**Section**

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

(2) Applicable Dates of Service. Rates contained in 101 CMR 322.00 apply for dates of service provided on or after October 1, 2024, unless otherwise specified.

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

(a) the purchase or rental of durable medical equipment;

(b) the purchase of medical and surgical supplies;

(c) the purchase or rental of seating, positioning, mobility systems, and related accessories;

(d) the purchase or rental of prescribed oxygen delivery systems and respiratory therapy devices and related supplies;

(e) the purchase or rental of intravenous and enteral therapy, equipment, and related supplies and services; and

(f) the repair or modification of the above listed types of equipment.

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

(a) respiratory therapy services rendered by a qualified respiratory therapist;

(b) all services included in the reimbursement to an institutional provider; and

(c) all services for inpatients at a facility licensed as an acute or chronic disease and rehabilitation hospital.

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

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

(a) codes for which the code numbers only changed, with the corresponding crosswalk;

(b) codes for which the code numbers remain the same but the description has changed;

(c) deleted codes for which there is no crosswalk; and

(d) for entirely new codes that require new pricing, EOHHS may list these codes and price them at a percentage of the prevailing Medicare fees as described in 101 CMR 322.01(6)(d) and 101 CMR 322.03(16), when Medicare fees are available. When Medicare fees are not available or when otherwise designated by EOHHS as described in 101 CMR 322.03(16), EOHHS may apply individual consideration, adjusted acquisition cost plus a standard markup, or specify a fixed rate as described in 101 CMR 322.01(7)(e) in reimbursing for these new codes until appropriate rates can be developed.

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

(a) clarify its policy on substantive provisions of 101 CMR 322.00;

(b) specify any durable medical equipment or medical supplies subject to a preferred supplier contract or contracts between a supplier and a governmental unit or units, the governmental unit(s) and eligible providers subject to the contract, the duration of the preferred supplier contract, the prices at which such durable medical equipment or medical supplies will be available to eligible providers (as defined by the preferred supplier contract), the rates which eligible providers (as defined by the preferred supplier contract) will be paid by the relevant governmental unit(s) for such durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;

(c) specify any durable medical equipment or medical supplies subject to a rebate agreement or agreements between a manufacturer and a governmental unit or units, the governmental unit(s) and eligible providers subject to the agreement, the duration of the rebate agreement, the rates which will be paid to eligible providers (as defined by the applicable rebate agreement) by the relevant governmental unit(s) for the specified durable medical equipment or medical supplies, and any other information deemed necessary by EOHHS;

(d) specify upward adjustments to the standard markup defined at 101 CMR 322.02 for codes when a governmental unit determines that the standard markup requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care;

(e) specify a fixed rate for codes which do not have a Medicare rate or would otherwise be priced at Individual Consideration based on an adjusted acquisition cost when a fixed rate can be determined by using a comparison of industry rates including Medicare crossover payments, other state Medicaid payment rates and Medicaid third-party liability/private insurance rates;

(f) specify upward adjustments to historical fixed rates which do not have a Medicare rate for codes when a governmental unit determines that the historical fixed rate requires adjustment to account for increased provider costs and/or a shift in utilization patterns or to maintain access to care;

(g) specify any durable medical equipment or medical supplies subject to the pricing methodology described at 101 CMR 322.03(20);

(h)  describe conditions of payment for an add-on payment for certain mobility system repairs for MassHealth members under 101 CMR 322.05(1); and

(i) describe conditions of payment for supplemental payments for certain patient lift systems or other designated services under 101 CMR 322.05(2) for MassHealth members who are eligible for both Medicare and MassHealth services (dual eligible members).

322.02: General Definitions

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

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

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

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

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

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

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

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

Customized Equipment. Durable medical equipment that

(a) is uniquely constructed, adapted, or modified solely for the full-time use of the patient for whom it is purchased;

(b) is made to order or adapted to meet the specific needs of the patient; and

(c) the unique construction, adaptation, or modification of which permanently precludes the use of such equipment by another individual.

Durable Medical Equipment (DME). Equipment that

(a) is used primarily and customarily to serve a medical purpose;

(b) is generally not useful in the absence of disability, illness and injury;

(c) can withstand repeated use over an extended period of time; and

(d) is appropriate for home use (any setting in which normal life activities take place).

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

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

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

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

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

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen.

Medical Supplies. Consumable or disposable supplies or devices for home use, necessary for the treatment of a specific illness, injury, disease, or disability, including, but not limited to, test strips, syringes, ostomy products, and surgical items that are

(a) required to address an individual medical disability, illness, or injury;

(b) cannot withstand repeated use by more than on individual;

(c) generally not useful in the absence of illness or injury;

(d) consumable or disposable; and

(e) appropriate for use in any setting in which normal life activities take place.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Retail Price. The total price charged for a product sold to a customer, which includes the manufacturer's [cost](https://financial-dictionary.thefreedictionary.com/cost) plus a [retail](https://financial-dictionary.thefreedictionary.com/Retail) markup.

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

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

[Shelf Price](https://www.lawinsider.com/dictionary/shelf-price). The sign or tag placed by an authorized person at each point of display which clearly sets forth the retail price of the consumer item.

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

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

1. 20% for medical and surgical supplies and disposable items;

2. 25% for enteral and parenteral solutions;

3. 35% for wheeled mobility system equipment and accessories, as defined in 101 CMR 322.02, and for certain patient lift systems; and

4. 30% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

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

1. 25% for medical and surgical supplies and disposable items;

2. 30% for enteral and parenteral solutions;

3. 40% for wheeled mobility system equipment and accessories, as defined in 101 CMR 322.02, and for certain patient lift systems; and

4. 35% for all other equipment, customized tracheostomy supplies, and certain diabetic equipment and supplies.

Used Equipment. Any item that has been previously purchased or rented, including equipment that was

(a) used by a patient for a trial period;

(b) used by the supplier as a demonstrator; or

(c) rented by a patient who now wants to buy it.

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

322.03:  General Rate Provisions

(1) Purchase or Rental of Durable Medical Equipment, Medical and Surgical Supplies. Payment to an eligible provider for the purchase of the above services will be the lowest of

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

(b) the preferred supplier rate published in an administrative bulletin pursuant to 101 CMR 322.01(7) plus an additional percentage handling fee if applicable;

(c) the rebate agreement rate published in an administrative bulletin pursuant to 101 CMR 322.01(7); or

(d)  such schedule of allowable fees set forth in 101 CMR 322.06.

(2) Direct Service Component (RE Units). Payment to an eligible DME provider for the initial evaluation of customized seating, positioning, mobility systems, installation of customized movable and fixed patient lift systems, and assembly of at the pre-approved levels of time and complexity as defined below.

(a) RE 1-5 - Specialized (1-5 hours).

(b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (6-10 hours).

(c) RE 11-15 - More time and complexity with multiple trials of equipment, high level of complexity in custom fabrication of some parts and may involve use of components from one or more manufactures (11-15 hours).

(d) RE 16-23 - Complex - More time and complexity with multiple trials of equipment, very high level of complexity and may involve extensive time for trials of multiple products, extended amount of custom fabrication, or interactions with several professionals- physicians, therapist, teachers (16-23 hours).

(e) RE units will be billed using the K0739-U5 code and modifier combination.

(3)   Rental of Oxygen Delivery Systems.

(a) The monthly rate of reimbursement for comprehensive oxygen services includes but is not limited to the following services:

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

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

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

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

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

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

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

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

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

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

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

(4)  Purchase and Rental of Respiratory Therapy Devices.

(a)  Respiratory Therapy Devices (Purchase).

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

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

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

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

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

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

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

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

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

(b)  Respiratory Therapy Devices (Rental).

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

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

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

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

d.  monthly cleaning and check of unit;

e.  back-up respiratory therapy equipment; and

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

2. Payment to an eligible provider for the rental of the above services shall be the lower of

a.  the eligible provider's usual and customary rental fees and terms; or

b.  the fees set forth in 101 CMR 322.06.

3. Payment to an eligible provider for the rental of respiratory therapy devices provided to publicly aided individuals in a nursing facility shall be the lower of

a. the eligible provider's usual and customary rental fees and terms; or

b. 90% of the schedule of allowable fees set forth in101 CMR 322.06.

(5)  General Rate Provisions for the Purchase of Home Infusion Therapy Services.

(a)  Payment to an eligible provider for home infusion therapy services shall be the lower of

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

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

(b)  For services designated I.C., the adjusted acquisition costs to the eligible provider for items consumed per day plus a 20% markup plus $8.00 for professional service.

(c)  Included in the per diem fees are all necessary supplies, equipment, and administrative services. Payment for pharmacy items and services shall be determined under the provisions of 101 CMR 331.00: *Prescribed Drugs*. Payment for nursing services shall be determined according to purchaser specifications under the provisions of 101 CMR 350.00: *Rates for* *Home Health Services*. Parenteral and enteral nutrition formula shall be billed separately.

(6)  Option to Purchase. Governmental units may reserve the right to purchase, at their option, durable medical equipment and respiratory therapy equipment that is being supplied on a monthly rental basis to publicly aided individuals.

(a) If covered, items can be purchased new or used; however, total payments cannot exceed the fee for purchase as new.

(b) If covered, items can be purchased at 100% of the fee.

(c) If covered, items that are usually purchased and fall into the inexpensive and frequently purchased item category can be rented for 10% of the purchase price, not to exceed ten months of rental and the fee for purchase as new.

(d) If covered, used equipment can be rented at 10% of 75% of the fee for purchase as new.

(e) If covered, used equipment can be purchased at 75% of the fee for purchase as new.

(f) Capped rental items that are purchased prior to the end of the 13-month capped rental period are purchased at an amount not to exceed 13 months of rental.

(7)  Condition of Rental Equipment Upon Delivery. All equipment that is rented on a monthly basis must be clean and in proper working condition when delivered. Respiratory therapy equipment provided on a rental basis must be in proper working condition and be free from contaminating agents. Tubing and masks shall be new or unused, in proper working condition and free from contaminating agents.

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

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

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

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

(b)  installation and set up of the equipment; and

(c)  instruction of the recipient in the safe usage of the equipment.

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

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

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

(a)  Capped rental coding modifiers are as follows.

1.  KH–Initial claim, either rent (first month) or purchase.

2.  KI–Second or third month rental.

3. KJ–Rental months four to 13.

(b) Additional modifiers are as follows

1. A1–Dressing for one wound.

2. A2–Dressing for two wounds.

3. A3–Dressing for three wounds.

4. A4–Dressing for four wounds.

5. A5–Dressing for five wounds.

6. A6–Dressing for six wounds.

7. A7–Dressing for seven wounds.

8. A8–Dressing for eight wounds.

9. A9–Dressing for nine or more wounds.

10. AU–Item furnished in conjunction with a urological, ostomy, or tracheostomy supply

11. AV–Items furnished in conjunction with prosthetic/orthotic.

12. AW–Item furnished in conjunction with a surgical dressing.

13. AX–Item furnished in conjunction with dialysis services.

14. AY–Item or service furnished to an ESRD patient that is not for the treatment of ESRD.

15. BA–Item furnished in conjunction with parenteral enteral nutrition (PEN) services.

16. BO–Orally administered nutrition, not by feeding tube.

17. CS–Item or service related, in whole or in part, to an illness, injury, or condition that was caused by or exacerbated by the effects, direct or indirect, of the 2010 oil spill in the Gulf of Mexico, including but not limited to subsequent clean-up activities.

18. GA–Waiver of liability statement issued as required by payer policy, individual case.

19. GS–Dosage of epo or darbepoietin alfa has been reduced 25% of preceding month's dosage.

20. GU–Waiver of liability statement issued as required by payer policy, routine notice

21. GX–Notice of liability issued, voluntary under payer policy.

22. JB–Subcutaneous administration.

23. KC–Replacement of special power wheelchair interface (applicable to codes E2320-E2330).

24. KF–item designated by FDA as class III device.

25. KK–DMEPOS item subject to DMEPOS competitive bidding program number 2.

26. KL–DMEPOS item delivered *via* mail.

27. KO–Single drug unit dose formulation.

28. KP–First drug of a multiple unit dose formulation.

29. KQ–Second or subsequent drug of a multiple drug unit dose formulation.

30. KR–Rental item for a partial month.

31. KS–Glucose monitor supply for diabetic beneficiary not treated with insulin.

32. KX–Specific required documentation on file (member treated with insulin).

33. KU–DMEPOS item subject to DMEPOS competitive bidding program #334.

34. LL–Lease/rental with option to purchase.

35. LT–Left side (used to identify procedures performed on the left side of the body).

36. MS–Six-month maintenance and servicing fee for reasonable and necessary parts. and labor which are not covered under any manufacturer or supplier warranty.

37. NU–New equipment.

38. QF–Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed.

39. QG–Prescribed amount of oxygen is greater than 4 liters per minute (LPM).

40. RA–Replacement of a DME item (for use only with K0108 for direct service component for customization purposes, MassHealth only).

41. RB–Replacement of a part of a DME furnished as part of a repair.

42. RR–Rental of durable medical equipment and oxygen/respiratory therapy equipment.

43. RT–Right side (used to identify procedures performed on the right side of the body).

44. SC–Medically necessary service or supply.

45. SD–Services provided by registered nurse with specialized, highly technical home infusion training.

46. TW when used in conjunction with code A4210: Back-up equipment; when used. with codes for alternative and augmentative communication devices: MassHealth only--non-dedicated alternative and augmentative communication devices

47. U1–Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems).

48. U2–Medicaid level of care 2 (first six months of rental, volume/pressure ventilator).

49. U3–Medicaid level of care 3 (used for supplies for maintenance of insulin infusion catheter for MassHealth or to identify a Corrective Mobility Repair add-on payment when used in conjunction with HCPCS code K0739).

50. U4–Medicaid level of care 3 (used only for supplies for maintenance of insulin infusion catheter for MassHealth).

51. U5–used for requesting direct service components for customized mobility services. requiring ATP RE-1 through RE 23, for installation of patient lift systems RE-1 through RE-23, and setup of safety beds RE-1 through RE-5.

52. U6–used when requesting premium incontinent products.

53. UA–Medicaid level of care 10 (used for adults for safety beds and customized tracheostomy supplies).

54. UB–Medicaid level of care 11 (repair, RTS providers only).

55. UC–Medicaid level of care 12 (used for pediatric specialized equipment only).

56. UD–Medicaid level of care 13 (bariatric equipment).

57. UE–Used durable medical equipment.

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

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

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

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

(15) Recall Provisions. Whenever purchased or rental equipment is subject to recall, the provider will fully address the recall as specified in the manufacturer’s recall instructions. For recalls of potentially dangerous or defective DME that predictably could cause serious health problems or death, the DME provider shall provide the member with a copy of the Recall Notice and fully address the Recall as specified in the Recall instructions no later than five business days from the date the DME provider receives the Recall Notice. Any costs not covered by the manufacturer or other third party for activity associated with amelioration, repair, or replacement of recalled equipment is included in the general rate provisions for each category of equipment in 101 CMR 322.03.

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

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

1. 100% of Medicare for

a. specialized wheeled mobility equipment and accessories

b. first six months’ rental for volume ventilators

c. certain diabetic equipment and supplies

d. certain patient lifts and accessories

e. elevating leg rests

2. 85% of Medicare for all other items, including speech generating devices and certain oxygen equipment and supplies.

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

(17) AAC Methodology and Documentation.

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

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

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

1. the date of the timely payment;

2. the amount and percentage of the timely payment discount. Providers must maintain documentation evidencing the percentage of the AAC that the provider’s supplier allows as a timely payment discount, and how the supplier defines “timely payment” for any such discount; and

(d) Documentation of amount and percentage of timely payment discount for items subject to PA. For items subject to PA and not purchased in advance of filing a claim, the eligible provider must include the following with the PA request:

1. a copy of the quote from the manufacturer;

2. supporting documentation of cost and discounts;

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

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

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

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

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

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

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

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

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

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

3. no further monthly payments after the 13th month

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

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

(b) the following rate, as applicable

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

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

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

4. for purchases of other new equipment or customized tracheostomy supplies or certain diabetic equipment and supplies, the adjusted acquisition cost to the eligible provider plus the applicable standard markup of 30% or 35%, as defined in 101 CMR 322.02;

5. for rental items, one-tenth of the fee paid for the item if purchased new;

6. for capped rental items, refer to the methodology within the definition of “capped rental” in 101 CMR 322.02;

7. for used items, 75% of the fee paid for the item if purchased new;

8. for covered drugs, the adjusted acquisition cost, as defined in 101 CMR 322.02; and

9. for home infusion therapy, the adjusted acquisition cost to the eligible provider for items consumed per day plus a 20% markup plus $8.00 for professional services, as indicated in 101 CMR 322.03(5)(b).

(20) Methodology for Certain Durable Medical Equipment or Medical Supplies Purchased at Pharmacies. Payments to pharmacies billing through the pharmacy online processing system for designated durable medical equipment or medical supplies will be the lower of wholesale acquisition cost and usual and customary charge, as defined in 101 CMR 331.00 (with any references to “prescription drugs” changed, for purposes of 101 CMR 322.03 (20), to “durable medical equipment” or “medical supplies,” as applicable). EOHHS will designate durable medical equipment or medical supplies subject to this pricing methodology in administrative bulletin or other appropriate written issuance.

322.04:  Filing and Reporting Requirements

(1)  Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*. In addition, each eligible provider that receives an add-on or supplemental payment pursuant to 101 CMR 322.05 must file or make available all records and information necessary to demonstrate compliance with conditions of payment upon EOHHS request, including documentation of the uses of such payments.

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

CMR 322.05: Add-on and Supplemental Payment Provisions

(1) Providers Eligible for Add-on Payment.

(a) To be eligible for Corrective Mobility System Repair add-on payments, as defined in 130 CMR 409.402, a provider must be:

1. a MassHealth enrolled DME provider; and

2. in compliance with the conditions of payment set forth in 101 CMR 322.05(1)(b).

(b) Conditions of Payment.  Add-on payments will be made only

1. for Corrective Mobility System Repairs. For purposes of 101 CMR 322.05, Maintenance Repairs, as defined in 130 CMR 409.402, are not Corrective Mobility System Repairs and would not qualify for an add-on payment;

2. under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services;

3. to providers that meet service standards as defined by EOHHS via administrative bulletin or other written issuance, including standards related to timely service and turnaround times;

4. to providers that demonstrate compliance with other conditions of payment as described by EOHHS via administrative bulletin or other written issuance; and

5. to providers that comply with all applicable requirements of 130 CMR 409.000: *Durable Medical Equipment Services*.

(c) Compliance with Conditions of Payment.

1. EOHHS may audit compliance with conditions of payment.

2. EOHHS may, via administrative bulletin or other written issuance, establish standards

governing various conditions of payment including, but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.

(d) Timing of Payment. Add-on payments will be made at the same time as payment for the billable code is made pursuant to 101 CMR 322.06.

(e) Corrective Mobility System Repair Add-on Payment Documentation.

1. MassHealth will pay DME providers an add-on payment of $1,000.00 per eligible mobility system repair when the mobility system repair is performed within the time period established by EOHHS via administrative bulletin or other written issuance to providers for qualifying mobility system repairs.

2. The mobility system must be thoroughly evaluated using a safety and performance evaluation or industry equivalent evaluation, and any qualifying repair must include any additional items that may not have been identified by the member at the time of the intake for the repair. The completed evaluation must be kept in the member’s file.

3. To receive an add-on payment, providers must comply with pre-payment and post-payment reporting requirements established by EOHHS, in addition to compliance with any administrative bulletin or other written issuance described in 101 CMR 322.05(1)(b)3.

(f) Add-on Payment Reinvestment. Eighty percent (80%) of the add-on payment must be reinvested to improve the provider’s timeliness of mobility system repairs.

(2) Supplemental Payments for Services Provided to Dual Eligible Members. Supplemental payments apply to certain patient lift systems (HCPCS codes E0639 and E0640) or other designated services for MassHealth members who are eligible for both Medicare and MassHealth services (dual eligible members).

(a) Provider eligibility. To be eligible to receive a supplemental payment for certain patient lift systems (HCPCS E0640 and E0639) or other designated services, a provider must be:

1. a MassHealth enrolled DME provider; and

2. in compliance with the conditions of payment set forth in 101 CMR 322.05(2)(b).

(b) Conditions of Payment. Supplemental payments will be made only under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services, for providers that:

1. comply with other conditions of payment as described by EOHHS via administrative bulletin or other written issuance, including reconciliation of the total Medicare and total MassHealth payments; and

2. comply with all applicable requirements of 130 CMR 409.000: *Durable Medical Equipment Services*.

(c) Compliance with Conditions of Payment.

1. EOHHS may audit compliance with conditions of payment.

2. EOHHS may, via administrative bulletin or other written issuance, establish standards

governing various conditions of payment including, but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.

(d) Payment Methodology. The supplemental payment is calculated based on the MassHealth allowed amount (AAC+ the applicable markup defined in 101 CMR 322.02) minus the total Medicare allowed amount for the full rental period.

