOB	**E2220**				NU RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size each.
DME/MOB	**E2220**				RR RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size each.
DME/MOB	**E2220**				UE RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size each.
DME/MOB	**E2221**				NU RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size each.
DME/MOB	**E2221**				RR RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size each.
DME/MOB	**E2221**				UE RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size each.
DME/MOB	**E2222**				NU RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.

DME/MOB	**E2222**				RR RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.
DME/MOB	**E2222**				UE RT LT	12 31 32 33	Manual wheelchair accessory, solid (rubber/plastic) caster tire with intergrated wheel, any size each.
DME/MOB	**E2224**				NU RT LT	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.
DME/MOB	**E2224**				RR RT LT	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.
DME/MOB	**E2224**				UE RT LT	12 31 32 33	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.
DME/MOB	**E2225**				NU RT LT	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.
DME/MOB	**E2225**				RR RT LT	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.
DME/MOB	**E2225**				UE RT LT	12 31 32 33	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each.
DME/MOB	**E2226**				NU RT LT	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.
DME/MOB	**E2226**				RR RT LT	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.
DME/MOB	**E2226**				UE RT LT	12 31 32 33	Manual wheelchair accessory, caster fork, any size, replacement only each.
DME/MOB	**E2227**				NU RT LT	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each
DME/MOB	**E2227**				RR RT LT	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each
DME/MOB	**E2227**				UE RT LT	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each
DME/MOB	**E2227**				KH KI	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each
DME/MOB	**E2227**				KJ	12 31 32 33	Manual wheelchair accessory, gear reduction drive wheel, each
DME/MOB	**E2228**				NU RT LT	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each
DME/MOB	**E2228**				RR RT LT	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each
DME/MOB	**E2228**				UE RT LT	12 31 32 33	Manual wheelchair accessory, wheel braking system and lock, complete, each
DME/MOB	**E2231**				NU	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.

DME/MOB	**E2231**				RR	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.
DME/MOB	**E2231**				UE	12 31 32 33	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.
DME/MOB	**E2291**	AAC+35%				12 31 32 33	Back planar, for pediatric size wheelchair including fixed attaching hardware.
DME/MOB	**E2292**	AAC+35%				12 31 32 33	Seat planar, for pediatric size wheelchair including fixed attaching hardware.
DME/MOB	**E2293**	AAC+35%				12 31 32 33	Back contoured for pediatric size wheelchair including fixed attaching hardware.
DME/MOB	**E2294**	AAC+35%				12 31 32 33	Seat, contoured for pediatric size wheelchair including fixed attaching hardware.
DME/MOB	**E2295**	AAC+35%			NU	12 31 32 33	Manual wheelchair accessory for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple postioning features.
DME/MOB	**E2295**	I.C.	10% of the ACC Markup		RR	12 31 32 33	Manual wheelchair accessory for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple postioning features.
DME/MOB	**E2295**	I.C.	75% of the ACC Markup		UE	12 31 32 33	Manual wheelchair accessory for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple postioning features.
DME/MOB	**E2300**	AAC+35%				12 31 32 33	Wheelchair accessory, power seat elevation system, any type.
DME/MOB	**E2310**				NU	12 31 32 33	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.
DME/MOB	**E2310**				NU KE	12 31 32 33	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

DME/MOB	**E2310**				RR	12 31 32 33	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.
DME/MOB	**E2310**				RR KE	12 31 32 33	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
DME/MOB	**E2310**				UE	12 31 32 33	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
DME/MOB	**E2310**				UE KE	12 31 32 33	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
DME/MOB	**E2310**				KH KI	12 31 32 33	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.
DME/MOB	**E2310**				KJ	12 31 32 33	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.
DME/MOB	**E2310**				KH KE	12 31 32 33	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

DME/MOB	**E2310**				KI KE	12 31 32 33	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
DME/MOB	**E2310**				KJ KE	12 31 32 33	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
DME/MOB	**E2311**				NU	12 31 32 33	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.
DME/MOB	**E2311**				NU KE	12 31 32 33	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.
DME/MOB	**E2311**				RR	12 31 32 33	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.
DME/MOB	**E2311**				RR KE	12 31 32 33	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.
DME/MOB	**E2311**				UE	12 31 32 33	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.

DME/MOB	**E2311**				UE KE	12 31 32 33	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.
DME/MOB	**E2311**				KH KI	12 31 32 33	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.
DME/MOB	**E2311**				KJ	12 31 32 33	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.
DME/MOB	**E2311**				KH KC	12 31 32 33	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.
DME/MOB	**E2311**				KI KC	12 31 32 33	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.
DME/MOB	**E2311**				KJ KC	12 31 32 33	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.
DME/MOB	**E2312**				NU	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment)
DME/MOB	**E2312**				RR	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental)

DME/MOB	**E2312**				UE	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2312**				KH KI	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2312**				KJ	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2312**				KH KC	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2312**				KI KC	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2312**				KJ KC	12 31 32 33	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
DME/MOB	**E2313**				NU	12 31 32 33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)
DME/MOB	**E2313**				RR	12 31 32 33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (rental)
DME/MOB	**E2313**				UE	12 31 32 33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
DME/MOB	**E2313**				KH KI	12 31 32 33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
DME/MOB	**E2313**				KJ	12 31 32 33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)

DME/MOB	**E2321**				NU	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				NU KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				RR	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				RR KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				UE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				UE KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KH KI	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KJ	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KH KC	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KI KC	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KJ KC	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.

DME/MOB	**E2321**				KH KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KI KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2321**				KJ KE	12 31 32 33	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
DME/MOB	**E2322**				NU	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				NU KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				RR	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				RR KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				UE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				UE KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.

DME/MOB	**E2322**				KH KI	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KJ	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KH KC	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KI KC	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KJ KC	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KH KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KI KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2322**				KJ KE	12 31 32 33	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.
DME/MOB	**E2323**				NU	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.
DME/MOB	**E2323**				NU KE	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.

DME/MOB	**E2323**				RR	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.
DME/MOB	**E2323**				RR KE	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.
DME/MOB	**E2323**				UE	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.
DME/MOB	**E2323**				UE KE	12 31 32 33	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.
DME/MOB	**E2324**				NU	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2324**				NU KE	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2324**				RR	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2324**				RR KE	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2324**				UE	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2324**				UE KE	12 31 32 33	Power wheelchair accessory, chin cup for chin control interface.
DME/MOB	**E2325**				NU	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				NU KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				RR	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				RR KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				UE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.

DME/MOB	**E2325**				UE KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				KH KI	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				KJ	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				KH KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				KI KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2325**				KJ KE	12 31 32 33	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.
DME/MOB	**E2326**				NU	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				NU KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				RR	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				RR KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				UE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				UE KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				KH KI	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.

DME/MOB	**E2326**				KJ	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				KH KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				KI KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2326**				KJ KE	12 31 32 33	Power wheelchair accessory, breath tube kit for sip and puff interface.
DME/MOB	**E2327**				NU	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				NU KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				RR	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
DME/MOB	**E2327**				RR KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				UE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				UE KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KH KI	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KJ	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KH KC	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.

DME/MOB	**E2327**				KI KC	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KJ KC	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KH KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KI KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2327**				KJ KE	12 31 32 33	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.
DME/MOB	**E2328**				NU	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				NU KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				RR	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				RR KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				UE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				UE KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.

DME/MOB	**E2328**				KH KI	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				KJ	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				KH KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				KI KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2328**				KJ KE	12 31 32 33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware.
DME/MOB	**E2329**				NU	12 31 32 33	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.
DME/MOB	**E2329**				NU KE	12 31 32 33	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.
DME/MOB	**E2329**				RR	12 31 32 33	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.
DME/MOB	**E2329**				RR KE	12 31 32 33	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.

DME/MOB	**E2329**				UE	12 31 32 33	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.
DME/MOB	**E2329**				UE KE	12 31 32 33	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.
DME/MOB	**E2329**				KH KI	12 31 32 33	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.
DME/MOB	**E2329**				KJ	12 31 32 33	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.
DME/MOB	**E2329**				KH KE	12 31 32 33	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.
DME/MOB	**E2329**				KI KE	12 31 32 33	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.
DME/MOB	**E2329**				KJ KE	12 31 32 33	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.

DME/MOB	**E2330**				NU	12 31 32 33	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.
DME/MOB	**E2330**				NU KE	12 31 32 33	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.
DME/MOB	**E2330**				RR	12 31 32 33	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.
DME/MOB	**E2330**				RR KE	12 31 32 33	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.
DME/MOB	**E2330**				UE	12 31 32 33	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.
DME/MOB	**E2330**				UE KE	12 31 32 33	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.
DME/MOB	**E2330**				KH KI	12 31 32 33	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.

DME/MOB	**E2330**				KJ	12 31 32 33	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.
DME/MOB	**E2330**				KH KE	12 31 32 33	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.
DME/MOB	**E2330**				KI KE	12 31 32 33	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.
DME/MOB	**E2330**				KJ KE	12 31 32 33	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.
DME/MOB	**E2331**	AAC+35%			NU	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.
DME/MOB	**E2331**	I.C.	10% of the ACC Markup		RR	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.
DME/MOB	**E2331**	I.C.	75% of the ACC Markup		UE	12 31 32 33	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.
DME/MOB	**E2351**				NU	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				NU KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				RR	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.

DME/MOB	**E2351**				RR KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				UE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				UE KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				KH KI	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				KJ	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				KH KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				KI KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2351**				KJ KE	12 31 32 33	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.
DME/MOB	**E2358**				NU	12 14 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
DME/MOB	**E2358**				RR	12 14 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
DME/MOB	**E2358**				UE	12 14 31 32 33	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
DME/MOB	**E2359**				NU	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2359**				RR	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2359**				UE	12 14 31 32 33	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2360**				NU	12 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.

