DME & Oxygen Payment and Coverage Guideline Tool V.41.3 *

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Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes	CMR 322.00	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+30%									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+30%									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+30%									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.

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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+30%									Sometimes	12	Adapter for breast pump, replacement	1 unit = each , 2 per six months.
DME	A4283	AAC+30%									Sometimes	12	Cap for breast pump bottle, replacement	1 unit = each , 2 per six months.
DME	A4284	AAC+30%									Sometimes	12	Breast sheild and splash protector for use with breast pump, replacement	1 unit = each , 2 per six months.
DME	A4285	AAC+30%									Sometimes	12	Polycarbonate bottle for use with breast pump, replacement	1 unit = each , 2 per six months.
DME	A4286	AAC+30%									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.

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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+30%									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.
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.

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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.

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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	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.

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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.
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+30%									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.

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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	A4436										No	12 33	Irrigation supply; sleeve, *reusable*, per month	1 unit = 1 month supply.
DME	A4437										No	12 33	Irrigation supply: sleeve, *disposable*, per month	1 unit = 1 month supply.
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+30%									Yes	12 33	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type.	1 unit =1 Kit, 1 Kit every 90 days 1 Kit includes: Manual pump-operated enema system, balloon, up to 90 catheters, and all accessories. (Documentation must identify the number of catheters required per request)
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+30%									Sometimes	12 33	Sleeve for intermittent limb compression device, replacement only, each.	1 unit = each, 2 per 12 months.
OXY/DME	A4601	AAC+30%									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+30%									Yes	12 33	Oxygen probe for use with oximeter device, replacement.	1 unit = each, 1 per 12 month (Reusable) 1 unit= each, 4 per month (Disposable)
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.

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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+40%								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+40%								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.
OXY	A4624	AAC+30%								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+30%								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]

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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+30%								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	I.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	I.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.

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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.

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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.
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+30%								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+30%								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+30%								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.

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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+30%								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+30%								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.

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DME	A6228	AAC+30%								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+30%								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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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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+30%									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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+30%								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.
DME	A6451	AAC+30%								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+30%									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+30%									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+30%									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+30%									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.

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DME	A6505	AAC+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									Yes	12 33	Compression burn garment, not otherwise classified.	1 unit = each.
DME	A6513	AAC+30%									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]

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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 14 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.)
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.

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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)

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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+40%								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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	A7521	AAC+40%								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 [sterilzable and reusable], each.	1 unit = each, 1 per 12 months.
OXY	A7522	AAC+30%								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+30%									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.
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+40%								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.

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DME	A8003	AAC+40%								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+40%								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+40%									Yes	12 33	External ambulatory insulin delivery system, disposable, each includes all supplies and accessories.	1 unit = each, 20 per month.
DME	A9276	AAC+40%									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+40%									Yes	12 33	Transmitter, external for use with interstitial continuous glucose monitoring system.	1 unit = each. 4 per year.
DME	A9278	AAC+40%									Yes	12 33	Receiver (monitor), external for use with interstitial continuous glucose monitoring system.	1 unit = each. 1 per year.
DME	A9280	AAC+40%									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+30%									Sometimes	12 33	Reaching/grabbing device, any type, any length, each.	1 unit = each, 1 per 12 months.
DME	A9900	AAC+30%									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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+35%	Link to Calculate Case & Calories							BO	Yes	12 14 33	Food thickener, administered orally, per ounce.	**Thick It: 1 unit = 1 ounce** 14 units per day/420 per month. **Simply Thick Gel Pump**: **1 unit = 1 ounce** 64 oz 6 bottles per month 55 oz , 8 bottles per month. 16.9 oz, 24 bottles per month **Simply Thick Packet: 1 unit= 1 packet** *Nectar* thick packets 15 packets per day/450 packets per month *Honey* thick packets max allowable would be 12 packets per day / 360 per month

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	B4102	AAC+35%	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+35%	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+35%	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+35%	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+35%	Link to Calculate Case & Calories							BA	Yes	12 14 33	Addiitive for enteral formula: (e.q. filber).	1 unit = each, (BA) 6 per day/180 per month.
DME	B4104	AAC+35%	Link to Calculate Case & Calories							BO	Yes	12 14 33	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.
DME	B4105	AAC+30%									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+35%	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.

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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+35%	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.

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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+35%	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+35%	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+35%	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+35%	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+35%	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)

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DME	**B4159**	AAC+35%	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.
DME	**B4159**	AAC+35%	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+35%	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+35%	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+35%	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+35%	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+35%	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.

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DME	B4162	AAC+35%	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+35%	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.

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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+35%	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.
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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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+40%								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+40%								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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0113	AAC+40%								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+40%								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+40%								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+40%								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+40%								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

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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+40%								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.
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+40%								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+40%								UC	Yes	12 33	Walker with trunk support, adjustable or fixed height, any type.	1 unit = each, 1 per 5 years. Pediatric walkers.