322.06:   Allowable Fees and Rate Schedule

| **Code** | **Rate** | **Description** |
| --- | --- | --- |
| **Medical and Surgical Supplies A4000-A9999** | | |
| Injection Supplies | | |
| A4206 | 0.22 | Syringe with needle, sterile 1cc, each |
| A4207 | 0.43 | Syringe with needle, sterile 2cc, each |
| A4208 | 0.28 | Syringe with needle, sterile 3cc, each |
| A4209 | 0.45 | Syringe with needle, sterile 5cc or greater, each |
| A4210 | AAC+20% | Needle-free injection device, each |
| A4210TW | 4.98 | Needle-free injection device, each (for use for billing nasal adaptor/mucosacal atomization device/nasal adaptor purchased as part of nasal naloxone rescue kit, each, two maximum per kit) |
| A4211 | AAC+20% | Supplies for self-administered injections |
| A4212 | 0.13 | Non-coring needle or stylet with or without catheter |
| A4213 | 0.76 | Syringe, sterile, 20 cc or greater, each |
| A4215KX | 0.23 | Needle, sterile, any size, each (specific required documentation on file, member treated with insulin) |
| A4215NU | 0.10 | Needle, sterile, any size, each |
| A4216 | 0.42 | Sterile water, saline and/or dextrose diluent/flush, 10 ml |
| A4217AU | 2.51 | Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies) |
| A4217NU | 2.51 | Sterile water/saline 500 ml |
| A4218 | AAC+20% | Sterile saline or water, metered dose dispenser, 10 ml |
| A4220 | AAC+20% | Refill kit for implantable infusion pump |
| A4221 | 18.88 | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drug separately) |
| A4222 | 37.60 | Infusion supplies for external drug infusion pump, per cassette or bag (list drug separately) |
| A4223 | AAC+20% | Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) |
| A4224 | 16.49 | Supplies for maintenance of insulin infusion catheter, per week |
| A4225 | 2.21 | Supplies for external insulin infusion pump, syringe type cartridge, sterile, each |
| A4226 | I.C. | Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week |
| Batteries | | |
| A4233NU | 0.58 | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each |
| A4233NUKL | 0.77 | Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each (DMEPOS item delivered via mail) |
| A4234NU | 2.50 | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4234NUKL | 3.47 | Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4235NU | 1.06 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4235NUKL | 2.23 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4236NU | 1.19 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each |
| A4236NUKL | 1.60 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each |
| Other Supplies | | |
| A4244 | 1.27 | Alcohol or peroxide, per pint |
| A4245 | 3.61 | Alcohol wipes, per box |
| A4246 | 4.73 | Betadine or phisohex solution, per pint |
| A4247 | 3.56 | Betadine or iodine swabs/wipes, per box |
| A4248 | AAC+20% | Chlorhexidine containing antiseptic, 1 ml |
| A4250 | 18.88 | Urine test or reagent strips or tablets (100 tablets or strips) |
| A4253NU | 8.32 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| A4253NUKL | 8.32 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (DMEPOS item delivered via mail) |
| A4255 | 4.32 | Platforms for home blood glucose monitor, 50 per box |
| A4256 | 4.00 | Normal, low and high calibrator solution / chips |
| A4256KL | 10.90 | Normal, low and high calibrator solution / chips (DMEPOS delivered via mail) |
| A4257 | 14.10 | Replacement lens shield cartridge for use with laser skin piercing device, each |
| A4258 | 2.52 | Spring-powered device for lancet, each |
| A4258KL | 17.20 | Spring-powered device for lancet, each (DMEPOS delivered via mail) |
| A4259 | 1.65 | Lancets, per box of 100 |
| A4259KL | 10.31 | Lancets, per box of 100 (DMEPOS delivered via mail) |
| A4264 | AAC+20% | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system |
| A4265 | 3.20 | Paraffin, per pound |
| A4281 | 19.18 | Tubing for breast pump, replacement |
| A4282 | 28.35 | Adapter for breast pump, replacement |
| A4283 | 1.00 | Cap for breast pump bottle, replacement |
| A4284 | 18.45 | Breast shield and splash protector for use with breast pump, replacement |
| A4285 | 7.73 | Polycarbonate bottle for use with breast pump, replacement |
| A4286 | AAC+20% | Locking ring for breast pump, replacement |
| Vascular Catheters and Drug Delivery Systems | | |
| A4305 | AAC+20% | Disposable drug delivery system, flow rate of 50 ml or greater per hour |
| A4306 | AAC+20% | Disposable drug delivery system, flow rate of less than 50 ml per hour |
| Incontinence Appliances and Care Supplies | | |
| A4310 | 7.26 | Insertion tray without drainage bag and without catheter (accessories only) |
| A4311 | 13.13 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4312 | 14.41 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| A4313 | 14.80 | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| A4314 | 20.20 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| A4315 | 21.07 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| A4316 | 26.68 | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| A4320 | 5.02 | Irrigation tray with bulb or piston syringe, any purpose |
| A4321 | AAC+20% | Therapeutic agent for urinary catheter irrigation |
| A4322 | 2.86 | Irrigation syringe, bulb or piston, each |
| A4326 | 9.74 | Male external catheter with integral collection chamber, any type, each |
| A4327 | 39.71 | Female external urinary collection device; metal cup, each |
| A4328 | 8.34 | Female external urinary collection device; pouch, each |
| A4330 | 6.72 | Perianal fecal collection pouch with adhesive, each |
| A4331 | 2.99 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each |
| A4332 | 0.11 | Lubricant, individual sterile packet, each |
| A4333 | 2.07 | Urinary catheter anchoring device, adhesive skin attachment, each |
| A4334 | 4.62 | Urinary catheter anchoring device, leg strap, each |
| A4335 | AAC+20% | Incontinence supply; miscellaneous |
| A4336 | 1.35 | Incontinence supply, urethral insert, any type, each |
| A4337 | AAC+20% | Incontinence supply, rectal insert, any type, each |
| A4338 | 11.53 | Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4340 | 29.84 | Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each |
| A4344 | 14.27 | Indwelling catheter, foley type, two-way, all silicone, each |
| A4346 | 18.40 | Indwelling catheter; foley type, three way for continuous irrigation, each |
| A4349 | 1.90 | Male external catheter, with or without adhesive, disposable, each |
| A4351 | 1.71 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| A4352 | 6.04 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each |
| A4353 | 6.57 | Intermittent urinary catheter, with insertion supplies |
| A4354 | 11.09 | Insertion tray with drainage bag but without catheter |
| A4355 | 7.12 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each |
| A4356 | 36.44 | External urethral clamp or compression device (not to be used for catheter clamp), each |
| A4357 | 7.75 | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each |
| A4358 | 6.23 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each |
| A4360 | 0.39 | Disposable external urethral clamp or compression device, with pad and/or pouch, each |
| Ostomy Supplies | | |
| A4361 | 16.75 | Ostomy faceplate, each |
| A4362 | 2.77 | Skin barrier; solid, 4 x 4 or equivalent; each |
| A4363 | 2.23 | Ostomy clamp, any type, replacement only, each |
| A4364 | 2.71 | Adhesive, liquid or equal, any type, per oz |
| A4366 | 1.22 | Ostomy vent, any type, each |
| A4367 | 6.22 | Ostomy belt, each |
| A4368 | 0.24 | Ostomy filter, any type, each |
| A4369 | 2.28 | Ostomy skin barrier, liquid (spray, brush, etc), per oz |
| A4371 | 3.43 | Ostomy skin barrier, powder, per oz |
| A4372 | 3.94 | Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each |
| A4373 | 5.89 | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each |
| A4375 | 16.14 | Ostomy pouch, drainable, with faceplate attached, plastic, each |
| A4376 | 44.72 | Ostomy pouch, drainable, with faceplate attached, rubber, each |
| A4377 | 4.04 | Ostomy pouch, drainable, for use on faceplate, plastic, each |
| A4378 | 28.88 | Ostomy pouch, drainable, for use on faceplate, rubber, each |
| A4379 | 14.11 | Ostomy pouch, urinary, with faceplate attached, plastic, each |
| A4380 | 35.07 | Ostomy pouch, urinary, with faceplate attached, rubber, each |
| A4381 | 4.34 | Ostomy pouch, urinary, for use on faceplate, plastic, each |
| A4382 | 23.13 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each |
| A4383 | 26.49 | Ostomy pouch, urinary, for use on faceplate, rubber, each |
| A4384 | 9.04 | Ostomy faceplate equivalent, silicone ring, each |
| A4385 | 4.79 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each |
| A4387 | 2.11 | Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each |
| A4388 | 4.11 | Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each |
| A4389 | 5.84 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each |
| A4390 | 9.03 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (one piece), each |
| A4391 | 6.65 | Ostomy pouch, urinary, with extended wear barrier attached (one piece), each |
| A4392 | 7.68 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (one piece), each |
| A4393 | 8.50 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (one piece), each |
| A4394 | 2.43 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, liquid, per fluid ounce |
| A4395 | 0.04 | Ostomy deodorant for use in ostomy pouch, solid, per tablet |
| A4396 | 38.04 | Ostomy belt with peristomal hernia support |
| A4398 | 12.75 | Ostomy irrigation supply; bag, each |
| A4399 | 11.53 | Ostomy irrigation supply; cone/catheter,with or without brush |
| A4400 | 45.92 | Ostomy irrigation set |
| A4402 | 1.28 | Lubricant, per ounce |
| A4404 | 1.58 | Ostomy ring, each |
| A4405 | 3.20 | Ostomy skin barrier, non-pectin based, paste, per ounce |
| A4406 | 5.38 | Ostomy skin barrier, pectin-based, paste, per ounce |
| A4407 | 8.23 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each |
| A4408 | 9.27 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each |
| A4409 | 5.84 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each |
| A4410 | 8.50 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |
| A4411 | 4.79 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each |
| A4412 | 2.54 | Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), without filter, each |
| A4413 | 5.18 | Ostomy pouch, drainable, high output, for use on a barrier with flange (two piece system), with filter, each |
| A4414 | 4.62 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each |
| A4415 | 5.63 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each |
| A4416 | 2.59 | Ostomy pouch, closed, with barrier attached, with filter (one piece), each |
| A4417 | 3.49 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (one piece), each |
| A4418 | 1.71 | Ostomy pouch, closed; without barrier attached, with filter (one piece), each |
| A4419 | 1.63 | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (two piece), each |
| A4420 | AAC+20% | Ostomy pouch, closed, for use on barrier with locking flange (two piece), each |
| A4421 | AAC+20% | Ostomy supply; miscellaneous |
| A4422 | 0.11 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each |
| A4423 | 1.75 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each |
| A4424 | 4.47 | Ostomy pouch, drainable, with barrier attached, with filter (one piece), each |
| A4425 | 3.37 | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (two piece system), each |
| A4426 | 2.57 | Ostomy pouch, drainable; for use on barrier with locking flange (two piece system), each |
| A4427 | 2.62 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (two piece system), each |
| A4428 | 6.12 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (one piece), each |
| A4429 | 7.75 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| A4430 | 8.00 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (one piece), each |
| A4431 | 5.84 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (one piece), each |
| A4432 | 3.37 | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (two piece), each |
| A4433 | 3.15 | Ostomy pouch, urinary; for use on barrier with locking flange (two piece), each |
| A4434 | 3.53 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (two piece), each |
| A4435 | 5.42 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each |
| A4436 | 16.95 | Irrigation supply: sleeve, reusable, per month |
| A4437 | 16.95 | Irrigation supply: sleeve disposable, per month |
| Miscellaneous Supplies | | |
| A4450AU | 0.08 | Tape, non-waterproof, per 18 square inches |
| A4450AV | 0.08 | Tape, non-waterproof, per 18 square inches |
| A4450AW | 0.10 | Tape, non-waterproof, per 18 square inches |
| A4452AU | 0.34 | Tape, waterproof, per 18 square inches |
| A4452AV | 0.34 | Tape, waterproof, per 18 square inches |
| A4452AW | 0.37 | Tape, waterproof, per 18 square inches |
| A4455 | 1.34 | Adhesive remover or solvent (for tape, cement or other adhesive), per ounce |
| A4456 | 0.23 | Adhesive remover, wipes, any type, each |
| A4458 | AAC+20% | Enema bag with tubing, reusable |
| A4459 | AAC+20% | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type |
| A4461 | 3.09 | Surgical dressing holder, non-reusable, each |
| A4463 | 12.51 | Surgical dressing holder, reusable, each |
| A4465 | 11.52 | Non-elastic binder for extremity |
| A4467 | AAC+20% | Belt, strap, sleeve, garment, or covering, any type |
| A4470 | AAC+20% | Gravlee jet washer |
| A4480 | AAC+20% | Vabra aspirator |
| A4481 | 0.35 | Tracheostoma filter, any type, any size, each |
| A4483 | 69.60 | Moisture exchanger, disposable, for use with invasive mechanical ventilation |
| A4490 | 7.26 | Surgical stockings above knee length, each |
| A4495 | 28.85 | Surgical stockings thigh length, each |
| A4500 | 8.22 | Surgical stockings below knee length, each |
| A4510 | 11.61 | Surgical stockings full length, each |
| A4520 | AAC+20% | Incontinence garment, any type (e.g., brief, diaper), each |
| A4550 | 1.52 | Surgical trays |
| A4553 | AAC+20% | Non-disposable underpads, all sizes |
| A4554 | 0.29 | Disposable underpads, all sizes, (e.g., Chux’s) |
| A4555 | AAC+20% | Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only |
| A4556 | 9.71 | Electrodes, (e.g., apnea monitor), per pair |
| A4557 | 16.65 | Lead wires, (e.g., apnea monitor), per pair |
| A4558 | 4.36 | Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per oz |
| A4559 | 0.09 | Coupling gel or paste, for use with ultrasound device, per oz |
| A4561 | 18.75 | Pessary, rubber, any type |
| A4562 | 46.68 | Pessary, non rubber, any type |
| A4565 | 7.23 | Slings |
| A4566 | AAC+20% | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment |
| A4570 | AAC+20% | Splint |
| A4575 | AAC+20% | Topical hyperbaric oxygen chamber, disposable |
| A4580 | AAC+20% | Cast supplies (e.g. plaster) |
| A4590 | AAC+20% | Special casting material (e.g. fiberglass) |
| A4595 | 20.65 | Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES) |
| A4600 | AAC+20% | Sleeve for intermittent limb compression device, replacement only, each |
| A4601 | AAC+20% | Lithium ion battery, rechargeable, for non-prosthetic use, replacement |
| A4602 | 3.49 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each |
| A4604NU | 46.16 | Tubing with integrated heating element for use with positive airway pressure device |
| A4605NU | 15.41 | Tracheal suction catheter, closed system, each |
| A4606 | AAC+20% | Oxygen probe for use with oximeter device, replacement |
| A4608 | 47.10 | Transtracheal oxygen catheter, each |
| Supplies for Oxygen and Related Respiratory Equipment | | |
| A4611NU | 175.33 | Battery, heavy duty; replacement for patient owned ventilator (new equipment) |
| A4611RR | 18.18 | Battery, heavy duty; replacement for patient owned ventilator (rental) |
| A4611UE | 131.50 | Battery, heavy duty; replacement for patient owned ventilator (used durable medical equipment) |
| A4612NU | 71.34 | Battery cables; replacement for patient-owned ventilator (new equipment) |
| A4612RR | 7.27 | Battery cables; replacement for patient-owned ventilator (rental) |
| A4612UE | 54.40 | Battery cables; replacement for patient-owned ventilator (used durable medical equipment) |
| A4613NU | 109.40 | Battery charger; replacement for patient-owned ventilator (new equipment) |
| A4613RR | 10.95 | Battery charger; replacement for patient-owned ventilator (rental) |
| A4613UE | 79.12 | Battery charger; replacement for patient-owned ventilator (used durable medical equipment) |
| A4614 | 22.35 | Peak expiratory flow rate meter, hand held |
| A4615 | 0.68 | Cannula, nasal |
| A4616 | 0.06 | Tubing (oxygen), per foot |
| A4617 | 2.92 | Mouth piece |
| A4618NU | 8.36 | Breathing circuits |
| A4618RR | 0.97 | Breathing circuits |
| A4618UE | 6.26 | Breathing circuits |
| A4619NU | 1.68 | Face tent |
| A4620 | 0.56 | Variable concentration mask |
| A4623 | 6.15 | Tracheostomy, inner cannula |
| A4623UA | AAC+30% | Tracheostomy, inner cannula (customized nonstandard size for adults for MassHealth members only) |
| A4623UC | AAC+30% | Tracheostomy, inner cannula (customized nonstandard size for children for MassHealth members only) |
| A4624NU | 2.10 | Tracheal suction catheter, any type other than closed system, each |
| A4625 | 5.53 | Tracheostomy care kit for new tracheostomy |
| A4626 | 3.00 | Tracheostomy cleaning brush, each |
| A4627 | 13.28 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler |
| A4628NU | 3.51 | Oropharyngeal suction catheter, each |
| A4629 | 4.36 | Tracheostomy care kit for established tracheostomy |
| Supplies for Other Durable Medical Equipment | | |
| A4630NU | 5.87 | Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient |
| A4633NU | 38.56 | Replacement bulb/lamp for ultraviolet light therapy system, each |
| A4634 | AAC+20% | Replacement bulb for therapeutic light box, tabletop model |
| A4635NU | 4.81 | Underarm pad, crutch, replacement, each (new equipment) |
| A4635RR | 0.65 | Underarm pad, crutch, replacement, each (rental) |
| A4635UE | 3.20 | Underarm pad, crutch, replacement, each (used durable medical equipment) |
| A4636NU | 2.95 | Replacement, handgrip, cane, crutch, or walker, each (new equipment) |
| A4636RR | 0.30 | Replacement, handgrip, cane, crutch, or walker, each (rental) |
| A4636UE | 2.18 | Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment) |
| A4637NU | 1.56 | Replacement, tip, cane, crutch, walker, each (new equipment) |
| A4637RR | 0.19 | Replacement, tip, cane, crutch, walker, each (rental) |
| A4637UE | 1.17 | Replacement, tip, cane, crutch, walker, each (used durable medical equipment) |
| A4638NU | AAC+20% | Replacement battery for patient-owned ear pulse generator, each (new equipment) |
| A4638RR | I.C. | Replacement battery for patient-owned ear pulse generator, each (rental) |
| A4638UE | I.C. | Replacement battery for patient-owned ear pulse generator, each (used durable medical equipment) |
| A4639KH | 27.00 | Replacement pad for infrared heating pad system, each (capped rental) |
| A4639KI | 27.00 | Replacement pad for infrared heating pad system, each (capped rental) |
| A4639KJ | 20.25 | Replacement pad for infrared heating pad system, each (capped rental) |
| A4639NU | 269.96 | Replacement pad for infrared heating pad system, each (new equipment) |
| A4639UE | 202.47 | Replacement pad for infrared heating pad system, each (used durable medical equipment) |
| A4640NU | 50.46 | Replacement pad for use with medically necessary alternating pressure pad owned by patient (new equipment) |
| A4640RR | 5.10 | Replacement pad for use with medically necessary alternating pressure pad owned by patient (rental) |
| A4640UE | 36.61 | Replacement pad for use with medically necessary alternating pressure pad owned by patient (used durable medical equipment) |
| A4649 | AAC+20% | Surgical supplies, miscellaneous |
| Dialysis Supplies | | |
| A4651 | AAC+20% | Calibrated microcapillary tube, each |
| A4652 | AAC+20% | Microcapillary tube sealant |
| A4653 | AAC+20% | Peritoneal dialysis catheter anchoring device, belt, each |
| A4657 | AAC+20% | Syringe, with or without needle, each |
| A4660 | 44.52 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope |
| A4663 | 30.08 | Blood pressure cuff only |
| A4670 | 63.57 | Automatic blood pressure monitor |
| A4671 | AAC+20% | Disposable cycler set used with cycler dialysis machine, each |
| A4672 | AAC+20% | Drainage extension line, sterile, for dialysis, each |
| A4673 | AAC+20% | Extension line with easy lock connectors, used with dialysis |
| A4674 | AAC+20% | Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz |
| A4680 | AAC+20% | Activated carbon filter for hemodialysis, each |
| A4690 | AAC+20% | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each |
| A4706 | AAC+20% | Bicarbonate concentrate, solution, for hemodialysis, per gallon |
| A4707 | AAC+20% | Bicarbonate concentrate, powder, for hemodialysis, per packet |
| A4708 | AAC+20% | Acetate concentrate solution, for hemodialysis, per gallon |
| A4709 | AAC+20% | Acid concentrate, solution, for hemodialysis, per gallon |
| A4714 | AAC+20% | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon |
| A4719 | AAC+20% | Y set tubing for peritoneal dialysis |
| A4720 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 249cc, but less than or equal to 999cc, for peritoneal dialysis |
| A4721 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 999cc but less than or equal to 1999cc, for peritoneal dialysis |
| A4722 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999cc but less than or equal to 2999cc, for peritoneal dialysis |
| A4723 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999cc but less than or equal to 3999cc, for peritoneal dialysis |
| A4724 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999cc but less than or equal to 4999cc, for peritoneal dialysis |
| A4725 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999cc but less than or equal to 5999cc, for peritoneal dialysis |
| A4726 | AAC+20% | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999cc, for peritoneal dialysis |
| A4728 | AAC+20% | Dialysate solution, non-dextrose containing, 500 ml |
| A4730 | AAC+20% | Fistula cannulation set for hemodialysis, each |
| A4736 | AAC+20% | Topical anesthetic, for dialysis, per gram |
| A4737 | AAC+20% | Injectable anesthetic, for dialysis, per 10 ml |
| A4740 | AAC+20% | Shunt accessory, for hemodialysis, any type, each |
| A4750 | AAC+20% | Blood tubing, arterial or venous, for hemodialysis, each |
| A4755 | AAC+20% | Blood tubing, arterial and venous combined, for hemodialysis, each |
| A4760 | AAC+20% | Dialysate solution test kit, for peritoneal dialysis, any type, each |
| A4765 | AAC+20% | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet |
| A4766 | AAC+20% | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml |
| A4770 | AAC+20% | Blood collection tube, vacuum, for dialysis, per 50 |
| A4771 | AAC+20% | Serum clotting time tube, for dialysis, per 50 |
| A4773 | AAC+20% | Occult blood test strips, for dialysis, per 50 |
| A4774 | AAC+20% | Ammonia test strips, for dialysis, per 50 |
| A4802 | AAC+20% | Protamine sulfate, for hemodialysis, per 50 mg |
| A4860 | AAC+20% | Disposable catheter tips for peritoneal dialysis, per 10 |
| A4870 | AAC+20% | Plumbing and/or electrical work for home hemodialysis equipment |
| A4890 | AAC+20% | Contracts, repair and maintenance, for hemodialysis equipment |
| A4911 | AAC+20% | Drain bag/bottle, for dialysis, each |
| A4913 | AAC+20% | Miscellaneous dialysis supplies, not otherwise specified |
| A4918 | AAC+20% | Venous pressure clamp, for hemodialysis, each |
| A4927 | 7.89 | Gloves, non-sterile, per 100 |
| A4930 | 0.36 | Gloves, sterile, per pair |
| A4931 | AAC+20% | Oral thermometer, reusable, any type, each |
| A4932 | AAC+20% | Rectal thermometer, reusable, any type, each |
| Ostomy Pouches and Supplies | | |
| A5051 | 1.94 | Ostomy pouch, closed; with barrier attached (one piece), each |
| A5052 | 1.39 | Ostomy pouch, closed; without barrier attached (one piece), each |
| A5053 | 1.39 | Ostomy pouch, closed; for use on faceplate, each |
| A5054 | 1.69 | Ostomy pouch, closed; for use on barrier with flange (two piece), each |
| A5055 | 1.35 | Stoma cap |
| A5056 | 4.39 | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (one piece), each |
| A5057 | 9.03 | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (one piece), each |
| A5061 | 3.32 | Ostomy pouch, drainable; with barrier attached, (one piece), each |
| A5062 | 2.09 | Ostomy pouch, drainable; without barrier attached (one piece), each |
| A5063 | 2.54 | Ostomy pouch, drainable; for use on barrier with flange (two piece system), each |
| A5071 | 5.64 | Ostomy pouch, urinary; with barrier attached (one piece), each |
| A5072 | 3.32 | Ostomy pouch, urinary; without barrier attached (one piece), each |
| A5073 | 2.99 | Ostomy pouch, urinary; for use on barrier with flange (two piece), each |
| A5081 | 3.11 | Stoma plug or seal, any type |
| A5082 | 11.18 | Continent device; catheter for continent stoma |
| A5083 | 0.60 | Continent device, stoma absorptive cover for continent stoma |
| A5093 | 1.84 | Ostomy accessory; convex insert |
| Incontinence Supplies | | |
| A5102 | 21.06 | Bedside drainage bottle with or without tubing, rigid or expandable, each |
| A5105 | 32.56 | Urinary suspensory; with or without leg bag, with or without tube, each |
| A5112 | 28.13 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each |
| A5113 | 4.20 | Leg strap; latex, replacement only, per set |
| A5114 | 7.16 | Leg strap; foam or fabric, replacement only, per set |
| A5120AU | 0.23 | Skin barrier, wipes or swabs, each |
| A5120AV | 0.26 | Skin barrier, wipes or swabs, each |
| A5121 | 6.94 | Skin barrier; solid, 6 x 6 or equivalent, each |
| A5122 | 10.26 | Skin barrier; solid, 8 x 8 or equivalent, each |
| A5126 | 1.23 | Adhesive or non-adhesive; disk or foam pad |
| A5131 | 14.90 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. |
| A5200 | 10.63 | Percutaneous catheter/tube anchoring device, adhesive skin attachment |
| Dressings | | |
| A6000 | AAC+20% | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card |
| A6010 | 29.10 | Collagen based wound filler, dry form, sterile, per gram of collagen |
| A6011 | 2.14 | Collagen based wound filler, gel/paste, per gram of collagen |
| A6021 | 19.75 | Collagen dressing, sterile, size 16 sq. in. or less, each |
| A6022 | 19.75 | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each |
| A6023 | 178.83 | Collagen dressing, sterile, size more than 48 sq. in., each |
| A6024 | 5.81 | Collagen dressing wound filler, sterile, per 6 inches |
| A6025 | AAC+20% | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each |
| A6154 | 13.52 | Wound pouch, each |
| A6196 | 6.91 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing |
| A6197 | 15.44 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6198 | AAC+20% | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing |
| A6199 | 4.97 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches |
| A6203 | 3.16 | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6204 | 5.85 | Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6205 | 14.64 | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6206 | AAC+20% | Contact layer, sterile, 16 sq. in. or less, each dressing |
| A6207 | 6.89 | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6208 | AAC+20% | Contact layer, sterile, more than 48 sq. in., each dressing |
| A6209 | 7.02 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6210 | 18.73 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6211 | 27.60 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6212 | 9.12 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6213 | 9.25 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6214 | 9.66 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6215 | AAC+20% | Foam dressing, wound filler, sterile, per gram |
| A6216 | 0.04 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6217 | 0.18 | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6218 | 0.57 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6219 | 0.90 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6220 | 2.43 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6221 | AAC+20% | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6222 | 2.00 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6223 | 2.28 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 square inches, but less than or equal to 48 square inches, without adhesive border, each dressing |
| A6224 | 3.39 | Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 square inches, without adhesive border, each dressing |
| A6228 | AAC+20% | Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6229 | 3.39 | Gauze, impregnated, water or normal saline, sterile, pad size more tha 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6230 | AAC+20% | Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6231 | 4.39 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing |
| A6232 | 6.45 | Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing |
| A6233 | 18.02 | Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq. in., each dressing |
| A6234 | 6.15 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6235 | 15.80 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6236 | 25.61 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6237 | 7.44 | Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6238 | 21.42 | Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6239 | 20.53 | Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6240 | 11.51 | Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce |
| A6241 | 2.41 | Hydrocolloid dressing, wound filler, dry form, sterile, per gram |
| A6242 | 5.70 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6243 | 11.58 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6244 | 36.92 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6245 | 6.83 | Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6246 | 9.33 | Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6247 | 22.35 | Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6248 | 15.27 | Hydrogel dressing, wound filler, gel, per fluid ounce |
| A6250 | 9.21 | Skin sealants, protectants, moisturizers, ointments, any type, any size |
| A6251 | 1.87 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6252 | 3.06 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6253 | 5.95 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6254 | 5.95 | Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| A6255 | 1.13 | Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| A6256 | 1.38 | Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| A6257 | 1.45 | Transparent film, sterile, 16 sq. in. or less, each dressing |
| A6258 | 4.05 | Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| A6259 | 10.29 | Transparent film, sterile, more than 48 sq. in., each dressing |
| A6260 | 11.23 | Wound cleansers, any type, any size |
| A6261 | AAC+20% | Wound filler, gel/paste, per fluid ounce, not otherwise specified |
| A6262 | 0.97 | Wound filler, dry form, per gram, not otherwise specified |
| A6266 | 1.81 | Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard |
| A6402 | 0.11 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6403 | 0.40 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing |
| A6404 | 0.64 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| A6407 | 1.77 | Packing strips, non-impregnated, sterile, up to 2 inch in width, per linear yard |
| A6410 | 0.37 | Eye pad, sterile, each |
| A6411 | AAC+20% | Eye pad, non-sterile, each |
| A6412 | AAC+20% | Eye patch, occlusive, each |
| A6413 | AAC+20% | Adhesive bandage, first-aid type, any size, each |
| A6441 | 0.64 | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard |
| A6442 | 0.15 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard |
| A6443 | 0.26 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6444 | 0.53 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard |
| A6445 | 0.31 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard |
| A6446 | 0.38 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard |
| A6447 | 0.64 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard |
| A6448 | 1.09 | Light compression bandage, elastic, knitted/woven, width less than three inches, per yard |
| A6449 | 1.65 | Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6450 | AAC+20% | Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard |
| A6451 | AAC+20% | Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard |
| A6452 | 5.55 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches or less than five inches, per yard |
| A6453 | 0.59 | Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard |
| A6454 | 0.73 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard |
| A6455 | 1.31 | Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard |
| A6456 | 1.19 | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard |
| A6457 | 1.07 | Tubular dressing with or without elastic, any width, per linear yard |
| A6460 | AAC+20% | Synthetic resorbable wound dressing, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| A6461 | AAC+20% | Synthetic resorbable wound dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| Compression Garments | | |
| A6501 | AAC+20% | Compression burn garment, bodysuit (head to foot), custom fabricated |
| A6502 | AAC+20% | Compression burn garment, chin strap, custom fabricated |
| A6503 | AAC+20% | Compression burn garment, facial hood, custom fabricated |
| A6504 | AAC+20% | Compression burn garment, glove to wrist, custom fabricated |
| A6505 | AAC+20% | Compression burn garment, glove to elbow, custom fabricated |
| A6506 | AAC+20% | Compression burn garment, glove to axilla, custom fabricated |
| A6507 | AAC+20% | Compression burn garment, foot to knee length, custom fabricated |
| A6508 | AAC+20% | Compression burn garment, foot to thigh length, custom fabricated |
| A6509 | AAC+20% | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated |
| A6510 | AAC+20% | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated |
| A6511 | AAC+20% | Compression burn garment, lower trunk including leg openings (panty), custom fabricated |
| A6512 | AAC+20% | Compression burn garment, not otherwise classified |
| A6513 | AAC+20% | Compression burn mask, face/neck |
| A6550 | 21.28 | Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories |
| Respiratory Supplies | | |
| A7000NU | 6.73 | Canister, disposable, used with suction pump, each (new equipment) |
| A7001NU | 29.42 | Canister, non-disposable, used with suction pump, each |
| A7002NU | 3.41 | Tubing, used with suction pump, each |
| A7003NU | 2.13 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable |
| A7004NU | 1.32 | Small volume nonfiltered pneumatic nebulizer, disposable |
| A7005NU | 22.88 | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable |
| A7006NU | 8.02 | Administration set, with small volume filtered pneumatic nebulizer |
| A7007NU | 3.85 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor |
| A7008NU | 10.34 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor |
| A7009NU | 37.38 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer |
| A7010NU | 19.69 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet |
| A7012NU | 3.30 | Water collection device, used with large volume nebulizer |
| A7013NU | 0.67 | Filter, disposable, used with aerosol compressor or ultrasonic generator |
| A7014NU | 3.80 | Filter, nondisposable, used with aerosol compressor or ultrasonic generator |
| A7015NU | 1.56 | Aerosol mask, used with DME nebulizer |
| A7016NU | 6.43 | Dome and mouthpiece, used with small volume ultrasonic nebulizer |
| A7017NU | 125.19 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (new equipment) |
| A7017RR | 12.52 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (rental) |
| A7017UE | 93.89 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (used durable medical equipment) |
| A7018 | 0.33 | Water, distilled, used with large volume nebulizer, 1000 ml |
| A7020 | 13.11 | Interface for cough stimulating device, includes all components, replacement only |
| A7025KH | 40.88 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental) |
| A7025KI | 40.88 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental) |
| A7025KJ | 30.66 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (capped rental) |
| A7025NU | 408.77 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (new equipment) |
| A7025UE | 306.58 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each (used durable medical equipment) |
| A7026NU | 27.01 | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each |
| A7027NU | 138.24 | Combination oral/nasal mask, used with continuous positive airway pressure device, each |
| A7028NU | 40.71 | Oral cushion for combination oral/nasal mask, replacement only, each |
| A7029NU | 16.71 | Nasal pillows for combination oral/nasal mask, replacement only, pair |
| A7030NU | 122.43 | Full face mask used with positive airway pressure device, each |
| A7031NU | 46.07 | Face mask interface, replacement for full face mask, each |
| A7032NU | 26.11 | Cushion for use on nasal mask interface, replacement only, each |
| A7033NU | 18.77 | Pillow for use on nasal cannula type interface, replacement only, pair |
| A7034NU | 75.89 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap |
| A7035NU | 24.17 | Headgear used with positive airway pressure device |
| A7036NU | 12.44 | Chinstrap used with positive airway pressure device |
| A7037NU | 23.47 | Tubing used with positive airway pressure device |
| A7038NU | 2.90 | Filter, disposable, used with positive airway pressure device |
| A7039NU | 9.48 | Filter, non disposable, used with positive airway pressure device |
| A7040 | 37.09 | One way chest drain valve |
| A7041 | 69.72 | Water seal drainage container and tubing for use with implanted chest tube |
| A7042 | 164.90 | Implanted pleural catheter, each |
| A7043 | 26.13 | Vacuum drainage bottle and tubing for use with implanted catheter |
| A7044NU | 84.39 | Oral interface used with positive airway pressure device, each |
| A7045NU | 13.43 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (new equipment) |
| A7045RR | 1.34 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (rental) |
| A7045UE | 10.08 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (used durable medical equipment) |
| A7046NU | 13.88 | Replacement water chamber for humidifier, used with positive pressure device, each |
| A7047 | 113.61 | Oral interface used with respiratory suction pump, each |
| A7048 | 46.48 | Vacuum drainage collection and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each |
| Tracheostomy Supplies | | |
| A7501 | 98.69 | Tracheostoma valve, including diaphragm, each |
| A7502 | 46.91 | Replacement diaphragm/faceplate for tracheostoma valve, each |
| A7503 | 10.66 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each |
| A7504 | 0.64 | Filter for use in a tracheostoma heat and moisture exchange system, each |
| A7505 | 4.40 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7506 | 0.31 | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each |
| A7507 | 2.34 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each |
| A7508 | 2.69 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each |
| A7509 | 1.33 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each |
| A7520NU | 44.62 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each |
| A7520UA | AAC+30% | Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only) |
| A7520UC | AAC+30% | Tracheostomy/laryngectomy tube, non-cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandards for children for MassHealth members only) |
| A7521NU | 44.20 | Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each |
| A7521UA | AAC+30% | Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for adults for MassHealth members only) |
| A7521UC | AAC+30% | Tracheostomy/laryngectomy tube, cuffed, polyvinyalchloride (PVC), silicone or equal, each (customized nonstandard size for children for MassHealth members only) |
| A7522NU | 42.44 | Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each |
| A7522UC | AAC+20% | Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each (pediatric specialized rehabilitation equipment) |
| A7523 | AAC+20% | Tracheostomy shower protector, each |
| A7524 | 72.74 | Tracheostoma stent/stud/button, each |
| A7525 | 1.94 | Tracheostomy mask, each |
| A7526 | 3.18 | Tracheostomy tube collar/holder, each |
| A7527 | 3.37 | Tracheostomy/laryngectomy tube plug, each |
| Protective Helmet | | |
| A8000NU | 144.11 | Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment) |
| A8000RR | 14.41 | Helmet, protective, soft, prefabricated, includes all components and accessories (rental) |
| A8000UE | 108.10 | Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment) |
| A8001NU | 144.11 | Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment) |
| A8001RR | 14.41 | Helmet, protective, hard, prefabricated, includes all components and accessories (rental) |
| A8001UE | 108.10 | Helmet, protective, hard, prefabricated, includes all components and accessories (used durable medical equipment) |
| A8002NU | AAC+30% | Helmet, protective, soft, custom fabricated, includes all components and accessories (new equipment) |
| A8002RR | I.C. | Helmet, protective, soft, custom fabricated, includes all components and accessories (rental) |
| A8002UE | I.C. | Helmet, protective, soft, custom fabricated, includes all components and accessories (used durable medical equipment) |
| A8003NU | AAC+30% | Helmet, protective, hard, custom fabricated, includes all components and accessories (new equipment) |
| A8003RR | I.C. | Helmet, protective, hard, custom fabricated, includes all components and accessories (rental) |
| A8003UE | I.C. | Helmet, protective, hard, custom fabricated, includes all components and accessories (used durable medical equipment) |
| A8004NU | AAC+30% | Soft interface for helmet, replacement only (new equipment) |
| A8004RR | I.C. | Soft interface for helmet, replacement only (rental) |
| A8004UE | I.C. | Soft interface for helmet, replacement only (used durable medical equipment) |
| Other Supplies and Devices | | |
| A9272 | AAC+20% | Wound suction, disposable, includes dressing, all accessories and components, any type, each |
| A9273 | AAC+20% | Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type |
| A9274 | AAC+30% | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories |
| A9275 | AAC+30% | Home glucose disposable monitor, includes test strips |
| A9276 | AAC+30% | Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit + 1 day supply |
| A9277 | AAC+30% | Transmitter; external, for use with interstitial continuous glucose monitoring system |
| A9278 | AAC+30% | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system |
| A9279 | AAC+30% | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified |
| A9280 | AAC+30% | Alarm or alarm device, not otherwise classified |
| A9281 | AAC+20% | Reaching/grabbing device, any type, any length, each |
| A9282 | AAC+20% | Wig, any type, each |
| A9284 | AAC+20% | Spirometer, non-electronic, includes all accessories |
| A9286 | AAC+20% | Hygienic item or device, disposable or non-disposable, any type, each |
| A9300 | AAC+30% | Exercise equipment |
| A9900 | AAC+20% | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code |
| A9999 | AAC+20% | Miscellaneous DME supply or accessory, not otherwise specified |
| **Enteral and Parenteral Therapy B4000-B9999** | | |
| Enteral Formulae and Enteral Medical Supplies | | |
| B4034 | 4.01 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4035 | 7.57 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4036 | 5.34 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| B4081 | 15.61 | Nasogastric tubing with stylet |
| B4082 | 11.49 | Nasogastric tubing without stylet |
| B4083 | 1.78 | Stomach tube - Levine type |
| B4087NU | 25.80 | Gastrostomy/jejunostomy tube, standard, any material, any type, each |
| B4087UC | 144.00 | Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube) |
| B4088NU | 27.96 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each |
| B4088UC | 144.00 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each (mickey tube) |
| B4100 | AAC+25% | Food thickener, administered orally, per ounce |
| B4102 | AAC+25% | Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit |
| B4103 | AAC+25% | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ML = 1 unit |
| B4104 | AAC+25% | Additive for enteral formula (e.g., fiber) |
| B4105 | AAC + 20% | In-Line cartridge containing digestive enzyme(s) for enteral feeding, each |
| B4149BA | 1.11 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4149BO | AAC+25% | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4150BA | 0.47 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4150BO | 1.82 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4152BA | 0.38 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4152BO | 1.67 | Enteral formula, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4153BA | 1.34 | Enteral formula, hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4153BO | 10.24 | Enteral formula,hydrolyzed nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4154BA | 0.84 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4154BO | AAC+25% | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease or metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4155BA | 0.71 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4155BO | AAC+25% | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain tryglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4157BA | AAC+25% | Enteral formula, nutritionally complete for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4157BO | AAC+25% | Enteral formula, nutritionally complete for special metabolic neds for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4158BA | AAC+25% | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4158BO | AAC+25% | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4159BA | AAC+25% | Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4159BO | AAC+25% | Enteral formula for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4160BA | AAC+25% | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minterals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4160BO | AAC+25% | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minterals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4161BA | AAC+25% | Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4161BO | AAC+25% | Enter formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| B4162BA | AAC+25% | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services) |
| B4162BO | AAC+25% | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit) |
| Parenteral Nutrition Solutions and Supplies | | |
| B4164 | 16.58 | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – homemix |
| B4168 | 24.17 | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) – homemix |
| B4172 | AAC+25% | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – homemix |
| B4176 | 46.78 | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – homemix |
| B4178 | 56.14 | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) – homemix |
| B4180 | 23.80 | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 unit) – home mix |
| B4185 | 10.97 | Parenteral nutrition solution, not otherwise specified, 10 grams lipids |
| B4187 | I.C. | Omegaven, 10 grams lipids |
| B4189 | 173.45 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix |
| B4193 | 224.12 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix |
| B4197 | 272.86 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix |
| B4199 | 311.79 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix |
| B4216 | 7.53 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day |
| B4220 | 7.81 | Parenteral nutrition supply kit; premix, per day |
| B4222 | 9.63 | Parenteral nutrition supply kit; home mix, per day |
| B4224 | 24.40 | Parenteral nutrition administration kit, per day |
| B5000 | 11.60 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - Aminosyn RF, NephrAmine, RenAmine - premix |
| B5100 | 4.53 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - f, HepatAmine - premix |
| B5200 | AAC+25% | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids - FreAmine-HBC - premix |
| Enteral and Parenteral Pumps | | |