DME/MOB	**E2360**				RR	12 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.
DME/MOB	**E2360**				UE	12 31 32 33	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.
DME/MOB	**E2361**				NU	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2361**				NU KE	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2361**				RR	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2361**				RR KE	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2361**				UE	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2361**				UE KE	12 31 32 33	Power wheelchair accessory, 22NF sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2362**				NU	12 14 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each.
DME/MOB	**E2362**				RR	12 14 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each.
DME/MOB	**E2362**				UE	12 14 31 32 33	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
DME/MOB	**E2363**				NU	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2363**				NU KE	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2363**				RR	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2363**				RR KE	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2363**				UE	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)

DME/MOB	**E2363**				UE KE	12 14 31 32 33	Power wheelchair accessory, group 24 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2364**				NU	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.
DME/MOB	**E2364**				RR	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.
DME/MOB	**E2364**				UE	12 31 32 33	Power wheelchair accessory, u-1 non-sealed lead acid battery, each.
DME/MOB	**E2365**				NU	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2365**				NU KE	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2365**				RR	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2365**				RR KE	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2365**				UE	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2365**				UE KE	12 31 32 33	Power wheelchair accessory, u-1 sealed lead acid battery, each. (e.g. gel cell, absorbed glassmat)
DME/MOB	**E2368**				NU	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (new equipment)
DME/MOB	**E2368**				NU KE	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2368**				RR	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (rental)
DME/MOB	**E2368**				RR KE	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2368**				UE	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment)
DME/MOB	**E2368**				UE KE	12 31 32 33	Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

DME/MOB	**E2369**				NU	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (new equipment)
DME/MOB	**E2369**				NU KE	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2369**				RR	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (rental)
DME/MOB	**E2369**				RR KE	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2369**				UE	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (used durable medical equipment)
DME/MOB	**E2369**				UE KE	12 31 32 33	Power wheelchair component, drive wheel gear box, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2370**				NU	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (new equipment)
DME/MOB	**E2370**				NU KE	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2370**				RR	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (rental)
DME/MOB	**E2370**				RR KE	12 31 32 33	Power wheelchair component, motor and gear box, replacement only, integrated drive wheel motor and gear box combination, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2370**				UE	12 31 32 33	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment)

DME/MOB	**E2370**				UE KE	12 31 32 33	Power wheelchair component, , integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
DME/MOB	**E2371**				NU	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2371**				NU KE	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2371**				RR	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2371**				RR KE	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2371**				UE	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2371**				UE KE	12 31 32 33	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g..Gel cell, absorbed glassmat), each.
DME/MOB	**E2372**	AAC+35%			NU	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.
DME/MOB	**E2372**	AAC+35%			RR	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.
DME/MOB	**E2372**	AAC+35%			UE	12 31 32 33	Power wheelchair accessory, group 27 nonsealed lead acid battery, each.
DME/MOB	**E2373**				NU	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				NU KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				RR	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				RR KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				UE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.

DME/MOB	**E2373**				UE KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KH KI	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KJ	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KH KC	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KI KC	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KJ KC	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KH KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KI KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2373**				KJ KE	12 31 32 33	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware.
DME/MOB	**E2374**				NU	12 31 32 33	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.
DME/MOB	**E2374**				NU KE	12 31 32 33	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.
DME/MOB	**E2374**				RR	12 31 32 33	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.

DME/MOB	**E2374**				RR KE	12 31 32 33	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.
DME/MOB	**E2374**				UE	12 31 32 33	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.
DME/MOB	**E2374**				UE KE	12 31 32 33	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.
DME/MOB	**E2374**				KH KI	12 31 32 33	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.
DME/MOB	**E2374**				KJ	12 31 32 33	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.
DME/MOB	**E2374**				KH KE	12 31 32 33	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.
DME/MOB	**E2374**				KI KE	12 31 32 33	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.
DME/MOB	**E2374**				KJ KE	12 31 32 33	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.
DME/MOB	**E2381**				NU RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2381**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.

DME/MOB	**E2381**				RR RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2381**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2381**				UE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2381**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				NU RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				RR RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				UE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2382**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each.
DME/MOB	**E2383**				NU RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2383**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2383**				RR RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2383**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2383**				UE RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2383**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each.
DME/MOB	**E2384**				NU RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.

DME/MOB	**E2384**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2384**				RR RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2384**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2384**				UE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2384**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				NU RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				RR RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				UE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2385**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each.
DME/MOB	**E2386**				NU RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2386**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2386**				RR RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2386**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2386**				UE RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2386**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each.
DME/MOB	**E2387**				NU RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
DME/MOB	**E2387**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.

DME/MOB	**E2387**				RR RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
DME/MOB	**E2387**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
DME/MOB	**E2387**				UE RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
DME/MOB	**E2387**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each.
DME/MOB	**E2388**				NU RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2388**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2388**				RR RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2388**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2388**				UE RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2388**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each.
DME/MOB	**E2389**				NU RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2389**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2389**				RR RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2389**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2389**				UE RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2389**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, foam caster tire, any size, replacement only, each.
DME/MOB	**E2390**				NU RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
DME/MOB	**E2390**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
DME/MOB	**E2390**				RR RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.

DME/MOB	**E2390**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
DME/MOB	**E2390**				UE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
DME/MOB	**E2390**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each.
DME/MOB	**E2391**				NU RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2391**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2391**				RR RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2391**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2391**				UE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2391**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each.
DME/MOB	**E2392**				NU RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
DME/MOB	**E2392**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
DME/MOB	**E2392**				RR RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
DME/MOB	**E2392**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
DME/MOB	**E2392**				UE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.
DME/MOB	**E2392**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each.

DME/MOB	**E2394**				NU RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2394**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2394**				RR RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2394**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2394**				UE RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2394**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				NU RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				RR RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				UE RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2395**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.
DME/MOB	**E2396**				NU RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2396**				NU KE RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2396**				RR RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2396**				RR KE RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2396**				UE RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2396**				UE KE RT LT	12 31 32 33	Power wheelchair accessory, caster fork, any size, replacement only, each.
DME/MOB	**E2397**				NU	12 31 32 33	Power wheelchair accessory, lithium-based battery, each (new equipment)
DME/MOB	**E2397**				RR	12 31 32 33	Power wheelchair accessory, lithium-based battery, each (rental)

DME/MOB	**E2397**				UE	12 31 32 33	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
DME/MOB	**E2626**				NU RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.
DME/MOB	**E2626**				RR RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.
DME/MOB	**E2626**				UE RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable.
DME/MOB	**E2627**				NU RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.
DME/MOB	**E2627**				RR RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.
DME/MOB	**E2627**				UE RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type.
DME/MOB	**E2628**				NU RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.
DME/MOB	**E2628**				RR RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.
DME/MOB	**E2628**				UE RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining.
DME/MOB	**E2629**				NU RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
DME/MOB	**E2629**				RR RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
DME/MOB	**E2629**				UE RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
DME/MOB	**E2630**				NU RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.

DME/MOB	**E2630**				RR RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.
DME/MOB	**E2630**				UE RT LT	12 14 31 32 33	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support.
DME/MOB	**E2631**				NU RT LT	12 14 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.
DME/MOB	**E2631**				RR RT LT	12 14 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.
DME/MOB	**E2631**				UE RT LT	12 14 31 32 33	Wheelchair accessory, addition to mobile arm support, elevating proximal arm.
DME/MOB	**E2632**				NU RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.
DME/MOB	**E2632**				RR RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.
DME/MOB	**E2632**				UE RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control.
DME/MOB	**E2633**				NU RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.
DME/MOB	**E2633**				RR RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.
DME/MOB	**E2633**				UE RT LT	12 31 32 33	Wheelchair accessory, addition to mobile arm support, supinator.
DME/MOB	**K0015**				NU RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each.
DME/MOB	**K0015**				NU KE RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each. (used durable medical equipment)
DME/MOB	**K0015**				RR RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each. (rental)
DME/MOB	**K0015**				RR KE RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each. (used durable medical equipment)
DME/MOB	**K0015**				UE RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each. (used durable medical equipment)
DME/MOB	**K0015**				UE KE RT LT	12 31 32 33	Detachable, non-adjustable height armrest, each. (used durable medical equipment)
DME/MOB	**K0017**				NU RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.

DME/MOB	**K0017**				NU KE RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.
DME/MOB	**K0017**				RR RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.
DME/MOB	**K0017**				RR KE RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.
DME/MOB	**K0017**				UE RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.
DME/MOB	**K0017**				UE KE RT LT	12 31 32 33	Detachable, adjustable height armrest, base, each.
DME/MOB	**K0018**				NU RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0018**				NU KE RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0018**				RR RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0018**				RR KE RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0018**				UE RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0018**				UE KE RT LT	12 31 32 33	Detachable, adjustable height armrest, upper portion, each.
DME/MOB	**K0019**				NU RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0019**				NU KE RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0019**				RR RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0019**				RR KE RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0019**				UE RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0019**				UE KE RT LT	12 31 32 33	Arm pad, each.
DME/MOB	**K0020**				NU	12 31 32 33	Fixed, adjustable height armrest, pair.
DME/MOB	**K0020**				NU KE	12 31 32 33	Fixed, adjustable height armrest, pair.
DME/MOB	**K0020**				RR	12 31 32 33	Fixed, adjustable height armrest, pair.

DME/MOB	**K0020**				RR KE	12 31 32 33	Fixed, adjustable height armrest, pair.
DME/MOB	**K0020**				UE	12 31 32 33	Fixed, adjustable height armrest, pair.
DME/MOB	**K0020**				UE KE	12 31 32 33	Fixed, adjustable height armrest, pair.
DME/MOB	**K0037**				NU RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0037**				NU KE RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0037**				RR RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0037**				RR KE RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0037**				UE RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0037**				UE KE RT LT	12 31 32 33	High mount flip-up footrest, each.
DME/MOB	**K0038**				NU RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0038**				NU KE RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0038**				RR RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0038**				RR KE RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0038**				UE RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0038**				UE KE RT LT	12 31 32 33	Leg strap, each.
DME/MOB	**K0039**				NU RT LT	12 31 32 33	Leg strap, H style, each.
DME/MOB	**K0039**				NU KE RT LT	12 31 32 33	Leg strap, H style, each.
DME/MOB	**K0039**				RR RT LT	12 31 32 33	Leg strap, H style, each.
DME/MOB	**K0039**				RR KE RT LT	12 31 32 33	Leg strap, H style, each.
DME/MOB	**K0039**				UE RT LT	12 31 32 33	Leg strap, H style, each.