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DME	E0140	AAC+40%								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+40%								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+40%								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+40%								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+40%								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.

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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+40%								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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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.
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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								UC	Sometimes	12 33	Platform attachment, forearm crutch, each. Pediatric	1 unit = each, 2 per year.
DME	E0153	AAC+40%								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+40%								UC	Sometimes	12 33	Platform attachment, walker, each. Pediatric	1 unit = each, 2 per year.
DME	E0154	AAC+40%								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+40%								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+40%								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+40%								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+40%								UD	Sometimes	12 33	Brake attachment for wheeled walker, replacement, each. Bariatric	1 unit = each, 2 per 12 months

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	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+40%								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+40%								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+40%									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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0240	AAC+40%								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+40%								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+40%								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+40%								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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	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+40%								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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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]
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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)
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+40%								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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	E0300	AAC+40%								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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	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								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)
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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	**E0326**									UE	Sometimes	12 33	Urinal; female, jug-type, any material.	1 unit = each, 1 per 3 months.
DME	**E0328**	AAC+40%									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+40%								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+40%									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+40%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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. (Continuous Models Only, not be used for finger pluse oximeters)
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. (Continuous Models Only, not be used for finger pluse oximeters)
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. (Continuous Models Only, not be used for finger pluse oximeters)
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
OXY	E0467									U2	Yes	12 31 32 33	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions **(rental, first six months)**	1 unit = each. Monthly rental. **(Members must require ventilator support to maintain or improve respiratory functioning and require at least one of the following treatments/devices to qualify for the multifunction ventilator:cough assist, oxygen, suction, or nebulizer;and least costly alternatives and duplicative services must have been ruled out.**)
OXY	E0467									RR	Yes	12 31 32 33	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions **(rental, months seven and beyond)**	1 unit = each. Monthly rental. **(Members must require ventilator support to maintain or improve respiratory functioning and require at least one of the following treatments/devices to qualify for the multifunction ventilator:cough assist, oxygen, suction, or nebulizer;and least costly alternatives and duplicative services must have been ruled out.**)
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)

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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)
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)

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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+40%									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.

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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)

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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)
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)

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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

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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)

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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+40%								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+40%								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.

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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+45%								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+40%								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+40%								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.

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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+45%								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+45%								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+45%								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)
DME	E0639	AAC+45%								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.

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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+45%								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+45%								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+40%								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+40%								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.

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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

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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)
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.

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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+40%									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+30%									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.

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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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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+40%								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.

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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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%									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)

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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.

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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
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+45%								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)

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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

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Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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
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

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
DME/MOB Click Here POS 31 32	E0981	AAC+45%								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)

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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 "YES" 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 "YES" 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 "YES" 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 "YES" 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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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
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

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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								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.

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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.

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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.
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. 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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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.

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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.

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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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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.

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION				MARKUP INFORMATION			Modifier Required (Link)	PA Required (Link)	POS Required (Link)	IMPORTANT READ when billing repair codes (Click Here	MONTHLY SUPPLIES CAN ONLY BE DELIVERED &
			Pricing Example Instructions (Link)				Pricing Example Instructions (Link)							
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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			Pricing Example Instructions (Link)				Pricing Example Instructions (Link)							
(Link)	AAC+% Codes	CMR 322.00	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								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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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			Pricing Example Instructions (Link)				Pricing Example Instructions (Link)							
(Link)	AAC+% Codes	CMR 322.00	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								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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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+45%								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.

Effective 5.2.22	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 I READ when billing repair codes (Click Here	MONTHLY SUPPLIES CAN ONLY BE DELIVERED &
(Link)	AAC+% Codes		COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

IMPORTANT I READ when billing repair codes (Click Here

MONTHLY SUPPLIES CAN ONLY BE DELIVERED &

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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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.

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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.
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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.

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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.
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.

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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)

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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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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	CMR 322.00	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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								UC	Yes	12 33	Durable medical equipment, miscellaneous	Used only for Children's Specialty Rehab Equipment.
DME	E1399	AAC+40%								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+45%								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+40%								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+40%								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.
OXY	E1405									RR	Yes	12 31 32 33	Oxygen and Water Vapor Enriching System with Headed Delivery, Monthly Rental only	1 unit = 1 month rental
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)

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(Link)	AAC+% Codes	CMR 322.00	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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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

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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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%									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

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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.
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)

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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

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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
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.

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(Link)	AAC+% Codes	CMR 322.00	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									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.

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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.

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MONTHLY SUPPLIES CAN ONLY BE DELIVERED &

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	E2218	AAC+40%								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
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%									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+45%									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+45%									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+45%									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+45%									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+45%									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+45%									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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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.
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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.
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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.
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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.
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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.
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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.