| B9002MS | 41.90 | Enteral nutrition infusion pump, any type (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty) |
| B9002NU | 801.69 | Enteral nutrition infusion pump, any type(new equipment) |
| B9002RR | 78.49 | Enteral nutrition infusion pump, any type (rental) |
| B9002UE | 601.26 | Enteral nutrition infusion pump, any type (used durable medical equipment) |
| B9004MS | 194.88 | Parenteral nutrition infusion pump, portable (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty) |
| B9004NU | 2,462.07 | Parenteral nutrition infusion pump, portable (new equipment) |
| B9004RR | 389.75 | Parenteral nutrition infusion pump, portable (rental) |
| B9004UE | 1,846.55 | Parenteral nutrition infusion pump, portable (used durable medical equipment) |
| B9006MS | 194.88 | Parenteral nutrition infusion pump, stationary (six month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty) |
| B9006NU | 2,462.07 | Parenteral nutrition infusion pump, stationary (new equipment) |
| B9006RR | 389.75 | Parenteral nutrition infusion pump, stationary (rental) |
| B9006UE | 1,846.55 | Parenteral nutrition infusion pump, stationary (used durable medical equipment) |
| B9998 | AAC+20% | NOC for enteral supplies |
| B9999 | AAC+20% | NOC for parenteral supplies |
| **Durable Medical Equipment E0100-E9999** | | |
| Canes | | |
| E0100NU | 19.06 | Cane, includes canes of all materials, adjustable or fixed, with tip (new equipment) |
| E0100RR | 5.00 | Cane, includes canes of all materials, adjustable or fixed, with tip (rental) |
| E0100UE | 14.27 | Cane, includes canes of all materials, adjustable or fixed, with tip (used durable medical equipment) |
| E0105NU | 45.53 | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (new equipment) |
| E0105RR | 7.08 | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (rental) |
| E0105UD | AAC+30% | Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (bariatric equipment) |
| E0105UE | 34.16 | Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (used durable medical equipment) |
| Crutches | | |
| E0110NU | 72.91 | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (new equipment) |
| E0110RR | 15.02 | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (rental) |
| E0110UD | AAC+30% | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (bariatric equipment) |
| E0110UE | 54.66 | Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (used durable medical equipment) |
| E0111NU | 50.04 | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (new equipment) |
| E0111RR | 7.91 | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (rental) |
| E0111UD | AAC+30% | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (bariatric equipment) |
| E0111UE | 38.62 | Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (used durable medical equipment) |
| E0112NU | 29.55 | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment) |
| E0112RR | 7.94 | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (rental) |
| E0112UD | AAC+30% | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment) |
| E0112UE | 22.54 | Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment) |
| E0113NU | 19.86 | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (new equipment) |
| E0113RR | 4.84 | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (rental) |
| E0113UD | AAC+30% | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment) |
| E0113UE | 14.90 | Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (used durable medical equipment) |
| E0114NU | 37.69 | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment) |
| E0114RR | 6.84 | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (rental) |
| E0114UD | AAC+30% | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment) |
| E0114UE | 28.49 | Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment) |
| E0116NU | 26.08 | Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (new equipment) |
| E0116RR | 4.32 | Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (rental) |
| E0116UD | AAC+30% | Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment) |
| E0116UE | 19.63 | Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (used durable medical equipment) |
| E0117KH | 18.10 | Crutch, underarm, articulating, spring assisted, each (capped rental) |
| E0117KI | 18.10 | Crutch, underarm, articulating, spring assisted, each (capped rental) |
| E0117KJ | 13.57 | Crutch, underarm, articulating, spring assisted, each (capped rental) |
| E0117NU | 180.97 | Crutch, underarm, articulating, spring assisted, each (new equipment) |
| E0117UD | AAC+30% | Crutch, underarm, articulating, spring assisted, each (bariatric equipment) |
| E0117UE | 135.73 | Crutch, underarm, articulating, spring assisted, each (used durable medical equipment) |
| E0118NU | AAC+30% | Crutch substitute, lower leg platform, with or without wheels, each (new equipment) |
| E0118RR | I.C. | Crutch substitute, lower leg platform, with or without wheels, each (rental) |
| E0118UE | I.C. | Crutch substitute, lower leg platform, with or without wheels, each (used durable medical equipment) |
| Walkers | | |
| E0130NU | 45.33 | Walker, rigid (pickup), adjustable or fixed height (new equipment) |
| E0130RR | 7.70 | Walker, rigid (pickup), adjustable or fixed height (rental) |
| E0130UD | AAC+30% | Walker, rigid (pickup), adjustable or fixed height (bariatric equipment) |
| E0130UE | 34.01 | Walker, rigid (pickup), adjustable or fixed height (used durable medical equipment) |
| E0135NU | 52.16 | Walker, folding (pickup), adjustable or fixed height (new equipment) |
| E0135RR | 7.76 | Walker, folding (pickup), adjustable or fixed height (rental) |
| E0135UD | AAC+30% | Walker, folding (pickup), adjustable or fixed height (bariatric equipment) |
| E0135UE | 39.71 | Walker, folding (pickup), adjustable or fixed height (used durable medical equipment) |
| E0140KH | 26.10 | Walker with trunk support, adjustable or fixed height, any type (capped rental) |
| E0140KI | 26.10 | Walker with trunk support, adjustable or fixed height, any type (capped rental) |
| E0140KJ | 19.58 | Walker with trunk support, adjustable or fixed height, any type (capped rental) |
| E0140NU | 260.87 | Walker with trunk support, adjustable or fixed height, any type (new equipment) |
| E0140UC | AAC+30% | Walker with trunk support, adjustable or fixed height, any type (pediatric specialized rehabilitation equipment) |
| E0140UD | AAC+30% | Walker with trunk support, adjustable or fixed height, any type (bariatric equipment) |
| E0140UE | 195.65 | Walker with trunk support, adjustable or fixed height, any type (used durable medical equipment) |
| E0141NU | 76.41 | Walker, rigid, wheeled, adjustable or fixed height (new equipment) |
| E0141RR | 10.73 | Walker, rigid, wheeled, adjustable or fixed height (rental) |
| E0141UC | AAC+30% | Walker, rigid, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment) |
| E0141UD | AAC+30% | Walker, rigid, wheeled, adjustable or fixed height (bariatric equipment) |
| E0141UE | 57.31 | Walker, rigid, wheeled, adjustable or fixed height (used durable medical equipment) |
| E0143NU | 71.87 | Walker, folding, wheeled, adjustable or fixed height (new equipment) |
| E0143RR | 9.75 | Walker, folding, wheeled, adjustable or fixed height (rental) |
| E0143UC | AAC+30% | Walker, folding, wheeled, adjustable or fixed height (pediatric specialized rehabilitation equipment) |
| E0143UD | AAC+30% | Walker, folding, wheeled, adjustable or fixed height (bariatric equipment) |
| E0143UE | 53.82 | Walker, folding, wheeled, adjustable or fixed height (used durable medical equipment) |
| E0144KH | 23.70 | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental) |
| E0144KI | 23.70 | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental) |
| E0144KJ | 17.77 | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (capped rental) |
| E0144NU | 236.98 | Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (new equipment) |
| E0144UC | AAC+30% | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (pediatric specialized rehabilitation equipment) |
| E0144UD | AAC+30% | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (bariatric equipment) |
| E0144UE | 177.74 | Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (used durable medical equipment) |
| E0147NU | 392.85 | Walker, heavy duty, multiple breaking system, variable wheel resistance (new equipment) |
| E0147RR | 39.29 | Walker, heavy duty, multiple breaking system, variable wheel resistance walker (rental) |
| E0147UD | AAC+30% | Walker, heavy duty, multiple breaking system, variable wheel resistance walker (bariatric equipment) |
| E0147UE | 294.64 | Walker, heavy duty, multiple breaking system, variable wheel resistance walker (used durable medical equipment) |
| E0148NU | 85.87 | Walker, heavy duty, without wheels, rigid or folding, any type, each (new equipment) |
| E0148RR | 8.59 | Walker, heavy duty, without wheels, rigid or folding, any type, each (rental) |
| E0148UD | AAC+30% | Walker, heavy duty, without wheels, rigid or folding, any type, each (bariatric equipment) |
| E0148UE | 64.40 | Walker, heavy duty, without wheels, rigid or folding, any type, each (used durable medical equipment) |
| E0149KH | 13.97 | Walker, heavy duty, wheeled, rigid or folding, any type (capped rental) |
| E0149KI | 13.97 | Walker, heavy duty, wheeled, rigid or folding, any type (capped rental) |
| E0149KJ | 10.47 | Walker, heavy duty, wheeled, rigid or folding, any type (capped rental) |
| E0149NU | 139.62 | Walker, heavy duty, wheeled, rigid or folding, any type (new equipment) |
| E0149UD | AAC+30% | Walker, heavy duty, wheeled, rigid or folding, any type (bariatric equipment) |
| E0149UE | 104.71 | Walker, heavy duty, wheeled, rigid or folding, any type (used durable medical equipment) |
| Attachments | | |
| E0153NU | 55.42 | Platform attachment, forearm crutch, each (new equipment) |
| E0153RR | 6.26 | Platform attachment, forearm crutch, each (rental) |
| E0153UC | AAC+30% | Platform attachment, forearm crutch, each (pediatric specialized rehabilitation equipment) |
| E0153UD | AAC+30% | Platform attachment, forearm crutch, each |
| E0153UE | 41.56 | Platform attachment, forearm crutch, each (used durable medical equipment) |
| E0154NU | 44.47 | Platform attachment, walker, each (new equipment) |
| E0154RR | 4.74 | Platform attachment, walker, each (rental) |
| E0154UC | AAC+30% | Platform attachment, walker, each (pediatric specialized rehabilitation equipment) |
| E0154UD | AAC+30% | Platform attachment, walker, each (bariatric equipment) |
| E0154UE | 33.35 | Platform attachment, walker, each (used durable medical equipment) |
| E0155NU | 20.60 | Wheel attachment, rigid pick-up walker, per pair (new equipment) |
| E0155RR | 2.34 | Wheel attachment, rigid pick-up walker, per pair (rental) |
| E0155UD | AAC+30% | Wheel attachment, rigid pick-up walker, per pair (bariatric equipment) |
| E0155UE | 15.61 | Wheel attachment, rigid pick-up walker, per pair (used durable medical equipment) |
| E0156NU | 17.03 | Seat attachment, walker (new equipment) |
| E0156RR | 2.01 | Seat attachment, walker (rental) |
| E0156UD | AAC+30% | Seat attachment, walker (bariatric equipment) |
| E0156UE | 12.78 | Seat attachment, walker (used durable medical equipment) |
| E0157NU | 57.04 | Crutch attachment, walker, each (new equipment) |
| E0157RR | 6.03 | Crutch attachment, walker, each (rental) |
| E0157UE | 42.78 | Crutch attachment, walker, each (used durable medical equipment) |
| E0158NU | 21.43 | Leg extensions for walker, per set of four (4) (new equipment) |
| E0158RR | 2.28 | Leg extensions for walker, per set of four (4) (rental) |
| E0158UD | AAC+30% | Leg extensions for walker, per set of four (4) (bariatric equipment) |
| E0158UE | 16.07 | Leg extensions for walker, per set of four (4) (used durable medical equipment) |
| E0159NU | 12.72 | Brake attachment for wheeled walker, replacement, each (new equipment) |
| E0159RR | 1.28 | Brake attachment for wheeled walker, replacement, each (rental) |
| E0159UD | AAC+30% | Brake attachment for wheeled walker, replacement, each (bariatric equipment) |
| E0159UE | 9.55 | Brake attachment for wheeled walker, replacement, each (used durable medical equipment) |
| Commodes | | |
| E0160NU | 27.36 | Sitz type bath or equipment, portable, used with or without commode (new equipment) |
| E0160RR | 3.04 | Sitz type bath or equipment, portable, used with or without commode (rental) |
| E0160UE | 20.51 | Sitz type bath or equipment, portable, used with or without commode (used durable medical equipment) |
| E0161NU | 20.94 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (new equipment) |
| E0161RR | 2.76 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (rental) |
| E0161UE | 15.68 | Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (used durable medical equipment) |
| E0162NU | 136.92 | Sitz bath chair (new equipment) |
| E0162RR | 14.36 | Sitz bath chair (rental) |
| E0162UE | 106.17 | Sitz bath chair (used durable medical equipment) |
| E0163NU | 77.89 | Commode chair, mobile or stationary, with fixed arms (new equipment) |
| E0163RR | 12.74 | Commode chair, mobile or stationary, with fixed arms (rental) |
| E0163UD | AAC+30% | Commode chair, mobile or stationary, with fixed arms (bariatric equipment) |
| E0163UE | 58.41 | Commode chair, mobile or stationary, with fixed arms (used durable medical equipment) |
| E0165KH | 13.34 | 4 Commode chair, mobile or stationary, with detachable arms (capped rental) |
| E0165KI | 13.34 | 4 Commode chair, mobile or stationary, with detachable arms (capped rental) |
| E0165KJ | 10.00 | Commode chair, mobile or stationary, with detachable arms (capped rental) |
| E0165NU | 133.37 | Commode chair, mobile or stationary, with detachable arms (new equipment purchase) |
| E0165UD | AAC+30% | Commode chair, mobile or stationary, with detachable arms (bariatric equipment) |
| E0165UE | 100.02 | Commode chair, mobile or stationary, with detachable arms (used durable medical equipment purchase) |
| E0167NU | 10.20 | Pail or pan for use with commode chair, replacement only (new equipment) |
| E0167RR | 0.95 | Pail or pan for use with commode chair, replacement only (rental) |
| E0167UD | AAC+30% | Pail or pan for use with commode chair, replacement only (bariatric equipment) |
| E0167UE | 7.68 | Pail or pan for use with commode chair, replacement only (used durable medical equipment) |
| E0168NU | 129.25 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (new equipment) |
| E0168RR | 12.95 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (rental) |
| E0168UE | 96.93 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (used durable medical equipment) |
| E0170KH | 147.71 | Commode chair with integrated seat lift mechanism, electric, any type (capped rental) |
| E0170KI | 147.71 | Commode chair with integrated seat lift mechanism, electric, any type (capped rental) |
| E0170KJ | 110.78 | Commode chair with integrated seat lift mechanism, electric, any type (capped rental) |
| E0170NU | 1,477.13 | Commode chair with integrated seat lift mechanism, electric, any type (new equipment purchase) |
| E0170UD | AAC+30% | Commode chair with integrated seat lift mechanism, electric, any type (bariatric equipment) |
| E0170UE | 1,107.85 | Commode chair with integrated seat lift mechanism, electric, any type |
| E0171KH | 26.48 | Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental) |
| E0171KI | 26.48 | Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental) |
| E0171KJ | 19.86 | Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental) |
| E0171NU | 264.78 | Commode chair with integrated seat lift mechanism, non-electric, any type (new equipment purchase) |
| E0171UD | AAC+30% | Commode chair with integrated seat lift mechanism, non-electric, any type (bariatric equipment) |
| E0171UE | 198.58 | Commode chair with integrated seat lift mechanism, non-electric, any type (used durable medical equipment) |
| E0172 | AAC+30% | Seat lift mechanism placed over or on top of toilet, any type |
| E0175NU | 61.06 | Foot rest, for use with commode chair, each (new equipment) |
| E0175RR | 6.12 | Foot rest, for use with commode chair, each (rental) |
| E0175UE | 45.81 | Foot rest, for use with commode chair, each (used durable medical equipment) |
| Decubitis Care Equipment | | |
| E0181KH | 20.81 | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental) |
| E0181KI | 20.81 | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental) |
| E0181KJ | 15.61 | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental) |
| E0181NU | 208.08 | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (new equipment purchase) |
| E0181UE | 156.06 | Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (used durable medical equipment purchase) |
| E0182KH | 18.79 | Pump for alternating pressure pad, for replacement only (capped rental) |
| E0182KI | 18.79 | Pump for alternating pressure pad, for replacement only (capped rental) |
| E0182KJ | 14.10 | Pump for alternating pressure pad, for replacement only (capped rental) |
| E0182NU | 187.94 | Pump for alternating pressure pad, for replacement only (new equipment purchase) |
| E0182UE | 140.95 | Pump for alternating pressure pad, for replacement only (used durable medical equipment purchase) |
| E0184NU | 165.32 | Dry pressure mattress (new equipment) |
| E0184RR | 18.56 | Dry pressure mattress (rental) |
| E0184UE | 125.54 | Dry pressure mattress (used durable medical equipment) |
| E0185NU | 238.83 | Gel or gel-like pressure pad for mattress, standard mattress length and width |
| E0185RR | 29.97 | Gel or gel-like pressure pad for mattress, standard mattress length and width |
| E0185UE | 181.76 | Gel or gel-like pressure pad for mattress, standard mattress length and width |
| E0186KH | 16.21 | Air pressure mattress (capped rental) |
| E0186KI | 16.21 | Air pressure mattress (capped rental) |
| E0186KJ | 12.16 | Air pressure mattress (capped rental) |
| E0186NU | 162.10 | Air pressure mattress (new equipment purchase) |
| E0186UE | 121.57 | Air pressure mattress (used durable medical equipment) |
| E0187KH | 18.03 | Water pressure mattress (capped rental) |
| E0187KI | 18.03 | Water pressure mattress (capped rental) |
| E0187KJ | 13.52 | Water pressure mattress (capped rental) |
| E0187NU | 180.29 | Water pressure mattress (new equipment purchase) |
| E0187UE | 135.21 | Water pressure mattress (used durable medical equipment purchase) |
| E0188NU | 21.07 | Synthetic sheepskin pad (new equipment) |
| E0188RR | 2.30 | Synthetic sheepskin pad (rental) |
| E0188UE | 15.81 | Synthetic sheepskin pad (used durable medical equipment) |
| E0189NU | 45.24 | Lambswool sheepskin pad, any size (new equipment) |
| E0189RR | 4.58 | Lambswool sheepskin pad, any size (rental) |
| E0189UE | 33.93 | Lambswool sheepskin pad, any size (used durable medical equipment) |
| E0190NU | AAC+30% | Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories (new equipment) |
| E0190RR | I.C. | Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (rental) |
| E0190UE | I.C. | Positioning cushion/pillow/wedge, any shape or size includes all components and accessories (used durable medical equipment) |
| E0191NU | 9.39 | Heel or elbow protector, each (new equipment) |
| E0191RR | 0.97 | Heel or elbow protector, each (rental) |
| E0191UE | 7.00 | Heel or elbow protector, each (used durable medical equipment) |
| E0193KH | 625.46 | Powered air flotation bed (low air loss therapy) (capped rental) |
| E0193KI | 625.46 | Powered air flotation bed (low air loss therapy) (capped rental) |
| E0193KJ | 469.09 | Powered air flotation bed (low air loss therapy) (capped rental) |
| E0194KH | 3,058.05 | Air fluidized bed (capped rental) |
| E0194KI | 3,058.05 | Air fluidized bed (capped rental) |
| E0194KJ | 2,293.53 | Air fluidized bed (capped rental) |
| E0196KH | 25.95 | Gel pressure mattress (capped rental) |
| E0196KI | 25.95 | Gel pressure mattress (capped rental) |
| E0196KJ | 19.46 | Gel pressure mattress (capped rental) |
| E0196NU | 259.51 | Gel pressure mattress (new equipment purchase) |
| E0196UE | 194.63 | Gel pressure mattress (used durable medical equipment purchase) |
| E0197KH | 19.78 | Air pressure pad for mattress, standard mattress length and width (capped rental) |
| E0197KI | 19.78 | Air pressure pad for mattress, standard mattress length and width (capped rental) |
| E0197KJ | 14.83 | Air pressure pad for mattress, standard mattress length and width (capped rental) |
| E0197NU | 164.20 | Air pressure pad for mattress, standard mattress length and width (new equipment) |
| E0197UE | 134.52 | Air pressure pad for mattress, standard mattress length and width (used durable medical equipment) |
| E0198KH | 17.71 | Water pressure pad for mattress, standard mattress length and width (capped rental) |
| E0198KI | 17.71 | Water pressure pad for mattress, standard mattress length and width (capped rental) |
| E0198KJ | 13.28 | Water pressure pad for mattress, standard mattress length and width (capped rental) |
| E0198NU | 177.06 | Water pressure pad for mattress, standard mattress length and width |
| E0198UE | 132.80 | Water pressure pad for mattress, standard mattress length and width |
| E0199NU | 25.67 | Dry pressure pad for mattress, standard mattress length and width |
| E0199RR | 2.57 | Dry pressure pad for mattress, standard mattress length and width |
| E0199UE | 19.24 | Dry pressure pad for mattress, standard mattress length and width |
| Heat/Cold Application | | |
| E0200NU | 63.33 | Heat lamp, without stand (table model), includes bulb, or infrared element |
| E0200RR | 8.60 | Heat lamp, without stand (table model), includes bulb, or infrared element |
| E0200UE | 47.52 | Heat lamp, without stand (table model), includes bulb, or infrared element |
| E0202RR | 125.00 | Phototherapy (bilirubin) light with photometer (per episode) |
| E0203 | AAC+30% | Therapeutic lightbox, minimum 10,000 lux, table top model |
| E0205NU | 155.01 | Heat lamp, with stand, includes bulb, or infrared element (new equipment) |
| E0205RR | 17.05 | Heat lamp, with stand, includes bulb, or infrared element (rental) |
| E0205UE | 116.25 | Heat lamp, with stand, includes bulb, or infrared element (used durable medical equipment) |
| E0210NU | 30.68 | Electric heat pad, standard (new equipment) |
| E0210RR | 2.50 | Electric heat pad, standard (rental) |
| E0210UE | 23.00 | Electric heat pad, standard (used durable medical equipment) |
| E0215NU | 56.58 | Electric heat pad, moist (new equipment) |
| E0215RR | 5.92 | Electric heat pad, moist (rental) |
| E0215UE | 42.45 | Electric heat pad, moist (used durable medical equipment) |
| E0217NU | 466.53 | Water circulating heat pad with pump (new equipment) |
| E0217RR | 51.94 | Water circulating heat pad with pump (rental) |
| E0217UE | 349.87 | Water circulating heat pad with pump (used durable medical equipment) |
| E0218 | AAC+30% | Fluid circulating cold pad with pump, any type |
| E0221 | 1,690.77 | Infrared heating pad system |
| E0225NU | 310.42 | Hydrocollator unit, includes pads (new equipment) |
| E0225RR | 30.60 | Hydrocollator unit, includes pads (rental) |
| E0225UE | 232.82 | Hydrocollator unit, includes pads (used durable medical equipment) |
| E0231 | AAC+30% | Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover |
| E0232 | AAC+30% | Warming card for use with the non contact wound warming device and non contact wound warming wound cover |
| E0235KH | 14.82 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental) |
| E0235KI | 14.82 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental) |
| E0235KJ | 11.11 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental) |
| E0235NU | 148.16 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (new equipment purchase) |
| E0235UE | 111.12 | Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (used durable medical equipment) |
| E0236KH | 41.57 | Pump for water circulating pad (capped rental) |
| E0236KI | 41.57 | Pump for water circulating pad (capped rental) |
| E0236KJ | 31.18 | Pump for water circulating pad (capped rental) |
| E0236NU | 415.74 | Pump for water circulating pad (new equipment purchase) |
| E0236UE | 311.80 | Pump for water circulating pad (used durable medical equipment purchase) |
| E0239NU | 422.70 | Hydrocollator unit, portable (new equipment) |
| E0239RR | 42.28 | Hydrocollator unit, portable (rental) |
| E0239UE | 317.03 | Hydrocollator unit, portable (used durable medical equipment) |
| Bath and Toilet Aids | | |
| E0240NU | AAC+30% | Bath/shower chair, with or without wheels, any size (new equipment) |
| E0240RR | I.C. | Bath/shower chair, with or without wheels, any size (rental) |
| E0240UE | I.C. | Bath/shower chair, with or without wheels, any size (used durable medical equipment) |
| E0241 | 32.36 | Bath tub wall rail, each |
| E0242 | 69.79 | Bath tub rail, floor base |
| E0243 | 38.14 | Toilet rail, each |
| E0244 | 60.76 | Raised toilet seat |
| E0244UD | AAC+30% | Raised toilet seat (bariatric equipment) |
| E0245 | 42.37 | Tub stool or bench |
| E0245UD | AAC+30% | Tub stool or bench (bariatric equipment) |
| E0246 | 99.65 | Transfer tub rail attachment |
| E0247NU | AAC+30% | Transfer bench, for tub or toilet with or without commode opening (new equipment) |
| E0247RR | I.C. | Transfer bench, for tub or toilet with or without commode opening (rental) |
| E0247UE | I.C. | Transfer bench, for tub or toilet with or without commode opening (used durable medical equipment) |
| E0248NU | AAC+30% | Transfer bench, heavy duty, for tub or toilet with or without commode opening (new equipment) |
| E0248RR | I.C. | Transfer bench, heavy duty, for tub or toilet with or without commode opening (rental) |
| E0248UE | I.C. | Transfer bench, heavy duty, for tub or toilet with or without commode opening (used durable medical equipment) |
| E0249NU | 93.60 | Pad for water circulating heat unit (new equipment) |
| E0249RR | 10.29 | Pad for water circulating heat unit (rental) |
| E0249UE | 70.20 | Pad for water circulating heat unit (used durable medical equipment) |
| Hospital Beds and Accessories | | |
| E0250KH | 67.97 | Hospital bed, fixed height, with any type side rails, with mattress (capped rental) |
| E0250KI | 67.97 | Hospital bed, fixed height, with any type side rails, with mattress (capped rental) |
| E0250KJ | 50.97 | Hospital bed, fixed height, with any type side rails, with mattress (capped rental) |
| E0250NU | 679.66 | Hospital bed, fixed height, with any type side rails, with mattress (new equipment purchase) |
| E0250RB | AAC+30% | Hospital bed, fixed height, with any type side rails, with mattress (replacement of a part of DME furnished as part of a repair) |
| E0250UE | 509.75 | Hospital bed, fixed height, with any type side rails, with mattress (used durable medical equipment purchase) |
| E0251KH | 52.92 | Hospital bed, fixed height, with any type side rails, without mattress (capped rental) |
| E0251KI | 52.92 | Hospital bed, fixed height, with any type side rails, without mattress (capped rental) |
| E0251KJ | 39.69 | Hospital bed, fixed height, with any type side rails, without mattress (capped rental) |
| E0251NU | 529.21 | Hospital bed, fixed height, with any type side rails, without mattress (new equipment purchase) |
| E0251RB | AAC+30% | Hospital bed, fixed height, with any type side rails, without mattress (replacement of a part of DME furnished as part of a repair) |
| E0251UE | 396.91 | Hospital bed, fixed height, with any type side rails, without mattress (used durable medical equipment purchase) |
| E0255KH | 79.03 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental) |
| E0255KI | 79.03 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental) |
| E0255KJ | 59.27 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental) |
| E0255NU | 790.33 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (new equipment purchase) |
| E0255RB | AAC+30% | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (replacement of a part of DME furnished as part of a repair) |
| E0255UE | 592.75 | Hospital bed, variable height, hi-lo, with any type side rails, with mattress (used durable medical equipment purchase) |
| E0256KH | 66.78 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental) |
| E0256KI | 66.78 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental) |
| E0256KJ | 50.08 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental) |
| E0256NU | 585.31 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (new equipment purchase) |
| E0256RB | AAC+30% | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0256UE | 438.98 | Hospital bed, variable height, hi-lo, with any type side rails, without mattress (used durable medical equipment purchase) |
| E0260KH | 89.03 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental) |
| E0260KI | 89.03 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental) |
| E0260KJ | 66.77 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental) |
| E0260NU | 890.29 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (new equipment purchase) |
| E0260RB | AAC+30% | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0260UE | 667.72 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (used durable medical equipment purchase) |
| E0261KH | 87.11 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental) |
| E0261KI | 87.11 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental) |
| E0261KJ | 65.33 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental) |
| E0261NU | 871.08 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (new equipment purchase) |
| E0261RB | AAC+30% | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress |
| E0261UE | 653.31 | Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (used durable medical equipment purchase) |
| E0265KH | 138.78 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental) |
| E0265KI | 138.78 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental) |
| E0265KJ | 104.08 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental) |
| E0265NU | 1,387.80 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (new equipment purchase) |
| E0265RB | AAC+30% | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0265UE | 1,040.85 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (used durable medical equipment purchase) |
| E0266KH | 122.24 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental) |
| E0266KI | 122.24 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental) |
| E0266KJ | 91.68 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental) |
| E0266NU | 1,222.39 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (new equipment purchase) |
| E0266RB | AAC+30% | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0266UE | 916.79 | Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (used durable medical equipment) |
| E0270 | AAC+30% | Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress |
| E0271NU | 142.77 | Mattress, innerspring (new equipment) |
| E0271RR | 14.63 | Mattress, innerspring (rental) |
| E0271UE | 109.88 | Mattress, innerspring (used durable medical equipment) |
| E0272NU | 140.42 | Mattress, foam rubber (new equipment) |
| E0272RR | 14.41 | Mattress, foam rubber (rental) |
| E0272UE | 105.03 | Mattress, foam rubber (used durable medical equipment) |
| E0273 | 44.73 | Bed board |
| E0274NU | 60.99 | Over-bed table (new equipment) |
| E0274RR | 6.10 | Over-bed table (rental) |
| E0274UE | 45.74 | Over-bed table (used durable medical equipment) |
| E0275NU | 13.06 | Bed pan, standard, metal or plastic (new equipment) |
| E0275RR | 1.31 | Bed pan, standard, metal or plastic (rental) |
| E0275UE | 9.81 | Bed pan, standard, metal or plastic (used durable medical equipment) |
| E0276NU | 10.57 | Bed pan, fracture, metal or plastic (new equipment) |
| E0276RR | 1.24 | Bed pan, fracture, metal or plastic (rental) |
| E0276UE | 8.14 | Bed pan, fracture, metal or plastic (used durable medical equipment) |
| E0277KH | 391.46 | Powered pressure-reducing air mattress (capped rental) |
| E0277KI | 391.46 | Powered pressure-reducing air mattress (capped rental) |
| E0277KJ | 293.59 | Powered pressure-reducing air mattress (capped rental) |
| E0277NU | 3,914.59 | Powered pressure-reducing air mattress (new equipment purchase) |
| E0277UE | 2,935.94 | Powered pressure-reducing air mattress (used durable medical equipment purchase) |
| E0280NU | 26.72 | Bed cradle, any type (new equipment) |
| E0280RR | 2.67 | Bed cradle, any type (rental) |
| E0280UE | 20.04 | Bed cradle, any type (used durable medical equipment) |
| E0290KH | 53.72 | Hospital bed, fixed height, without side rails, with mattress (capped rental) |
| E0290KI | 53.72 | Hospital bed, fixed height, without side rails, with mattress (capped rental) |
| E0290KJ | 40.29 | Hospital bed, fixed height, without side rails, with mattress (capped rental) |
| E0290NU | 537.20 | Hospital bed, fixed height, without side rails, with mattress (new equipment purchase) |
| E0290RB | AAC+30% | Hospital bed, fixed height, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0290UE | 402.90 | Hospital bed, fixed height, without side rails, with mattress (used durable medical equipment purchase) |
| E0291KH | 39.20 | Hospital bed, fixed height, without side rails, without mattress (capped rental) |
| E0291KI | 39.20 | Hospital bed, fixed height, without side rails, without mattress (capped rental) |
| E0291KJ | 29.40 | Hospital bed, fixed height, without side rails, without mattress (capped rental) |
| E0291NU | 392.02 | Hospital bed, fixed height, without side rails, without mattress (new equipment purchase) |
| E0291RB | AAC+30% | Hospital bed, fixed height, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0291UE | 294.02 | Hospital bed, fixed height, without side rails, without mattress (used durable medical equipment purchase) |
| E0292KH | 60.36 | Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental) |
| E0292KI | 60.36 | Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental) |
| E0292KJ | 45.27 | Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental) |
| E0292NU | 603.59 | Hospital bed, variable height, hi-lo, without side rails, with mattress (new equipment purchase) |
| E0292RB | AAC+30% | Hospital bed, variable height, hi-lo, without side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0292UE | 452.69 | Hospital bed, variable height, hi-lo, without side rails, with mattress (used durable medical equipment purchase) |
| E0293 | AAC+30% | Hospital bed, variable height, hi-lo, without side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0293KH | 51.37 | Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental) |
| E0293KI | 51.37 | Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental) |
| E0293KJ | 38.52 | Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental) |
| E0293NU | 513.66 | Hospital bed, variable height, hi-lo, without side rails, without mattress (new equipment purchase) |
| E0293UE | 385.24 | Hospital bed, variable height, hi-lo, without side rails, without mattress (used durable medical equipment purchase) |
| E0294KH | 86.05 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental) |
| E0294KI | 86.05 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental) |
| E0294KJ | 64.53 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental) |
| E0294NU | 860.46 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (new equipment purchase) |
| E0294RB | AAC+30% | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0294UE | 645.34 | Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (used durable medical equipment purchase) |
| E0295KH | 83.79 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental) |
| E0295KI | 83.79 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental) |
| E0295KJ | 62.84 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental) |
| E0295NU | 837.93 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (new equipment purchase) |
| E0295RB | AAC+30% | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0295UE | 628.45 | Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (used durable medical equipment purchase) |
| E0296KH | 132.98 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental) |
| E0296KI | 132.98 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental) |
| E0296KJ | 99.74 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental) |
| E0296NU | 1,329.83 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (new equipment purchase) |
| E0296RB | AAC+30% | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0296UE | 997.37 | Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (used durable medical equipment purchase) |
| E0297KH | 96.78 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental) |
| E0297KI | 96.78 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental) |
| E0297KJ | 72.59 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental) |
| E0297NU | 967.81 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (new equipment purchase) |
| E0297RB | AAC+30% | Hospital bed, total electric (head, foot and height adjustments), without side rails, without (replacement of a part of a DME furnished as part of a repair) |
| E0297UE | 725.86 | Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (used durable medical equipment purchase) |
| E0300KH | I.C. | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental) |
| E0300KI | I.C. | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental) |
| E0300KJ | I.C. | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (capped rental) |
| E0300NU | AAC+30% | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (new equipment) |
| E0300RB | AAC+30% | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (replacement of a part of a DME furnished as part of a repair) |
| E0300UE | I.C. | Pediatric crib, hospital grade, fully enclosed, with or without top enclosure (used durable medical equipment) |
| E0301KH | 185.10 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental) |
| E0301KI | 186.10 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental) |
| E0301KJ | 138.82 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (capped rental) |
| E0301NU | 1,850.96 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (new equipment purchase) |
| E0301RB | AAC+30% | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0301UE | 1,388.22 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (used durable medical equipment) |
| E0302KH | 499.90 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental) |
| E0302KI | 499.90 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental) |
| E0302KJ | 374.93 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental) |
| E0302NU | 4,999.02 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (new equipment purchase) |
| E0302RB | AAC+30% | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (replacement of a part of a DME furnished as part of a repair) |
| E0302UE | 3,749.27 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (used durable medical equipment) |
| E0303KH | 204.80 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental) |
| E0303KI | 204.80 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental) |
| E0303KJ | 153.60 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (capped rental) |
| E0303NU | 2,047.99 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (new equipment purchase) |
| E0303RB | AAC+30% | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0303UE | 1,535.99 | Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase) |
| E0304KH | 535.17 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental) |
| E0304KI | 536.17 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental) |
| E0304KJ | 401.38 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental) |
| E0304NU | 5,351.69 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (new equipment purchase) |
| E0304RB | AAC+30% | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (replacement of a part of a DME furnished as part of a repair) |
| E0304UE | 4,013.76 | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (used durable medical equipment purchase) (used durable medical equipment purchase) |
| E0305KH | 12.27 | Bed side rails, half length (capped rental) |
| E0305KI | 12.27 | Bed side rails, half length (capped rental) |
| E0305KJ | 9.20 | Bed side rails, half length (capped rental) |
| E0305NU | 122.66 | Bed side rails, half length (new equipment purchase) |
| E0305UE | 91.99 | Bed side rails, half length (used durable medical equipment purchase) |
| E0310NU | 128.61 | Bed side rails, full length (new equipment) |
| E0310RR | 14.59 | Bed side rails, full length (rental) |
| E0310UE | 96.46 | Bed side rails, full length (used durable medical equipment) |
| E0315NU | 74.32 | Bed accessory: board, table, or support device, any type (new equipment) |
| E0315RR | 7.43 | Bed accessory: board, table, or support device, any type (rental) |
| E0315UE | 55.74 | Bed accessory: board, table, or support device, any type (used durable medical equipment) |
| E0316KH | 157.89 | Safety enclosure frame/canopy for use with hospital bed, any type (capped rental) |
| E0316KI | 157.89 | Safety enclosure frame/canopy for use with hospital bed, any type (capped rental) |
| E0316KJ | 118.42 | Safety enclosure frame/canopy for use with hospital bed, any type (capped rental) |
| E0316NU | 1,578.88 | Safety enclosure frame/canopy for use with hospital bed, any type (new equipment purchase) |
| E0316UE | 1,184.16 | Safety enclosure frame/canopy for use with hospital bed, any type (used durable medical equipment purchase) |
| E0325NU | 8.69 | Urinal; male, jug-type, any material (new equipment) |
| E0325RR | 1.11 | Urinal; male, jug-type, any material (rental) |
| E0325UE | 6.09 | Urinal; male, jug-type, any material (used durable medical equipment) |
| E0326NU | 9.17 | Urinal; female, jug-type, any material (new equipment) |
| E0326RR | 0.99 | Urinal; female, jug-type, any material (rental) |
| E0326UE | 6.89 | Urinal; female, jug-type, any material (used durable medical equipment) |
| E0328 | AAC+30% | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress |
| E0328UA | AAC+30% | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care ten, use for adults for safety beds) |
| E0329 | AAC+30% | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress |
| E0329UA | AAC+30% | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress (Medicaid level of care ten, use for adults for safety beds) |
| E0350 | AAC+30% | Control unit for electronic bowel irrigation/evacuation system |
| E0352 | AAC+20% | Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system |
| E0370 | AAC+20% | Air pressure elevator for heel |
| E0371KH | 286.02 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental) |
| E0371KI | 286.02 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental) |
| E0371KJ | 214.51 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental) |
| E0371NU | 2,860.17 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (new equipment purchase) |
| E0371UE | 2,145.12 | Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (used durable medical equipment purchase) |
| E0372KH | 315.53 | Powered air overlay for mattress, standard mattress length and width (capped rental) |
| E0372KI | 315.53 | Powered air overlay for mattress, standard mattress length and width (capped rental) |
| E0372KJ | 236.65 | Powered air overlay for mattress, standard mattress length and width (capped rental) |
| E0372NU | 3,155.29 | Powered air overlay for mattress, standard mattress length and width (new equipment purchase) |
| E0372UE | 2,366.46 | Powered air overlay for mattress, standard mattress length and width (used durable medical equipment purchase) |
| E0373KH | 376.82 | Nonpowered advanced pressure reducing mattress (capped rental) |
| E0373KI | 376.82 | Nonpowered advanced pressure reducing mattress (capped rental) |
| E0373KJ | 282.62 | Nonpowered advanced pressure reducing mattress (capped rental) |
| E0373NU | 3,768.22 | Nonpowered advanced pressure reducing mattress (new equipment purchase) |
| E0373UE | 2,826.17 | Nonpowered advanced pressure reducing mattress (used durable medical equipment purchase) |
| Oxygen and Related Respiratory Equipment | | |
| E0424RR | 119.48 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) |
| E0425 | AAC+30% | Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing |
| E0430 | AAC+30% | Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing |
| E0431RR | 21.34 | Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental) |
| E0433RR | 40.26 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge |
| E0434RR | 21.34 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (rental) |
| E0435 | AAC+30% | Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor |
| E0439QF | 119.48 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) (prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed) |
| E0439QG | 119.48 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) (prescribed amount of oxygen is greater than 4 LPM) |
| E0439RR | 119.48 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (rental) |
| E0440 | AAC+30% | Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing |
| E0441 | 58.57 | Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned), one month's supply = 1 unit |
| E0442 | 58.57 | Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned), one month's supply = 1 unit |
| E0443RR | 57.33 | Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental) |
| E0444RR | 57.33 | Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one month's supply = 1 unit (rental) |
| E0445NU | 856.30 | Oximeter device for measuring blood oxygen levels non-invasively (new equipment) |
| E0445RR | 85.63 | Oximeter device for measuring blood oxygen levels non-invasively (rental) |
| E0445UE | 642.23 | Oximeter device for measuring blood oxygen levels non-invasively (used durable medical equipment) |
| E0446 | AAC+30% | Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories |
| E0447 | 56.94 | Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM) |
| E0455 | AAC+20% | Oxygen tent, excluding croup or pediatric tents |
| E0457NU | 548.45 | Chest shell (cuirass) (new equipment) |
| E0457RR | 54.84 | Chest shell (cuirass) (rental) |
| E0457UE | 411.31 | Chest shell (cuirass) (used durable medical equipment) |
| E0459KH | 45.42 | Chest wrap (capped rental) |
| E0459KI | 45.42 | Chest wrap (capped rental) |
| E0459KJ | 34.06 | Chest wrap (capped rental) |
| E0459NU | 476.86 | Chest wrap (new equipment purchase) |
| E0459UE | 357.65 | Chest wrap (used durable medical equipment purchase) |
| E0462KH | 232.76 | Rocking bed with or without side rails (capped rental) |
| E0462KI | 232.76 | Rocking bed with or without side rails (capped rental) |
| E0462KJ | 174.57 | Rocking bed with or without side rails (capped rental) |
| E0462NU | 2,327.56 | Rocking bed with or without side rails (new equipment purchase) |
| E0462UE | 1,745.67 | Rocking bed with or without side rails (used durable medical equipment purchase) |
| E0465RR | 896.95 | Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond) |
| E0465U2 | 1,055.23 | Home ventilator, any type, used with invasive interface (e.g., tracheostomy tube) (rental, first six months) |
| E0466RR | 896.95 | Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, months seven and beyond) |
| E0466U2 | 1,055.23 | Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell) (rental, first six months) |
| E0467RR | 1,091.46 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions (rental, months seven and beyond) |
| E0467U2 | 1,284.07 | Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions (rental, first six months) |
| E0470KH | 146.83 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0470KI | 146.83 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0470KJ | 110.12 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0470NU | 1,468.29 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment) (humidifier not included) |
| E0470UE | 1,101.22 | Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included) |
| E0471KH | 392.40 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0471KI | 392.40 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0471KJ | 294.30 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0471NU | 3,924.03 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included) |
| E0471UE | 2,943.02 | Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included) |
| E0472KH | 431.07 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0472KI | 431.07 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0472KJ | 323.30 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (capped rental) (humidifier not included) |