DME/MOB	**K0039**				UE KE RT LT	12 31 32 33	Leg strap, H style, each.
DME/MOB	**K0040**				NU RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0040**				NU KE RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0040**				RR RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0040**				RR KE RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0040**				UE RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0040**				UE KE RT LT	12 31 32 33	Adjustable angle footplate, each.
DME/MOB	**K0041**				NU RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0041**				NU KE RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0041**				RR RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0041**				RR KE RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0041**				UE RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0041**				UE KE RT LT	12 31 32 33	Large size footplate, each.
DME/MOB	**K0042**				NU RT LT	12 31 32 33	Standard size footplate, each.
DME/MOB	**K0042**				NU KE RT LT	12 31 32 33	Standard size footplate, each.
DME/MOB	**K0042**				RR RT LT	12 31 32 33	Standard size footplate, each.
DME/MOB	**K0042**				RR KE RT LT	12 31 32 33	Standard size footplate, each.
DME/MOB	**K0042**				UE RT LT	12 31 32 33	Standard size footplate, each.
DME/MOB	**K0042**				UE KE RT LT	12 31 32 33	Standard size footplate, each.

DME/MOB	**K0043**				NU RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0043**				NU KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0043**				RR RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0043**				RR KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0043**				UE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0043**				UE KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				NU RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				NU KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				RR RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				RR KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				UE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0044**				UE KE RT LT	12 31 32 33	Footrest, lower extension tube, each.
DME/MOB	**K0045**				NU RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0045**				NU KE RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0045**				RR RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0045**				RR KE RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0045**				UE RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0045**				UE KE RT LT	12 31 32 33	Footrest, complete assembly.
DME/MOB	**K0046**				NU RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.

DME/MOB	**K0046**				NU KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0046**				RR RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0046**				RR KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0046**				UE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0046**				UE KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				NU RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				NU KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				RR RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				RR KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				UE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0047**				UE KE RT LT	12 31 32 33	Elevating legrest, lower extension tube, each.
DME/MOB	**K0050**				NU RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0050**				NU KE RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0050**				RR RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0050**				RR KE RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0050**				UE RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0050**				UE KE RT LT	12 31 32 33	Ratchet assembly.
DME/MOB	**K0051**				NU RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.
DME/MOB	**K0051**				NU KE RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.

DME/MOB	**K0051**				RR RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.
DME/MOB	**K0051**				RR KE RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.
DME/MOB	**K0051**				UE RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.
DME/MOB	**K0051**				UE KE RT LT	12 31 32 33	Cam release assembly, footrest or legrest, each.
DME/MOB	**K0052**				NU RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0052**				NU KE RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0052**				RR RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0052**				RR KE RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0052**				UE RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0052**				UE KE RT LT	12 31 32 33	Swingaway, detachable footrests, each.
DME/MOB	**K0053**				NU RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				NU KE RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				RR RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				RR KE RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				UE RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				UE KE RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0053**				UD RT LT	12 31 32 33	Elevating footrests, articulating (telescoping), each.
DME/MOB	**K0065**				NU RT LT	12 31 32 33	Spoke protectors, each.
DME/MOB	**K0065**				RR RT LT	12 31 32 33	Spoke protectors, each.

DME/MOB	**K0065**				UE RT LT	12 31 32 33	Spoke protectors, each.
DME/MOB	**K0069**				NU RT LT	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, each.
DME/MOB	**K0069**				RR RT LT	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, each.
DME/MOB	**K0069**				UE RT LT	12 31 32 33	Rear wheel assembly, complete, with solid tire, spokes or molded, each.
DME/MOB	**K0070**				NU RT LT	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each.
DME/MOB	**K0070**				RR RT LT	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each.
DME/MOB	**K0070**				UE RT LT	12 31 32 33	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each.
DME/MOB	**K0071**				NU RT LT	12 31 32 33	Front caster assembly, complete, with pneumatic tire, each.
DME/MOB	**K0071**				RR RT LT	12 31 32 33	Front caster assembly, complete, with pneumatic tire, each.
DME/MOB	**K0071**				UE RT LT	12 31 32 33	Front caster assembly, complete, with pneumatic tire, each.
DME/MOB	**K0072**				NU RT LT	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, each.
DME/MOB	**K0072**				RR RT LT	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, each.
DME/MOB	**K0072**				UE RT LT	12 31 32 33	Front caster assembly, complete, with semi-pneumatic tire, each.
DME/MOB	**K0073**				NU RT LT	12 31 32 33	Caster pin lock, each.
DME/MOB	**K0073**				RR RT LT	12 31 32 33	Caster pin lock, each.
DME/MOB	**K0073**				UE RT LT	12 31 32 33	Caster pin lock, each.
DME/MOB	**K0077**				NU RT LT	12 31 32 33	Front caster assembly, complete, with solid tire, each.
DME/MOB	**K0077**				RR RT LT	12 31 32 33	Front caster assembly, complete, with solid tire, each.
DME/MOB	**K0077**				UE RT LT	12 31 32 33	Front caster assembly, complete, with solid tire, each.
DME/MOB	**K0098**				NU	12 31 32 33	Drive belt for power wheelchair.

DME/MOB	**K0098**				NU KE	12 31 32 33	Drive belt for power wheelchair.
DME/MOB	**K0098**				RR	12 31 32 33	Drive belt for power wheelchair.
DME/MOB	**K0098**				RR KE	12 31 32 33	Drive belt for power wheelchair.
DME/MOB	**K0098**				UE	12 31 32 33	Drive belt for power wheelchair.
DME/MOB	**K0098**				UE KE	12 31 32 33	Drive belt for power wheelchair.
DME/MOB	**K0108**	AAC+35%			NU	12 31 32 33	Wheelchair component or accessory, not otherwise specified.
DME/MOB	**K0108**				**RA**	12 31 32 33	Wheelchair component or accessory, not otherwise specified.
DME/MOB	**K0108**	AAC+35%			RB	12 31 32 33	Wheelchair component or accessory, not otherwise specified.
DME	**K0739**				RB	12 31 32 33	Repair or nonroutine service for Durable Medical Equipm other than Oxygen requiring the skill of a technician, labor component, per 15 mins
DME	**K0739**				UB	12 31 32 33	Repair or nonroutine service for Durable Medical Equipm other than Oxygen requiring the skill of a technician, labor component, per 15 mins

DES

1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 unit per Date Of Service)
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1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 unit per Date Of Service)
1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
1unit = each, 2 per 5 years. (2 unit per Date Of Service)
1unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (2 unit per Date Of Service)
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1 unit = each, 2 per Date Of Service. Rental is for short term use, rental paid amount can not exceed purchase price (NUKE UEKE) (2 units per Date Of Service)
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1 unit = each.Clinical benefit support weak neck muscles and headrest is needed for support, and meets criteria for a reclining back on the wheelchair. (1 units per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
1 unit = each, 1 per Date Of Service. (1 units per Date Of Service)
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1 unit = each. (1 unit per Date Of Service)
1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 unit per Date Of Service)
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1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
1 unit = each. (1 units per Date Of Service)
1 unit = each.(2 units per Date Of Service) Replacement for wheelchair purchased.

1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (2 units per Date Of Service)
1 unit = each. (2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each,. 4 per year. (2 units per Date Of Service)
1 unit = each,. 4 per year. (2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
1 unit = each,. 4 per year. (2 units per Date Of Service)
1 unit = each,. 4 per year. (2 units per Date Of Service)
1 unit = each,. 4 per year. (2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NUKE UEKE)
1 unit = each,. 4 per year. (2 units per Date Of Service)
1 unit = each, 1 per 5 years. (1 units per Date Of Service) (As of 04/01/14 Masshealth members only)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service) (As of 04/01/14 Masshealth members only)
1 unit = each, 1 per 5 years. (1 units per Date Of Service) (As of 04/01/14 Masshealth members only)
1 unit = each, 1 per 5 years. (1 units per Date Of Service)
1 unit = each, 1 per 5 years. (1 units per Date Of Service)
1 unit = each,. 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each,. 4 per year. (2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
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1 unit = each,. 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each,. 4 per year. (2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)

1 unit = each,. 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each,. 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each,. 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NUKE UEKE)
1 unit = each,. 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
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1 unit = each,. 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
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1 unit = each, 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
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1 unit = each, 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
1 unit = each, 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NUKE UEKE)
1 unit = each, 4 per year. (2 units per Date Of Service) Replacement for wheelchair purchased.

1 unit = each. Clinical benefit - retraction of the joystick allows closer approach to furniture for positioning or transfers or for a member with a fixed arm or hand position that requires this placement in order to utilize the joystick. (4 units per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (4 units per Date Of Service)
1 unit = each. Clinical benefit - retraction of the joystick allows closer approach to furniture for positioning or transfers or for a member with a fixed arm or hand position that requires this placement in order to utilize the joystick. (4 units per Date Of Service)
1 unit = each. Clinical benefit - retraction of the joystick allows closer approach to furniture for positioning or transfers or for a member with a fixed arm or hand position that requires this placement in order to utilize the joystick. (4 units per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NUKE UEKE) (4 units per Date Of Service)
1 unit = each. Clinical benefit - retraction of the joystick allows closer approach to furniture for positioning or transfers or for a member with a fixed arm or hand position that requires this placement in order to utilize the joystick. (4 units per Date Of Service)
1 unit = each, 1 per 5 years. (1 units per Date Of Service) (As of 04/01/14 Masshealth members only)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service) (As of 04/01/14 Masshealth members only)
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1 unit = each, 1 per 5 years. (1 units per Date Of Service)
1 unit = each, 1 per 5 years. (1 units per Date Of Service)
1 unit = each, 4 per 12 months.
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
1 unit = each, 4 per 12 months.
1 unit = each, 4 per 12 months.
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
1 unit = each, 4 per 12 months.
1 unit = each, 4 per year.