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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.
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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.
DME/MOB Click Here POS 31 32	E2321									NU 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									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.

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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.

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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.

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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.
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.

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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.

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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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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.

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			Pricing Example Instructions (Link)				Pricing Example Instructions (Link)							
(Link)	AAC+% Codes	CMR 322.00	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	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.
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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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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									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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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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
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.

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(Link)	AAC+% Codes	CMR 322.00	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									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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	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									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
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.

IMPORTANT I READ when billing repair codes (Click Here

MONTHLY SUPPLIES CAN ONLY BE DELIVERED &

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	CASE INFORMATION Pricing Example Instructions (Link)				MARKUP INFORMATION Pricing Example Instructions (Link)			Modifier Required (Link)	PA Required (Link)	POS Required (Link)		
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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	CMR 322.00	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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

Effective 5.2.22	Service Code	Payment Rates C.H.I.A 101	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 &
(Link)	AAC+% Codes	CMR 322.00	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	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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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									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.
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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.

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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.
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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.
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.
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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.
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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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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.
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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.

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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.
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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.
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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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup					
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	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 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								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+40%								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+40%								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+40%								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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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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+45%									Yes	12 33	Gait trainer, pediatric size, posterior support, includes all accessories and components.	1 unit = each, 1 per 5 years.
DME	E8001	AAC+45%									Yes	12 33	Gait trainer, pediatric size, upright support, includes all accessories and components.	1 unit = each, 1 per 5 years.
DME	E8002	AAC+45%									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)

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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.

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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)
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+45%									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 wheetchair.	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 wheetchair.	1 unit = each, 1 per 5 years.

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DME/MOB	K0010	NOTE When Utilizing this procedure code Click HERE								KH KI	Yes	12 14 33	Standard/weight frame, motorized, power wheetchair.	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 wheetchair.	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 wheetchair.	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 wheetchair 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 wheetchair 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 wheetchair 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 wheetchair 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 wheetchair 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 wheetchair 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)

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DME/MOB	K0011	NOTE When Utilizing this procedure code Click HERE								KJ	Yes	12 14 33	Standard/weight frame, motorized/ power wheetchair 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 wheetchair 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 wheetchair.	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 wheetchair.	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 wheetchair.	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 wheetchair.	1 unit = each, 1 per 5 years. (CAPPED rental modifiers must be used for all Medicare dually eligible members)
DME/MOB	K0013	AAC+45%									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)

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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.

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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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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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
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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

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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.
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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.

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			Pricing Example Instructions (Link)				Pricing Example Instructions (Link)							
(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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)

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(Link)	AAC+% Codes	CMR 322.00	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								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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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+45%								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+45%								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

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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 "repair, excluding ATP provider"	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 "repair, ATP provider only"	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	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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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)

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(Link)	AAC+% Codes	CMR 322.00	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								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)
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.

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(Link)	AAC+% Codes	CMR 322.00	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								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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup					
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)
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+45%								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+45%								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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME/MOB Click Here POS 31 32	K0871	AAC+45%								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+45%								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+45%								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+45%								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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+45%								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+45%								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+45%								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+45%								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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.
DME/MOB Click Here POS 31 32	K0891	AAC+45%								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+40%									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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+30%									Sometimes	12 33	Swivel adaptor.	1 unit = each. 1 per month.
OXY	S8210	AAC+30%									Sometimes	12 33	Mucus trap.	1 unit = 1 box (50), 3 per month.
DME	S8265	AAC+30%									Sometimes	12 33	Haberman feeder for cleft lip/palate.	1 unit = each, 4 per 3 months.
DME	S8420	AAC+30%									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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	S8421	AAC+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%									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+30%								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.]
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.]

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.]

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.]

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.]
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.]

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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+30%									No	12 33	Modified solid food supplements for inborn errors of metabolism.	1 unit = each.
DME	S9435	AAC+30%									No	12 33	Medical foods for inborn errors of metabolism.	1 unit = each.
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)

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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	T4522									U6	Yes	12 14 33	*Premium*: Adult sized disposable incontinence product, brief/diaper, medium, each	1 unit = each, 186 per month.
DME	T4523										Yes	12 14 33	Adult sized disposable incontinence product brief/diaper, Large, each	1 unit = each, 248 per month.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
DME	T4523									U6	Yes	12 14 33	*Premium*: Adult sized disposable incontinence product, brief/diaper, large each	1 unit = each, 186 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	T4524									U6	Yes	12 14 33	*Premium*: Adult sized disposable incontinence product, brief/diaper, extra-large, each	1 unit = each, 186 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.
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.

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(Link)	AAC+% Codes	CMR 322.00	COST PER CASE	QTY. IN CASE	EACH	ACC Markup	INV. COST	UNITS	ACC Markup				Description	Requirements & Limits
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, 248 per month.
DME	T5001	AAC+45%								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.