| E0472NU | 4,310.69 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (new equipment purchase) (humidifier not included) |
| E0472UE | 3,233.02 | Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (used durable medical equipment purchase) (humidifier not included) |
| E0480KH | 41.29 | Percussor, electric or pneumatic, home model (capped rental) |
| E0480KI | 41.29 | Percussor, electric or pneumatic, home model (capped rental) |
| E0480KJ | 30.97 | Percussor, electric or pneumatic, home model (capped rental) |
| E0480NU | 412.93 | Percussor, electric or pneumatic, home model (new equipment purchase) |
| E0480UE | 309.70 | Percussor, electric or pneumatic, home model (used durable medical equipment purchase) |
| E0481 | AAC+30% | Intrapulmonary percussive ventilation system and related accessories |
| E0482KH | 404.09 | Cough stimulating device, alternating positive and negative airway pressure (capped rental) |
| E0482KI | 404.09 | Cough stimulating device, alternating positive and negative airway pressure (capped rental) |
| E0482KJ | 303.07 | Cough stimulating device, alternating positive and negative airway pressure (capped rental) |
| E0482NU | 4,040.90 | Cough stimulating device, alternating positive and negative airway pressure (new equipment purchase) |
| E0482UE | 3,030.68 | Cough stimulating device, alternating positive and negative airway pressure (used durable medical equipment purchase) |
| E0483KH | 999.01 | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental) |
| E0483KI | 999.01 | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental) |
| E0483KJ | 749.25 | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (capped rental) |
| E0483NU | 9,990.05 | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (new equipment) |
| E0483UE | 7,492.54 | High frequency chest wall oscillation air-pulse generator system, includes all accessories and supplies, each (used durable medical equipment) |
| E0484NU | 34.71 | Oscillatory positive expiratory pressure device, non-electric, any type, each (new equipment) |
| E0484RR | 3.46 | Oscillatory positive expiratory pressure device, non-electric, any type, each (rental) |
| E0484UE | 26.04 | Oscillatory positive expiratory pressure device, non-electric, any type, each (used durable medical equipment) |
| E0485NU | AAC+30% | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (new equipment) |
| E0485RR | I.C. | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (rental) |
| E0485UE | I.C. | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment (used durable medical equipment) |
| E0486NU | $1881.22 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment (new equipment) |
| E0487 | AAC+30% | Spirometer, electronic, includes all accessories |
| IPPB Machines | | |
| E0500RR | 103.14 | IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source (rental) |
| Humidifiers/Compressors/Nebulizers | | |
| E0550KH | 40.04 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental) |
| E0550KI | 40.04 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental) |
| E0550KJ | 30.03 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental) |
| E0550NU | 400.44 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (new equipment purchase) |
| E0550UE | 300.33 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (used durable medical equipment purchase) |
| E0555 | AAC+30% | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter |
| E0560NU | 138.91 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (new equipment) |
| E0560RR | 16.28 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (rental) |
| E0560UE | 104.18 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (used durable medical equipment) |
| E0561NU | 73.66 | Humidifier, non-heated, used with positive airway pressure device (new equipment) |
| E0561RR | 7.36 | Humidifier, non-heated, used with positive airway pressure device (rental) |
| E0561UE | 55.24 | Humidifier, non-heated, used with positive airway pressure device (used durable medical equipment) |
| E0562NU | 189.83 | Humidifier, heated, used with positive airway pressure device (new equipment) |
| E0562RR | 18.97 | Humidifier, heated, used with positive airway pressure device (rental) |
| E0562UE | 142.37 | Humidifier, heated, used with positive airway pressure device (used durable medical equipment) |
| E0565KH | 50.84 | Compressor, air power source for equipment which is not selfcontained or cylinder driven (capped rental) |
| E0565KI | 50.84 | Compressor, air power source for equipment which is not selfcontained or cylinder driven (capped rental) |
| E0565KJ | 38.13 | Compressor, air power source for equipment which is not self- contained or cylinder driven (capped rental) |
| E0565NU | 508.39 | Compressor, air power source for equipment which is not self- contained or cylinder driven (new equipment purchase) |
| E0565UE | 381.29 | Compressor, air power source for equipment which is not self- contained or cylinder driven (used durable medical equipment |
| E0570KH | 12.32 | Nebulizer, with compressor (capped rental) |
| E0570KI | 12.32 | Nebulizer, with compressor (capped rental) |
| E0570KJ | 9.24 | Nebulizer, with compressor (capped rental) |
| E0570NU | 123.17 | Nebulizer, with compressor (new equipment purchase) |
| E0570UE | 92.37 | Nebulizer, with compressor (used durable medical equipment purchase) |
| E0572KH | 34.83 | Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental) |
| E0572KI | 34.83 | Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental) |
| E0572KJ | 26.12 | Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental) |
| E0572NU | 348.33 | Aerosol compressor, adjustable pressure, light duty for intermittent use (new equipment purchase) |
| E0572UE | 261.25 | Aerosol compressor, adjustable pressure, light duty for intermittent use (used durable medical equipment purchase) |
| E0574KH | 37.83 | Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental) |
| E0574KI | 37.83 | Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental) |
| E0574KJ | 28.38 | Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental) |
| E0574NU | 378.34 | Ultrasonic/electronic aerosol generator with small volume nebulizer (new equipment purchase) |
| E0574UE | 283.75 | Ultrasonic/electronic aerosol generator with small volume nebulizer (used durable medical equipment purchase) |
| E0575KH | 96.58 | Nebulizer, ultrasonic, large volume (capped rental rental) |
| E0575KI | 96.58 | Nebulizer, ultrasonic, large volume (capped rental rental) |
| E0575KJ | 72.43 | Nebulizer, ultrasonic, large volume (capped rental rental) |
| E0575NU | 965.77 | Nebulizer, ultrasonic, large volume (new equipment purchase) |
| E0575UE | 724.33 | Nebulizer, ultrasonic, large volume (used durable medical equipment purchase) |
| E0580NU | 107.29 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (new equipment) |
| E0580RR | 10.74 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (rental) |
| E0580UE | 80.46 | Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (used durable medical equipment) |
| E0585KH | 28.01 | Nebulizer, with compressor and heater (capped rental) |
| E0585KI | 28.01 | Nebulizer, with compressor and heater (capped rental) |
| E0585KJ | 21.01 | Nebulizer, with compressor and heater (capped rental) |
| E0585NU | 280.08 | Nebulizer, with compressor and heater (new equipment purchase) |
| E0585UE | 210.06 | Nebulizer, with compressor and heater (used durable medical equipment purchase) |
| Pumps and Vaporizers | | |
| E0600KH | 43.03 | Respiratory suction pump, home model, portable or stationary, electric (capped rental) |
| E0600KI | 43.03 | Respiratory suction pump, home model, portable or stationary, electric (capped rental) |
| E0600KJ | 32.27 | Respiratory suction pump, home model, portable or stationary, electric (capped rental) |
| E0600NU | 430.27 | Respiratory suction pump, home model, portable or stationary, electric (new equipment purchase) |
| E0600UE | 322.70 | Respiratory suction pump, home model, portable or stationary, electric (used durable medical equipment) |
| E0601KH | 60.50 | Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included) |
| E0601KI | 60.50 | Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included) |
| E0601KJ | 45.38 | Continuous positive airway pressure (CPAP) device (capped rental) (humidifier not included) |
| E0601NU | 605.03 | Continuous positive airway pressure (CPAP) device (new equipment purchase) (humidifier not included) |
| E0601UE | 453.77 | Continuous positive airway pressure (CPAP) device (used durable medical equipment purchase) (humidifier not included) |
| E0602NU | 27.74 | Breast pump, manual, any type (new equipment) |
| E0602RR | 2.79 | Breast pump, manual, any type (rental) |
| E0602UE | 20.81 | Breast pump, manual, any type (used durable medical equipment) |
| E0603NU | 213.20 | Breast pump, electric (AC and/or DC), any type |
| E0604RR | 70.00 | Breast pump, hospital grade, electric (AC and /or DC), any type (rental) |
| E0605NU | 24.84 | Vaporizer, room type (new equipment) |
| E0605RR | 2.50 | Vaporizer, room type (rental) |
| E0605UE | 18.65 | Vaporizer, room type (used durable medical equipment) |
| E0606KH | 21.57 | Postural drainage board (capped rental) |
| E0606KI | 21.57 | Postural drainage board (capped rental) |
| E0606KJ | 16.18 | Postural drainage board (capped rental) |
| E0606NU | 215.73 | Postural drainage board (new equipment purchase) |
| E0606UE | 161.80 | Postural drainage board (used durable medical equipment purchase) |
| Monitoring Devices | | |
| E0607NU | 62.78 | Home blood glucose monitor (new equipment) |
| E0607RR | 6.27 | Home blood glucose monitor (rental) |
| E0607UE | 47.08 | Home blood glucose monitor (used durable medical equipment) |
| E0610NU | 189.98 | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (new equipment) |
| E0610RR | 20.03 | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (rental) |
| E0610UE | 142.50 | Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (used durable medical equipment) |
| E0615NU | 449.92 | Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (new equipment) |
| E0615RR | 54.97 | Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (rental) |
| E0615UE | 337.47 | Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (used durable medical equipment) |
| E0616 | AAC+30% | Implantable cardiac event recorder with memory, activator and programmer |
| E0617KH | 285.70 | External defibrillator with integrated electrocardiogram analysis (capped rental) |
| E0617KHKF | 317.22 | External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device) |
| E0617KI | 285.70 | External defibrillator with integrated electrocardiogram analysis (capped rental) |
| E0617KIKF | 317.22 | External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device) |
| E0617KJ | 214.28 | External defibrillator with integrated electrocardiogram analysis (capped rental) |
| E0617KJKF | 237.92 | External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device) |
| E0617NU | 2,857.02 | External defibrillator with integrated electrocardiogram analysis (new equipment purchase) |
| E0617NUKF | 3,172.20 | External defibrillator with integrated electrocardiogram analysis (new equipment purchase) (FDA class III device) |
| E0617UE | 2,142.77 | External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) |
| E0617UEKF | 2,379.15 | External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) (FDA class III device) |
| E0618KH | 263.46 | Apnea monitor, without recording feature (capped rental) |
| E0618KI | 263.46 | Apnea monitor, without recording feature (capped rental) |
| E0618KJ | 195.45 | Apnea monitor, without recording feature (capped rental) |
| E0619KH | 224.28 | Apnea monitor, with recording feature (capped rental) |
| E0619KI | 224.28 | Apnea monitor, with recording feature (capped rental) |
| E0619KJ | 168.21 | Apnea monitor, with recording feature (capped rental) |
| E0620KH | 81.27 | Skin piercing device for collection of capillary blood, laser, each (capped rental) |
| E0620KI | 81.27 | Skin piercing device for collection of capillary blood, laser, each (capped rental) |
| E0620KJ | 60.95 | Skin piercing device for collection of capillary blood, laser, each (capped rental) |
| E0620NU | 821.53 | Skin piercing device for collection of capillary blood, laser, each (new equipment) |
| E0620UE | 616.15 | Skin piercing device for collection of capillary blood, laser, each (used durable medical equipment) |
| Patient Lifts | | |
| E0621NU | 80.25 | Sling or seat, patient lift, canvas or nylon (new equipment) |
| E0621RR | 7.85 | Sling or seat, patient lift, canvas or nylon (rental) |
| E0621UE | 60.36 | Sling or seat, patient lift, canvas or nylon (used durable medical equipment) |
| E0625NU | AAC+30% | Patient lift, bathroom or toilet, not otherwise classified (new equipment) |
| E0625RR | I.C. | Patient lift, bathroom or toilet, not otherwise classified (rental) |
| E0625UE | I.C. | Patient lift, bathroom or toilet, not otherwise classified (used durable medical equipment) |
| E0627NU | 278.85 | Seat lift mechanism, electric, any type (new equipment) |
| E0627RR | 27.89 | Seat lift mechanism, electric, any type (rental) |
| E0627UE | 209.14 | Seat lift mechanism, electric, any type (used durable medical equipment) |
| E0629NU | 279.55 | Seat lift mechanism, non-electric, any type (new equipment) |
| E0629RR | 27.96 | Seat lift mechanism, non-electric, any type (rental) |
| E0629UE | 209.65 | Seat lift mechanism, non-electric, any type (used durable medical equipment) |
| E0630KH | 77.45 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental) |
| E0630KI | 77.45 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental) |
| E0630KJ | 58.09 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental) |
| E0630NU | 774.52 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase) |
| E0630RB | AAC+30% | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (replacement of a part of a DME furnished as part of a repair) |
| E0630UE | 580.89 | Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical equipment purchase) |
| E0635KH | 106.66 | Patient lift, electric with seat or sling (capped rental) |
| E0635KI | 106.66 | Patient lift, electric with seat or sling (capped rental) |
| E0635KJ | 79.99 | Patient lift, electric with seat or sling (capped rental) |
| E0635NU | 1,066.58 | Patient lift, electric with seat or sling (new equipment purchase) |
| E0635RB | AAC+30% | Patient lift, electric with seat or sling (replacement of a part of a DME furnished as part of a repair) |
| E0635U1 | AAC+35% | Patient lift, electric with seat or sling (nonstandard lift involving customization, special orders, or special sizing requirements) |
| E0635UE | 799.94 | Patient lift, electric with seat or sling (used durable medical equipment purchase) |
| E0636KH | 1,107.26 | Multipositional patient support system, with integrated lift, patient accessible controls (capped rental) |
| E0636KI | 1,107.26 | Multipositional patient support system, with integrated lift, patient accessible controls (capped rental) |
| E0636KJ | 830.45 | Multipositional patient support system, with integrated lift, patient accessible controls (capped rental) |
| E0636NU | 11,072.60 | Multipositional patient support system, with integrated lift, patient accessible controls (new equipment purchase) |
| E0636RB | AAC+30% | Multipositional patient support system, with integrated lift, patient accessible controls (replacement of a part of a DME furnished as part of a repair) |
| E0636UE | 8,304.45 | Multipositional patient support system, with integrated lift, patient accessible controls (used durable medical equipment purchase) |
| E0637NU | 2,104.97 | Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (new equipment) |
| E0637RR | 210.51 | Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (rental) |
| E0637UE | 1,578.72 | Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (used durable medical equipment) |
| E0638NU | 853.57 | Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (new equipment) |
| E0638RR | 85.36 | Standing frame system, one position (e.g., upright, supine or prone stander), any size, with or without wheels (rental) |
| E0638UE | 640.18 | Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels (used durable medical equipment) |
| E0639KH | 123.32 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental) |
| E0639KI | 123.32 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental) |
| E0639KJ | 92.49 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (capped rental) |
| E0639NU | AAC+35% | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (new equipment) |
| E0639RB | AAC+35% | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories (replacement of a part of DME furnished as part of a repair) |
| E0639UE | 924.90 | Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) (used durable medical equipment purchase) |
| E0640KH | 123.32 | Patient lift, fixed system, includes all components/accessories (capped rental) |
| E0640KI | 123.32 | Patient lift, fixed system, includes all components/accessories (capped rental) |
| E0640KJ | 92.49 | Patient lift, fixed system, includes all components/accessories (capped rental) |
| E0640NU | AAC+35% | Patient lift, fixed system, includes all components/accessories (new equipment) |
| E0640RB | AAC+35% | Patient lift, fixed system, includes all components/accessories (replacement of a part of DME furnished as part of a repair) |
| E0640UE | 924.90 | Patient lift, fixed system, includes all components/accessories (used durable medical equipment purchase) |
| E0641 | AAC+30% | Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels |
| E0642 | AAC+30% | Standing frame system, mobile (dynamic stander), any size including pediatric |
| Compression Devices | | |
| E0650NU | 676.77 | Pneumatic compressor, non-segmental home model (new equipment) |
| E0650RR | 83.51 | Pneumatic compressor, non-segmental home model (rental) |
| E0650UE | 507.58 | Pneumatic compressor, non-segmental home model (used durable medical equipment) |
| E0651NU | 733.56 | Pneumatic compressor, segmental home model without calibrated gradient pressure (new equipment purchase) |
| E0651RR | 86.90 | Pneumatic compressor, segmental home model without calibrated gradient pressure (rental) |
| E0651UE | 550.19 | Pneumatic compressor, segmental home model without calibrated gradient pressure (used durable medical equipment) |
| E0652NU | 4,981.67 | Pneumatic compressor, segmental home model with calibrated gradient pressure (new equipment) |
| E0652RR | 418.49 | Pneumatic compressor, segmental home model with calibrated gradient pressure (rental) |
| E0652UE | 3,732.92 | Pneumatic compressor, segmental home model with calibrated gradient pressure (used durable medical equipment) |
| E0655NU | 95.61 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (new equipment) |
| E0655RR | 10.13 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (rental) |
| E0655UE | 71.71 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (used durable medical equipment) |
| E0656KH | 54.30 | Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental) |
| E0656KI | 54.30 | Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental) |
| E0656KJ | 40.72 | Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental) |
| E0656NU | 542.98 | Segmental pneumatic appliance for use with pneumatic compressor, trunk (new equipment) |
| E0656UE | 407.24 | Segmental pneumatic appliance for use with pneumatic compressor, trunk (used durable medical equipment) |
| E0657KH | 51.01 | Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental) |
| E0657KI | 51.01 | Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental) |
| E0657KJ | 38.26 | Segmental pneumatic appliance for use with pneumatic compressor, chest (capped rental) |
| E0657NU | 510.09 | Segmental pneumatic appliance for use with pneumatic compressor, chest (new equipment) |
| E0657UE | 382.57 | Segmental pneumatic appliance for use with pneumatic compressor, chest (used durable medical equipment) |
| E0660NU | 148.69 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (new equipment) |
| E0660RR | 13.28 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (rental) |
| E0660UE | 111.53 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment) |
| E0665NU | 128.73 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment) |
| E0665RR | 12.42 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (rental) |
| E0665UE | 96.66 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable medical equipment) |
| E0666NU | 129.77 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment) |
| E0666RR | 13.37 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (rental) |
| E0666UE | 97.34 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable medical equipment) |
| E0667NU | 258.60 | Segmental pneumatic appliance for use with pneumatic compressor, full leg |
| E0667RR | 34.36 | Segmental pneumatic appliance for use with pneumatic compressor, full leg |
| E0667UE | 193.95 | Segmental pneumatic appliance for use with pneumatic compressor, full leg |
| E0668NU | 415.23 | Segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment) |
| E0668RR | 40.98 | Segmental pneumatic appliance for use with pneumatic compressor, full arm (rental) |
| E0668UE | 311.43 | Segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable rental equipment) |
| E0669NU | 163.57 | Segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment) |
| E0669RR | 16.36 | Segmental pneumatic appliance for use with pneumatic compressor, half leg (rental) |
| E0669UE | 122.68 | Segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable rental equipment) |
| E0670NU | 1,004.05 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (new equipment purchase) |
| E0670RR | 126.45 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (rental) |
| E0670UE | 753.00 | Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk (used durable medical equipment purchase) |
| E0671NU | 390.30 | Segmental gradient pressure pneumatic appliance, full leg (new equipment) |
| E0671RR | 39.05 | Segmental gradient pressure pneumatic appliance, full leg (rental) |
| E0671UE | 292.71 | Segmental gradient pressure pneumatic appliance, full leg (used durable rental equipment) |
| E0672NU | 303.25 | Segmental gradient pressure pneumatic appliance, full arm (new equipment) |
| E0672RR | 30.34 | Segmental gradient pressure pneumatic appliance, full arm (rental) |
| E0672UE | 227.46 | Segmental gradient pressure pneumatic appliance, full arm (used durable medical equipment) |
| E0673NU | 251.99 | Segmental gradient pressure pneumatic appliance, half leg (new equipment) |
| E0673RR | 25.20 | Segmental gradient pressure pneumatic appliance, half leg (rental) |
| E0673UE | 189.02 | Segmental gradient pressure pneumatic appliance, half leg (used durable medical equipment) |
| E0675KH | 361.35 | Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental) |
| E0675KI | 361.35 | Pneumatic compression device, high pressure, rapid inflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental) |
| E0675KJ | 271.01 | Pneumatic compression device, high pressure, rapid inflation/ |
| E0675NU | 3,613.52 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (new equipment purchase) |
| E0675UE | 2,710.14 | Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (used durable medical equipment purchase) |
| E0676 | AAC+30% | Intermittent limb compression device (includes all accessories), not otherwise specified |
| Ultraviolet Light | | |
| E0691NU | 844.39 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment) |
| E0691RR | 84.43 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental) |
| E0691UE | 633.29 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (used durable medical equipment purchase) |
| E0692NU | 1,060.32 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment) |
| E0692RR | 106.02 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental) |
| E0692UE | 795.23 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment) |
| E0693NU | 1,307.08 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (new equipment) |
| E0693RR | 130.71 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental) |
| E0693UE | 980.31 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (used durable medical equipment) |
| E0694NU | 4,160.29 | Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment) |
| E0694RR | 416.02 | Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental) |
| E0694UE | 3,120.24 | Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment) |
| Safety Equipment | | |
| E0700 | AAC+30% | Safety equipment (e.g., belt, harness or vest) |
| E0705NU | 45.79 | Transfer device, any type, each (new equipment) |
| E0705NUKU | 61.76 | Transfer device, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0705RR | 4.63 | Transfer device, any type, each (rental) |
| E0705RRKU | 6.31 | Transfer device, any type, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0705UE | 33.97 | Transfer device, any type, each (used durable medical equipment) |
| E0705UEKU | 45.43 | Transfer device, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| Restraints | | |
| E0710 | AAC+20% | Restraints, any type (body, chest, wrist or ankle) |
| Nerve Stimulators and Devices | | |
| E0720NU | 268.58 | Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation (new equipment) |
| E0730NU | 251.77 | Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation (new equipment) |
| E0731NU | 245.57 | Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric) (new equipment) |
| E0740KH | 49.15 | Non-implanted, pelvic floor stimulator, monitor, sensor and/or trainer (capped rental) |
| E0740KI | 49.15 | Non-implanted, pelvic floor stimulator, monitor, sensor and/or trainer (capped rental) |
| E0740KJ | 36.86 | Non-implanted pelvic floor stimulator, monitor, sensor and/or trainer capped rental) |
| E0740NU | 491.47 | Non-implanted pelvic floor stimulator, complete system (new equipment) |
| E0740UE | 368.60 | Non-implanted pelvic floor stimulator, complete system (used durable medical equipment) |
| E0744KH | 86.05 | Neuromuscular stimulator for scoliosis (capped rental) |
| E0744KI | 86.05 | Neuromuscular stimulator for scoliosis (capped rental) |
| E0744KJ | 64.53 | Neuromuscular stimulator for scoliosis (capped rental) |
| E0744NU | 860.46 | Neuromuscular stimulator for scoliosis (new equipment purchase) |
| E0744UE | 645.35 | Neuromuscular stimulator for scoliosis (new equipment purchase) |
| E0745KH | 84.12 | Neuromuscular stimulator, electronic shock unit (capped rental) |
| E0745KI | 84.12 | Neuromuscular stimulator, electronic shock unit (capped rental) |
| E0745KJ | 63.09 | Neuromuscular stimulator, electronic shock unit (capped rental) |
| E0745NU | 841.16 | Neuromuscular stimulator, electronic shock unit (new equipment purchase) |
| E0745UE | 630.87 | Neuromuscular stimulator, electronic shock unit (used durable medical equipment purchase) |
| E0746 | AAC+30% | Electromyography (EMG), biofeedback device |
| E0747NUKF | 3,127.88 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (new equipment) (FDA class III device) |
| E0747RRKF | 310.82 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (rental) (FDA class III device) |
| E0747UEKF | 2,323.96 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (used durable medical equipment) (FDA class III device) |
| E0748NUKF | 3,656.03 | Osteogenesis stimulator, electrical, non-invasive, spinal applications (new equipment) (FDA class III device) |
| E0748RRKF | 365.59 | Osteogenesis stimulator, electrical, non-invasive, spinal applications (rental) (FDA class III device) |
| E0748UEKF | 2,742.02 | Osteogenesis stimulator, electrical, non-invasive, spinal applications (used durable medical equipment) (FDA class III device) |
| E0749KHKF | 267.21 | Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device) |
| E0749KIKF | 267.21 | Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device) |
| E0749KJKF | 200.41 | Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device) |
| E0749NUKF | 2,672.15 | Osteogenesis stimulator, electrical, surgically implanted (new equipment purchase) (FDA class III device) |
| E0749UEKF | 2,004.11 | Osteogenesis stimulator, electrical, surgically implanted (used durable medical equipment purchase) (FDA class III device) |
| E0755 | AAC+30% | Electronic salivary reflex stimulator (intra-oral/non-invasive) |
| E0760NUKF | 3,038.10 | Ostogenesis stimulator, low intensity ultrasound, non-invasive (new equipment) (FDA class III device) |
| E0760RRKF | 303.82 | Ostogenesis stimulator, low intensity ultrasound, non-invasive (rental) (FDA class III device) |
| E0760UEKF | 2,278.55 | Ostogenesis stimulator, low intensity ultrasound, non-invasive (used durable medical equipment) (FDA class III device) |
| E0761 | AAC+30% | Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device |
| E0762KH | 87.82 | Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental) |
| E0762KI | 87.82 | Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental) |
| E0762KJ | 65.87 | Transcutaneous electrical joint stimulation device system, includes all accessories (capped rental) |
| E0762NU | 878.22 | Transcutaneous electrical joint stimulation device system, includes all accessories (new equipment) |
| E0762UE | 658.67 | Transcutaneous electrical joint stimulation device system, includes all accessories (used durable medical equipment) |
| E0764KHKF | 1,039.92 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device) |
| E0764KIKF | 1,039.92 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device) |
| E0764KJKF | 779.93 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (capped rental) (FDA class III device) |
| E0764NUKF | 10,399.16 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (new equipment) (FDA class III device) |
| E0764UEKF | 7,799.37 | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program (used durable medical equipment) (FDA class III device) |
| E0765NU | 79.06 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (new equipment) |
| E0765RR | 7.91 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (rental) |
| E0765UE | 59.31 | FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used durable medical equipment) |
| E0766RRKF | 11,643.37 | Electrical stimulation device used for cancer treatment, includes all accessories, any type (rental) (FDA Class III device) |
| E0769 | AAC+30% | Electrical stimulation or electromagnetic wound treatment device, not otherwise classified |
| E0770NU | AAC+30% | Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified (new equipment) |
| Infusion Supplies | | |
| E0776NU | 125.81 | IV pole (new equipment) |
| E0776NUBA | 68.49 | IV pole (new equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services) |
| E0776RR | 14.62 | IV pole (rental) |
| E0776RRBA | 13.62 | IV pole (rental) (item furnished in conjunction with parenteral enteral nutrition (PEN) services) |
| E0776UE | 93.41 | IV pole (used durable medical equipment) |
| E0776UEBA | 51.37 | IV pole (used durable medical equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services) |
| E0779KH | 15.45 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental) |
| E0779KI | 15.45 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental) |
| E0779KJ | 11.59 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental) |
| E0779NU | 154.53 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (new equipment purchase) |
| E0779UE | 115.90 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (used durable medical equipment) |
| E0780NU | 9.70 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours (new equipment) |
| E0781KH | 204.36 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental) |
| E0781KI | 204.36 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental) |
| E0781KJ | 153.27 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental) |
| E0781NU | 2,043.57 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (new equipment purchase) |
| E0781UE | 1,532.68 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient |
| E0782NUKF | 3,429.28 | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device) |
| E0782RRKF | 342.94 | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device) |
| E0782UEKF | 2,571.96 | Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device) |
| E0783NUKF | 7,693.09 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device) |
| E0783RRKF | 769.33 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device) |
| E0783UEKF | 5,769.83 | Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device) |
| E0784KH | 418.23 | External ambulatory infusion pump, insulin (capped rental) |
| E0784KI | 418.23 | External ambulatory infusion pump, insulin (capped rental) |
| E0784KJ | 313.67 | External ambulatory infusion pump, insulin (capped rental) |
| E0784NU | AAC+30% | External ambulatory infusion pump, insulin (new equipment purchase, Non-Medicare) |
| E0784UE | 3,136.73 | External ambulatory infusion pump, insulin (used durable medical equipment) |
| E0785KF | 444.01 | Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement (FDA class III device) |
| E0786NUKF | 7,233.30 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (new equipment) (FDA class III device) |
| E0786RRKF | 723.32 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (rental) (FDA class III device) |
| E0786UEKF | 5,425.00 | Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (used durable medical equipment) (FDA class III device) |
| E0787 | I.C. | External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing |
| E0791KH | 265.68 | Parenteral infusion pump, stationary, single or multi-channel (capped rental) |
| E0791KI | 266.68 | Parenteral infusion pump, stationary, single or multi-channel (capped rental) |
| E0791KJ | 199.26 | Parenteral infusion pump, stationary, single or multi-channel (capped rental) |
| E0791NU | 2,656.76 | Parenteral infusion pump, stationary, single or multi-channel (new equipment purchase) |
| E0791UE | 1,992.57 | Parenteral infusion pump, stationary, single or multi-channel (used durable medical equipment) |
| Traction Equipment | | |
| E0830NU | AAC+30% | Ambulatory traction device, all types, each |
| E0840NU | 68.84 | Traction frame, attached to headboard, cervical traction (new equipment) |
| E0840RR | 13.66 | Traction frame, attached to headboard, cervical traction (rental) |
| E0840UE | 51.61 | Traction frame, attached to headboard, cervical traction (used durable medical equipment) |
| E0849KH | 48.43 | Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental) |
| E0849KI | 48.43 | Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental) |
| E0849KJ | 36.33 | Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (capped rental) |
| E0849NU | 484.33 | Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (new equipment) |
| E0849UE | 363.25 | Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (used durable medical equipment) |
| E0850NU | 98.71 | Traction stand, free standing, cervical traction (new equipment) |
| E0850RR | 11.53 | Traction stand, free standing, cervical traction (rental) |
| E0850UE | 74.04 | Traction stand, free standing, cervical traction (used durable medical equipment) |
| E0855KH | 47.23 | Cervical traction equipment not requiring additional stand or frame (capped rental) |
| E0855KI | 47.23 | Cervical traction equipment not requiring additional stand or frame (capped rental) |
| E0855KJ | 35.42 | Cervical traction equipment not requiring additional stand or frame (capped rental) |
| E0855NU | 472.26 | Cervical traction equipment not requiring additional stand or frame (new equipment) |
| E0855UE | 354.20 | Cervical traction equipment not requiring additional stand or frame (used durable medical equipment) |
| E0856KH | 14.46 | Cervical traction device, cervical collar with inflatable air bladder (capped rental) |
| E0856KI | 14.46 | Cervical traction device, cervical collar with inflatable air bladder (capped rental) |
| E0856KJ | 10.85 | Cervical traction device, cervical collar with inflatable air bladder (capped rental) |
| E0856NU | 144.59 | Cervical traction device, with inflatable air bladder(s) (new equipment) |
| E0856UE | 108.44 | Cervical traction device, with inflatable air bladder(s) (used durable medical equipment) |
| E0860NU | 36.21 | Traction equipment, overdoor, cervical (new equipment) |
| E0860RR | 6.12 | Traction equipment, overdoor, cervical (rental) |
| E0860UE | 27.73 | Traction equipment, overdoor, cervical (used durable medical equipment) |
| E0870NU | 109.30 | Traction frame, attached to footboard, extremity traction, (e.g., buck's) (new equipment) |
| E0870RR | 12.61 | Traction frame, attached to footboard, extremity traction, (e.g., buck's) (rental) |
| E0870UE | 82.34 | Traction frame, attached to footboard, extremity traction, (e.g., buck's) (used durable medical equipment) |
| E0880NU | 117.97 | Traction stand, free standing, extremity traction, (e.g., buck's) (new equipment) |
| E0880RR | 18.52 | Traction stand, free standing, extremity traction, (e.g., buck's) (rental) |
| E0880UE | 89.29 | Traction stand, free standing, extremity traction, (e.g., buck's) (used durable medical equipment) |
| E0890NU | 113.14 | Traction frame, attached to footboard, pelvic traction (new equipment) |
| E0890RR | 30.86 | Traction frame, attached to footboard, pelvic traction (rental) |
| E0890UE | 91.14 | Traction frame, attached to footboard, pelvic traction (used durable medical equipment) |
| E0900NU | 120.40 | Traction stand, free standing, pelvic traction, (e.g., buck's) (new equipment) |
| E0900RR | 25.96 | Traction stand, free standing, pelvic traction, (e.g., buck's) (rental) |
| E0900UE | 90.33 | Traction stand, free standing, pelvic traction, (e.g., buck's) (used durable medical equipment) |
| Orthopedic Devices | | |
| E0910KH | 13.30 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental) |
| E0910KI | 13.30 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental) |
| E0910KJ | 9.98 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental) |
| E0910NU | 133.03 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (new equipment purchase) |
| E0910UE | 99.77 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (used durable medical equipment purchase) |
| E0911KH | 37.63 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental) |
| E0911KI | 37.63 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental) |
| E0911KJ | 28.22 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental) |
| E0911NU | 376.30 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (new equipment purchase) |
| E0911UE | 282.23 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (used durable medical equipment purchase) |
| E0912KH | 83.56 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental) |
| E0912KI | 83.56 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental) |
| E0912KJ | 62.67 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental) |
| E0912NU | 835.64 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (new equipment purchase) |
| E0912UE | 626.73 | Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (used durable medical equipment purchase) |
| E0920KH | 43.37 | Fracture frame, attached to bed, includes weights (capped rental) |
| E0920KI | 43.37 | Fracture frame, attached to bed, includes weights (capped rental) |
| E0920KJ | 32.53 | Fracture frame, attached to bed, includes weights (capped rental) |
| E0920NU | 433.67 | Fracture frame, attached to bed, includes weights (new equipment purchase) |
| E0920UE | 325.25 | Fracture frame, attached to bed, includes weights (used durable medical equipment purchase) |
| E0930KH | 42.93 | Fracture frame, free standing, includes weights (capped rental) |
| E0930KI | 42.93 | Fracture frame, free standing, includes weights (capped rental) |
| E0930KJ | 32.20 | Fracture frame, free standing, includes weights (capped rental) |
| E0930NU | 429.25 | Fracture frame, free standing, includes weights (new equipment purchase) |
| E0930UE | 321.94 | Fracture frame, free standing, includes weights (used durable medical equipment) |
| E0935RR | 21.37 | Continuous passive motion exercise device for use on knee only (daily rental) |
| E0936 | AAC+30% | Continuous passive motion exercise device for use other than knee |
| E0940KH | 23.36 | Trapeze bar, free standing, complete with grab bar (capped rental) |
| E0940KI | 23.36 | Trapeze bar, free standing, complete with grab bar (capped rental) |
| E0940KJ | 17.52 | Trapeze bar, free standing, complete with grab bar (capped rental) |
| E0940NU | 233.58 | Trapeze bar, free standing, complete with grab bar (new equipment purchase) |
| E0940UE | 175.19 | Trapeze bar, free standing, complete with grab bar (used durable medical equipment purchase) |
| E0941KH | 34.29 | Gravity assisted traction device, any type (capped rental) |
| E0941KI | 34.29 | Gravity assisted traction device, any type (capped rental) |
| E0941KJ | 25.72 | Gravity assisted traction device, any type (capped rental) |
| E0941NU | 342.89 | Gravity assisted traction device, any type (new equipment purchase) |
| E0941UE | 257.17 | Gravity assisted traction device, any type (used durable medical equipment purchase) |
| E0942NU | 18.65 | Cervical head harness/halter (new equipment) |
| E0942RR | 1.88 | Cervical head harness/halter (rental) |
| E0942UE | 13.97 | Cervical head harness/halter (used durable medical equipment) |
| E0944NU | 43.10 | Pelvic belt/harness/boot (new equipment) |
| E0944RR | 3.73 | Pelvic belt/harness/boot (rental) |
| E0944UE | 32.33 | Pelvic belt/harness/boot (used durable medical equipment) |
| E0945NU | 41.65 | Extremity belt/harness (new equipment) |
| E0945RR | 3.54 | Extremity belt/harness (rental) |
| E0945UE | 32.23 | Extremity belt/harness (used durable medical equipment) |
| E0946KH | 55.60 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental) |
| E0946KI | 55.60 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental) |
| E0946KJ | 41.70 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (capped rental) |
| E0946NU | 555.99 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (new equipment purchase) |
| E0946UE | 416.99 | Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster) (used durable medical equipment purchase) |
| E0947NU | 569.88 | Fracture frame, attachments for complex pelvic traction (new equipment) |
| E0947RR | 59.08 | Fracture frame, attachments for complex pelvic traction (rental) |
| E0947UE | 427.40 | Fracture frame, attachments for complex pelvic traction (used durable medical equipment) |
| E0948NU | 551.21 | Fracture frame, attachments for complex cervical traction (new equipment) |
| E0948RR | 55.10 | Fracture frame, attachments for complex cervical traction |
| E0948UE | 388.76 | Fracture frame, attachments for complex cervical traction (used durable medical equipment) |
| Wheelchair Accessories (see also K0001-K0109) | | |
| E0950NU | 81.53 | Wheelchair accessory, tray, each (new equipment) (standard tray) |
| E0950NUKU | 85.71 | Wheelchair accessory, tray, each (new equipment) (standard tray), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0950RR | 8.16 | Wheelchair accessory, tray, each (rental) |
| E0950RRKU | 8.59 | Wheelchair accessory, tray, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0950U1 | AAC+35% | Wheelchair accessory, tray, each (nonstandard tray for customized mobility system) |
| E0950UE | 61.15 | Wheelchair accessory, tray, each (used durable medical equipment) |
| E0950UEKU | 64.29 | Wheelchair accessory, tray, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0951NU | 14.31 | Heel loop/holder, any type, with or without ankle strap, each (new equipment) |
| E0951NUKU | 16.56 | Heel loop/holder, any type, with or without ankle strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0951RR | 1.55 | Heel loop/holder, any type, with or without ankle strap, each (rental) |
| E0951RRKU | 1.89 | Heel loop/holder, any type, with or without ankle strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0951UE | 10.73 | Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment) |
| E0951UEKU | 12.42 | Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0952NU | 15.72 | Toe loop/holder, any type, each (new equipment) |
| E0952NUKU | 16.40 | Toe loop/holder, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0952RR | 1.70 | Toe loop/holder, any type, each (rental) |
| E0952RRKU | 1.89 | Toe loop/holder, any type, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0952UE | 11.78 | Toe loop/holder, any type, each (used durable medical equipment) |
| E0952UEKU | 12.27 | Toe loop/holder, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0953NU | 71.22 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (new equipment) |
| E0953NUKU | 95.62 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (new equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0953RR | 7.12 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (rental) |
| E0953RRKU | 9.56 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (rental) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0953UE | 53.42 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (used durable medical equipment) |
| E0953UEKU | 71.72 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each (used durable medical equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0954NU | 49.86 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (new equipment) |
| E0954NUKU | 56.51 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (new equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0954RR | 4.98 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (rental) |
| E0954RRKU | 5.65 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (rental) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0954UE | 37.40 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (used durable medical equipment) |
| E0954UEKU | 42.38 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot (used durable medical equipment) (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0955KH | 16.05 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental) |
| E0955KHKU | 19.62 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0955KI | 16.05 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental) |
| E0955KIKU | 19.62 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0955KJ | 12.04 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental) |
| E0955KJKU | 14.72 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0955NU | 160.42 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment) |
| E0955NUKU | 196.20 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0955UE | 120.31 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment) |
| E0955UEKU | 147.15 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0956NU | 86.78 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment) |
| E0956NUKU | 95.62 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0956RR | 8.68 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental) |
| E0956RRKU | 9.56 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0956UE | 65.09 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment) |
| E0956UEKU | 71.72 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0957NU | 122.46 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment) |
| E0957NUKU | 133.81 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0957RR | 12.25 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental) |
| E0957RRKU | 13.39 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0957UE | 91.85 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment) |
| E0957UEKU | 100.35 | Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0958KH | 40.92 | Manual wheelchair accessory, one-arm drive attachment, each (capped rental) |
| E0958KHKU | 43.08 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0958KI | 40.92 | Manual wheelchair accessory, one-arm drive attachment, each (capped rental) |
| E0958KIKU | 43.08 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0958KJ | 30.69 | Manual wheelchair accessory, one-arm drive attachment, each (capped rental) |
| E0958KJKU | 32.31 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0958NU | 409.20 | Manual wheelchair accessory, one-arm drive attachment, each (new equipment purchase) |
| E0958NUKU | 430.80 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0958UE | 306.90 | Manual wheelchair accessory, one-arm drive attachment, each (used durable medical equipment purchase) |