1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
1 unit = each, 4 per year.
1 unit = each, 4 per year. (2 units per Date Of Service)
1 unit = each, 4 per year. (2 units per Date Of Service)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (2 units per Date Of Service) (NU UE)
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (2 units per Date Of Service) (NU KE UE KE)
1 unit = each, 4 per year. (2 units per Date Of Service)
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1 unit = each, 4 per year.
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
1 unit = each, 4 per year.
1 unit = each, 4 per year. (2 units per Date Of Service)
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1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. (NUKE UEKE) (2 units per Date Of Service)
1 unit = each, 4 per year. (2 units per Date Of Service)

1 unit = each, 4 per year. (2 units per Date Of Service)
1 unit = each, 4 per year. (Providers initially can provide 2 batteries, 2nd battery is a backup.
1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. (NU UE)
1 unit = each, 4 per year.
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Direct Service Component Codes RE-1 through RE-23 are to be used under this K0108 for RTS providers only. PA required when K0739 RB and K0108 NU combined equal more $1,000.00 no matter what POS.
Repair to previously purchased wheelchair, include PA number on claim, RE-1 through RE-23 cannot be used with this modifier (requires PA) PA required when K0739 RB and K0108 RB combined equal more $1,000.00 no matter what POS.
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1 unit = 15 minutes. PA required for any repair of equipment pver $1,000.00. PA required when K0739 RB and K0108 RB or E1399 RB combined equal more $1,000.00 no matter what POS.
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Message Review Report

MessageText

Pharmacy, DME and Oxygen provider's be advised that the two n
became effective January 1, 2016 the new codes are E0465 with
on rental months 1 through 6 for MassHealth members) RR (rent
been added to the MassHealth DME/OXY Payment and Coverage
on a new ventilator set up on or after January 1, 2016. If the provi
has a few units left it can be used up to the 6 month time frame on
codes E0465 U2 RR and E0466 U2 RR have been changed with

Administrative Bulletin 15-XX will outline what has been added al

If you have any questions, please contact the PAU at PriorAuthori

If you have any questions regarding this change, please contact M

ew procedure codes for home ventilators
modifiers U2 and RR (U2 - modifier is used
al used for months 7 and beyond). The codes have
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ly. Please note the description for the current procedure
a new description.

ong with discontinued procedure codes to the system.

zation@umassmed.edu or 1-800-862-8341.

MassHealth Customer Service at 1-800-841-2900 or providersupport@mahealth.net.

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lth.net.

JOB AID

Provider Process for Managed-Care Entity (MCE) Recoupments

- This job aid outlines how MassHealth reimburses providers when managed-care claim payments are retroactively recouped from the managed-care entity.

I. SUBMIT INFORMATION: Provider

The provider

- completes the first page of the recoupment form, accessible at http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/masshealth-provider-forms.html; then
- submits it to the MassHealth Customer Service Center (CSC) via e-mail to research@mahealth.net. Alternatively, the provider can ask questions on the required information by calling 1-800-841-2900 (TTY: 1-800-497-4648).

The information in the recoupment form must include the following items.

- Provider Name
- Provider NPI
- MassHealth Provider ID (if applicable)
- MCE Name(s)
- Member First Name
- Member Last Name
- Member MassHealth ID(s)
- Date(s) of Service Recouped
- Service Code or Name

II. CONFIRM INFORMATION: Customer Service Center (CSC)

CSC researches the recoupment data and completes the "MassHealth only" section of the recoupment form. CSC takes the following actions:

- documents any enrollments for Member ID 1;
- determines whether any claims were paid for Member ID 1;
- If claims were paid, documents the date(s) of service and the service name; and
- follows the steps above if there is a second ID.

CSC forwards the completed form to the MassHealth Office of Providers and Plans for review and approval.

III. APPROVE REIMBURSEMENT: Office of Providers and Plans

MassHealth Office of Providers and Plans staff reviews the recoupment form and provides approval for

(a) the original MCE to process and pay claims;
(b) a different MCE to process and pay claims;

(b) a different MCE to process and pay claims;
(c) MBHP (Massachusetts Behavioral Health Partnership) to process and pay claims; or
(d) MassHealth to process and pay claims.

- If (a), (b), or (c) above, Office of Providers and Plans staff will
  - make appropriate enrollment adjustments;
  - submit appropriate documentation to MMIS for MCE capitation adjustments, if necessary; and

  - return the recoupment form to CSC, who will contact the appropriate MCE or MBHP to instruct them in processing claims.

- If (d) (MassHealth to process and pay claims), Office of Providers and Plans staff will
  - notify Claims Operations of the approval; and
  - notify CSC staff, who instruct the provider to bill MassHealth directly via 837 batch transaction or direct data entry (DDE) on the POSC.

- If (d) above (MassHealth to process and pay claims), the provider
  - will receive a claim status of DENY for MCE coverage, Edit 2017; and
  - should send an e-mail to ClaimsSupport@massmail.state.ma.us with the ICN of the denied claim(s). (Claims Operations manages the mailbox.)

- If (d) above, Claims Operations will
  - verify that the claim denial matches the information on the recoupment form;
  - if there is a match, systematically reprocess the claim(s) for the provider with the MCE edit override, and notify the MassHealth Office of Providers and Plans and CSC; and
  - if there is no match, notify the Office of Providers and Plans and CSC, who will contact the provider.

For any claims reprocessed by MassHealth, the Office of Providers and Plans will submit appropriate documentation to MMIS for MCE capitation recoupment if necessary.

IV. CONFIRM PAYMENT: Customer Service Center

CSC will confirm with the provider that claim payment has been made.

***Note**: If a member has more than one MassHealth ID, please see the Job Aid on Reporting Multiple IDs.*

Message Review Report

Run Number	Effective Date Begin	Effective Date End
100313	5/22/2015	5/28/2015

Claim Type: B M

Provider Type: 40 40 41 42

MessageText

DME PROVIDERS AND HOSPICE PROVIDERS

This is a reminder that the hospice provider is responsible fo
durable medical equipment (DME) and medical supplies for the
management of terminal illness for the member receiving hospic
services.
Claims from DME providers for DME and medical supplies for mem
receiving hospice services will be automatically denied. DME p
are required to re-submit their claims with documentation show
the services provided are not related to the terminal illness.
Claims operations and program managers will review these claim
certain cases where the member has been receiving supplies bef
initiation of hospice services, and/or if supplies are not rel
the terminal illness, claims will be paid.

Hospice Provider Manual: 437.423: Covered Services
(G) Drugs and Durable Medical Equipment and Medical Supplies. T
hospice must provide and be responsible for all drugs and dura
medical equipment and medical supplies needed for the palliati
management of the terminal illness and related conditions, acc
to the member's plan of care.

For questions, please contact Mass Health Customer Service at
providersupport@mahealth.net or
call 1-800-841-2900.

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Competitive BID Product

Providers must refer to DME Provider **Bulletin 19** Dual Eligil
Medicaid coverage.

Reminder: **MassHealth** is the payer of last resort.

ɔle MassHealth members: **Coordination of Medicare and**

LIST OF ALL AAC PROCEDURE CODES AVAILABLE FOR DME/OXY

				Modifier	PA Required	
DME	A4210	AAC+20%			Sometimes	12 33
DME	A4220	AAC+20%			Sometimes	12 33
DME	A4223	AAC+20%			No	12 33
DME	A4282	AAC+20%			Sometimes	12
DME	A4283	AAC+20%			Sometimes	12
DME	A4284	AAC+20%			Sometimes	12
DME	A4285	AAC+20%			Sometimes	12
DME	A4286	AAC+20%			Sometimes	12
DME	A4321	AAC+20%			Sometimes	12 33
DME	A4420	AAC+20%			Sometimes	12 33
DME/OXY	A4459	AAC+20%			Sometimes	12 33
DME	A4600	AAC+20%			Sometimes	12 33
OXY	A4601	AAC+20%			Yes	12 33
OXY	A4606	AAC+20%			Yes	12 33
OXY	A4623	AAC+30%		UA	No	12 33
OXY	A4623	AAC+30%		UC	No	12 33
DME/OXY	A4624	AAC+20%		UC	Sometimes	12 33
DME	A4638	AAC+20%		NU	Sometimes	12 33

DME	A4638	I.C	10% of the ACC Markup	RR	Sometimes	12 33
DME	A4638	I.C	75% of the ACC Markup	UE	Sometimes	12 33
DME	A6198	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6206	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6208	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6215	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6221	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6228	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6230	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6411	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6450	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6451	AAC+20%		A1 A2 A3 A4 A5 A6 A7 A8 A9	Sometimes	12 33
DME	A6501	AAC+20%			Yes	12 33

DME	A6502	AAC+20%			Yes	12 33
DME	A6503	AAC+20%			Yes	12 33
DME	A6504	AAC+20%			Yes	12 33
DME	A6505	AAC+20%			Yes	12 33
DME	A6506	AAC+20%			Yes	12 33
DME	A6507	AAC+20%			Yes	12 33
DME	A6508	AAC+20%			Yes	12 33
DME	A6509	AAC+20%			Yes	12 33
DME	A6510	AAC+20%			Yes	12 33
DME	A6511	AAC+20%			Yes	12 33
DME	A6512	AAC+20%			Yes	12 33
DME	A6513	AAC+20%			Sometimes	12 33
OXY	A7520	AAC+30%		UA	Sometimes	12 31 32 33
OXY	A7520	AAC+30%		UC	Sometimes	12 31 32 33

OXY	A7521	AAC+30%		UC	Sometimes	12 31 32 33
OXY	A7521	AAC+30%		UA	Sometimes	12 31 32 33
OXY	A7522	AAC+20%		UC	Sometimes	12 31 32 33
OXY	A7523	AAC+20%			Sometimes	12 33
DME	A8002	AAC+30%		NU	Sometimes	12 14 32 33
DME	A8002	I.C	10% of the ACC Markup	RR	Sometimes	12 14 32 33
DME	A8002	I.C	75% of the ACC Markup	UE	Sometimes	12 14 32 33
DME	A8003	AAC+30%		NU	Sometimes	12 14 32 33
DME	A8003	I.C	10% of the ACC Markup	RR	Sometimes	12 14 32 33
DME	A8003	I.C	75% of the ACC Markup	UE	Sometimes	12 14 32 33
DME	A8004	AAC+30%		NU	Sometimes	12 14 32 33
DME	A8004	I.C	10% of the ACC Markup	RR	Sometimes	12 14 32 33
DME	A8004	I.C	75% of the ACC Markup	UE	Sometimes	12 14 32 33
DME	A9274	AAC+30%			Yes	12 33

DME	A9276	AAC+30%			Yes	12 33
DME	A9277	AAC+30%			Yes	12 33
DME	A9278	AAC+30%			Yes	12 33
DME	A9280	AAC+30%			Yes	12 33
DME	A9281	AAC+20%			Sometimes	12 33
DME	A9900	AAC+20%			No	12
DME	B4100	AAC+25%		BO	Yes	12 14 33
DME	B4102	AAC+25%		BA	Yes	12 14 33
DME	B4102	AAC+25%		BO	Yes	12 14 33
DME	B4103	AAC+25%		BA	Yes	12 14 33
DME	B4103	AAC+25%		BO	Yes	12 14 33
DME	B4104	AAC+25%		BA	Yes	12 14 33
DME	B4104	AAC+25%		BO	Yes	12 14 33
DME	B4149	AAC+25%		BO	Yes	12 14 33
DME	B4154	AAC+25%		BO	Yes	12 14 33
DME	B4155	AAC+25%		BO	Yes	12 14 33

DME	B4157	AAC+25%		BA	Yes	12 14 33
DME	B4157	AAC+25%		BO	Yes	12 14 33
DME	B4158	AAC+25%		BO	Yes	12 14 33
DME	B4159	AAC+25%		BA	Yes	12 14 33
DME	B4159	AAC+25%		BO	Yes	12 14 33
DME	B4160	AAC+25%		BA	Yes	12 14 33
DME	B4160	AAC+25%		BO	Yes	12 14 33
DME	B4161	AAC+25%		BA	Yes	12 14 33
DME	B4161	AAC+25%		BO	Yes	12 14 33

DME	B4162	AAC+25%		BO	Yes	12 14 33
DME	B4162	AAC+25%		BA	Yes	12 14 33
DME	B4172	AAC+25%			No	12 14 33
DME	B5200	AAC+25%			No	12 14 33
DME	E0105	AAC+30%		UD	Sometimes	12 33
DME	E0110	AAC+30%		UD	Sometimes	12 33
DME	E0111	AAC+30%		UD	Sometimes	12 33
DME	E0112	AAC+30%		UD	Sometimes	12 33
DME	E0113	AAC+30%		UD	Sometimes	12 33
DME	E0114	AAC+30%		UD	Sometimes	12 33
DME	E0116	AAC+30%		UD	Sometimes	12 33
DME	E0117	AAC+30%		UD	Sometimes	12 33
DME	E0118	AAC+30%		NU	Sometimes	12 33
DME	E0118	I.C.	10% of the ACC Markup	RR	Sometimes	12 33
DME	E0118	I.C.	75% of the ACC Markup	UE	Sometimes	12 33
DME	E0130	AAC+30%		UD	Sometimes	12 33

DME	E0135	AAC+30%		UD	Sometimes	12 33
DME	E0140	AAC+30%		UC	Yes	12 33
DME	E0140	AAC+30%		UD	Yes	12 33
DME	E0141	AAC+30%		UC	Sometimes	12 33
DME	E0141	AAC+30%		UD	Sometimes	12 33
DME	E0143	AAC+30%		UC	Sometimes	12 33
DME	E0143	AAC+30%		UD	Sometimes	12 33
DME	E0144	AAC+30%		UC	Yes	12 33
DME	E0144	AAC+30%		UD	Yes	12 33
DME	E0147	AAC+30%		UD	Yes	12 33
DME	E0148	AAC+30%		UD	Sometimes	12 33
DME	E0149	AAC+30%		UD	Sometimes	12 33
DME	E0153	AAC+30%		UC	Sometimes	12 33
DME	E0153	AAC+30%		UD	Sometimes	12 33
DME	E0154	AAC+30%		UC	Sometimes	12 33
DME	E0154	AAC+30%		UD	Sometimes	12 33
DME	E0155	AAC+30%		UD	Sometimes	12 33

DME	E0156	AAC+30%		UD	Sometimes	12 33
DME	E0158	AAC+30%		UD	Sometimes	12 33
DME	E0159	AAC+30%		UD	Sometimes	12 33
DME	E0163	AAC+30%		UD	Sometimes	12 33
DME	E0165	AAC+30%		UD	Sometimes	12 33
DME	E0167	AAC+30%		UD	Sometimes	12 33
DME	E0170	AAC+30%		UD	Sometimes	12 33
DME	E0171	AAC+30%		UD	Sometimes	12 33
DME	E0172	AAC+30%			Yes	12 33
DME	E0190	AAC+30%		NU	Yes	12 33
DME	E0190	I.C.	10% of the ACC Markup	RR	Yes	12 33
DME	E0190	I.C.	75% of the ACC Markup	UE	Yes	12 33
DME	E0240	AAC+30%		NU	Yes	12 33
DME	E0240	I.C.	10% of the ACC Markup	RR	Yes	12 33
DME	E0240	I.C.	75% of the ACC Markup	UE	Yes	12 33
DME	E0244	AAC+30%		UD	Sometimes	12 33
DME	E0245	AAC+30%		UD	Sometimes	12 33
DME	E0247	AAC+30%		NU	Sometimes	12 33
DME	E0247	I.C.	10% of the ACC Markup	RR	Sometimes	12 33

DME	E0247	I.C.	75% of the ACC Markup	UE	Sometimes	12 33
DME	E0248	AAC+30%		NU	Sometimes	12 33
DME	E0248	I.C.	10% of the ACC Markup	RR	Sometimes	12 33
DME	E0248	I.C.	75% of the ACC Markup	UE	Sometimes	12 33
DME	E0250	AAC+30%		RB	Yes	12 33
DME	E0251	AAC+30%		RB	Yes	12 33
DME	E0255	AAC+30%		RB	Yes	12 33
DME	E0256	AAC+30%		RB	Yes	12 33
DME	E0260	AAC+30%		RB	Yes	12 33
DME	E0261	AAC+30%		RB	Yes	12 33
DME	E0265	AAC+30%		RB	Yes	12 33
DME	E0266	AAC+30%		RB	Yes	12 33
DME	E0290	AAC+30%		RB	Yes	12 33
DME	E0291	AAC+30%		RB	Yes	12 33
DME	E0292	AAC+30%		RB	Yes	12 33
DME	E0293	AAC+30%		RB	Yes	12 33
DME	E0294	AAC+30%		RB	Yes	12 33
DME	E0295	AAC+30%		RB	Yes	12 33
DME	E0296	AAC+30%		RB	Yes	12 33
DME	E0297	AAC+30%		RB	Yes	12 33

DME	E0300	AAC+30%		NU	Yes	12 33
DME	E0300	AAC+30%		RB	Yes	12 33
DME	E0300	I.C.	75% of the ACC Markup	UE	Yes	12 33
DME	E0301	AAC+30%		RB	Yes	12 33
DME	E0302	AAC+30%		RB	Yes	12 33
DME	E0303	AAC+30%		RB	Yes	12 33
DME	E0304	AAC+30%		RB	Yes	12 33
DME	E0328	AAC+30%	1		Yes	12 33
DME	E0328	AAC+30%	1	UA	Yes	12 33
DME	E0329	AAC+30%	1		Yes	12 33
DME	E0329	AAC+30%	1	UA	Yes	12 33
OXY	E0487	AAC+30%		NU	Yes	12 33

DME	E0625	AAC+30%		NU	Yes	12 33
DME	E0625	I.C.	10% of the ACC Markup	RR	Yes	12 33
DME	E0625	I.C.	75% of the ACC Markup	UE	Yes	12 33
DME	E0630	AAC+30%		RB	Yes	12 33
DME	E0635	AAC+30%		RB	Yes	12 33
DME	E0635	AAC+35%		U1	Yes	12 33
DME	E0636	AAC+30%		RB	Yes	12 33
DME	E0638	AAC+35%		UC	Yes	12 33
DME	E0638	AAC+35%		UD	Yes	12 33
DME	E0639	AAC+35%		NU	Yes	12 33
DME	E0639	AAC+35%		RB	Yes	12 33
DME	E0640	AAC+35%		NU	Yes	12 33
DME	E0640	AAC+35%		RB	Yes	12 33
DME	E0641	AAC+30%		NU	Yes	12 33
DME	E0642	AAC+30%		NU	Yes	12 33
DME	E0700	AAC+30%			No	12 33

DME	E0710	AAC+20%			Sometimes	12 33
DME	E0784	AAC+30%		NU	Yes	12 33
DME	E0936	AAC+30%			Yes	12 33
DME/MOB	E0950	AAC+35%		U1	No	12 31 32 33
DME/MOB	E0974	AAC+35%		UD RT LT	No	12 31 32 33
DME/MOB	E0981	AAC+35%		UC	No	12 31 32 33
DME/MOB	E1009	AAC+35%		NU RT LT	Yes	12 31 32 33
DME/MOB	E1009	I.C	10% of the ACC Markup	RR RT LT	Yes	12 31 32 33
DME/MOB	E1009	I.C	75% of the ACC Markup	UE RT LT	Yes	12 31 32 33
DME/MOB	E1011	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	E1011	I.C.	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	E1011	I.C.	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	E1017	AAC+35%		NU RT LT	Sometimes	12 31 32 33
DME/MOB	E1017	I.C.	10% of the ACC Markup	RR RT LT	Sometimes	12 31 32 33
DME/MOB	E1017	I.C.	75% of the ACC Markup	UE RT LT	Sometimes	12 31 32 33
DME/MOB	E1018	AAC+35%		NU RT LT	Sometimes	12 31 32 33

DME/MOB	E1018	I.C.	10% of the ACC Markup	RR RT LT	Sometimes	12 31 32 33
DME/MOB	E1018	I.C.	75% of the ACC Markup	UE RT LT	Sometimes	12 31 32 33
DME/MOB	E1231	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	E1231	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	E1231	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	E1399	AAC+ 30%		RB	Sometimes	12 31 32 33
DME/MOB	E1399	AAC+ 35%		UC	Yes	12 31 32 33
DME/MOB	E1399	AAC+35%		U1	Yes	12 31 32 33
DME	E1399	AAC+30%		U3	Sometimes	12 31 32 33
DME	E1399	AAC+30%		U4	Sometimes	12 31 32 33
DME	E1902	AAC+30%			Yes	12 33
DME/MOB	E2216	AAC+30%		NU RT LT	Sometimes	12 31 32 33
DME/MOB	E2216	I.C.	10% of the ACC Markup	RR RT LT	Sometimes	12 31 32 33
DME/MOB	E2216	I.C.	75% of the ACC Markup	UE RT LT	Sometimes	12 31 32 33
DME/MOB	E2217	AAC+30%		NU RT LT	Sometimes	12 31 32 33
DME/MOB	E2217	I.C.	10% of the ACC Markup	RR RT LT	Sometimes	12 31 32 33