| E0958UEKU | 323.10 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0959NU | 45.46 | Manual wheelchair accessory, adapter for amputee, each (new equipment) |
| E0959NUKU | 51.35 | Manual wheelchair accessory, adapter for amputee, each |
| E0959RR | 4.26 | Manual wheelchair accessory, adapter for amputee, each (rental) |
| E0959RRKU | 4.54 | Manual wheelchair accessory, adapter for amputee, each |
| E0959UE | 34.26 | Manual wheelchair accessory, adapter for amputee, each (used durable medical equipment) |
| E0959UEKU | 38.87 | Manual wheelchair accessory, adapter for amputee, each |
| E0960NU | 76.13 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment) |
| E0960NUKU | 88.26 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0960RR | 7.62 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental) |
| E0960RRKU | 8.85 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0960UE | 57.11 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment) |
| E0960UEKU | 66.21 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0961NU | 25.17 | Manual wheelchair accessory, wheel lock brake extension (handle), each (new equipment) |
| E0961NUKU | 34.56 | Manual wheelchair accessory, wheel lock brake extension (handle), each |
| E0961RR | 2.33 | Manual wheelchair accessory, wheel lock brake extension (handle), each (rental) |
| E0961RRKU | 3.07 | Manual wheelchair accessory, wheel lock brake extension (handle), each |
| E0961UE | 13.53 | Manual wheelchair accessory, wheel lock brake extension (handle), each (used durable medical equipment) |
| E0961UEKU | 14.65 | Manual wheelchair accessory, wheel lock brake extension (handle), each |
| E0966NU | 72.77 | Manual wheelchair accessory, headrest extension, each (new equipment) |
| E0966NUKU | 82.91 | Manual wheelchair accessory, headrest extension, each |
| E0966RR | 6.99 | Manual wheelchair accessory, headrest extension, each (rental) |
| E0966RRKU | 7.69 | Manual wheelchair accessory, headrest extension, each |
| E0966UE | 54.58 | Manual wheelchair accessory, headrest extension, each (used durable medical equipment) |
| E0966UEKU | 62.18 | Manual wheelchair accessory, headrest extension, each |
| E0967NU | 68.93 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (new equipment) |
| E0967NUKU | 76.30 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each |
| E0967RR | 6.90 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (rental) |
| E0967RRKU | 7.64 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each |
| E0967UE | 51.69 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each (used durable medical equipment) |
| E0967UEKU | 57.20 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each |
| E0968KH | 18.73 | Commode seat, wheelchair (capped rental) |
| E0968KI | 18.73 | Commode seat, wheelchair (capped rental) |
| E0968KJ | 14.05 | Commode seat, wheelchair (capped rental) |
| E0968NU | 187.30 | Commode seat, wheelchair (new equipment purchase) |
| E0968UE | 140.48 | Commode seat, wheelchair (used durable medical equipment purchase) |
| E0969NU | 173.16 | Narrowing device, wheelchair (new equipment) |
| E0969RR | 14.61 | Narrowing device, wheelchair (rental) |
| E0969UE | 129.88 | Narrowing device, wheelchair (used durable medical equipment) |
| E0971NU | 39.76 | Manual wheelchair accessory, anti-tipping device, each (new equipment) |
| E0971NUKU | 50.40 | Manual wheelchair accessory, anti-tipping device, each |
| E0971RR | 3.98 | Manual wheelchair accessory, anti-tipping device, each (rental) |
| E0971RRKU | 5.05 | Manual wheelchair accessory, anti-tipping device, each |
| E0971UE | 29.83 | Manual wheelchair accessory, anti-tipping device, each (used durable medical equipment) |
| E0971UEKU | 37.83 | Manual wheelchair accessory, anti-tipping device, each |
| E0973NU | 79.05 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment) |
| E0973NUKU | 111.53 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0973RR | 6.86 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental) |
| E0973RRKU | 9.03 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0973UE | 59.29 | Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment) |
| E0973UEKU | 83.65 | Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0974NU | 76.25 | Manual wheelchair accessory, anti-rollback device, each (new equipment) |
| E0974NUKU | 86.04 | Manual wheelchair accessory, anti-rollback device, each |
| E0974RR | 7.44 | Manual wheelchair accessory, anti-rollback device, each (rental) |
| E0974RRKU | 8.21 | Manual wheelchair accessory, anti-rollback device, each |
| E0974UD | AAC+35% | Manual wheelchair accessory, anti-rollback devise, each (bariatric equipment) |
| E0974UE | 57.19 | Manual wheelchair accessory, anti-rollback device, each (used durable medical equipment) |
| E0974UEKU | 64.53 | Manual wheelchair accessory, anti-rollback device, each |
| E0978NU | 31.42 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment) |
| E0978NUKU | 41.42 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0978RR | 3.15 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental) |
| E0978RRKU | 4.15 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0978UE | 23.39 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment) |
| E0978UEKU | 30.71 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0980NU | 36.54 | Safety vest, wheelchair (new equipment) |
| E0980RR | 3.66 | Safety vest, wheelchair (rental) |
| E0980UE | 27.25 | Safety vest, wheelchair (used durable medical equipment) |
| E0981NU | 41.68 | Wheelchair accessory, seat upholstery, replacement only, each (new equipment) |
| E0981NUKU | 45.74 | Wheelchair accessory, seat upholstery, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0981RR | 3.86 | Wheelchair accessory, seat upholstery, replacement only, each (rental) |
| E0981RRKU | 3.95 | Wheelchair accessory, seat upholstery, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0981UC | AAC+35% | Wheelchair accessory, seat upholstery, replacement only, each (pediatric specialized rehabilitation equipment) |
| E0981UE | 31.42 | Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment) |
| E0981UEKU | 34.62 | Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0982NU | 45.83 | Wheelchair accessory, back upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment) |
| E0982NUKU | 49.97 | Wheelchair accessory, back upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0982RR | 4.17 | Wheelchair accessory, back upholstery, replacement only, each (rental) |
| E0982RRKU | 4.24 | Wheelchair accessory, back upholstery, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0982UE | 34.38 | Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment) |
| E0982UEKU | 37.50 | Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0983KH | 276.31 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental) |
| E0983KI | 276.31 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental) |
| E0983KJ | 207.23 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental) |
| E0983NU | 2,763.10 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (new equipment purchase) |
| E0983UE | 2,072.33 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (used durable medical equipment purchase) |
| E0984KH | 194.67 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental) |
| E0984KI | 194.67 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental) |
| E0984KJ | 146.00 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (capped rental) |
| E0984NU | 1,946.70 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (new equipment) |
| E0984UE | 1,460.03 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (used durable medical equipment) |
| E0985KH | 21.40 | Wheelchair accessory, seat lift mechanism (capped rental) |
| E0985KHKU | 22.85 | Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0985KI | 21.40 | Wheelchair accessory, seat lift mechanism (capped rental) |
| E0985KIKU | 22.85 | Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0985KJ | 18.31 | Wheelchair accessory, seat lift mechanism (capped rental) |
| E0985KJKU | 17.14 | Wheelchair accessory, seat lift mechanism (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0985NU | 213.95 | Wheelchair accessory, seat lift mechanism (new equipment) |
| E0985NUKU | 228.50 | Wheelchair accessory, seat lift mechanism (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0985UE | 160.46 | Wheelchair accessory, seat lift mechanism (used durable medical equipment) |
| E0985UEKU | 171.38 | Wheelchair accessory, seat lift mechanism (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0986KH | 537.76 | Manual wheelchair accessory, push activated power assist, each (capped rental) |
| E0986KI | 537.76 | Manual wheelchair accessory, push activated power assist, each (capped rental) |
| E0986KJ | 403.32 | Manual wheelchair accessory, push activated power assist, each (capped rental) |
| E0986NU | 5,377.60 | Manual wheelchair accessory, push-rim activated power assist system, each (new equipment) |
| E0986UE | 4,033.20 | Manual wheelchair accessory, push-rim activated power assist system, each (used durable medical equipment) |
| E0988KH | 314.76 | Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental) |
| E0988KI | 314.76 | Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental) |
| E0988KJ | 236.07 | Manual wheelchair accessory, lever-activated, wheel drive, pair (capped rental) |
| E0988NU | 3,147.60 | Manual wheelchair accessory, lever-activated, wheel drive, pair (new equipment) |
| E0988UE | 2,360.70 | Manual wheelchair accessory, lever-activated, wheel drive, pair (used durable medical equipment) |
| E0990NU | 89.61 | Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment) |
| E0990NUKU | 113.91 | Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0990RR | 9.67 | Wheelchair accessory, elevating leg rest, complete assembly, each (rental) |
| E0990RRKU | 12.83 | Wheelchair accessory, elevating leg rest, complete assembly, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0990UE | 68.96 | Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment) |
| E0990UEKU | 89.01 | Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0992NU | 88.26 | Manual wheelchair accessory, solid seat insert (new equipment) |
| E0992NUKU | 110.56 | Manual wheelchair accessory, solid seat insert |
| E0992RR | 7.95 | Manual wheelchair accessory, solid seat insert (rental) |
| E0992RRKU | 9.21 | Manual wheelchair accessory, solid seat insert |
| E0992UE | 66.20 | Manual wheelchair accessory, solid seat insert (used durable medical equipment) |
| E0992UEKU | 82.91 | Manual wheelchair accessory, solid seat insert |
| E0994NU | 19.48 | Arm rest, each (new equipment) |
| E0994RR | 1.97 | Arm rest, each (rental) |
| E0994UE | 14.62 | Arm rest, each (used durable medical equipment) |
| E0995NU | 24.62 | Wheelchair accessory, calf rest/pad, replacement only, each (new equipment) |
| E0995NUKU | 25.06 | Wheelchair accessory, calf rest/pad, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0995RR | 2.51 | Wheelchair accessory, calf rest/pad, replacement only, each (rental) |
| E0995RRKU | 2.59 | Wheelchair accessory, calf rest/pad, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E0995UE | 18.45 | Wheelchair accessory, calf rest/pad, replacement only, each (used durable medical equipment) |
| E0995UEKU | 18.78 | Wheelchair accessory, calf rest/pad, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1002KH | 364.46 | Wheelchair accessory, power seating system, tilt only (capped rental) |
| E1002KHKU | 393.17 | Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1002KI | 365.46 | Wheelchair accessory, power seating system, tilt only (capped rental) |
| E1002KIKU | 393.17 | Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1002KJ | 273.35 | Wheelchair accessory, power seating system, tilt only (capped rental) |
| E1002KJKU | 294.88 | Wheelchair accessory, power seating system, tilt only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1002NU | 3,644.60 | Wheelchair accessory, power seating system, tilt only (new equipment) |
| E1002NUKU | 3,931.70 | Wheelchair accessory, power seating system, tilt only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1002UE | 2,733.45 | Wheelchair accessory, power seating system, tilt only (used durable medical equipment) |
| E1002UEKU | 2,948.78 | Wheelchair accessory, power seating system, tilt only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1003KH | 409.80 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental) |
| E1003KHKU | 425.99 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1003KI | 409.80 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental) |
| E1003KIKU | 425.99 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1003KJ | 307.35 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental) |
| E1003KJKU | 319.49 | Wheelchair accessory, power seating system, recline only, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1003NU | 4,098.00 | Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment) |
| E1003NUKU | 4,259.90 | Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1003UE | 3,073.50 | Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment) |
| E1003UEKU | 3,194.93 | Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1004KH | 452.43 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental) |
| E1004KHKU | 472.32 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1004KI | 452.43 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental) |
| E1004KIKU | 472.32 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1004KJ | 339.32 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental) |
| E1004KJKU | 354.24 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1004NU | 4,524.30 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment) |
| E1004NUKU | 4,723.20 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1004UE | 3,393.23 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment) |
| E1004UEKU | 3,542.40 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1005KH | 492.26 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental) |
| E1005KHKU | 511.25 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1005KI | 492.26 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental) |
| E1005KIKU | 511.25 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1005KJ | 369.20 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental) |
| E1005KJKU | 383.44 | Wheelchair accessory, power seating system, recline only, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1005NU | 4,922.60 | Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment) |
| E1005NUKU | 5,112.50 | Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1005UE | 3,691.95 | Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment) |
| E1005UEKU | 3,834.38 | Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1006KH | 604.91 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental) |
| E1006KHKU | 626.23 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1006KI | 604.91 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental) |
| E1006KIKU | 626.23 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1006KJ | 453.68 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental) |
| E1006KJKU | 469.67 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1006NU | 6,049.10 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment) |
| E1006NUKU | 6,262.30 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1006UE | 4,536.83 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment) |
| E1006UEKU | 4,696.73 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1007KH | 785.57 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental) |
| E1007KHKU | 847.97 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1007KI | 785.57 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental) |
| E1007KIKU | 847.97 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1007KJ | 589.18 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental) |
| E1007KJKU | 635.98 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1007NU | 7,855.70 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment) |
| E1007NUKU | 8,479.70 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1007UE | 5,891.78 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment) |
| E1007UEKU | 6,359.78 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1008KH | 795.09 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental) |
| E1008KHKU | 848.03 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1008KI | 795.09 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental) |
| E1008KIKU | 848.03 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1008KJ | 596.32 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental) |
| E1008KJKU | 636.02 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1008NU | 7,950.90 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment) |
| E1008NUKU | 8,480.30 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1008UE | 5,963.18 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment) |
| E1008UEKU | 6,360.23 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1009NU | AAC+35% | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (new equipment) |
| E1009RR | I.C. | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (rental) |
| E1009UE | I.C. | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each (used durable medical equipment) |
| E1010KH | 105.95 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental) |
| E1010KHKU | 110.96 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1010KI | 105.95 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental) |
| E1010KIKU | 110.96 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1010KJ | 79.46 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental) |
| E1010KJKU | 83.22 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1010NU | 1,059.50 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment) |
| E1010NUKU | 1,109.60 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1010UE | 794.63 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment) |
| E1010UEKU | 832.20 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1011NU | AAC+35% | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (new equipment) |
| E1011RR | I.C. | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (rental) |
| E1011UE | I.C. | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) (used durable medical equipment) |
| E1012KH | 94.99 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental) |
| E1012KHKU | 110.96 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1012KI | 94.99 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental) |
| E1012KIKU | 110.96 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1012KJ | 71.24 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental) |
| E1012KJKU | 83.22 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1012NU | 949.90 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (new equipment) |
| E1012NUKU | 1,109.60 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1012UE | 712.43 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment) |
| E1012UEKU | 832.20 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1014KH | 40.38 | Reclining back, addition to pediatric size wheelchair (capped rental) |
| E1014KI | 40.38 | Reclining back, addition to pediatric size wheelchair (capped rental) |
| E1014KJ | 30.29 | Reclining back, addition to pediatric size wheelchair (capped rental) |
| E1014NU | 403.80 | Reclining back, addition to pediatric size wheelchair (new equipment) |
| E1014UE | 302.85 | Reclining back, addition to pediatric size wheelchair (used durable medical equipment) |
| E1015NU | 121.49 | Shock absorber for manual wheelchair, each (new equipment) |
| E1015NUKU | 133.26 | Shock absorber for manual wheelchair, each |
| E1015RR | 12.14 | Shock absorber for manual wheelchair, each (rental) |
| E1015RRKU | 13.32 | Shock absorber for manual wheelchair, each |
| E1015UE | 91.11 | Shock absorber for manual wheelchair, each (used durable medical equipment) |
| E1015UEKU | 99.94 | Shock absorber for manual wheelchair, each |
| E1016NU | 110.79 | Shock absorber for power wheelchair, each (new equipment) |
| E1016RR | 11.09 | Shock absorber for power wheelchair, each (rental) |
| E1016UE | 83.09 | Shock absorber for power wheelchair, each (used durable medical equipment) |
| E1017NU | AAC+35% | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (new equipment) |
| E1017RR | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (rental) |
| E1017UE | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each (used durable medical equipment) |
| E1018NU | AAC+35% | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (new equipment) |
| E1018RR | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (rental) |
| E1018UE | I.C. | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each (used durable medical equipment) |
| E1020KH | 20.53 | Residual limb support system for wheelchair, any type (capped rental) |
| E1020KHKU | 23.60 | Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1020KI | 20.53 | Residual limb support system for wheelchair, any type (capped rental) |
| E1020KIKU | 23.60 | Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1020KJ | 15.40 | Residual limb support system for wheelchair, any type (capped rental) |
| E1020KJKU | 17.70 | Residual limb support system for wheelchair, any type (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1020NU | 205.35 | Residual limb support system for wheelchair, any type (new equipment) |
| E1020NUKU | 236.00 | Residual limb support system for wheelchair, any type (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1020UE | 154.01 | Residual limb support system for wheelchair, any type (used durable medical equipment) |
| E1020UEKU | 177.00 | Residual limb support system for wheelchair, any type (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1028KH | 16.52 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental) |
| E1028KHKU | 20.03 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1028KI | 16.52 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental) |
| E1028KIKU | 20.03 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1028KJ | 12.39 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental) |
| E1028KJKU | 15.02 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1028NU | 165.19 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment) |
| E1028NUKU | 200.30 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1028UE | 123.90 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment) |
| E1028UEKU | 150.23 | Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1029KH | 34.93 | Wheelchair accessory, manual ventilator tray, fixed (capped rental) |
| E1029KHKU | 35.84 | Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1029KI | 34.93 | Wheelchair accessory, manual ventilator tray, fixed (capped rental) |
| E1029KIKU | 35.84 | Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1029KJ | 26.20 | Wheelchair accessory, manual ventilator tray, fixed (capped rental) |
| E1029KJKU | 26.88 | Wheelchair accessory, manual ventilator tray, fixed (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1029NU | 349.30 | Wheelchair accessory, manual ventilator tray, fixed (new equipment) |
| E1029NUKU | 358.40 | Wheelchair accessory, manual ventilator tray, fixed (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1029UE | 261.98 | Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment) |
| E1029UEKU | 268.80 | Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1030KH | 109.66 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental) |
| E1030KHKU | 113.04 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1030KI | 109.66 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental) |
| E1030KIKU | 113.04 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1030KJ | 82.25 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental) |
| E1030KJKU | 84.78 | Wheelchair accessory, manual ventilator tray, gimbaled (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1030NU | 1,096.60 | Wheelchair accessory, manual ventilator tray, gimbaled (new equipment) |
| E1030NUKU | 1,130.40 | Wheelchair accessory, manual ventilator tray, gimbaled (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1030UE | 822.45 | Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment) |
| E1030UEKU | 847.80 | Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E1031KH | 40.21 | Rollabout chair, any and all types with castors 5 inches or greater (capped rental) |
| E1031KI | 40.21 | Rollabout chair, any and all types with castors 5 inches or greater (capped rental) |
| E1031KJ | 30.16 | Rollabout chair, any and all types with castors 5 inches or greater (capped rental) |
| E1031NU | 402.14 | Rollabout chair, any and all types with castors 5 inches or greater (new equipment purchase) |
| E1031UE | 301.61 | Rollabout chair, any and all types with castors 5 inches or greater (used durable medical equipment purchase) |
| E1035KH | 551.35 | Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental) |
| E1035KI | 551.35 | Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental) |
| E1035KJ | 413.52 | Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental) |
| E1035NU | 5,513.53 | Multi-positional patient transfer system, with integrated seat, operated by care giver (new equipment purchase) |
| E1035UE | 4,135.15 | Multi-positional patient transfer system, with integrated seat, operated by care giver (used durable medical equipment purchase) |
| E1036KH | 783.48 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental) |
| E1036KI | 783.48 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental) |
| E1036KJ | 587.61 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (capped rental) |
| E1036NU | 7,834.79 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (new equipment purchase) |
| E1036UE | 5,876.09 | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 pounds (used durable medical equipment purchase) |
| E1037KH | 93.21 | Transport chair, pediatric size (capped rental) |
| E1037KI | 93.21 | Transport chair, pediatric size (capped rental) |
| E1037KJ | 69.91 | Transport chair, pediatric size (capped rental) |
| E1037NU | 932.11 | Transport chair, pediatric size (new equipment purchase) |
| E1037UE | 699.08 | Transport chair, pediatric size (used durable medical equipment purchase) |
| E1038KH | 14.89 | Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental) |
| E1038KI | 14.89 | Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental) |
| E1038KJ | 11.17 | Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental) |
| E1038NU | 148.92 | Transport chair, adult size, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| E1038UE | 111.69 | Transport chair, adult size, patient weight capacity up to and including 300 pounds (used durable medical equipment purchase) |
| E1039KH | 29.76 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental) |
| E1039KI | 29.76 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental) |
| E1039KJ | 22.32 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental) |
| E1039NU | 297.59 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (new equipment purchase |
| E1039UE | 223.19 | Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (used durable medical equipment purchase) |
| Wheelchairs | | |
| E1050KH | 81.34 | Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1050KI | 81.34 | Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1050KJ | 61.00 | Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1050NU | 813.37 | Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase) |
| E1050UE | 610.03 | Fully reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase) |
| E1060KH | 118.46 | Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental) |
| E1060KI | 118.46 | Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental) |
| E1060KJ | 88.84 | Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental) |
| E1060NU | 1,184.56 | Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (new equipment purchase) |
| E1060UE | 888.42 | Fully reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1070KH | 102.93 | Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental) |
| E1070KI | 102.93 | Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental) |
| E1070KJ | 77.20 | Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental) |
| E1070NU | 1,029.27 | Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase) |
| E1070UE | 771.95 | Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase) |
| E1083KH | 68.33 | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental) |
| E1083KI | 68.33 | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental) |
| E1083KJ | 51.25 | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental) |
| E1083NU | 683.32 | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (new equipment purchase) |
| E1083UE | 512.49 | Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (used durable medical equipment purchase) |
| E1084KH | 90.75 | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental) |
| E1084KI | 90.75 | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental) |
| E1084KJ | 68.06 | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental) |
| E1084NU | 907.46 | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (new equipment purchase) |
| E1084UE | 680.60 | Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (used durable medical equipment) |
| E1087KH | 118.90 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1087KI | 118.90 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1087KJ | 89.17 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1087NU | 1,188.98 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase) |
| E1087UE | 891.74 | High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase) |
| E1088KH | 141.68 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental) |
| E1088KI | 141.68 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental) |
| E1088KJ | 106.26 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests(capped rental) |
| E1088NU | 1,416.78 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (new equipment purchase) |
| E1088UE | 1,062.59 | High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (used durable medical equipment purchase) |
| E1092KH | 102.65 | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental) |
| E1092KI | 102.65 | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental) |
| E1092KJ | 76.99 | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental) |
| E1092NU | 1,026.55 | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (new equipment purchase) |
| E1092UE | 769.91 | Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (used durable medical equipment purchase) |
| E1093KH | 88.27 | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental) |
| E1093KI | 88.27 | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental) |
| E1093KJ | 66.20 | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental) |
| E1093NU | 882.73 | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (new equipment purchase) |
| E1093UE | 662.04 | Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (used durable medical equipment purchase) |
| E1100KH | 97.54 | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1100KI | 97.54 | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1100KJ | 73.15 | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental) |
| E1100NU | 975.38 | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase) |
| E1100UE | 731.53 | Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment) |
| E1110KH | 94.49 | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental) |
| E1110KI | 94.49 | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental) |
| E1110KJ | 70.86 | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental) |
| E1110NU | 944.86 | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (new equipment purchase) |
| E1110UE | 708.65 | Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (used durable medical equipment purchase) |
| E1150KH | 76.65 | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental) |
| E1150KI | 76.65 | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental) |
| E1150KJ | 57.49 | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental) |
| E1150NU | 766.53 | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (new equipment purchase) |
| E1150UE | 574.90 | Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1160KH | 58.74 | Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1160KI | 58.74 | Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1160KJ | 44.05 | Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1160NU | 587.35 | Wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase) |
| E1160UE | 440.51 | Wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1161KH | 261.57 | Manual adult size wheelchair, includes tilt in space (capped rental) |
| E1161KI | 261.57 | Manual adult size wheelchair, includes tilt in space (capped rental) |
| E1161KJ | 196.18 | Manual adult size wheelchair, includes tilt in space (capped rental) |
| E1161NU | 2,615.70 | Manual adult size wheelchair, includes tilt in space (new equipment) |
| E1161UE | 1,961.78 | Manual adult size wheelchair, includes tilt in space (used durable medical equipment) |
| E1170KH | 83.03 | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1170KI | 83.03 | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1170KJ | 62.27 | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1170NU | 830.28 | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase) |
| E1170UE | 622.71 | Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1171KH | 75.32 | Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental) |
| E1171KI | 75.32 | Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental) |
| E1171KJ | 56.49 | Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental) |
| E1171NU | 753.19 | Amputee wheelchair, fixed full length arms, without footrests or legrest (new equipment purchase) |
| E1171UE | 564.89 | Amputee wheelchair, fixed full length arms, without footrests or legrest (used durable medical equipment purchase) |
| E1172KH | 92.06 | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental) |
| E1172KI | 92.06 | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental) |
| E1172KJ | 69.05 | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental) |
| E1172NU | 920.55 | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (new equipment purchase) |
| E1172UE | 690.41 | Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (used durable medical equipment purchase) |
| E1180KH | 95.23 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental) |
| E1180KI | 95.23 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental) |
| E1180KJ | 71.42 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental) |
| E1180NU | 952.26 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (new equipment purchase) |
| E1180UE | 714.20 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (used durable medical equipment purchase) |
| E1190KH | 101.42 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental) |
| E1190KI | 101.42 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental) |
| E1190KJ | 76.07 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental) |
| E1190NU | 1,014.22 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (new equipment purchase) |
| E1190UE | 760.67 | Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1195KH | 118.05 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1195KI | 118.05 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1195KJ | 88.54 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1195NU | 1,180.48 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase) |
| E1195UE | 885.36 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase) |
| E1200KH | 81.76 | Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental) |
| E1200KI | 81.76 | Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental) |
| E1200KJ | 60.66 | Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental) |
| E1200NU | 808.78 | Amputee wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase) |
| E1200UE | 606.58 | Amputee wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase) |
| E1221KH | 44.65 | Wheelchair with fixed arm, footrests (capped rental) |
| E1221KI | 44.65 | Wheelchair with fixed arm, footrests (capped rental) |
| E1221KJ | 33.49 | Wheelchair with fixed arm, footrests (capped rental) |
| E1221NU | 446.51 | Wheelchair with fixed arm, footrests (new equipment purchase) |
| E1221UE | 334.88 | Wheelchair with fixed arm, footrests (used durable medical equipment purchase) |
| E1222KH | 63.70 | Wheelchair with fixed arm, elevating legrests (capped rental) |
| E1222KI | 63.70 | Wheelchair with fixed arm, elevating legrests (capped rental) |
| E1222KJ | 47.78 | Wheelchair with fixed arm, elevating legrests (capped rental) |
| E1222NU | 636.99 | Wheelchair with fixed arm, elevating legrests (new equipment purchase) |
| E1222UE | 477.74 | Wheelchair with fixed arm, elevating legrests (used durable medical equipment) |
| E1223KH | 69.55 | Wheelchair with detachable arms, footrests (capped rental) |
| E1223KI | 69.55 | Wheelchair with detachable arms, footrests (capped rental) |
| E1223KJ | 52.16 | Wheelchair with detachable arms, footrests (capped rental) |
| E1223NU | 695.47 | Wheelchair with detachable arms, footrests (new equipment purchase) |
| E1223UE | 521.60 | Wheelchair with detachable arms, footrests (used durable medical equipment) |
| E1224KH | 76.25 | Wheelchair with detachable arms, elevating legrests (capped rental) |
| E1224KI | 76.25 | Wheelchair with detachable arms, elevating legrests (capped rental) |
| E1224KJ | 57.19 | Wheelchair with detachable arms, elevating legrests(capped rental) |
| E1224NU | 762.54 | Wheelchair with detachable arms, elevating legrests (new equipment purchase) |
| E1224UE | 571.91 | Wheelchair with detachable arms, elevating legrests (used durable medical equipment) |
| E1225KH | 32.66 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental) |
| E1225KHKU | 44.63 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1225KI | 32.66 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental) |
| E1225KIKU | 44.63 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1225KJ | 24.50 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental) |
| E1225KJKU | 33.47 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1225NU | 326.57 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (new equipment purchase) |
| E1225NUKU | 446.30 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1225UE | 244.93 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees) (used durable medical equipment) |
| E1225UEKU | 334.73 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1226NU | 375.26 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (new equipment) |
| E1226NUKU | 538.82 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each |
| E1226RR | 38.16 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (rental) |
| E1226RRKU | 55.45 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each |
| E1226UE | 281.43 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (used durable medical equipment) |
| E1226UEKU | 404.07 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each |
| E1227NU | 260.76 | Special height arms for wheelchair (new equipment) |
| E1227RR | 26.09 | Special height arms for wheelchair (rental) |
| E1227UE | 195.59 | Special height arms for wheelchair (used durable medical equipment) |
| E1228KH | 30.98 | Special back height for wheelchair (capped rental) |
| E1228KI | 30.98 | Special back height for wheelchair (capped rental) |
| E1228KJ | 23.24 | Special back height for wheelchair (capped rental) |
| E1228NU | 309.80 | Special back height for wheelchair (new equipment purchase) |
| E1228UE | 232.35 | Special back height for wheelchair (used durable medical equipment purchase) |
| E1229 | AAC+35% | Wheelchair, pediatric size, not otherwise specified |
| E1230NU | 2,473.38 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (new equipment) |
| E1230RR | 243.26 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (rental) |
| E1230UE | 1,956.14 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (used durable medical equipment) |
| E1231NU | AAC+35% | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (new equipment) |
| E1231RR | I.C. | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (rental) |
| E1231UE | I.C. | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system (used durable medical equipment) |
| E1232KH | 236.42 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental) |
| E1232KI | 236.42 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental) |
| E1232KJ | 177.32 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (capped rental) |
| E1232NU | 2,364.20 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (new equipment) |
| E1232UE | 1,773.15 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (used durable medical equipment) |
| E1233KH | 244.95 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental) |
| E1233KI | 244.95 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental) |
| E1233KJ | 183.71 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (capped rental) |
| E1233NU | 2,449.50 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (new equipment) |
| E1233UE | 1,837.13 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (used durable medical equipment) |
| E1234KH | 213.26 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental) |
| E1234KI | 213.26 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental) |
| E1234KJ | 159.95 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (capped rental) |
| E1234NU | 2,132.60 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (new equipment) |
| E1234UE | 1,599.45 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (used durable medical equipment) |
| E1235KH | 205.36 | Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental) |
| E1235KI | 205.36 | Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental) |
| E1235KJ | 154.02 | Wheelchair, pediatric size, rigid, adjustable, with seating system (capped rental) |
| E1235NU | 2,053.60 | Wheelchair, pediatric size, rigid, adjustable, with seating system (new equipment) |
| E1235UE | 1,540.20 | Wheelchair, pediatric size, rigid, adjustable, with seating system (used durable medical equipment) |
| E1236KH | 181.16 | Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental) |
| E1236KI | 181.16 | Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental) |
| E1236KJ | 135.87 | Wheelchair, pediatric size, folding, adjustable, with seating system (capped rental) |
| E1236NU | 1,811.60 | Wheelchair, pediatric size, folding, adjustable, with seating system (new equipment) |
| E1236UE | 1,358.70 | Wheelchair, pediatric size, folding, adjustable, with seating system (used durable medical equipment) |
| E1237KH | 182.75 | Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental) |
| E1237KI | 182.75 | Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental) |
| E1237KJ | 137.06 | Wheelchair, pediatric size, rigid, adjustable, without seating system (capped rental) |
| E1237NU | 1,827.50 | Wheelchair, pediatric size, rigid, adjustable, without seating system (new equipment) |
| E1237UE | 1,370.63 | Wheelchair, pediatric size, rigid, adjustable, without seating system (used durable medical equipment) |
| E1238KH | 181.16 | Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental) |
| E1238KI | 181.16 | Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental) |
| E1238KJ | 135.87 | Wheelchair, pediatric size, folding, adjustable, without seating system (capped rental) |
| E1238NU | 1,811.60 | Wheelchair, pediatric size, folding, adjustable, without seating system (new equipment) |
| E1238UE | 1,358.70 | Wheelchair, pediatric size, folding, adjustable, without seating system (used durable medical equipment) |
| E1239 | AAC+35% | Power wheelchair, pediatric size, not otherwise specified |
| E1240KH | 96.81 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental) |
| E1240KI | 96.81 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental) |
| E1240KJ | 72.60 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental) |
| E1240NU | 968.07 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (new equipment purchase) |
| E1240UE | 726.05 | Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (used durable medical equipment purchase) |
| E1270KH | 74.18 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1270KI | 74.18 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1270KJ | 55.63 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental) |
| E1270NU | 741.80 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase) |
| E1270UE | 556.35 | Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment) |
| E1280KH | 123.34 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental) |
| E1280KI | 123.34 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental) |
| E1280KJ | 92.50 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental) |
| E1280NU | 1,233.35 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (new equipment purchase) |
| E1280UE | 925.01 | Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (used durable medical equipment) |
| E1295KH | 114.14 | Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental) |
| E1295KI | 114.14 | Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental) |
| E1295KJ | 85.60 | Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental) |
| E1295NU | 1,141.38 | Heavy duty wheelchair, fixed full length arms, elevating legrest (new equipment purchase) |
| E1295UE | 856.04 | Heavy duty wheelchair, fixed full length arms, elevating legrest (used durable medical equipment purchase) |
| E1296NU | 543.53 | Special wheelchair seat height from floor (new equipment) |
| E1296RR | 55.22 | Special wheelchair seat height from floor (rental) |
| E1296UE | 407.65 | Special wheelchair seat height from floor (used durable medical equipment) |
| E1297NU | 98.30 | Special wheelchair seat depth, by upholstery (new equipment) |
| E1297RR | 10.92 | Special wheelchair seat depth, by upholstery (rental) |
| E1297UE | 73.71 | Special wheelchair seat depth, by upholstery (used durable medical equipment) |
| E1298NU | 398.11 | Special wheelchair seat depth and/or width, by construction (new equipment) |
| E1298RR | 40.73 | Special wheelchair seat depth and/or width, by construction (rental) |
| E1298UE | 298.57 | Special wheelchair seat depth and/or width, by construction (used durable medical equipment) |
| Whirlpool-Equipment | | |
| E1300 | AAC+30% | Whirlpool, portable (overtub type) |
| E1310NU | 1,715.19 | Whirlpool, non-portable (built-in type) (new equipment) |
| E1310RR | 146.69 | Whirlpool, non-portable (built-in type) (rental) |
| E1310UE | 1,286.41 | Whirlpool, non-portable (built-in type) (used durable medical equipment) |
| Additional Oxygen Related Equipment | | |
| E1352 | AAC+20% | Oxygen accessory, flow regulator capable of positive inspiratory pressure |
| E1353 | 26.61 | Regulator |
| E1354 | AAC+30% | Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each |
| E1355 | 20.05 | Stand/rack |
| E1356 | AAC+30% | Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each |
| E1357 | AAC+30% | Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each |
| E1358 | AAC+30% | Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each |
| E1372NU | 141.66 | Immersion external heater for nebulizer (new equipment) |
| E1372RR | 17.64 | Immersion external heater for nebulizer (rental) |
| E1372UE | 105.50 | Immersion external heater for nebulizer (used durable medical equipment) |
| E1390RR | 119.48 | Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate (rental) |
| E1391RR | 119.48 | Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each (rental) |
| E1392RR | 40.26 | Portable oxygen concentrator, rental |
| E1399NU | AAC+30% | Durable medical equipment, miscellaneous (new equipment) |
| E1399RB | AAC+30% | Durable medical equipment, miscellaneous (replacement of a part of DME furnished as part of a repair) |
| E1399U1 | AAC+35% | Durable medical equipment miscellaneous (used only for installation of patient lift systems with RE1-RE23) |
| E1399U3 | AAC+30% | Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225) |
| E1399U4 | AAC+30% | Supplies for maintenance of insulin infusion catheter each (used for MassHealth members instead of A4224)Supplies for external insulin infusion pump, syringe type cartridge, sterile each (used for MassHealth members instead of A4225) |