DME/MOB	E2217	I.C.	75% of the ACC Markup	UE RT LT	Sometimes	12 31 32 33
DME/MOB	E2218	AAC+30%		NU RT LT	Sometimes	12 31 32 33
DME/MOB	E2218	I.C.	10% of the ACC Markup	RR RT LT	Sometimes	12 31 32 33
DME/MOB	E2218	I.C.	75% of the ACC Markup	UE RT LT	Sometimes	12 31 32 33
DME/MOB	E2291	AAC+35%			Yes	12 31 32 33
DME/MOB	E2292	AAC+35%			Yes	12 31 32 33
DME/MOB	E2293	AAC+35%			Yes	12 31 32 33
DME/MOB	E2294	AAC+35%			Yes	12 31 32 33
DME/MOB	E2295	AAC+35%			Yes	12 31 32 33
DME/MOB	E2300	AAC+35%			Yes	12 31 32 33
DME/MOB	E2301	AAC+35%			Yes	12 31 32 33
DME/MOB	E2331	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	E2331	I.C.	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	E2331	I.C.	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	E2358	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	E2358	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	E2358	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33

DME/MOB	E2372	AAC+35%		NU	Sometimes	12 31 32 33
DME/MOB	E2372	AAC+35%		RR	Sometimes	12 31 32 33
DME/MOB	E2372	AAC+35%		UE	Sometimes	12 31 32 33
DME	E2511	AAC+30%		NU	Yes	12 31 32 33
DME	E2511	I.C.	10% of the ACC Markup	RR	Yes	12 31 32 33
DME	E2511	I.C.	75% of the ACC Markup	UE	Yes	12 31 32 33
DME	E2512	AAC+30%		NU	Yes	12 31 32 33
DME	E2512	I.C.	10% of the ACC Markup	RR	Yes	12 31 32 33
DME	E2512	I.C.	75% of the ACC Markup	UE	Yes	12 31 32 33
DME	E2599	AAC+30%		NU	Yes	12 31 32 33
DME	E2599	I.C.	10% of the ACC Markup	RR	Yes	12 31 32 33
DME	E2599	I.C.	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	E2609	AAC+35%		NU	Sometimes	12 31 32 33
DME/MOB	E2609	I.C.	10% of the ACC Markup	RR	Sometimes	12 31 32 33
DME/MOB	E2609	I.C.	75% of the ACC Markup	UE	Sometimes	12 31 32 33
DME/MOB	E2610	AAC+35%		NU	Sometimes	12 31 32 33

DME/MOB	E2610	I.C.	10% of the ACC Markup	RR	Sometimes	12 31 32 33
DME/MOB	E2610	I.C.	75% of the ACC Markup	UE	Sometimes	12 31 32 33
DME/MOB	E2617	AAC+35%		NU	Sometimes	12 31 32 33
DME/MOB	E2617	I.C.	10% of the ACC Markup	RR	Sometimes	12 31 32 33
DME/MOB	E2617	I.C.	75% of the ACC Markup	UE	Sometimes	12 31 32 33
DME	E8000	AAC+35%			Yes	12 33
DME	E8001	AAC+35%			Yes	12 33
DME	E8002	AAC+35%			Yes	12 33
DME/MOB	K0008	AAC+35%			Yes	12 33
DME/MOB	K0013	AAC+35%			Yes	12 31 32 33
DME/MOB	K0108	AAC+35%		NU	Sometimes	12 31 32 33
DME/MOB	K0108	AAC+35%		RB	Sometimes	12 31 32 33
DME/MOB	K0868	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0868	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0868	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0869	AAC+35%		NU	Yes	12 31 32 33

DME/MOB	K0869	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0869	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0870	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0870	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0870	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0871	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0871	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0871	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0877	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0877	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0877	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0878	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0878	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0878	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0879	AAC+35%		NU	Yes	12 31 32 33

DME/MOB	K0879	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0879	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0880	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0880	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0880	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0884	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0884	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0884	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0885	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0885	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0885	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0886	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0886	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0886	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33

DME/MOB	K0890	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0890	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0890	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME/MOB	K0891	AAC+35%		NU	Yes	12 31 32 33
DME/MOB	K0891	I.C	10% of the ACC Markup	RR	Yes	12 31 32 33
DME/MOB	K0891	I.C	75% of the ACC Markup	UE	Yes	12 31 32 33
DME	S5162	AAC+30%		NU	Sometimes	12
OXY	S8186	AAC+20%			Sometimes	12 33
OXY	S8210	AAC+20%			Yes	12 33
DME	S8265	AAC+20%			Sometimes	12 33
DME	S8420	AAC+20%			Sometimes	12 33
DME	S8421	AAC+20%			Sometimes	12 33
DME	S8422	AAC+20%			Sometimes	12 33
DME	S8423	AAC+20%			Sometimes	12 33
DME	S8424	AAC+20%			Sometimes	12 33
DME	S8425	AAC+20%			Sometimes	12 33
DME	S8426	AAC+20%			Sometimes	12 33
DME	S8427	AAC+20%			Sometimes	12 33
DME	S8428	AAC+20%			Sometimes	12 33

DME	S8429	AAC+20%			Sometimes	12 33
DME	S8430	AAC+20%			Sometimes	12 33
OXY	S8999	AAC+20%		NU	No	12 33
DME	S9434	AAC+20%			No	12 33
DME	S9435	AAC+20%			No	12 33
DME	T5001	AAC+35%		NU	Yes	12 33

Needle-free injection device, each.	1 unit = each, 31 per month.
Refill kit for implantable infusion pump.	1 unit = each, 10 per month.
Infusion supplies not used with external infusion pump, Per cassette or bag (LIST DRUGS SEPARATELY)	1 unit = 1 dose of drug (for intermittent infusions, one bag or cassette for each drug dose).
Adapter for breast pump, replacement	1 unit = each , 2 per six months.
Cap for breast pump bottle, replacement	1 unit = each , 2 per six months.
Breast sheild and splash protector for use with breast pump, replacement	1 unit = each , 2 per six months.
Polycarbonate bottle for use with breast pump, replacement	1 unit = each , 2 per six months.
Locking ring for breast pump, replacement	1 unit = each , 2 per six months.
Therapeutic agent for urinary catheter irrigation.	1 unit = each, 4 per month.
Ostomy pouch, closed, for use on barrier with locking flange (2 piece), each.	1 unit = each, 60 per month.
Manual pump-operated enema system, includes balloon, catheter and all acceddories, reusable, any type.	I unit =each, 1 unit per 5 years
Sleeve for intermittent limb compression device, replacement only, each.	1 unit = each, 2 per 12 months.
Lithium ion battery for nonprosthetic use, replacement.	1 unit = each, 1 per year 5. For MassHealth members, only this HCPCS can be used for Non Invasive PAP (ResMed S9 STA) Device.
Oxygen probe for use with oximeter device, replacement.	1 unit = each, 1 per 12 months.
Tracheostomy, inner cannula. (replacement only)	1 unit = each. 30 per month. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Tracheostomy, inner cannula. (replacement only)	1 unit = each. 30 per month. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Tracheal suction catheter, any type other than closed system, each.	1 unit = each, 150 per month [can be billed separately with E0600, not for use with E2000] ICD-9 V44.0 or V55.0. For MassHealth members only, this code can be used for Bard Cath 'N' Sleeve suction catheters for a child, or child turned adult (21 yrs. and older) under special medical circumstances. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Replacement battery for patient-owned ear pulse generator, each.	1 unit = each, 1 per 2 years. [used for replacement of patient owned equipment]

Replacement battery for patient-owned ear pulse generator, each.	1 unit = each. Not to exceed 1 per 2 years.
Replacement battery for patient-owned ear pulse generator, each.	1 unit = each, 1 per 2 years. [used for replacement of patient owned equipment]
Alginate or other fiber gelling dressing, wound cover,sterile, pad size more than 48 sq. in., each dressing.	1 unit = 6 inches, 31 per month per wound.
Contact layer,sterile, 16 sq. in. or less, each dressing.	1 unit = each, 4 per month per wound.
Contact layer,sterile, more than 48 sq. in., each dressing.	1 unit = each, 4 per month per wound.
Foam dressing, wound filler,sterile, per gram.	1 unit = each, 3 per month per wound.
Gauze, non-impregnated,sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing.	1 unit = each, 100 per month per wound.
Gauze, impregnated, water or normal saline,sterile, pad size 16 sq. in. or less, without adhesive border, each dressing.	1 unit = each, 100 per 3 months per wound.
Gauze, impregnated, water or normal saline,sterile, pad size more than 48 sq. in., without adhesive border, each dressing	1 unit = each, 100 per 3 months per wound.
Eye pad, non-sterile, each.	1 unit = each, 124 per month.
Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard.	1 unit = 1 yard, 30 per month, per wound.
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.	1 unit = 1 yard, 30 per month, per wound.
Compression burn garment, bodysuit (head to foot), custom fabricated.	1 unit = each, 2 per 12 months. (1 unit per Date Of Service) Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.

Compression burn garment, chin strap, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
Compression burn garment, facial hood, custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable **ICD-10** that determines the Medical Necessity of this product.
Compression burn garment, glove to wrist, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, glove to elbow, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, glove to axilla, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, foot to knee length, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, foot to thigh length, custom fabricated.	1 unit = each, 4 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, lower trunk including leg openings (panty), custom fabricated.	1 unit = each, 2 per 12 months. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Compression burn garment, not otherwise classified.	1 unit = each.
Compression burn mask, face and/or neck, plastic or equal, custom fabricated.	1 unit = each, 2 per year
Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.

Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each. (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 12 per year. providers may not dispense more than two at one time. Providers are to use applicable ICD-10 that determines the Medical Necessity of this product.
Tracheostomy/laryngectomy tube, stainless steel (Customized non standard size - Covered for Masshealth and Dual Eligible members)	1 unit = each, 1 per 12 months.
Tracheostomy shower protector, each.	1 unit = each, 1 per 6 months.
Helmet, protective, soft, custom fabricated, includes all components and accessories (new equipment)	1 unit = each, 1 per 1 year.
Helmet, protective, soft, custom fabricated, includes all components and accessories (rental)	1 unit = each, 1 per 1 year.
Helmet, protective, soft, custom fabricated, includes all components and accessories (used durable medical equipment)	1 unit = each, 1 per 1 year.
Helmet, protective, hard, custom fabricated, includes all components and accessories (new equipment)	1 unit = each, 1 per 1 year.
Helmet, protective, hard, custom fabricated, includes all components and accessories (rental)	1 unit = each, 1 per 1 year.
Helmet, protective, hard, custom fabricated, includes all components and accessories (used durable medical equipment)	1 unit = each, 1 per 1 year.
Soft interface for helmet, replacement only (new equipment)	1 unit = each, 1 per 1 year.
Soft interface for helmet, replacement only (rental)	1 unit = each, 1 per 1 year.
Soft interface for helmet, replacement only (used durable medical equipment)	1 unit = each, 1 per 1 year.
External ambulatory insulin delivery system, disposable, each includes all supplies and accessories.	1 unit = each, 20 per month.

Sensor, invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system.	1 unit = each, Max 10 units per month based on the following manufacturers : ● Dexcom – 1 per week, 52 per year. (1 last 7 days) ● MiniMed – 10 per month, 120 per year. (1 last 3 days) ● Medtronic Enlite System - 5 per month, 60 per year.
Transmitter, external for use with interstitial continuous glucose monitoring system.	1 unit = each. 2 per year.
Receiver (monitor), external for use with interstitial continuous glucose monitoring system.	1 unit = each. 1 per year.
Alert or alarm device, not otherwise classified	1 unit = each, 1 per 3 years. This code is to be used for Enuresis, Seizure alarm and CO2 monitoring device only.
Reaching/grabbing device, any type, any length, each.	1 unit = each, 1 per 12 months.
Miscellaneous DME supply, accessory and/or service component of another HCPS code (for MassHealth Members only, to be used in conjunction with HCPCS A9280 CO2 Monitoring Device)	1 unit = each, 1 per 5 years
Food thickener, administered orally, per ounce.	1 unit = 1 ounce, 14 units per day/396 per month.
Enteral formula: for adult, used to replace fuids and electroyles (e.q. clear liquids) 500 ML = 1 unit.	1 unit = 500ml.
Enteral formula: for adult, used to replace fluids and electroyles (e.q. clear liquids) 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
Enteral formula: for pediatrices, used to replace fluids and electroyles (e.q. clear liquids) 500 ML = 1 unit.	1 unit = 500ml. (BA)
Enteral formula: for pediatrices, used to replace fluids and electroyles (e.q. clear liquids) 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
Addiitive for enteral formula: (e.q. filber).	1 unit = each, (BO) 6 per day/180 per month.
Addiitive for enteral formula: (e.q. filber). 1 unit = 1 can/box, 6 per day.	1 unit = each, (BO) 6 per day/180 per month.
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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.

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.	1 unit = each (BO) 6 per day/180 per month.
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. 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day/180 per month.
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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day
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.	1 unit = 100 calories. (BA)
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, 1 unit = 1 can/box, 6 per day.	1 unit = each (BO) 6 per day
Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit.	1 unit = 100 calories. (BA)
Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day
Enteral 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.	1 unit = 100 calories. (BA)
Enteral 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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day

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. 1 unit = 1 can/box, 6 per day.	1 unit = each. (BO) 6 per day
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	1 unit = 100 calories. (BA)
Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - homemix.	1 unit = 500 ml [included in this code is B4164, B4180, B4168 - B4178], codes B4216 can be billed separately.
Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix.	1 unit = 1 gram. [B4164, B4180, B4168 - B4178, B4216 included in B5000].
Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips.	1 unit = each, 1 per 3 years. (1 unit per Date Of Service)
Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips.	1 unit = each, 1 per 3 years. (1 unit per Date Of Service)
Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	1 unit = each, 2 per 3 years. (2 unit per Date Of Service)
Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year. (1 unit per Date Of Service)
Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip.	1 unit = each, 2 per year. (2 unit per Date Of Service)
Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips.	1 unit = 1 pair, 1 per year. (1 unit per Date Of Service)
Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each.	1 unit = each, 2 per year. (2 unit per Date Of Service)
Crutch, underarm, articulating, spring assisted, each.	1 unit = each, 2 per year. (2 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years.
Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years. Rental is for short term use, rental paid amount can not exceed purchase price
Crutch substitute, lower leg platform, with or without wheels, each	1 unit = each. 2 per 5 years.
Walker, rigid (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0130 on initial purchase. (1 unit per Date Of Service)

Walker, folding (pickup), adjustable or fixed height.	1 unit = each, 1 per 3 years. [A4636 and A4637 is included in E0135 on initial purchase. (1 unit per Date Of Service)
Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Pediatric walkers. (1 unit per Date Of Service)
Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Bariatric walkers. (1 unit per Date Of Service)
Walker, rigid, wheeled, adjustable or fixed height. Pediatric.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141. (1 unit per Date Of Service)
Walker, rigid, wheeled, adjustable or fixed height. Bariatric.	1 unit = each, 1 per 3 years. [A4636, A4637, E0155 and E0159 is included in E0141. (1 unit per Date Of Service)
Walker, folding, wheeled, adjustable or fixed height. Pediatric.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase. (1 unit per Date Of Service)
Walker, folding, wheeled, adjustable or fixed height. Bariatric.	1 unit = each, 1 per 3 years. A4636, A4637, E0155 and E0159 is included in code E0143 on initial purchase. (1 unit per Date Of Service)
Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (1 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 is included in code E0145 on the initial purchase. (1 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
Walker, heavy duty, multiple breaking system, variable wheel resistance.	1 unit = each, 1 per 3 years. A4636, E0155 and E0159is included in initial purchase of E0147 [for patients who weight greater than 350 pounds. (1 unit per Date Of Service)
Walker, heavy duty, without wheels, rigid or folding, any type, each.	1 unit = each, 1 per 3 years. A4636, A4637 included in initial purchase of E0148 [patients weights over 300 pounds. (1 unit per Date Of Service)
Walker, heavy duty, wheeled, rigid or folding, any type.	1 unit = each, 1 per 3 years. A4636, A4637, E0155, E0156 and E0159 included in initial purchase of E0149 [patients weights over 300 pounds. (1 unit per Date Of Service)
Platform attachment, forearm crutch, each. Pediatric	1 unit = each, 2 per year. (2 unit per Date Of Service)
Platform attachment, forearm crutch, each. Bariatric	1 unit = each, 2 per year. (2 unit per Date Of Service)
Platform attachment, walker, each. Pediatric	1 unit = each, 2 per year. (2 unit per Date Of Service)
Platform attachment, walker, each. Bariatric	1 unit = each, 2 per year. (2 unit per Date Of Service)
Wheel attachment, rigid pick-up walker, per pair. Bariatric	1 unit = each, 1 per year. (1 unit per Date Of Service)

Seat attachment, walker. Bariatric	1 unit = each, 1 per 3 years. (1 unit per Date Of Service)
Leg extensions for walker, per set of four (4).	1 unit = per set of 4, 2 per year. [covered for patient six feet tall or more]
Brake attachment for wheeled walker, replacement, each. Bariatric	1 unit = each, 2 per 12 months
Commode chair, stationary, with fixed arms. Bariatric	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0163] (1 unit per Date Of Service)
Commode chair, stationary, with detachable arms. Bariatric	1 unit = each, 1 per 3 years. [E0167 included initial purchase of E0165. (1 unit per Date Of Service)
Pail or pan for use with commode chair. Bariatric	1 unit = each, 1 per 3 years. [E0167 included in initial purchase of E0168, E0165 and E0163. (1 unit per Date Of Service)
Commode chair with intergrated seat lift mechanism, electric, any type. Bariatric	1 unit = each, 1 per 3 years. (1 unit per Date Of Service)
Commode chair with integrated seat lift mechanism, non-electric, any type. Bariatric	1 unit = each, 1 per 3 years. (1 unit per Date Of Service)
Seat lift mechanism placed over or on top of toilet, any type.	1 unit = each, 1 per 3 years.
Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each, 2 per 6 months.
Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories.	1 unit = each, 2 per 6 months.
Bath/shower chair, with or without wheels, any size.	1 unit = each, 1 per 5 years. Specialty shower commodes
Bath/shower chair, with or without wheels, any size.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Bath/shower chair, with or without wheels, any size.	1 unit = each, 1 per 5 years. Specialty shower commodes.
Raised toilet seat.	1 unit = each, 1 per 12 months.
Tub stool or bench.	1 unit = each, 1 per 12 months.
Transfer bench, for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench.
Transfer bench, for tub or toilet with or without commode opening.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)

Transfer bench, for tub or toilet with or without commode opening.	1 unit = each, 1 per 5 years. Specialty transfer bench.
Transfer tub rail attachment.	1 unit = each, 1 per 5 years. Specialty transfer bench.
Transfer tub rail attachment.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Transfer tub rail attachment.	1 unit = each, 1 per 5 years. Specialty transfer bench commode.
Hospital bed, fixed height, with any type side rails, with mattress.	Replacement of a part of DME furnished as part of a repair.
Hospital bed, fixed height, with any type side rails, without mattress.	Replacement of a part of DME furnished as part of a repair.
Hospital bed, variable height, hi-lo, with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, variable height, hi-lo, with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, fixed height, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0290. (1 unit per Date Of Service)
Hospital bed, fixed height, without side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, variable height, hi-lo, without side rails, with mattress.	1 unit = each, 1 per 5 years. E0271, E0272 is included in E0292. (1 unit per Date Of Service)
Hospital bed, variable height, hi-lo, without side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272 is included in E0296. (1 unit per Date Of Service)
Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)

Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (new equipment purchase)	1 unit = each, 1 per 5 years. (1 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (replacement of a part of a DME furnished as part of a repair)	1 unit = each, 1 per 5 years. (1 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (used durable medical equipment purchase)	1 unit = each, 1 per 5 years. (1 unit per Date Of Service) (As of 04/01/14 Masshealth members only)
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.	1 unit = each, 1 per 5 years., E0305, E0310 included in E0301. (1 unit per Date Of Service)
Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.	1 unit = each, 1 per 5 years., E0305, E0310 are include in E0302. (1 unit per Date Of Service)
Hospital bed, extra 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.	1 unit = each, 1 per 5 years. E0271, E0272, E0305, E0310 included in E0303. Weight is over 350 pounds but does not exceed 600 pounds. (1 unit per Date Of Service)
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	1 unit = each, 1 per 5 years., E0271, E0272, E0305, E0310 included in E0304. Weight exceeds 600 pounds. (1 unit per Date Of Service)
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	1 unit = each. * Payment to an eligible provider of DME for HCPCS E0328 and E0329 will have a mark up of AAC+30% plus the use of Direct Service Componet Codes RE1-RE5.
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 10, use for adults for safety)	1 unit = each. * Payment to an eligible provider of DME for HCPCS E0328 and E0329 will have a mark up of AAC+30% plus the use of Direct Service Componet Codes RE1-RE5.
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	1 unit = each. * Payment to an eligible provider of DME for HCPCS E0328 and E0329 will have a mark up of AAC+30% plus the use of Direct Service Componet Codes RE1-RE5.
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 10, use for adults for safety)	1 unit = each. * Payment to an eligible provider of DME for HCPCS E0328 and E0329 will have a mark up of AAC+30% plus the use of Direct Service Componet Codes RE1-RE5.
Spirometer, electronic, includes all accessories.	1 unit = each, 1 per 5 years. ICD-9 V42.6 post operative Lung Transplant only