| E1399UC | AAC+35% | Durable medical equipment, miscellaneous (used for pediatric specialized rehabilitation equipment only) |
| E1405RR | 147.53 | Oxygen and water vapor enriching system with heated delivery (rental) |
| E1406RR | 131.89 | Oxygen and water vapor enriching system without heated delivery (rental) |
| Artificial Kidney Machines and Accessories | | |
| E1500 | AAC+30% | Centrifuge, for dialysis |
| E1510 | AAC+30% | Kidney, dialysate delivery system kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container |
| E1520 | AAC+30% | Heparin infusion pump for hemodialysis |
| E1530 | AAC+30% | Air bubble detector for hemodialysis, each, replacement |
| E1540 | AAC+20% | Pressure alarm for hemodialysis, each, replacement |
| E1550 | AAC+20% | Bath conductivity meter for hemodialysis, each |
| E1560 | AAC+20% | Blood leak detector for hemodialysis, each, replacement |
| E1570 | AAC+30% | Adjustable chair, for esrd patients |
| E1575 | AAC+30% | Transducer protectors/fluid barriers, for hemodialysis, any size, per 10 |
| E1580 | AAC+20% | Unipuncture control system for hemodialysis |
| E1590 | AAC+30% | Hemodialysis machine |
| E1592 | AAC+30% | Automatic intermittent peritioneal dialysis system |
| E1594 | AAC+30% | Cycler dialysis machine for peritoneal dialysis |
| E1610 | AAC+30% | Reverse osmosis water purification system, for hemodialysis |
| E1615 | AAC+30% | Deionizer water purification system, for hemodialysis |
| E1620 | AAC+30% | Blood pump for hemodialysis, replacement |
| E1625 | AAC+30% | Water softening system, for hemodialysis |
| E1630 | AAC+30% | Reciprocating peritoneal dialysis system |
| E1632 | AAC+30% | Wearable artificial kidney, each |
| E1634 | AAC+30% | Peritoneal dialysis clamps, each |
| E1635 | AAC+30% | Compact (portable) travel hemodialyzer system |
| E1636 | AAC+30% | Sorbent cartridges, for hemodialysis, per 10 |
| E1637 | AAC+30% | Hemostats, each |
| E1639 | AAC+30% | Scale, each |
| E1699 | AAC+30% | Dialysis equipment, not otherwise specified |
| Jaw Motion Rehabilitation System and Accessories | | |
| E1700KH | 9.74 | Jaw motion rehabilitation system (capped rental) |
| E1700KI | 9.74 | Jaw motion rehabilitation system (capped rental) |
| E1700KJ | 21.21 | Jaw motion rehabilitation system (capped rental) |
| E1700NU | 293.51 | Jaw motion rehabilitation system (new equipment) |
| E1700UE | 220.13 | Jaw motion rehabilitation system (used durable medical equipment) |
| E1701 | 9.64 | Replacement cushions for jaw motion rehabilitation system, pkg. of 6 |
| E1702 | 20.98 | Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200 |
| Flexion/Extension Device | | |
| E1800KH | 97.85 | Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental) |
| E1800KI | 97.85 | Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental) |
| E1800KJ | 73.39 | Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental) |
| E1800NU | 978.52 | Dynamic adjustable elbow extension/flexion device, includes soft interface material (new equipment purchase) |
| E1800UE | 733.89 | Dynamic adjustable elbow extension/flexion device, includes soft interface material (used durable medical equipment) |
| E1801KH | 121.23 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1801KI | 121.23 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1801KJ | 90.92 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1801NU | 1,212.27 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1801UE | 909.20 | Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment) |
| E1802KH | 307.10 | Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental) |
| E1802KI | 307.10 | Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental) |
| E1802KJ | 230.32 | Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental) |
| E1802NU | 3,070.97 | Dynamic adjustable forearm pronation/supination device, includes soft interface material (new equipment purchase) |
| E1802UE | 2,303.22 | Dynamic adjustable forearm pronation/supination device, includes soft interface material (used durable medical equipment) |
| E1805KH | 118.73 | Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental) |
| E1805KI | 118.73 | Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental) |
| E1805KJ | 89.05 | Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental) |
| E1805NU | 1,187.28 | Dynamic adjustable wrist extension/flexion device, includes soft interface material (new equipment purchase) |
| E1805UE | 890.46 | Dynamic adjustable wrist extension/flexion device, includes soft interface material (used durable medical equipment purchase) |
| E1806KH | 99.54 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1806KI | 99.54 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1806KJ | 74.65 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1806NU | 995.35 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1806UE | 746.51 | Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment purchase) |
| E1810KH | 99.51 | Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental) |
| E1810KI | 99.51 | Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental) |
| E1810KJ | 74.63 | Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental) |
| E1810NU | 995.10 | Dynamic adjustable knee extension/flexion device, includes soft interface material (new equipment purchase) |
| E1810UE | 746.32 | Dynamic adjustable knee extension/flexion device, includes soft interface material (used durable medical equipment) |
| E1811KH | 126.03 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1811KI | 126.03 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1811KJ | 94.52 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1811NU | 1,260.30 | Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1811UE | 945.22 | Static progressive stretch knee device, extension and/or flexion, or without with range of motion adjustment, includes all components and accessories (used durable medical equipment) |
| E1812KH | 80.80 | Dynamic knee, extension/flexion device with active resistance control (capped rental) |
| E1812KI | 80.80 | Dynamic knee, extension/flexion device with active resistance control (capped rental) |
| E1812KJ | 60.60 | Dynamic knee, extension/flexion device with active resistance control (capped rental) |
| E1812NU | 808.01 | Dynamic knee, extension/flexion device with active resistance control (new equipment purchase) |
| E1812UE | 606.01 | Dynamic knee, extension/flexion device with active resistance control (used durable medical equipment purchase) |
| E1815KH | 118.73 | Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental) |
| E1815KI | 118.73 | Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental) |
| E1815KJ | 89.05 | Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental) |
| E1815NU | 1,187.28 | Dynamic adjustable ankle extension/flexion device, includes soft interface material(new equipment purchase) |
| E1815UE | 890.46 | Dynamic adjustable ankle extension/flexion device, includes soft interface material (used durable medical equipment) |
| E1816KH | 128.03 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1816KI | 128.03 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1816KJ | 96.02 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1816NU | 1,280.27 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1816UE | 960.20 | Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (used durable medical equipment) |
| E1818KH | 130.70 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental) |
| E1818KI | 130.70 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental) |
| E1818KJ | 98.02 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1818NU | 1,306.96 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1818UE | 980.22 | Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (used durable medical equipment) |
| E1820NU | 76.81 | Replacement soft interface material, dynamic adjustable extension/flexion device (new equipment) |
| E1820RR | 7.68 | Replacement soft interface material, dynamic adjustable extension/flexion device (rental) |
| E1820UE | 57.62 | Replacement soft interface material, dynamic adjustable extension/flexion device (used durable medical equipment) |
| E1821NU | 98.90 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device (new equipment) |
| E1821RR | 9.87 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device (rental) |
| E1821UE | 74.20 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device (used durable medical equipment) |
| E1825KH | 118.73 | Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental) |
| E1825KI | 118.73 | Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental) |
| E1825KJ | 89.05 | Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental) |
| E1825NU | 1,187.28 | Dynamic adjustable finger extension/flexion device, includes soft interface material (new equipment purchase) |
| E1825UE | 890.46 | Dynamic adjustable finger extension/flexion device, includes soft interface material (used durable medical equipment purchase) |
| E1830KH | 118.73 | Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental) |
| E1830KI | 118.73 | Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental) |
| E1830KJ | 89.05 | Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental) |
| E1830NU | 1,187.28 | Dynamic adjustable toe extension/flexion device, includes soft interface material (new equipment purchase) |
| E1830UE | 890.46 | Dynamic adjustable toe extension/flexion device, includes soft interface material (used durable medical equipment purchase) |
| E1831KH | 59.71 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1831KI | 59.71 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1831KJ | 44.78 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and |
| E1831NU | 626.98 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and |
| E1831UE | 470.24 | Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and |
| E1840KH | 359.63 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental) |
| E1840KI | 359.63 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental) |
| E1840KJ | 269.72 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental) |
| E1840NU | 3,596.27 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (new equipment purchase) |
| E1840UE | 2,697.20 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (used durable medical equipment purchase) |
| E1841KH | 425.66 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1841KI | 425.66 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1841KJ | 319.25 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental) |
| E1841NU | 4,256.63 | Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase) |
| E1841UE | 3,192.47 | Static progressive stretch shoulder device, with range of motion adjustment, includes all components and accessories (used durable medical equipment purchase) |
| E1902 | AAC+30% | Communication board, non-electronic augmentative or alternative communication device |
| E2000KH | 48.71 | Gastric suction pump, home model, portable or stationary, electric (capped rental) |
| E2000KI | 48.71 | Gastric suction pump, home model, portable or stationary, electric (capped rental) |
| E2000KJ | 36.53 | Gastric suction pump, home model, portable or stationary, electric (capped rental) |
| E2000NU | 487.05 | Gastric suction pump, home model, portable or stationary, electric (new equipment purchase) |
| E2000UE | 365.29 | Gastric suction pump, home model, portable or stationary, electric (used durable medical equipment purchase) |
| E2100NU | 604.38 | Blood glucose monitor with integrated voice synthesizer (new equipment purchase) |
| E2100RR | 60.44 | Blood glucose monitor with integrated voice synthesizer (rental) |
| E2100UE | 453.30 | Blood glucose monitor with integrated voice synthesizer (used durable medical equipment) |
| E2101NU | 177.18 | Blood glucose monitor with integrated lancing/blood sample (new equipment) |
| E2101RR | 17.71 | Blood glucose monitor with integrated lancing/blood sample (rental) |
| E2101UE | 132.89 | Blood glucose monitor with integrated lancing/blood sample (used durable medical equipment) |
| E2120KH | 266.42 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental) |
| E2120KI | 266.42 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental) |
| E2120KJ | 199.82 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental) |
| E2120NU | 2,664.24 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (new equipment purchase) |
| E2120UE | 1,998.18 | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (used durable medical equipment) |
| DME Wheelchair Accessory | | |
| E2201NU | 377.75 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (new equipment) |
| E2201NUKU | 433.46 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches |
| E2201RR | 37.77 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (rental) |
| E2201RRKU | 43.35 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches |
| E2201UE | 283.31 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (used durable medical equipment) |
| E2201UEKU | 325.09 | Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches |
| E2202NU | 483.23 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment) |
| E2202NUKU | 550.63 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches |
| E2202RR | 48.32 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental) |
| E2202RRKU | 55.07 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches |
| E2202UE | 362.44 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment) |
| E2202UEKU | 412.99 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches |
| E2203NU | 468.42 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (new equipment) |
| E2203NUKU | 556.54 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches |
| E2203RR | 46.84 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (rental) |
| E2203RRKU | 55.65 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches |
| E2203UE | 351.30 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (used durable medical equipment) |
| E2203UEKU | 417.37 | Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches |
| E2204NU | 780.89 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (new equipment) |
| E2204NUKU | 944.97 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches |
| E2204RR | 78.09 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (rental) |
| E2204RRKU | 94.51 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches |
| E2204UE | 585.67 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (used durable medical equipment) |
| E2204UEKU | 708.72 | Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches |
| E2205NU | 34.19 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new equipment) |
| E2205NUKU | 37.95 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each |
| E2205RR | 3.41 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental) |
| E2205RRKU | 3.78 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each |
| E2205UE | 25.66 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment) |
| E2205UEKU | 28.48 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each |
| E2206NU | 40.33 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (new equipment) |
| E2206NUKU | 47.25 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only each |
| E2206RR | 4.03 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (rental) |
| E2206RRKU | 4.70 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only each |
| E2206UE | 30.25 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each (used durable medical equipment) |
| E2206UEKU | 35.44 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only each |
| E2207NU | 38.74 | Wheelchair accessory, crutch and cane holder, each (new equipment) |
| E2207NUKU | 48.79 | Wheelchair accessory, crutch and cane holder, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2207RR | 3.88 | Wheelchair accessory, crutch and cane holder, each (rental) |
| E2207RRKU | 4.89 | Wheelchair accessory, crutch and cane holder, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2207UE | 29.06 | Wheelchair accessory, crutch and cane holder, each (used durable medical equipment) |
| E2207UEKU | 36.60 | Wheelchair accessory, crutch and cane holder, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2208NU | 77.79 | Wheelchair accessory, cylinder tank carrier, each (new equipment) |
| E2208NUKU | 115.23 | Wheelchair accessory, cylinder tank carrier, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2208RR | 7.78 | Wheelchair accessory, cylinder tank carrier, each (rental) |
| E2208RRKU | 11.52 | Wheelchair accessory, cylinder tank carrier, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2208UE | 58.34 | Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment) |
| E2208UEKU | 86.42 | Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2209NU | 92.97 | Accessory, arm trough, with or without hand support, each (new equipment) |
| E2209NUKU | 103.95 | Accessory, arm trough, with or without hand support, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2209RR | 9.31 | Accessory, with or without hand support, arm trough, each (rental) |
| E2209RRKU | 10.41 | Accessory, with or without hand support, arm trough, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2209UE | 69.74 | Accessory, arm trough, with or without hand support, each (used durable medical equipment) |
| E2209UEKU | 77.98 | Accessory, arm trough, with or without hand support, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2210NU | 5.40 | Wheelchair accessory, bearings, any type, replacement only, each (new equipment) |
| E2210NUKU | 6.34 | Wheelchair accessory, bearings, any type, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2210RR | 0.50 | Wheelchair accessory, bearings, any type, replacement only, each (rental) |
| E2210RRKU | 0.54 | Wheelchair accessory, bearings, any type, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2210UE | 4.06 | Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment) |
| E2210UEKU | 4.78 | Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2211NU | 38.03 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each (new equipment) |
| E2211NUKU | 47.53 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each |
| E2211RR | 3.73 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each (rental) |
| E2211RRKU | 4.59 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each |
| E2211UE | 27.77 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each (used durable medical equipment) |
| E2211UEKU | 34.05 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each |
| E2212NU | 6.29 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (new equipment) |
| E2212NUKU | 6.82 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each |
| E2212RR | 0.65 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (rental) |
| E2212RRKU | 0.73 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each |
| E2212UE | 4.73 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (used durable medical equipment) |
| E2212UEKU | 5.13 | Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each |
| E2213NU | 30.93 | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (new equipment) |
| E2213NUKU | 35.34 | Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each |
| E2213RR | 3.10 | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (rental) |
| E2213RRKU | 3.55 | Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each |
| E2213UE | 23.18 | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (used durable medical equipment) |
| E2213UEKU | 26.49 | Manual wheelchair accessory, insert for pneumatic propulsion tire, (removable) any size, each |
| E2214NU | 35.50 | Manual wheelchair accessory, pneumatic caster tire, any size, each (new equipment) |
| E2214NUKU | 41.82 | Manual wheelchair accessory, pneumatic caster tire, any size each |
| E2214RR | 3.75 | Manual wheelchair accessory, pneumatic caster tire, any size, each (rental) |
| E2214RRKU | 4.59 | Manual wheelchair accessory, pneumatic caster tire, any size each |
| E2214UE | 26.62 | Manual wheelchair accessory, pneumatic caster tire, any size, each (used durable medical equipment) |
| E2214UEKU | 31.25 | Manual wheelchair accessory, pneumatic caster tire, any size each |
| E2215NU | 10.19 | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (new equipment) |
| E2215NUKU | 11.15 | Manual wheelchair accessory, tube for pneumatic caster tire, any size each |
| E2215RR | 1.02 | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (rental) |
| E2215RRKU | 1.11 | Manual wheelchair accessory, tube for pneumatic caster tire, any size each |
| E2215UE | 7.64 | Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (used durable medical equipment) |
| E2215UEKU | 8.35 | Manual wheelchair accessory, tube for pneumatic caster tire, any size each |
| E2216NU | AAC+30% | Manual wheelchair accessory, foam filled propulsion tire, any size, each (new equipment) |
| E2216NUKU | 52.92 | Manual wheelchair accessory, foam filled propulsion tire, any size each |
| E2216RR | I.C. | Manual wheelchair accessory, foam filled propulsion tire, any size, each (rental) |
| E2216RRKU | 5.30 | Manual wheelchair accessory, foam filled propulsion tire, any size each |
| E2216UE | I.C. | Manual wheelchair accessory, foam filled propulsion tire, any size, each (used durable medical equipment) |
| E2216UEKU | 39.68 | Manual wheelchair accessory, foam filled propulsion tire, any size each |
| E2217NU | AAC+30% | Manual wheelchair accessory, foam filled caster tire, any size, each (new equipment) |
| E2217NUKU | 46.83 | Manual wheelchair accessory, foam filled caster tire, any size each |
| E2217RR | I.C. | Manual wheelchair accessory, foam filled caster tire, any size, each (rental) |
| E2217RRKU | 4.68 | Manual wheelchair accessory, foam filled caster tire, any size each |
| E2217UE | I.C. | Manual wheelchair accessory, foam filled caster tire, any size, each (used durable medical equipment) |
| E2217UEKU | 35.13 | Manual wheelchair accessory, foam filled caster tire, any size each |
| E2218NU | AAC+30% | Manual wheelchair accessory, foam propulsion tire, any size, each (new equipment) |
| E2218NUKU | 52.92 | Manual wheelchair accessory, foam propulsion tire, any size each |
| E2218RR | I.C. | Manual wheelchair accessory, foam propulsion tire, any size, each (rental) |
| E2218RRKU | 5.30 | Manual wheelchair accessory, foam propulsion tire, any size each |
| E2218UE | I.C. | Manual wheelchair accessory, foam propulsion tire, any size, each (used durable medical equipment) |
| E2218UEKU | 39.68 | Manual wheelchair accessory, foam propulsion tire, any size each |
| E2219NU | 41.68 | Manual wheelchair accessory, foam caster tire, any size, each (new equipment) |
| E2219NUKU | 46.83 | Manual wheelchair accessory, foam caster tire, any size each |
| E2219RR | 4.16 | Manual wheelchair accessory, foam caster tire, any size, each (rental) |
| E2219RRKU | 4.68 | Manual wheelchair accessory, foam caster tire, any size each |
| E2219UE | 31.26 | Manual wheelchair accessory, foam caster tire, any size, each (used durable medical equipment) |
| E2219UEKU | 35.13 | Manual wheelchair accessory, foam caster tire, any size each |
| E2220NU | 29.67 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (new equipment) |
| E2220NUKU | 33.15 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each |
| E2220RR | 2.91 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (rental) |
| E2220RRKU | 3.20 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each |
| E2220UE | 22.49 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each (used durable medical equipment) |
| E2220UEKU | 25.35 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each |
| E2221NU | 26.81 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment) |
| E2221NUKU | 29.68 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2221RR | 2.70 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental) |
| E2221RRKU | 3.01 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2221UE | 20.12 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment) |
| E2221UEKU | 22.27 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2222NU | 22.15 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment) |
| E2222NUKU | 24.48 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each |
| E2222RR | 2.20 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental) |
| E2222RRKU | 2.42 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each |
| E2222UE | 16.62 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment) |
| E2222UEKU | 18.36 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size each |
| E2224NU | 98.55 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (new equipment) |
| E2224NUKU | 113.92 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each |
| E2224RR | 10.12 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (rental) |
| E2224RRKU | 11.96 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each |
| E2224UE | 73.92 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each (used durable medical equipment) |
| E2224UEKU | 85.44 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each |
| E2225NU | 18.52 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment) |
| E2225NUKU | 20.21 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each |
| E2225RR | 1.85 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental) |
| E2225RRKU | 2.01 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each |
| E2225UE | 13.88 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment) |
| E2225UEKU | 15.15 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only each |
| E2226NU | 39.54 | Manual wheelchair accessory, caster fork, any size, replacement only, each (new equipment) |
| E2226NUKU | 44.07 | Manual wheelchair accessory, caster fork, any size, replacement only each |
| E2226RR | 3.95 | Manual wheelchair accessory, caster fork, any size, replacement only, each (rental) |
| E2226RRKU | 4.41 | Manual wheelchair accessory, caster fork, any size, replacement only each |
| E2226UE | 29.65 | Manual wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment) |
| E2226UEKU | 33.06 | Manual wheelchair accessory, caster fork, any size, replacement only each |
| E2227KH | 198.84 | Manual wheelchair accessory, gear reduction drive wheel, each (capped rental) |
| E2227KI | 198.84 | Manual wheelchair accessory, gear reduction drive wheel, each (capped rental) |
| E2227KJ | 149.13 | Manual wheelchair accessory, gear reduction drive wheel, each (capped rental) |
| E2227NU | 1,988.40 | Manual wheelchair accessory, gear reduction drive wheel, each (new equipment) |
| E2227UE | 1,491.30 | Manual wheelchair accessory, gear reduction drive wheel, each (used durable medical equipment) |
| E2228KH | 99.40 | Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental) |
| E2228KHKU | 108.75 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2228KI | 99.40 | Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental) |
| E2228KIKU | 108.75 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2228KJ | 74.55 | Manual wheelchair accessory, wheel braking system and lock, complete, each (capped rental) |
| E2228KJKU | 81.53 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2228NU | 994.07 | Manual wheelchair accessory, wheel braking system and lock, complete, each (new equipment) |
| E2228NUKU | 1,087.50 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2228UE | 745.56 | Manual wheelchair accessory, wheel braking system and lock, complete, each (used durable medical equipment) |
| E2228UEKU | 815.62 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2230 | AAC+35% | Manual wheelchair accessory, manual standing system |
| E2231NU | 154.15 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (new equipment) |
| E2231NUKU | 178.53 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware |
| E2231RR | 15.42 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (rental) |
| E2231RRKU | 17.86 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware |
| E2231UE | 115.61 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (used durable medical equipment) |
| E2231UEKU | 133.88 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware |
| E2291 | AAC+35% | Back, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2292 | AAC+35% | Seat, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2293 | AAC+35% | Back, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2294 | AAC+35% | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2295 | AAC+35% | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features |
| E2300 | AAC+35% | Wheelchair accessory, power seat elevation system, any type |
| E2301 | AAC+35% | Wheelchair accessory, power standing system, any type |
| E2310KH | 105.93 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) |
| E2310KHKU | 113.50 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2310KI | 105.93 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) |
| E2310KIKU | 113.50 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2310KJ | 79.45 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) |
| E2310KJKU | 85.13 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2310NU | 1,059.30 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment) |
| E2310NUKU | 1,135.00 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2310UE | 794.48 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment) |
| E2310UEKU | 851.25 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2311KH | 214.14 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) |
| E2311KHKU | 229.83 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2311KI | 214.14 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) |
| E2311KIKU | 229.83 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2311KJ | 160.61 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \ |
| E2311KJKU | 172.37 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (capped rental) \, (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2311NU | 2,141.40 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment) |
| E2311NUKU | 2,298.30 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2311UE | 1,606.05 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment) |
| E2311UEKU | 1,723.73 | Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2312KH | 214.39 | Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2312KHKC | 273.43 | Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2312KI | 214.39 | Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2312KIKC | 273.43 | Power wheelchair accessory, hand or chin control, interface, miniproportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2312KJ | 160.79 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2312KJKC | 205.07 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) ( |
| E2312NU | 2,143.90 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) |
| E2312NUKC | 2,734.30 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface) |
| E2312UE | 1,607.93 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) |
| E2312UEKC | 2,050.73 | Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) |
| E2313KH | 34.06 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental) |
| E2313KI | 34.06 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental) |
| E2313KJ | 25.55 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (capped rental) |
| E2313NU | 340.60 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment) |
| E2313UE | 255.45 | Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment) |
| E2321KH | 143.90 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2321KHKC | 191.51 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2321KHKU | 251.12 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2321KI | 143.90 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2321KIKC | 191.51 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2321KIKU | 251.12 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2321KJ | 107.93 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2321KJKC | 143.63 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2321KJKU | 188.34 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2321NU | 1,439.00 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) |
| E2321NUKC | 1,915.10 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface) |
| E2321NUKU | 2,511.20 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2321UE | 1,079.25 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) |
| E2321UEKC | 1,436.33 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) |
| E2321UEKU | 1,883.40 | Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2322KH | 131.60 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2322KHKC | 195.01 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2322KHKU | 265.91 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2322KI | 131.60 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2322KIKC | 195.01 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2322KIKU | 265.91 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2322KJ | 98.70 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) |
| E2322KJKC | 146.26 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2322KJKU | 199.43 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2322NU | 1,316.00 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) |
| E2322NUKC | 1,950.10 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface) |
| E2322NUKU | 2,659.10 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2322UE | 987.00 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) |
| E2322UEKC | 1,462.58 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) |
| E2322UEKU | 1,994.33 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2323NU | 64.35 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment) |
| E2323NUKU | 67.10 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2323RR | 6.43 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental) |
| E2323RRKU | 6.70 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2323UE | 48.26 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment) |
| E2323UEKU | 50.31 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2324NU | 41.61 | Power wheelchair accessory, chin cup for chin control interface (new equipment) |
| E2324NUKU | 42.50 | Power wheelchair accessory, chin cup for chin control interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2324RR | 4.15 | Power wheelchair accessory, chin cup for chin control interface (rental) |
| E2324RRKU | 4.23 | Power wheelchair accessory, chin cup for chin control interface (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2324UE | 31.20 | Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment) |
| E2324UEKU | 31.88 | Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2325KH | 125.74 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) |
| E2325KHKU | 130.66 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2325KI | 125.74 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) |
| E2325KIKU | 130.66 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2325KJ | 94.31 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) |
| E2325KJKU | 98.00 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual SwingAway mounting hardware (rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2325NU | 1,257.40 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment) |
| E2325NUKU | 1,306.60 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2325UE | 943.05 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment) |
| E2325UEKU | 979.95 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2326KH | 32.69 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental) |
| E2326KHKU | 33.69 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2326KI | 32.69 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental) |
| E2326KIKU | 33.69 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2326KJ | 24.52 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental) |
| E2326KJKU | 25.27 | Power wheelchair accessory, breath tube kit for sip and puff interface (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2326NU | 326.90 | Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment) |
| E2326NUKU | 336.90 | Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2326UE | 245.18 | Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment) |
| E2326UEKU | 252.68 | Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2327KH | 244.88 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) |
| E2327KHKC | 309.51 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2327KHKU | 385.00 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2327KI | 244.88 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) |
| E2327KIKC | 309.51 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2327KIKU | 385.00 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2327KJ | 183.66 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) |
| E2327KJKC | 232.13 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2327KJKU | 288.75 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2327NU | 2,448.80 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) |
| E2327NUKC | 3,095.10 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) (replacement of special power wheelchair interface) |
| E2327NUKU | 3,850.00 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2327UE | 1,836.60 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) |
| E2327UEKC | 2,321.33 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) |
| E2327UEKU | 2,887.50 | Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2328KH | 463.38 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental) |
| E2328KHKU | 480.69 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2328KI | 463.38 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental) |
| E2328KIKU | 480.69 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2328KJ | 347.54 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental) |
| E2328KJKU | 360.52 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (capped rental), (DMEPOS item |
| E2328NU | 4,633.80 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment) |
| E2328NUKU | 4,806.90 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2328UE | 3,475.35 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment) |
| E2328UEKU | 3,605.18 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2329KH | 166.22 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2329KHKU | 171.32 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2329KI | 166.22 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2329KIKU | 171.32 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2329KJ | 124.67 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2329KJKU | 128.49 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2329NU | 1,662.20 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment) |
| E2329NUKU | 1,713.20 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2329UE | 1,246.65 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment) |
| E2329UEKU | 1,284.90 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2330KH | 320.63 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2330KHKU | 331.95 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2330KI | 320.63 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2330KIKU | 331.95 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2330KJ | 240.47 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental) |
| E2330KJKU | 248.96 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2330NU | 3,206.30 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment) |
| E2330NUKU | 3,319.50 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2330UE | 2,404.73 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment) |
| E2330UEKU | 2,489.63 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2331NU | AAC+35% | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (new equipment) |
| E2331RR | I.C. | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (rental) |
| E2331UE | I.C. | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (used durable mental medical equipment) |
| E2340NU | 396.17 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (new equipment) |
| E2340RR | 39.63 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (rental) |
| E2340UE | 297.16 | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (used durable medical equipment) |
| E2341NU | 594.30 | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment) |
| E2341RR | 59.42 | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental) |
| E2341UE | 445.73 | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment) |
| E2342NU | 495.25 | Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (new equipment) |
| E2342RR | 49.52 | Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (rental) |
| E2342UE | 371.45 | Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (used durable medical equipment) |
| E2343NU | 792.41 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (new equipment) |
| E2343RR | 79.23 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (rental) |
| E2343UE | 594.30 | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (used durable medical equipment) |
| E2351NU | 659.43 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment) |
| E2351NUKU | 677.72 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2351RR | 65.94 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental) |
| E2351RRKU | 67.80 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2351UE | 494.58 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment) |
| E2351UEKU | 508.27 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2358NU | AAC+35% | Power wheelchair accessory, group 34 non-sealed lead acid battery, each (new equipment) |
| E2358RR | I.C. | Power wheelchair accessory, group 34 non-sealed lead acid battery, each (rental) |
| E2358UE | I.C. | Power wheelchair accessory, group 34 non-sealed lead acid battery, each (used durable medical equipment) |
| E2359NU | 177.83 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (new equipment) |
| E2359NUKU | 188.44 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2359RR | 17.78 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (rental) |
| E2359RRKU | 18.85 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2359UE | 133.38 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., Gel cell, absorbed glassmat) (used durable medical equipment) |
| E2359UEKU | 141.33 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. Gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2360NU | 113.10 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment) |
| E2360NUKU | 126.45 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2360RR | 11.34 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental) |
| E2360RRKU | 12.71 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2360UE | 84.82 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment) |
| E2360UEKU | 94.82 | Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2361NU | 120.25 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (new equipment) |
| E2361NUKU | 135.29 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2361RR | 12.02 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (rental) |
| E2361RRKU | 13.53 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2361UE | 90.20 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) (used durable medical equipment) |
| E2361UEKU | 101.49 | Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2362NU | 96.25 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment) |
| E2362NUKU | 103.53 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2362RR | 9.62 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental) |
| E2362RRKU | 10.35 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2362UE | 72.18 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment) |
| E2362UEKU | 77.63 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2363NU | 157.57 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) |
| E2363NUKU | 180.44 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2363RR | 15.75 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (rental) |
| E2363RRKU | 18.04 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2363UE | 118.18 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (used durable medical equipment) |
| E2363UEKU | 135.32 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2364NU | 107.09 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment) |
| E2364NUKU | 126.45 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2364RR | 10.74 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental) |
| E2364RRKU | 12.71 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2364UE | 80.31 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment) |
| E2364UEKU | 94.82 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2365NU | 88.76 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (new equipment) |
| E2365NUKU | 108.81 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2365RR | 8.87 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (rental) |
| E2365RRKU | 10.87 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2365UE | 66.58 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) (used durable medical equipment) |
| E2365UEKU | 81.64 | Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2366NU | 198.25 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment) |
| E2366NUKU | 255.73 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2366RR | 19.86 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental) |
| E2366RRKU | 25.65 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2366UE | 148.69 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment) |
| E2366UEKU | 191.81 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2367NU | 346.96 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment) |
| E2367NUKU | 406.53 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2367RR | 34.70 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental) |
| E2367RRKU | 40.65 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2367UE | 260.23 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment) |
| E2367UEKU | 304.91 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2368KH | 42.63 | Power wheelchair component, drive wheel motor, replacement only (capped rental) |
| E2368KHKU | 50.11 | Power wheelchair component, drive wheel motor, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2368KI | 42.63 | Power wheelchair component, drive wheel motor, replacement only (capped rental) |
| E2368KIKU | 50.11 | Power wheelchair component, drive wheel motor, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2368KJ | 31.97 | Power wheelchair component, drive wheel motor, replacement only (capped rental) |
| E2368KJKU | 37.58 | (Power wheelchair component, drive wheel motor, replacement only capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2368NU | 426.25 | Power wheelchair component, drive wheel motor, replacement only (new equipment) |
| E2368NUKU | 501.10 | Power wheelchair component, drive wheel motor, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2368UE | 319.69 | Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment) |
| E2368UEKU | 375.83 | Power wheelchair component, drive wheel motor, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2369KH | 37.75 | Power wheelchair component, drive wheel gear box, replacement only (capped rental) |
| E2369KHKU | 43.67 | Power wheelchair component, drive wheel gear box, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2369KI | 37.75 | Power wheelchair component, drive wheel gear box, replacement only (capped rental) |
| E2369KIKU | 43.67 | Power wheelchair component, drive wheel gear box, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2369KJ | 28.31 | Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only) |
| E2369KJKU | 32.75 | Power wheelchair component, drive wheel gear box, replacement only (capped rental) (for Medicare billing only), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2369NU | 377.37 | Power wheelchair component, drive wheel gear box, replacement only (new equipment) |
| E2369NUKU | 436.70 | Power wheelchair component, drive wheel gear box, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2369UE | 283.03 | Power wheelchair component, drive wheel gear box, replacement only (used durable medical equipment) |
| E2369UEKU | 327.53 | Power wheelchair component, drive wheel gear box, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2370KH | 65.60 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental) |
| E2370KHKU | 77.89 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2370KI | 65.60 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental) |
| E2370KIKU | 77.89 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2370KJ | 49.20 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental) |
| E2370KJKU | 58.42 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2370NU | 655.96 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only |
| E2370NUKU | 778.90 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only, (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2370UE | 491.97 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment) |
| E2370UEKU | 584.18 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2371NU | 135.77 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment) |
| E2371NUKU | 146.23 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2371RR | 13.58 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental) |
| E2371RRKU | 14.63 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2371UE | 101.84 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment) |
| E2371UEKU | 109.68 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2372NU | AAC+35% | Power wheelchair accessory, group 27 nonsealed lead acid battery, each (new equipment) |
| E2372RR | I.C. | Power wheelchair accessory, group 27 nonsealed lead acid battery, each (rental) |
| E2372UE | I.C. | Power wheelchair accessory, group 27 nonsealed lead acid battery, each (used durable medical equipment) |
| E2373KH | 74.74 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2373KHKC | 114.06 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2373KHKU | 117.40 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2373KI | 74.74 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2373KIKC | 114.06 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2373KIKU | 117.40 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2373KJ | 56.06 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) |
| E2373KJKC | 85.55 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental) (replacement of special power wheelchair interface) |
| E2373KJKU | 88.05 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2373NU | 747.40 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) |
| E2373NUKC | 1,140.60 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface) |
| E2373NUKU | 1,174.00 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2373UE | 560.55 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) |
| E2373UEKC | 855.45 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (replacement of special power wheelchair interface) |
| E2373UEKU | 880.50 | Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2374KH | 48.57 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental) |
| E2374KHKU | 51.82 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2374KI | 48.57 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental) |
| E2374KIKU | 51.82 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2374KJ | 36.43 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental) |
| E2374KJKU | 38.87 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2374NU | 485.70 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment) |
| E2374NUKU | 518.20 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2374UE | 364.28 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment) |
| E2374UEKU | 388.65 | Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2375KH | 74.72 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2375KHKU | 83.07 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2375KI | 74.72 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2375KIKU | 83.07 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2375KJ | 56.04 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2375KJKU | 62.30 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2375NU | 747.30 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) |
| E2375NUKU | 830.70 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2375UE | 560.47 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) |
| E2375UEKU | 623.03 | Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2376KH | 121.39 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2376KHKU | 130.22 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2376KI | 121.39 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2376KIKU | 130.22 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2376KJ | 91.04 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental) |
| E2376KJKU | 97.67 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2376NU | 1,213.90 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) |
| E2376NUKU | 1,302.20 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2376UE | 910.43 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) |
| E2376UEKU | 976.65 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2377KH | 45.77 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental) |
| E2377KHKU | 47.10 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2377KI | 45.77 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental) |
| E2377KIKU | 47.10 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2377KJ | 34.33 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental) |
| E2377KJKU | 35.33 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2377NU | 444.20 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment) |
| E2377NUKU | 471.00 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2377UE | 333.15 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment) |
| E2377UEKU | 353.25 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2378KH | 56.57 | Power wheelchair component, actuator, replacement only (rental) |
| E2378KHKU | 57.60 | Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2378KI | 56.57 | Power wheelchair component, actuator, replacement only (rental) |
| E2378KIKU | 57.60 | Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2378KJ | 42.43 | Power wheelchair component, actuator, replacement only (rental) |
| E2378KJKU | 43.20 | Power wheelchair component, actuator, replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2378NU | 565.70 | Power wheelchair component, actuator, replacement only (new equipment purchase) |
| E2378NUKU | 576.00 | Power wheelchair component, actuator, replacement only (new equipment purchase), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2378UE | 424.28 | Power wheelchair component, actuator, replacement only (used durable medical equipment purchase) |
| E2378UEKU | 432.00 | Power wheelchair component, actuator, replacement only (used durable medical equipment purchase), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2381NU | 63.25 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment) |
| E2381NUKU | 73.89 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2381RR | 6.34 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental) |
| E2381RRKU | 7.41 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2381UE | 47.45 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) |
| E2381UEKU | 55.42 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2382NU | 18.32 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment) |
| E2382NUKU | 20.14 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2382RR | 1.83 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental) |
| E2382RRKU | 2.00 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2382UE | 13.75 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) |
| E2382UEKU | 15.11 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2383NU | 127.85 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment) |
| E2383NUKU | 147.33 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2383RR | 12.79 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental) |
| E2383RRKU | 14.73 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2383UE | 95.89 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment) |
| E2383UEKU | 110.49 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2384NU | 66.33 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment) |
| E2384NUKU | 78.49 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2384RR | 6.64 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental) |
| E2384RRKU | 7.87 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2384UE | 49.75 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment) |
| E2384UEKU | 58.88 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2385NU | 43.81 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment) |
| E2385NUKU | 48.02 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2385RR | 4.39 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental) |
| E2385RRKU | 4.82 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2385UE | 32.85 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment) |
| E2385UEKU | 36.00 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2386NU | 117.14 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment) |
| E2386NUKU | 145.99 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2386RR | 11.71 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental) |
| E2386RRKU | 14.60 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2386UE | 87.86 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment) |
| E2386UEKU | 109.50 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2387NU | 53.36 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment) |
| E2387NUKU | 65.46 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2387RR | 5.34 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental) |
| E2387RRKU | 6.55 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2387UE | 40.04 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment) |
| E2387UEKU | 49.14 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2388NU | 46.01 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment) |
| E2388NUKU | 48.87 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2388RR | 4.61 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental) |
| E2388RRKU | 4.89 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2388UE | 34.51 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment) |
| E2388UEKU | 36.67 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2389NU | 25.34 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment) |
| E2389NUKU | 26.55 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2389RR | 2.54 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental) |
| E2389RRKU | 2.67 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2389UE | 18.99 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment) |
| E2389UEKU | 19.89 | Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2390NU | 39.43 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment) |
| E2390NUKU | 41.51 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2390RR | 3.94 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental) |
| E2390RRKU | 4.15 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2390UE | 29.56 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment) |
| E2390UEKU | 31.11 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2391NU | 17.13 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment) |
| E2391NUKU | 19.88 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2391RR | 1.72 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental) |
| E2391RRKU | 1.99 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2391UE | 12.85 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment) |
| E2391UEKU | 14.91 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2392NU | 42.71 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment) |
| E2392NUKU | 52.26 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2392RR | 4.28 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental) |
| E2392RRKU | 5.26 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2392UE | 32.04 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment) |
| E2392UEKU | 39.21 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2394NU | 64.63 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment) |
| E2394NUKU | 74.47 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2394RR | 6.47 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental) |
| E2394RRKU | 7.46 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2394UE | 48.47 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment) |
| E2394UEKU | 55.85 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2395NU | 45.24 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment) |
| E2395NUKU | 52.91 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2395RR | 4.53 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental) |
| E2395RRKU | 5.31 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2395UE | 33.94 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment) |
| E2395UEKU | 39.69 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2396NU | 53.61 | Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment) |
| E2396NUKU | 62.15 | Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2396RR | 5.70 | Power wheelchair accessory, caster fork, any size, replacement only, each (rental) |
| E2396RRKU | 6.91 | Power wheelchair accessory, caster fork, any size, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2396UE | 40.22 | Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment) |
| E2396UEKU | 46.64 | Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2397NU | 443.59 | Power wheelchair accessory, lithium-based battery, each (new equipment) |
| E2397NUKU | 466.10 | Power wheelchair accessory, lithium-based battery, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2397RR | 44.36 | Power wheelchair accessory, lithium-based battery, each (rental) |
| E2397RRKU | 46.62 | Power wheelchair accessory, lithium-based battery, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2397UE | 332.68 | Power wheelchair accessory, lithium-based battery, each (used durable medical equipment) |
| E2397UEKU | 349.55 | Power wheelchair accessory, lithium-based battery, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2398 | I.C. | Wheelchair accessory, dynamic positioning hardware for back |
| Wound Therapy | | |
| E2402KH | 1,026.17 | Negative pressure wound therapy electrical pump, stationary or portable (capped rental) |
| E2402KI | 1,026.17 | Negative pressure wound therapy electrical pump, stationary or portable (capped rental) |
| E2402KJ | 769.63 | Negative pressure wound therapy electrical pump, stationary or portable (capped rental) |
| E2402NU | 10,261.71 | Negative pressure wound therapy electrical pump, stationary or portable (new equipment purchase) |
| E2402UE | 7,696.28 | Negative pressure wound therapy electrical pump, stationary or portable (used durable medical equipment purchase) |
| Speech Generating Device | | |
| E2500NU | 367.46 | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (new equipment) |
| E2500RR | 36.75 | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (rental) |
| E2500UE | 275.60 | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (used durable medical equipment) |
| E2502NU | 1,123.67 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (new equipment) |
| E2502RR | 112.37 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (rental) |
| E2502UE | 842.77 | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time (used durable medical equipment) |
| E2504NU | 1,482.26 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (new equipment) |
| E2504RR | 148.25 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (rental) |
| E2504UE | 1,111.70 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time (used durable medical equipment) |
| E2506NU | 2,173.45 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (new equipment) |
| E2506RR | 217.33 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (rental) |
| E2506UE | 1,630.05 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (used durable medical equipment) |
| E2508NU | 3,360.87 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (new equipment) |
| E2508RR | 336.08 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (rental) |
| E2508UE | 2,520.66 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (used durable medical equipment) |
| E2510NU | 6,360.00 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (new equipment) |
| E2510RR | 636.00 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (rental) |
| E2510TW | - | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*). |
| E2510UE | 4,770.00 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (used durable medical equipment) |
| E2511NU | AAC+30% | Speech generating software program, for personal computer or personal digital assistant (new equipment) |
| E2511RR | I.C. | Speech generating software program, for personal computer or personal digital assistant (rental) |
| E2511TW | - | Speech generating software program (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.) |
| E2511UE | I.C. | Speech generating software program, for personal computer or personal digital assistant (used durable medical equipment) |
| E2512NU | AAC+30% | Accessory for speech generating device, mounting system (new equipment) |
| E2512RR | I.C. | Accessory for speech generating device, mounting system (rental) |
| E2512TW | - | Accessory for speech generating device, mounting system (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.) |
| E2512UE | I.C. | Accessory for speech generating device, mounting system (used durable medical equipment) |
| E2599NU | AAC+30% | Accessory for speech generating device, not otherwise classified (new equipment) |
| E2599RR | AAC+30% | Accessory for speech generating device, not otherwise classified (rental) |
| E2599TW | - | Accessory for speech generating device, not otherwise classified (protective case) [not covered if used as a modification to home internet or phone services.] (MassHealth-only usage of this code with modifier is for a non-dedicated alternative and augmentative communication device pursuant to 130 CMR 409.000: *Durable Medical Equipment Services*.) |
| E2599UE | I.C. | Accessory for speech generating device, not otherwise classified (used durable medical equipment) |
| Wheelchair Cushion | | |
| E2601NU | 49.64 | General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment) |
| E2601NUKU | 59.33 | General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2601RR | 4.97 | General use wheelchair seat cushion, width less than 22 inches, any depth (rental) |
| E2601RRKU | 5.95 | General use wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2601UE | 37.24 | General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) |
| E2601UEKU | 44.50 | General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2602NU | 98.59 | General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) |
| E2602NUKU | 115.82 | General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2602RR | 9.86 | General use wheelchair seat cushion, width 22 inches or greater, any depth (rental) |
| E2602RRKU | 11.59 | General use wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2602UE | 73.94 | General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) |
| E2602UEKU | 86.88 | General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2603NU | 121.14 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment) |
| E2603NUKU | 147.04 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2603RR | 12.12 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental) |
| E2603RRKU | 14.71 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2603UE | 90.86 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) |
| E2603UEKU | 110.29 | Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2604NU | 156.83 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) |
| E2604NUKU | 182.78 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2604RR | 15.68 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental) |
| E2604RRKU | 18.28 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2604UE | 117.63 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) |
| E2604UEKU | 137.10 | Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2605NU | 227.94 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) |
| E2605NUKU | 261.12 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2605RR | 22.80 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) |
| E2605RRKU | 26.12 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2605UE | 170.97 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) |
| E2605UEKU | 195.87 | Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2606NU | 344.73 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) |
| E2606NUKU | 407.36 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2606RR | 34.48 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) |
| E2606RRKU | 40.74 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2606UE | 258.54 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) |
| E2606UEKU | 305.49 | Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2607NU | 238.61 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) |
| E2607NUKU | 281.17 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2607RR | 23.86 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) |
| E2607RRKU | 28.12 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2607UE | 178.96 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) |
| E2607UEKU | 210.88 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2608NU | 283.40 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) |
| E2608NUKU | 337.66 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2608RR | 28.34 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) |
| E2608RRKU | 33.76 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2608UE | 212.55 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) |
| E2608UEKU | 253.25 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2609NU | AAC+35% | Custom fabricated wheelchair seat cushion, any size |
| E2609RR | I.C. | Custom fabricated wheelchair seat cushion, any size (rental) |
| E2609UE | I.C. | Custom fabricated wheelchair seat cushion, any size (used durable medical equipment) |
| E2610NU | AAC+35% | Wheelchair seat cushion, powered (new equipment) |
| E2610RR | I.C. | Wheelchair seat cushion, powered (rental) |
| E2610UE | I.C. | Wheelchair seat cushion, powered (used durable medical equipment) |
| E2611NU | 226.54 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment) |
| E2611NUKU | 303.00 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2611RR | 22.65 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental) |
| E2611RRKU | 30.29 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2611UE | 169.92 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) |
| E2611UEKU | 227.27 | General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2612NU | 340.36 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment) |
| E2612NUKU | 409.89 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2612RR | 34.03 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental) |
| E2612RRKU | 40.99 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2612UE | 255.27 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) |
| E2612UEKU | 307.41 | General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2613NU | 338.48 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment) |
| E2613NUKU | 381.28 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2613RR | 33.85 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental) |
| E2613RRKU | 38.13 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2613UE | 253.86 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) |
| E2613UEKU | 285.96 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2614NU | 451.17 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment) |
| E2614NUKU | 527.66 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2614RR | 45.12 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental) |
| E2614RRKU | 52.76 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2614UE | 338.38 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) |
| E2614UEKU | 395.76 | Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2615NU | 391.46 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment) |
| E2615NUKU | 438.77 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2615RR | 39.15 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental) |
| E2615RRKU | 43.89 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2615UE | 293.59 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) |
| E2615UEKU | 329.07 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2616NU | 501.23 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment) |
| E2616NUKU | 590.36 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2616RR | 50.12 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental) |
| E2616RRKU | 59.04 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2616UE | 375.93 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) |
| E2616UEKU | 442.78 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2617NU | AAC+35% | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (new equipment) |
| E2617RR | I.C. | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (rental) |
| E2617UE | I.C. | Custom fabricated wheelchair back cushion, any size, including any type mounting hardware (used durable medical equipment) |
| E2619NU | 47.11 | Replacement cover for wheelchair seat cushion or back cushion, each (new equipment) |
| E2619NUKU | 49.77 | Replacement cover for wheelchair seat cushion or back cushion, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2619RR | 4.71 | Replacement cover for wheelchair seat cushion or back cushion (rental) |
| E2619RRKU | 4.97 | Replacement cover for wheelchair seat cushion or back cushion (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2619UE | 35.35 | Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment) |
| E2619UEKU | 37.37 | Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2620NU | 451.25 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment) |
| E2620NUKU | 531.29 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2620RR | 45.13 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental) |
| E2620RRKU | 53.14 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2620UE | 338.44 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) |
| E2620UEKU | 398.49 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2621NU | 470.39 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment) |
| E2621NUKU | 557.56 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2621RR | 47.04 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental) |
| E2621RRKU | 55.76 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2621UE | 352.79 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) |
| E2621UEKU | 418.17 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2622NU | 301.67 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) |
| E2622NUKU | 321.54 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2622RR | 30.17 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) |
| E2622RRKU | 32.16 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2622UE | 226.25 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) |
| E2622UEKU | 241.15 | Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2623NU | 382.72 | Skin protection wheelchair seat cushion, adjustable,width 22 inches or greater, any depth (new equipment) |
| E2623NUKU | 409.15 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2623RR | 38.28 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) |
| E2623RRKU | 40.93 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2623UE | 287.04 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment) |
| E2623UEKU | 306.85 | Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2624NU | 305.29 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) |
| E2624NUKU | 324.19 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2624RR | 30.53 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) |
| E2624RRKU | 32.42 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2624UE | 228.98 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) |
| E2624UEKU | 243.16 | Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2625NU | 382.34 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment) |
| E2625NUKU | 410.40 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2625RR | 38.23 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) |
| E2625RRKU | 41.03 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2625UE | 286.75 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment) |
| E2625UEKU | 307.80 | Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| Wheelchair Arm Support | | |
| E2626NU | 651.51 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (new equipment) |
| E2626NUKU | 699.08 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2626RR | 65.14 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (rental) |
| E2626RRKU | 69.88 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2626UE | 488.61 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (used durable medical equipment) |
| E2626UEKU | 524.24 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2627NU | 1,033.91 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (new equipment) |
| E2627NUKU | 1,115.50 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2627RR | 103.41 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (rental) |
| E2627RRKU | 111.58 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2627UE | 775.43 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (used durable medical equipment) |
| E2627UEKU | 836.61 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2628NU | 775.09 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (new equipment) |
| E2628NUKU | 840.35 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2628RR | 77.51 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (rental) |
| E2628RRKU | 84.03 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2628UE | 581.31 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (used durable medical equipment) |
| E2628UEKU | 630.25 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2629NU | 949.59 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (new equipment) |
| E2629NUKU | 966.76 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2629RR | 94.95 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (rental) |
| E2629RRKU | 96.66 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2629UE | 712.20 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (used durable medical equipment) |
| E2629UEKU | 725.08 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2630NU | 684.22 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (new equipment) |
| E2630NUKU | 743.66 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2630RR | 68.42 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (rental) |
| E2630RRKU | 74.37 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2630UE | 513.16 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (used durable medical equipment) |
| E2630UEKU | 557.74 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2631NU | 248.36 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (new equipment) |
| E2631NUKU | 252.87 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2631RR | 24.84 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (rental) |
| E2631RRKU | 25.28 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2631UE | 186.27 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (used durable medical equipment) |
| E2631UEKU | 189.64 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2632NU | 174.58 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (new equipment) |
| E2632NUKU | 189.15 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2632RR | 17.46 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (rental) |
| E2632RRKU | 18.92 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2632UE | 130.93 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (used durable medical equipment) |
| E2632UEKU | 141.86 | Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2633NU | 146.61 | Wheelchair accessory, addition to mobile arm support, supinator (new equipment) |
| E2633NUKU | 160.44 | Wheelchair accessory, addition to mobile arm support, supinator (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2633RR | 14.66 | Wheelchair accessory, addition to mobile arm support, supinator (rental) |
| E2633RRKU | 16.05 | Wheelchair accessory, addition to mobile arm support, supinator (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| E2633UE | 109.96 | Wheelchair accessory, addition to mobile arm support, supinator (used durable medical equipment) |
| E2633UEKU | 120.34 | Wheelchair accessory, addition to mobile arm support, supinator (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| Gait Trainer | | |
| E8000 | AAC+35% | Gait trainer, pediatric size, posterior support, includes all accessories and components |
| E8001 | AAC+35% | Gait trainer, pediatric size, upright support, includes all accessories and components |
| E8002 | AAC+35% | Gait trainer, pediatric size, anterior support, includes all accessories and components |
| **Drugs Administered Other Than Oral Method** | | |
| G0333 | 48.45 | Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary |
| J0133 | 0.40 | Injection, acyclovir, 5 mg |
| J0153 | 0.82 | Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds) |
| J0285 | 8.74 | Injection, amphotericin b, 50 mg |
| J0287 | 18.57 | Injection, amphotericin b lipid complex, 10 mg |
| J0288 | 12.92 | Injection, amphotericin b cholesteryl sulfate complex, 10 mg |
| J0289 | 30.43 | Injection, amphotericin b liposome, 10 mg |
| J0882 | 3.53 | Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis) |
| J0895 | 13.29 | Injection, deferoxamine mesylate, 500 mg |
| J1170 | 1.27 | Injection, hydromorphone, up to 4 mg |
| J1250 | 4.03 | Injection, dobutamine hydrochloride, per 250 mg |
| J1265 | 0.52 | Injection, dopamine hcl, 40 mg |
| J1325 | 10.74 | Injection, epoprostenol, 0.5 mg |
| J1455 | 11.11 | Injection, foscarnet sodium, per 1000 mg |
| J1459 | 32.52 | Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg |
| J1555 | AAC+20% | Injection, immune globulin (cuvitru), 100 mg |
| J1557 | 31.72 | Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g. liquid), 500 mg |
| J1559 | 12.21 | Injection, immune globulin (hizentra),100 mg |
| J1561 | 35.50 | Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg |
| J1561JB | 39.24 | Injection, immune globulin, (gamunex-c/cammaked), intravenous, non-lyophilized (e.g., liquid), 500 mg (administered subcutaneously) |
| J1562 | 9.69 | Injection, immune globulin (vivaglobin), 100 mg |
| J1566 | 29.66 | Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500 mg |
| J1568 | 36.08 | Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg |
| J1569 | 32.40 | Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg |
| J1569JB | 44.62 | Injection, immune globulin, (gammagard liquid), intravenous, non-lyophilized (e.g. liquid), 500 mg (administered subcutaneously) |
| J1570 | 29.96 | Injection, ganciclovir sodium, 500 mg |
| J1572 | 33.46 | Injection, immune globulin, (flebogamma/flebogama dif), intravenous, non-lyophilized (e.g. liquid), 500 mg |
| J1575 | 14.72 | Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin |
| J1599 | AAC | Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg |
| J1644AX | 0.18 | Injection, heparin sodium, per 1000 units |
| J1815 | 0.67 | Injection, insulin, per 5 units |
| J1817 | 2.38 | Insulin for administration through DME (i.e., insulin pump) per 50 units |
| J2175 | 0.48 | Injection, meperidine hydrochloride, per 100 mg |
| J2260 | 43.84 | Injection, milrinone lactate, 5 mg |
| J2270 | 0.60 | Injection, morphine sulfate, up to 10 mg |
| J2274 | 7.28 | Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10mg |
| J2407 | 21.77 | Injection, oritavancin, 10 mg |
| J2545 | 96.68 | Pentamidine isethionate, inhalation solution, FDA-approved final product, on-compounded, administered through DME, unit dose form, per 300 mg |
| J2920 | 2.46 | Injection, methylprednisolone sodium succinate, up to 40 mg |
| J2930 | 3.49 | Injection, methylprednisolone sodium succinate, up to 125 mg |
| J3010 | 0.60 | Injection, fentanyl citrate, 0.1 mg |
| J3090 | 1.03 | Injection, tedizolid phosphate, 1 mg |
| J3285 | 52.49 | Injection, treprostinil, 1 mg |
| J3380 | 14.47 | Injection, vedolizumab, 1 mg |
| J3489 | 23.40 | Injection, zoledronic acid, 1 mg |
| Miscellaneous Drugs and Solutions | | |
| J7340 | AAC | Carbidopa 5 mg/levodopa 20 mg enteral suspension |
| J7500 | 0.14 | Azathioprine, oral, 50 mg |
| J7501 | 77.66 | Azathioprine, parenteral, 100 mg |
| J7502 | 2.86 | Cyclosporine, oral, 100 mg |
| J7503 | AAC | Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg |
| J7504 | 966.39 | Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg |
| J7505 | 982.67 | Muromonab-CD3, parenteral, 5 mg |
| J7507 | 0.72 | Tacrolimus, oral, per 1 mg |
| J7508 | 0.33 | Tacrolimus, extended release, (Astagraf XL). oral, 0.1 mg |
| J7509 | 0.28 | Methylprednisolone oral, per 4 mg |
| J7510 | 0.11 | Prednisolone oral, per 5 mg |
| J7511 | 546.55 | Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg |
| J7512 | 0.01 | Prednisone, immediate release or delayed release, oral, 1 mg |
| J7513 | 447.39 | Daclizumab, parenteral, 25 mg |
| J7515 | 0.83 | Cyclosporine, oral, 25 mg |
| J7516 | 36.29 | Cyclosporine, parenteral, 250 mg |
| J7517 | 0.86 | Mycophenolate mofetil, oral, 250 mg |
| J7518 | 2.60 | Mycophenolic acid, oral, 180 mg |
| J7520 | 7.50 | Sirolimus, oral, 1 mg |
| J7525 | 139.77 | Tacrolimus, parenteral, 5 mg |
| J7527 | AAC | Everolimus, oral, 0.25 mg |
| Inhalation Drugs | | |
| J7605KO | 7.02 | Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms (single drug unit dose formulation) |
| J7606KO | 8.00 | Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms |
| J7608KO | 3.42 | Acetylcysteine, inhalation solution, FDA-approved final product, non-compunded, administered through DME, unit dose form, per gram (single drug unit dose formulation) |
| J7609 | 0.05 | Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg |
| J7611 | 0.10 | Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg |
| J7612 | 0.24 | Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg |
| J7613KO | 0.04 | Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (single drug unit dose formulation) |
| J7614KO | 0.07 | Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (single drug unit dose formulation) |
| J7620 | 0.13 | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME |
| J7626KO | 4.52 | Budesonide inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.50 mg (single drug unit dose formulation) |
| J7631KO | 0.68 | Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation) |
| J7639KO | 33.14 | Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation) |
| J7644KO | 0.18 | Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation) |
| J7669KO | 0.37 | Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams (single drug unit dose formulation) |
| J7682KO | 47.27 | Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (single drug unit dose formulation) |
| J7686KO | 430.47 | Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg |
| J7999 | AAC | Compounded drug, not otherwise classified |
| J8501 | 8.67 | Aprepitant, oral, 5 mg |
| J8520 | 4.45 | Capecitabine, oral, 150 mg |
| J8521 | 14.15 | Capecitabine, oral, 500 mg |
| J8530 | 3.12 | Cyclophosphamide; oral, 25 mg |
| J8540 | 0.11 | Dexamethasone, oral, 0.25 mg |
| J8610 | 1.18 | Methotrexate; oral, 2.5 mg |
| J8650 | 28.99 | Nabilone, oral, 1 mg |
| J8655 | 419.97 | Netupitant 300 Mg and Palonosetron 0.5 Mg, oral |
| J8670 | 2.65 | Rolapitant, oral, 1 mg |
| **Chemotherapy Drugs** | | |
| J9000 | 10.66 | Injection, doxorubicin hydrochloride, 10 mg |
| J9032 | 27.63 | Injection, belinostat, 10 mg |
| J9039 | AAC | Injection, blinatumomab, 1 microgram |
| J9040 | 245.96 | Injection, bleomycin sulfate, 15 units |
| J9065 | 52.46 | Injection, cladribine, per 1 mg |
| J9100 | 6.96 | Cytarabine, 100 mg |
| J9190 | 1.76 | Injection, fluorouracil, 500 mg |
| J9200 | 116.28 | Floxuridine, 500 mg |
| J9208 | 127.82 | Ifosfamide, 1 gm |
| J9271 | 38.84 | Injection, pembrolizumab, 1 mg |
| J9299 | 21.56 | Injection, nivolumab, 1 mg |
| J9308 | 45.91 | Injection, ramucirumab, 5 mg |
| J9360 | 3.49 | Injection, vinblastine sulfate, 1 mg |
| J9370 | 28.88 | Vincristine sulfate, 1 mg |
| J9390 | 92.65 | Injection, vinorelbine tartrate, 10 mg |
| **K Codes (Temporary) K0000-K9999** | | |
| Wheelchair and Wheelchair Accessories | | |
| K0001KH | 36.41 | Standard wheelchair (capped rental) |
| K0001KI | 36.41 | Standard wheelchair (capped rental) |
| K0001KJ | 27.31 | Standard wheelchair (capped rental) |
| K0001NU | 364.14 | Standard wheelchair (new equipment purchase) |
| K0001UE | 273.11 | Standard wheelchair (used equipment purchase) |
| K0002KH | 53.61 | Standard hemi (low seat) wheelchair (capped rental) |
| K0002KI | 53.61 | Standard hemi (low seat) wheelchair (capped rental) |
| K0002KJ | 40.21 | Standard hemi (low seat) wheelchair (capped rental) |
| K0002NU | 536.10 | Standard hemi (low seat) wheelchair (new equipment purchase) |
| K0002UE | 402.08 | Standard hemi (low seat) wheelchair (used durable medical equipment purchase) |
| K0003KH | 59.43 | Lightweight wheelchair (capped rental) |
| K0003KI | 59.43 | Lightweight wheelchair (capped rental) |
| K0003KJ | 44.57 | Lightweight wheelchair (capped rental) |
| K0003NU | 594.32 | Lightweight wheelchair (new equipment purchase) |
| K0003UE | 445.74 | Lightweight wheelchair (used durable medical equipment purchase) |
| K0004KH | 84.77 | High strength, lightweight wheelchair (capped rental) |
| K0004KI | 84.77 | High strength, lightweight wheelchair (capped rental) |
| K0004KJ | 63.58 | High strength, lightweight wheelchair (capped rental) |
| K0004NU | 847.71 | High strength, lightweight wheelchair (new equipment purchase) |
| K0004UE | 635.78 | High strength, lightweight wheelchair (used durable medical equipment purchase) |
| K0005NU | 1,737.26 | Ultralightweight wheelchair (new equipment) |
| K0005RR | 173.71 | Ultralightweight wheelchair (rental) |
| K0005UE | 1,302.91 | Ultralightweight wheelchair (used durable medical equipment) |
| K0006KH | 90.73 | Heavy duty wheelchair (capped rental) |
| K0006KI | 90.73 | Heavy duty wheelchair (capped rental) |
| K0006KJ | 68.05 | Heavy duty wheelchair (capped rental) |
| K0006NU | 907.29 | Heavy duty wheelchair (new equipment purchase) |
| K0006UE | 680.47 | Heavy duty wheelchair (used durable medical equipment) |
| K0007KH | 132.20 | Extra heavy duty wheelchair (capped rental) |
| K0007KI | 132.20 | Extra heavy duty wheelchair (capped rental) |
| K0007KJ | 99.15 | Extra heavy duty wheelchair (capped rental) |
| K0007NU | 1,322.01 | Extra heavy duty wheelchair (new equipment purchase) |
| K0007UE | 991.51 | Extra heavy duty wheelchair (used durable medical equipment) |
| K0008 | AAC+35% | Custom manual wheelchair base |
| K0009KH | 79.01 | Other manual wheelchair/base (capped rental) |
| K0009KI | 79.01 | Other manual wheelchair/base (capped rental) |
| K0009KJ | 59.26 | Other manual wheelchair/base (capped rental) |
| K0009NU | 790.10 | Other manual wheelchair/base (new equipment) |
| K0009UE | 592.58 | Other manual wheelchair/base (used durable medical equipment) |
| K0010KH | 470.93 | Standard-weight frame, motorized/power wheelchair (capped rental) |
| K0010KI | 470.93 | Standard-weight frame, motorized/power wheelchair (capped rental) |
| K0010KJ | 353.20 | Standard-weight frame, motorized/power wheelchair (capped rental) |
| K0010NU | 4,709.30 | Standard-weight frame, motorized/power wheelchair (new equipment purchase) |
| K0010UE | 3,531.98 | Standard-weight frame, motorized/power wheelchair (used durable medical equipment) |
| K0011KH | 566.33 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) |
| K0011KHKF | 628.76 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device) |
| K0011KI | 566.33 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) |
| K0011KIKF | 628.76 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device) |
| K0011KJ | 424.75 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) |
| K0011KJKF | 471.57 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental) (FDA class III device) |
| K0011NU | 5,663.30 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase) |
| K0011NUKF | 6,287.60 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase) (FDA class III device) |
| K0011UE | 4,247.48 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment) |
| K0011UEKF | 4,715.70 | Standard – weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment) (FDA class III device) |
| K0012KH | 359.21 | Lightweight portable motorized/power wheelchair (capped rental) |
| K0012KI | 359.21 | Lightweight portable motorized/power wheelchair (capped rental) |
| K0012KJ | 269.41 | Lightweight portable motorized/power wheelchair (capped rental) |
| K0012NU | 3,592.10 | Lightweight portable motorized/power wheelchair (new equipment purchase) |
| K0012UE | 2,694.08 | Lightweight portable motorized/power wheelchair (used durable medical equipment) |
| K0013 | AAC+35% | Custom motorized/power wheelchair base |
| K0015KH | 14.59 | Detachable, non-adjustable height armrest, replacement only, each (capped rental) |
| K0015KHKU | 17.62 | Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0015KI | 14.59 | Detachable, non-adjustable height armrest, replacement only, each (capped rental) |
| K0015KIKU | 17.62 | Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0015KJ | 10.94 | Detachable, non-adjustable height armrest, replacement only, each (capped rental) |
| K0015KJKU | 13.22 | Detachable, non-adjustable height armrest, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0015NU | 145.89 | Detachable, non-adjustable height armrest, replacement only, each (new equipment) |
| K0015NUKU | 176.20 | Detachable, non-adjustable height armrest, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0015UE | 109.41 | Detachable, non-adjustable height armrest, replacement only, each (used durable medical equipment) |
| K0015UEKU | 132.15 | Detachable, non-adjustable height armrest, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0017NU | 46.16 | Detachable, adjustable height armrest, base, replacement only, each (new equipment) |
| K0017NUKU | 49.57 | Detachable, adjustable height armrest, base, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0017RR | 4.62 | Detachable, adjustable height armrest, base, replacement only, each (rental) |
| K0017RRKU | 4.95 | Detachable, adjustable height armrest, base, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0017UE | 34.62 | Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment) |
| K0017UEKU | 37.18 | Detachable, adjustable height armrest, base, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0018NU | 25.93 | Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment) |
| K0018NUKU | 27.69 | Detachable, adjustable height armrest, upper portion, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0018RR | 2.59 | Detachable, adjustable height armrest, upper portion, replacement only, each (rental) |
| K0018RRKU | 2.76 | Detachable, adjustable height armrest, upper portion, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0018UE | 19.45 | Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment) |
| K0018UEKU | 20.78 | Detachable, adjustable height armrest, upper portion, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0019NU | 13.59 | Arm pad, replacement only, each (new equipment) |
| K0019NUKU | 16.65 | Arm pad, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0019RR | 1.36 | Arm pad, replacement only, each (rental) |
| K0019RRKU | 1.66 | Arm pad, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0019UE | 10.19 | Arm pad, replacement only, each (used durable medical equipment) |
| K0019UEKU | 12.50 | Arm pad, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0020NU | 43.51 | Fixed, adjustable height armrest, pair (new equipment) |
| K0020NUKU | 45.07 | Fixed, adjustable height armrest, pair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0020RR | 4.35 | Fixed, adjustable height armrest, pair (rental) |
| K0020RRKU | 4.51 | Fixed, adjustable height armrest, pair (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0020UE | 32.63 | Fixed, adjustable height armrest, pair (used durable medical equipment) |
| K0020UEKU | 33.80 | Fixed, adjustable height armrest, pair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0037NU | 43.47 | High mount flip-up footrest, each (new equipment) |