Patient lift, kartop, bathroom or toilet.	1 unit = each, 1 per 5 years. This code is for lifts such as Surehand and Voyager for MassHealth Members
Patient lift, kartop, bathroom or toilet.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Patient lift, kartop, bathroom or toilet.	1 unit = each, 1 per 5 years.
Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s). (replacement because of wear and tear, damage, or loss)	Repair of patient lift, hydraulic or mechanical. Requires itemized work order. Miscellaneous parts and labor. (1 unit per Date Of Service)
Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635] (1 unit per Date Of Service)
Patient lift, electric with seat or sling.	1 unit = each, 1 per 3 years. (Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included] in E0635) (1 unit per Date Of Service)
Multipositional patient support system, with integrated lift, patient accessible controls.	1 unit = each, 1 per 3 years. [Transfer between bed, chair, wheelchair, commode and requires the assistance of more than one person. E0621 included in E0636] (1 unit per Date Of Service)
Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander. Use for children customized standers. (1 unit per Date Of Service)
Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. Small, medium or large Prone or Supine Stander. (1 unit per Date Of Service)
Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Patient lift, fix system, includes all components/accessories.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Patient lift, fix system, includes all components/accessories.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Standing frame/table system, mobile (dynamic stander), any size including pediatric.	1 unit = each, 1 per 5 years. (1 unit per Date Of Service)
Safety equipment. (e.g., belt, harness or vest)	1 unit = each, 1 per 12 months.

Restraints, any type. (body, chest, wrist or ankle)	1 unit = each, 8 per 12 months.
External ambulatory infusion pump, insulin.	1 unit = each, 1 per 5 years., E0776 cannot be provided with E0784, straight purchase for MassHealth members. (Masshealth members only)
Continuous passive motion exercise device for use other than knee	1 month maximum [per episode]
Wheelchair accessory, tray, each.	1 unit = each. (1 unit per Date Of Service) When submitting E0950 Tray, all accessory's and part need to be submitted with the U1 modifier
Manual wheelchair accessory, anti-rollback device, each.	1 unit = each. (2 units per Date Of Service)
Wheelchair accessory, seat upholstery, replacement only, each.	1 unit = each. (1 unit per Date Of Service)
Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 2 per 5 years. (2 units per Date Of Service)
Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 2 per 5 years Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (2 units per Date Of Service)
Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	1 unit = each, 2 per 5 years. (2 units per Date Of Service)
Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each, 1 per 3 years. (1 units per Date Of Service)
Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Modification to pediatric size wheelchair, width adjustment package. (not to be dispensed with initial chair)	1 unit = each, 1 per 3 years. (1 units per Date Of Service)
Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each, 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each,. 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	1 unit = each, 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each, 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.

Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each, 4 per year.(2 units per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price (NU UE)
Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	1 unit = each, 4 per year.(2 units per Date Of Service) Replacement for wheelchair purchased.
Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each. , Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Durable medical equipment, miscellaneous.	PA required when K0739 RB and E1399 RB combined equal more $1,000.00 no matter what POS.
Durable medical equipment, miscellaneous.	Used only for Children's Specialty Rehab Equipment.
Durable medical equipment, miscellaneous.	PA required when K0739 RB and E1399 U1 combined equal more $1,000.00 no matter what POS.
Supplies for maintenance of insulin infusion pump, catheter each, (used for MassHealth members instead of A4224)	1 unit = each. 20 per month.
Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHeath members instead of A4225)	1 unit = each. 20 per month.
Communication board, non-electronic augmentative or alternative communication device.	1 unit = each, 1 per 3 years. (1 units per Date Of Service)
Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam filled propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)

Manual wheelchair accessory, foam filled caster tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Manual wheelchair accessory, foam propulsion tire, any size each.	1 unit = each, 4 per year. (2 units per Date Of Service)
Back planar, for pediatric size wheelchair including fixed attaching hardware.	1 unit = each, 1 per 3 years.
Seat planar, for pediatric size wheelchair including fixed attaching hardware.	1 unit = each, 1 per 3 years.
Back contoured for pediatric size wheelchair including fixed attaching hardware.	1 unit = each, 1 per 3 years.
Seat, contoured for pediatric size wheelchair including fixed attaching hardware.	1 unit = each, 1 per 3 years.
Manual wheelchair accessory for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple postioning features.	1 unit = each, 1 per 3 years. (1 units per Date Of Service)
Wheelchair accessory, power seat elevation system, any type.	1 unit = each, 1 per 3 years. (1 units per Date Of Service)
Wheelchair accessory, power standing system, any type	1 unit = each, 1 per 5 years.
Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each, 4 per 12 months.
Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each. 4 per 12 months.Rental is for short term use, rental paid amount can not exceed purchase price
Power wheelchair accessory, group 34 non-sealed lead acid battery, each	1 unit = each, 4 per 12 months.

Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each, 4 per year.
Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. (NU UE)
Power wheelchair accessory, group 27 nonsealed lead acid battery, each.	1 unit = each, 4 per year.
Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. , Speech generating software program that enables a laptop computer, desktop computer or personal digital assistant [PDA] to function as a speech generating device. (1 unit per Date Of Service)
Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. , Rental is for short term use, rental paid amount can not exceed purchase price. (NU UE) (1 unit per Date Of Service)
Speech generating software program, for personal computer or personal digital assistant.	1 unit = each. , Speech generating software program that enables a laptop computer, desktop computer or personal digital assistant [PDA] to function as a speech generating device. (1 unit per Date Of Service)
Accessory for speech generating device, mounting system.	1 unit = each. (1 unit per Date Of Service)
Accessory for speech generating device, mounting system.	1 unit = each. , Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 unit per Date Of Service)
Accessory for speech generating device, mounting system.	1 unit = each. (1 unit per Date Of Service)
Accessory for speech generating device, not otherwise classified.	1 unit = each, 1 per year.
Accessory for speech generating device, not otherwise classified.	1 unit = each. (1 unit per Date Of Service) Rental is for short term use, rental paid amount can not exceed purchase price
Accessory for speech generating device, not otherwise classified.	1 unit = each. (1 unit per Date Of Service)
Custom fabricated wheelchair seat cushion, any size.	1 unit = each, 1 per year. (1 unit per Date Of Service)
Custom fabricated wheelchair seat cushion, any size.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. (1 unit per Date Of Service)
Custom fabricated wheelchair seat cushion, any size.	1 unit = each, 1 per year. (1 unit per Date Of Service)
Wheelchair seat cushion, powered.	1 unit = each, 1 per year.

Wheelchair seat cushion, powered.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price.
Wheelchair seat cushion, powered.	1 unit = each, 1 per year.
Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each, 1 per year. (1 unit per Date Of Service)
Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price. (1 unit per Date Of Service)
Custom fabricated wheelchair back cushion, any size, including any type mounting hardware.	1 unit = each, 1 per year. (1 unit per Date Of Service)
Gait trainer, pediatric size, posterior support, includes all accessories and components.	1 unit = each, 1 per 5 years.
Gait trainer, pediatric size, upright support, includes all accessories and components.	1 unit = each, 1 per 5 years.
Gait trainer, pediatric size, anterior support, includes all accessories and components.	1 unit = each, 1 per 5 years.
Custom manual wheelchair/base.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
Custom Motorized Power/Wheelchair base.	1 unit = each, 1 per 5 years.
Wheelchair component or accessory, not otherwise specified.	Direct Service Component Codes RE-1 through RE-23 are to be used under this K0108 for RTS providers only. PA required when K0739 RB and K0108 NU combined equal more $1,000.00 no matter what POS.
Wheelchair component or accessory, not otherwise specified.	Direct Service Component Codes RE-1 through RE-23 are to be used under this K0108 for RTS providers only. PA required when K0739 RB and K0108 NU combined equal more $1,000.00 no matter what POS.
Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)

Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.

Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE) (1 units per Date Of Service)
Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years. (1 units per Date Of Service)
Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds.	1 unit = each, 1 per 5 years.

Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each. Rental is for short term use, rental paid amount can not exceed purchase price (NU UE).
Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds.	1 unit = each, 1 per 5 years.
Emergency response system: Purchase only.	1 unit = each, 1 per 5 years.
Swivel adaptor.	1 unit = each. 1 per month.
Mucus trap.	1 unit = 1 box (50), 3 per month.
Haberman feeder for cleft lip/palate.	1 unit = each, 4 per 3 months.
Gradient pressure aid (sleeve and glove combination), custom made.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (sleeve and glove combination), ready made.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (sleeve), custom made, medium weight.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (sleeve), custom made, medium weight.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (sleeve), ready made.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (glove), custom made, medium weight.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (glove), custom made, heavy weight.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (glove), ready made.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Gradient pressure aid (gauntlet), ready made.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]

Gradient pressure exterior wrap.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Padding for compression bandage, roll.	1 unit = each, 4 per year. [required ICD-9; 457.0, 457.1, 757.0, 997.99]
Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	1 unit = each. , ICD-9 V44.0 or V55.0 [S8999 can be used in conjunction with E0450 and E0461]
Modified solid food supplements for inborn errors of metabolism.	1 unit = each.
Medical foods for inborn errors of metabolism.	1 unit = each.
Positioning seat for persons with special orthopedic needs, for use in vehicle. (new equipment)	1 unit = each, 1 per 3 years.

The following procedure codes have been removed from the DME/OXY TOC

A4400
A7011
E0457
E0459
E0968
E0969
E0980
E0994
E1050
E1060
E1070
E1083
E1084
E1087
E1088
E1092
E1093
E1100
E1110
E1150
E1160
E1170
E1171
E1172
E1180
E1190
E1195
E1200
E1220
E1221
E1222
E1223
E1224
E1227
E1228
E1240
E1270
E1280
E1295
E1296
E1297
E1298