| K0037NUKU | 46.72 | High mount flip-up footrest, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0037RR | 3.78 | High mount flip-up footrest, each (rental) |
| K0037RRKU | 3.85 | High mount flip-up footrest, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0037UE | 32.61 | High mount flip-up footrest, each (used durable medical equipment) |
| K0037UEKU | 35.05 | High mount flip-up footrest, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0038NU | 22.47 | Leg strap, each (new equipment) |
| K0038NUKU | 23.55 | Leg strap, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0038RR | 2.25 | Leg strap, each (rental) |
| K0038RRKU | 2.36 | Leg strap, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0038UE | 16.84 | Leg strap, each (used durable medical equipment) |
| K0038UEKU | 17.64 | Leg strap, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0039NU | 49.08 | Leg strap, H style, each (new equipment) |
| K0039NUKU | 52.26 | Leg strap, H style, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0039RR | 4.92 | Leg strap, H style, each (rental) |
| K0039RRKU | 5.26 | Leg strap, H style, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0039UE | 36.81 | Leg strap, H style, each (used durable medical equipment) |
| K0039UEKU | 39.21 | Leg strap, H style, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0040NU | 59.48 | Adjustable angle footplate, each (new equipment) |
| K0040NUKU | 72.44 | Adjustable angle footplate, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0040RR | 5.94 | Adjustable angle footplate, each (rental) |
| K0040RRKU | 7.23 | Adjustable angle footplate, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0040UE | 44.60 | Adjustable angle footplate, each (used durable medical equipment) |
| K0040UEKU | 54.30 | Adjustable angle footplate, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0041NU | 47.58 | Large size footplate, each (new equipment) |
| K0041NUKU | 51.33 | Large size footplate, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0041RR | 4.78 | Large size footplate, each (rental) |
| K0041RRKU | 5.18 | Large size footplate, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0041UE | 35.69 | Large size footplate, each (used durable medical equipment) |
| K0041UEKU | 38.49 | Large size footplate, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0042NU | 31.73 | Standard size footplate, replacement only, each (new equipment) |
| K0042NUKU | 35.34 | Standard size footplate, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0042RR | 3.17 | Standard size footplate, replacement only, each (rental) |
| K0042RRKU | 3.53 | Standard size footplate, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0042UE | 23.79 | Standard size footplate, replacement only, each (used durable medical equipment) |
| K0042UEKU | 26.50 | Standard size footplate, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0043NU | 18.17 | Footrest, lower extension tube, replacement only, each (new equipment) |
| K0043NUKU | 18.94 | Footrest, lower extension tube, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0043RR | 1.81 | Footrest, lower extension tube, replacement only, each (rental) |
| K0043RRKU | 1.88 | Footrest, lower extension tube, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0043UE | 13.65 | Footrest, lower extension tube, replacement only, each (used durable medical equipment) |
| K0043UEKU | 14.23 | Footrest, lower extension tube, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0044NU | 15.65 | Footrest, upper hanger bracket, replacement only, each (new equipment) |
| K0044NUKU | 16.15 | Footrest, upper hanger bracket, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0044RR | 1.57 | Footrest, upper hanger bracket, replacement only, each (rental) |
| K0044RRKU | 1.62 | Footrest, upper hanger bracket, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0044UE | 11.73 | Footrest, upper hanger bracket, replacement only, each (used durable medical equipment) |
| K0044UEKU | 12.10 | Footrest, upper hanger bracket, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0045NU | 52.36 | Footrest, complete assembly, replacement only, each (new equipment) |
| K0045NUKU | 54.93 | Footrest, complete assembly, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0045RR | 5.32 | Footrest, complete assembly, replacement only, each (rental) |
| K0045RRKU | 5.66 | Footrest, complete assembly, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0045UE | 39.28 | Footrest, complete assembly, replacement only, each (used durable medical equipment) |
| K0045UEKU | 41.20 | Footrest, complete assembly, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0046NU | 18.23 | Elevating legrest, lower extension tube, replacement only, each (new equipment) |
| K0046NUKU | 18.94 | Elevating legrest, lower extension tube, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0046RR | 1.82 | Elevating legrest, lower extension tube, replacement only, each (rental) |
| K0046RRKU | 1.88 | Elevating legrest, lower extension tube, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0046UE | 13.69 | Elevating legrest, lower extension tube, replacement only, each (used durable medical equipment) |
| K0046UEKU | 14.23 | Elevating legrest, lower extension tube, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0047NU | 67.99 | Elevating legrest, upper hanger bracket, replacement only, each (new equipment) |
| K0047NUKU | 74.19 | Elevating legrest, upper hanger bracket, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0047RR | 6.81 | Elevating legrest, upper hanger bracket, replacement only, each (rental) |
| K0047RRKU | 7.44 | Elevating legrest, upper hanger bracket, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0047UE | 50.98 | Elevating legrest, upper hanger bracket, replacement only, each (used durable medical equipment) |
| K0047UEKU | 55.62 | Elevating legrest, upper hanger bracket, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0050NU | 30.12 | Ratchet assembly replacement only (new equipment) |
| K0050NUKU | 32.55 | Ratchet assembly, replacement only |
| K0050RR | 3.01 | Ratchet assembly replacement only (rental) |
| K0050RRKU | 3.24 | Ratchet assembly, replacement only |
| K0050UE | 22.60 | Ratchet assembly replacement only (used durable medical equipment) |
| K0050UEKU | 24.62 | Ratchet assembly, replacement only |
| K0051NU | 48.22 | Cam release assembly, footrest or legrest, replacement only, each (new equipment) |
| K0051NUKU | 51.03 | Cam release assembly, footrest or legrest, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0051RR | 4.84 | Cam release assembly, footrest or legrest, replacement only, each (rental) |
| K0051RRKU | 5.14 | Cam release assembly, footrest or legrest, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0051UE | 36.16 | Cam release assembly, footrest or legrest, replacement only, each (used durable medical equipment) |
| K0051UEKU | 38.26 | Cam release assembly, footrest or legrest, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0052NU | 74.44 | Swingaway, detachable footrests, replacement only, each (new equipment) |
| K0052NUKU | 89.69 | Swingaway, detachable footrests, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0052RR | 7.44 | Swingaway, detachable footrests, replacement only, each (rental) |
| K0052RRKU | 8.96 | Swingaway, detachable footrests, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0052UE | 55.82 | Swingaway, detachable footrests, each (used durable medical equipment) |
| K0052UEKU | 67.23 | Swingaway, detachable footrests, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0053NU | 90.84 | Elevating footrests, articulating (telescoping), each (new equipment) |
| K0053NUKU | 98.96 | Elevating footrests, articulating (telescoping), each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0053RR | 9.08 | Elevating footrests, articulating (telescoping), each (rental) |
| K0053RRKU | 9.89 | Elevating footrests, articulating (telescoping), each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0053UD | AAC+35% | Elevating footrests, articulating (telescoping), each (bariatric equipment) |
| K0053UE | 68.13 | Elevating footrests, articulating (telescoping), each (used durable medical equipment) |
| K0053UEKU | 74.22 | Elevating footrests, articulating (telescoping), each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0056NU | 96.40 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment) |
| K0056NUKU | 107.04 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0056RR | 9.64 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental) |
| K0056RRKU | 10.71 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0056UE | 72.31 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment) |
| K0056UEKU | 80.29 | Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0065NU | 46.17 | Spoke protectors, each (new equipment) |
| K0065NUKU | 50.02 | Spoke protectors, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0065RR | 4.62 | Spoke protectors, each (rental) |
| K0065RRKU | 5.00 | Spoke protectors, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0065UE | 34.63 | Spoke protectors, each (used durable medical equipment) |
| K0065UEKU | 37.53 | Spoke protectors, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0069NU | 97.90 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (new equipment) |
| K0069NUKU | 112.47 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0069RR | 10.02 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (rental) |
| K0069RRKU | 11.71 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0069UE | 73.42 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (used durable medical equipment) |
| K0069UEKU | 84.35 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0070KH | 17.48 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental) |
| K0070KHKU | 20.63 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0070KI | 17.48 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental) |
| K0070KIKU | 20.63 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0070KJ | 13.11 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental) |
| K0070KJKU | 15.47 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (capped rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0070NU | 174.74 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (new equipment) |
| K0070NUKU | 206.30 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0070UE | 131.06 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (used durable medical equipment) |
| K0070UEKU | 154.73 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0071NU | 112.26 | Front caster assembly, complete, with pneumatic tire, replacement only, each (new equipment) |
| K0071NUKU | 122.96 | Front caster assembly, complete, with pneumatic tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0071RR | 11.23 | Front caster assembly, complete, with pneumatic tire, replacement only, each (rental) |
| K0071RRKU | 12.30 | Front caster assembly, complete, with pneumatic tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0071UE | 84.18 | Front caster assembly, complete, with pneumatic tire, replacement only, each (used durable medical equipment) |
| K0071UEKU | 92.19 | Front caster assembly, complete, with pneumatic tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0072NU | 68.29 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (new equipment) |
| K0072NUKU | 74.03 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0072RR | 6.83 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (rental) |
| K0072RRKU | 7.40 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0072UE | 51.21 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (used durable medical equipment) |
| K0072UEKU | 55.50 | Front caster assembly, complete, with semi-pneumatic tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0073NU | 36.51 | Caster pin lock, each (new equipment) |
| K0073NUKU | 39.18 | Caster pin lock, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0073RR | 3.65 | Caster pin lock, each (rental) |
| K0073RRKU | 3.92 | Caster pin lock, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0073UE | 27.38 | Caster pin lock, each (used durable medical equipment) |
| K0073UEKU | 29.37 | Caster pin lock, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0077NU | 55.88 | Front caster assembly, complete, with solid tire, replacement only, each (new equipment) |
| K0077NUKU | 66.25 | Front caster assembly, complete, with solid tire, replacement only, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0077RR | 5.58 | Front caster assembly, complete, with solid tire, replacement only, each (rental) |
| K0077RRKU | 6.61 | Front caster assembly, complete, with solid tire, replacement only, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0077UE | 41.90 | Front caster assembly, complete, with solid tire, replacement only, each (used durable medical equipment) |
| K0077UEKU | 49.66 | Front caster assembly, complete, with solid tire, replacement only, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0098NU | 24.56 | Drive belt for power wheelchair replacement only (new equipment) |
| K0098NUKU | 26.40 | Drive belt for power wheelchair replacement only (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0098RR | 2.46 | Drive belt for power wheelchair replacement only (rental) |
| K0098RRKU | 2.65 | Drive belt for power wheelchair replacement only (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0098UE | 18.41 | Drive belt for power wheelchair replacement only (used durable medical equipment) |
| K0098UEKU | 19.78 | Drive belt for power wheelchair replacement only (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0105NU | 102.99 | IV hanger, each (new equipment) |
| K0105NUKU | 111.91 | IV hanger, each (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0105RR | 10.30 | IV hanger, each (rental) |
| K0105RRKU | 11.19 | IV hanger, each (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0105UE | 77.25 | IV hanger, each (used durable medical equipment) |
| K0105UEKU | 83.93 | IV hanger, each (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0108NU | AAC+35% | Wheelchair component or accessory, not otherwise specified (new equipment) |
| K0108RA | 47.03 | Wheelchair component or accessory, not otherwise specified (for MassHealth purposes only K0108RA is to be a separate line item on a PA/claim for the sole usage of the direct service components RE1-RE23) (per hour) |
| K0108RB | AAC+35% | Wheelchair component or accessory, not otherwise specified (for MassHealth purposes only K0108RB is to be used for replacement of a part that has no HIPAA-compliant HCPCCS code) |
| K0195KH | 14.01 | Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) |
| K0195KHKU | 17.94 | Elevating leg rests, pair (for use with capped rental wheelchair base) |
| K0195KI | 14.01 | Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) |
| K0195KIKU | 17.94 | Elevating leg rests, pair (for use with capped rental wheelchair base) |
| K0195KJ | 10.51 | Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) |
| K0195KJKU | 13.46 | Elevating leg rests, pair (for use with capped rental wheelchair base) |
| K0195NU | 140.10 | Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase) |
| K0195NUKU | 179.40 | Elevating leg rests, pair (for use with capped rental wheelchair base) |
| K0195UE | 105.08 | Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase) |
| K0195UEKU | 134.55 | Elevating leg rests, pair (for use with capped rental wheelchair base) |
| Equipment, Replacement, Repair, Rental | | |
| K0455RR | 248.89 | Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol (rental) |
| K0462 | I.C. | Temporary replacement of patient-owned equipment being repaired, any type |
| K0552 | 2.35 | Supplies for external non-insulin infusion pump, syringe type cartridge, sterile, each |
| K0553 | 248.38 | Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 unit = 1 month’s supply |
| K0554NU | 239.37 | Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (new equipment) |
| K0554RR | 23.94 | Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (rental) |
| K0554UE | 179.53 | Receiver (monitor), dedicated, for use with therapeutic continuous glucose monitor system (used durable medical equipment) |
| K0601NU | 1.02 | Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each |
| K0602NU | 5.81 | Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each |
| K0603NU | 0.52 | Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each |
| K0604NU | 5.58 | Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each |
| K0605NU | 13.38 | Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each |
| K0606KHKF | 2,366.38 | Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device) |
| K0606KIKF | 2,366.38 | Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device) |
| K0606KJKF | 1,774.79 | Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device) |
| K0606NUKF | 23,663.83 | Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase) (FDA class III device) |
| K0606UEKF | 17,747.87 | Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase) (FDA class III device) |
| K0607KH | 18.26 | Replacement battery for automatic external defibrillator, each (capped rental) |
| K0607KHKF | 20.26 | Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device) |
| K0607KI | 18.26 | Replacement battery for automatic external defibrillator, each (capped rental) |
| K0607KIKF | 20.26 | Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device) |
| K0607KJ | 13.69 | Replacement battery for automatic external defibrillator, each (capped rental) |
| K0607KJKF | 15.20 | Replacement battery for automatic external defibrillator, each (capped rental) (FDA class III device) |
| K0607NU | 182.58 | Replacement battery for automatic external defibrillator, each (new equipment) |
| K0607NUKF | 202.64 | Replacement battery for automatic external defibrillator, each (new equipment) (FDA class III device) |
| K0607UE | 136.94 | Replacement battery for automatic external defibrillator, each (used durable medical equipment) |
| K0607UEKF | 151.98 | Replacement battery for automatic external defibrillator, each (used durable medical equipment) (FDA class III device) |
| K0608NU | 113.89 | Replacement garment for use with automatic external defibrillator, each (new equipment) |
| K0608NUKF | 126.47 | Replacement garment for use with automatic external defibrillator, each (new equipment) (FDA class III device) |
| K0608RR | 11.42 | Replacement garment for use with automatic external defibrillator, each (rental) |
| K0608RRKF | 12.67 | Replacement garment for use with automatic external defibrillator, each (rental) (FDA class III device) |
| K0608UE | 85.43 | Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) |
| K0608UEKF | 94.84 | Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) (FDA class III device) |
| K0609NU | 757.46 | Replacement electrodes for use with automatic external defibrillator, each (new equipment) |
| K0609NUKF | 840.98 | Replacement electrodes for use with automatic external defibrillator, each (new equipment) (FDA class III device) |
| K0669 | AAC+35% | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC |
| K0730KH | 162.00 | Controlled dose inhalation drug delivery system (capped rental) |
| K0730KI | 162.00 | Controlled dose inhalation drug delivery system (capped rental) |
| K0730KJ | 121.50 | Controlled dose inhalation drug delivery system (capped rental) |
| K0730NU | 1,620.02 | Controlled dose inhalation drug delivery system (new equipment) |
| K0730UE | 1,215.02 | Controlled dose inhalation drug delivery system (used durable medical equipment purchase) |
| K0733NU | 23.32 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) |
| K0733NUKU | 29.30 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0733RR | 2.34 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) |
| K0733RRKU | 2.95 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0733UE | 17.50 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment) |
| K0733UEKU | 21.99 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment), (DMEPOS item subject to DMEPOS competitive bidding program number 3) |
| K0738RR | 40.26 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental) |
| K0739RB | 21.11 | Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers) |
| K0739U3 | 1000.00 | Add-on payment for eligible Mobility System repairs |
| K0739U5 | 46.33 | Direct Service Component (RE) units for evaluation of complex mobility systems, for installation of custom movable and fixed patient lift systems RE1– RE23, and installation of pediatric/turned adult safety beds RE1–RE5. One RE unit equals 1 hour |
| K0739UB | 24.83 | Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes (repair, ATP providers only) |
| K0740RB | 24.83 | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers) |
| K0743RR | I.C. | Suction pump, home model, portable, for use on wounds (rental) |
| K0744 | AAC+20% | Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less |
| K0745 | AAC+20% | Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches |
| K0746 | AAC+20% | Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches |
| Power Operated Vehicle and Accessories | | |
| K0800NU | 1,041.09 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (new equipment) |
| K0800RR | 104.12 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (rental) |
| K0800UE | 780.82 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0801NU | 1,802.66 | Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (new equipment) |
| K0801RR | 180.25 | Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (rental) |
| K0801UE | 1,351.99 | Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (used durable medical equipment) |
| K0802NU | 2,036.55 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment) |
| K0802RR | 203.65 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (rental) |
| K0802UE | 1,527.41 | Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0806NU | 1,391.75 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (new equipment) |
| K0806RR | 139.17 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (rental) |
| K0806UE | 1,043.82 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0807NU | 2,132.76 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (new equipment) |
| K0807RR | 213.28 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (rental) |
| K0807UE | 1,599.58 | Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0808NU | 3,298.44 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment) |
| K0808RR | 329.84 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (rental) |
| K0808UE | 2,473.83 | Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0812NU | AAC+35% | Power operated vehicle, not otherwise classified (new equipment) |
| K0812RR | I.C. | Power operated vehicle, not otherwise classified (rental) |
| K0812UE | I.C. | Power operated vehicle, not otherwise classified (used durable medical equipment) |
| Power Wheelchairs | | |
| K0813KH | 301.04 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0813KI | 301.04 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0813KJ | 120.42 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0813NU | 2,006.93 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0813UE | 1,505.20 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0814KH | 358.84 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0814KI | 358.84 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0814KJ | 143.54 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0814NU | 2,392.27 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment) |
| K0814UE | 1,794.20 | Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0815KH | 383.91 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0815KI | 383.91 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0815KJ | 153.56 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0815NU | 2,559.40 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0815UE | 1,919.55 | Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0816KH | 380.17 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0816KI | 380.17 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0816KJ | 152.07 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0816NU | 2,534.47 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0816UE | 1,900.85 | Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0820KH | 316.77 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0820KI | 316.77 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0820KJ | 126.71 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0820NU | 2,111.80 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0820UE | 1,583.85 | Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0821KH | 375.89 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0821KI | 375.89 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0821KJ | 150.36 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0821NU | 2,505.93 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0821UE | 1,879.45 | Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0822KH | 452.62 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0822KI | 452.62 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0822KJ | 181.05 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0822NU | 3,017.47 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0822UE | 2,263.10 | Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0823KH | 427.33 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0823KI | 427.33 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0823KJ | 170.93 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0823NU | 2,848.87 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0823UE | 2,136.65 | Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0824KH | 568.43 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0824KI | 568.43 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0824KJ | 227.37 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0824NU | 3,789.53 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0824UE | 2,842.15 | Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0825KH | 507.85 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0825KI | 507.85 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0825KJ | 203.14 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0825NU | 3,385.67 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment equipment) |
| K0825UE | 2,539.25 | Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0826KH | 768.52 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0826KI | 768.52 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0826KJ | 307.41 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0826NU | 5,123.47 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0826UE | 3,842.60 | Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0827KH | 667.58 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental) |
| K0827KI | 667.58 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental) |
| K0827KJ | 267.03 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental) |
| K0827NU | 4,450.53 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0827UE | 3,337.90 | Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0828KH | 865.25 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0828KI | 866.25 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0828KJ | 346.10 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0828NU | 5,768.33 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase) |
| K0828UE | 4,326.25 | Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0829KH | 840.60 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0829KI | 840.60 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0829KJ | 336.24 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0829NU | 5,604.00 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase) |
| K0829UE | 4,203.00 | Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0830NU | 3,914.10 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0830RR | 391.41 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0830UE | 2,935.58 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0831NU | 3,914.10 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (new equipment) |
| K0831RR | 391.41 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (rental) |
| K0831UE | 2,935.58 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0835KH | 456.11 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0835KI | 456.11 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0835KJ | 182.44 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0835NU | 3,040.73 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0835UE | 2,280.55 | Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0836KH | 473.04 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0836KI | 473.04 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0836KJ | 189.22 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0836NU | 3,153.60 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0836UE | 2,365.20 | Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0837KH | 559.19 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0837KI | 559.19 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0837KJ | 223.68 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0837NU | 3,727.93 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0837UE | 2,795.95 | Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0838KH | 498.48 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0838KI | 498.48 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0838KJ | 199.39 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0838NU | 3,323.20 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0838UE | 2,492.40 | Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0839KH | 731.13 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0839KI | 731.13 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0839KJ | 292.45 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0839NU | 4,874.20 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0839UE | 3,655.65 | Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0840KH | 1,113.40 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0840KI | 1,113.40 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0840KJ | 445.36 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0840NU | 7,422.67 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase) |
| K0840UE | 5,567.00 | Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0841KH | 495.88 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0841KI | 495.88 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0841KJ | 198.35 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0841NU | 3,305.87 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0841UE | 2,479.40 | Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0842KH | 495.60 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0842KI | 495.60 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0842KJ | 198.24 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0842NU | 3,304.00 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0842UE | 2,478.00 | Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0843KH | 593.54 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0843KI | 593.54 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0843KJ | 237.42 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0843NU | 3,956.93 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0843UE | 2,967.70 | Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0848KH | 755.28 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0848KI | 755.28 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0848KJ | 302.11 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0848NU | 5,035.20 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0848UE | 3,776.40 | Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0849KH | 726.16 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0849KI | 726.16 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0849KJ | 290.46 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0849NU | 4,841.07 | Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0849UE | 3,630.80 | Power wheelchair |
| K0850KH | 876.10 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0850KI | 876.10 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0850KJ | 350.44 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0850NU | 5,840.67 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0850UE | 4,380.50 | Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0851KH | 842.37 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0851KI | 842.37 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0851KJ | 336.95 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0851NU | 5,615.80 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0851UE | 4,211.85 | Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0852KH | 1,012.27 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0852KI | 1,012.27 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0852KJ | 404.91 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0852NU | 6,748.47 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0852UE | 5,061.35 | Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0853KH | 1,039.86 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental) |
| K0853KI | 1,039.86 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental) |
| K0853KJ | 415.94 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental) |
| K0853NU | 6,932.40 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (new equipment purchase) |
| K0853UE | 5,199.30 | Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (used durable medical equipment) |
| K0854KH | 1,377.59 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0854KI | 1,377.59 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0854KJ | 551.04 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0854NU | 9,183.93 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase) |
| K0854UE | 6,887.95 | Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0855KH | 1,301.34 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0855KI | 1,301.34 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0855KJ | 520.54 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental) |
| K0855NU | 8,675.60 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase) |
| K0855UE | 6,506.70 | Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0856KH | 810.71 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0856KI | 810.71 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0856KJ | 324.28 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0856NU | 5,404.73 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0856UE | 4,053.55 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0857KH | 826.96 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0857KI | 826.96 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0857KJ | 330.78 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental) |
| K0857NU | 5,513.07 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0857UE | 4,134.80 | Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0858KH | 1,005.86 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0858KI | 1,005.86 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0858KJ | 402.34 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0858NU | 6,705.73 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0858UE | 5,029.30 | Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0859KH | 959.28 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0859KI | 959.28 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0859KJ | 383.71 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental) |
| K0859NU | 6,395.20 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0859UE | 4,796.40 | Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0860KH | 1,436.99 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0860KI | 1,436.99 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0860KJ | 574.80 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0860NU | 9,579.93 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0860UE | 7,184.95 | Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0861KH | 812.01 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0861KHKF | 1,045.98 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device) |
| K0861KI | 812.01 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0861KIKF | 1,046.98 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device) |
| K0861KJ | 324.80 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) |
| K0861KJKF | 418.39 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental) (FDA class III device) |
| K0861NU | 5,413.40 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) |
| K0861NUKF | 6,973.20 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase) (FDA class III device) |
| K0861UE | 4,060.05 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds ( (used durable medical equipment) |
| K0861UEKF | 5,229.90 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds ( (used durable medical equipment) (FDA class III device) |
| K0862KH | 1,005.86 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0862KI | 1,005.86 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0862KJ | 402.34 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental) |
| K0862NU | 6,705.73 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase) |
| K0862UE | 5,029.30 | Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0863KH | 1,421.44 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0863KI | 1,421.44 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0863KJ | 568.58 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental) |
| K0863NU | 9,476.27 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase) |
| K0863UE | 7,107.20 | Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0864KH | 1,691.53 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0864KI | 1,691.53 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0864KJ | 676.61 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental) |
| K0864NU | 11,276.87 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment) |
| K0864UE | 8,457.65 | Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment) |
| K0868NU | AAC+35% | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0868RR | I.C. | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (rental) |
| K0868UE | I.C. | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) (used durable medical equipment) |
| K0869NU | AAC+35% | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment) |
| K0869RR | I.C. | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (rental) |
| K0869UE | I.C. | Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0870NU | AAC+35% | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment) |
| K0870RR | I.C. | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental) |
| K0870UE | I.C. | Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0871NU | AAC+35% | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment) |
| K0871RR | I.C. | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (rental) |
| K0871UE | I.C. | Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment) |
| K0877NU | AAC+35% | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0877RR | I.C. | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0877UE | I.C. | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0878NU | AAC+35% | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment) |
| K0878RR | I.C. | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (rental) |
| K0878UE | I.C. | Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0879NU | AAC+35% | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| K0879RR | I.C. | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental) |
| K0879UE | I.C. | Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0880NU | AAC+35% | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (new equipment) |
| K0880RR | I.C. | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (rental) |
| K0880UE | I.C. | Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds (used durable medical equipment) |
| K0884NU | AAC+35% | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment) |
| K0884RR | I.C. | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental) |
| K0884UE | I.C. | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0885NU | AAC+35% | Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (new equipment) |
| K0885RR | I.C. | Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (rental) |
| K0885UE | I.C. | Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds (used durable medical equipment) |
| K0886NU | AAC+35% | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment) |
| K0886RR | I.C. | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (rental) |
| K0886UE | I.C. | Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment) |
| K0890NU | AAC+35% | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment) |
| K0890RR | I.C. | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental) |
| K0890UE | I.C. | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment) |
| K0891NU | AAC+35% | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (new equipment) |
| K0891RR | I.C. | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (rental) |
| K0891UE | I.C. | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds (used durable medical equipment) |
| K0898NU | AAC+35% | Power wheelchair, not otherwise classified (new equipment) |
| K0898RR | I.C. | Power wheelchair, not otherwise classified (rental) |
| K0898UE | I.C. | Power wheelchair, not otherwise classified (used durable medical equipment) |
| K0899NU | AAC+35% | Power mobility device, not coded by DME PDAC or does not meet criteria (new equipment) |
| K0899RR | I.C. | Power mobility device, not coded by DME PDAC or does not meet criteria (rental) |
| K0899UE | I.C. | Power mobility device, not coded by DME PDAC or does not meet criteria (used durable medical equipment) |
| K0900 | AAC+30% | Custom durable medical equipment, other than wheelchair |
| K1001 | I.C. | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type |
| K1002 | I.C. | Cranial electrotherapy stimulation(CES) system, includes all supplies and accessories, any type |
| K1003 | I.C. | Whirlpool tub, walk-in, portable |
| K1005 | 0.20 | Disposable collection and storage for bag for breast milk, any size, any type, each |
| **Prosthetic Procedures** | | |
| Larynx and Trachea Prosthetics and Accessories | | |
| L8501 | 130.02 | Tracheostomy speaking valve |
| **Q Codes (Temporary)** | | |
| Q0161 | AAC | Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0162 | 0.02 | Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0163 | 0.22 | Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen |
| Q0164 | 0.04 | Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0166 | 1.11 | Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen |
| Q0167 | 1.39 | Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0169 | 0.03 | Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0173 | 0.30 | Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0174 | AAC | Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0175 | 1.72 | Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0177 | 0.12 | Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| Q0180 | 94.79 | Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen |
| Q0510 | 42.50 | Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant |
| Q0511 | 20.40 | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period |
| Q0512 | 13.60 | Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period |
| Q0513 | 28.05 | Pharmacy dispensing fee for inhalation drug(s); per 30 days |
| Q0514 | 56.10 | Pharmacy dispensing fee for inhalation drug(s); per 90 days |
| Q2052 | AAC | Services, supplies and accessories used in the home under the Medicare Intravenous Immune Globulin (IVIG) Demonstration |
| Q4074 | 94.85 | Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms |
| Q5101 | 0.82 | Injection, filgrastim (g-csf), biosimilar, one microgram |
| **Temporary National Codes (Non-Medicare)** | | |
| S5035 | I.C. | Home infusion therapy, routine service of infusion device (e.g. pump maintenance) |
| S5036 | I.C. | Home infusion therapy, repair of infusion device (e.g. pump repair) |
| S5160 | 38.53 | Emergency response system; installation and testing |
| S5161RR | 20.00 | Emergency response system; service fee, per month (excludes installation and testing) |
| S5162 | AAC+30% | Emergency response system; purchase only |
| S5162TW | 30.00 | Emergency response system; purchase only (back-up equipment; for MassHealth members only, use this HCPCS code and modifier combination for a replacement auto alert transmitter button for PERS, used for a lost button only, cannot be billed separately at the time the unit is installed) |
| S5497 | 13.95 | Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S5498 | 13.95 | Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem |
| S5501 | 13.95 | Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S5502 | 13.95 | Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use) |
| S5517 | 13.95 | Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting |
| S5518 | 13.95 | Home infusion therapy, all supplies necessary for catheter repair |
| S5520 | 125.83 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion |
| S5521 | 120.79 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion |
| S5522SD | 86.99 | Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training) |
| S5523SD | 86.99 | Home infusion therapy, insertion of midline central venous catheter, nursing services only (no supplies or catheter included) (services provided by registered nurse with specialized, highly technical home infusion training) |
| S8097 | AAC+20% | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer) |
| S8186 | AAC+20% | Swivel adaptor |
| S8189 | AAC+20% | Tracheostomy supply, not otherwise classified |
| S8210 | AAC+20% | Mucus trap |
| S8262 | AAC+30% | Mandibular orthopedic repositioning device, each |
| S8265 | AAC+20% | Haberman feeder for cleft lip/palate |
| S8420 | AAC+20% | Gradient pressure aid (sleeve and glove combination), custom made |
| S8421 | AAC+20% | Gradient pressure aid (sleeve and glove combination), ready made |
| S8422 | AAC+20% | Gradient pressure aid (sleeve), custom made, medium weight |
| S8423 | AAC+20% | Gradient pressure aid (sleeve), custom made, heavy weight |
| S8424 | AAC+20% | Gradient pressure aid (sleeve), ready made |
| S8425 | AAC+20% | Gradient pressure aid (glove), custom made, medium weight |
| S8426 | AAC+20% | Gradient pressure aid (glove), custom made, heavy weight |
| S8427 | AAC+20% | Gradient pressure aid (glove), ready made |
| S8428 | AAC+20% | Gradient pressure aid (gauntlet), ready made |
| S8429 | AAC+20% | Gradient pressure exterior wrap |
| S8430 | AAC+20% | Padding for compression bandage, roll |
| S8431 | AAC+20% | Compression bandage, roll |
| S8450 | AAC+20% | Splint, prefabricated, digit (specify digit by use of modifier) |
| S8451 | AAC+20% | Splint, prefabricated, wrist or ankle |
| S8452 | AAC+20% | Splint, prefabricated, elbow |
| S8490 | AAC+20% | Insulin syringes (100 syringes, any size) |
| S8999 | AAC+20% | Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event) |
| S9325 | 37.51 | Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, SS9327 or S9328) |
| S9326 | 37.51 | Home infusion therapy, continuous pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9327 | 37.51 | Home infusion therapy, intermittent pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9328 | 37.51 | Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9329 | 46.68 | Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331) |
| S9330 | 46.68 | Home infusion therapy, continuous chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9331 | 46.68 | Home infusion therapy, intermittent chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9336 | 44.86 | Home infusion therapy, continuous anticoagulant infusion therapy (e.g. heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9338 | 51.51 | Home infusion therapy, immunotherapy therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem |
| S9339 | 35.58 | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9340 | 14.84 | Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem |
| S9341 | 12.28 | Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem |
| S9342 | 14.84 | Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem |
| S9343 | 12.28 | Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem |
| S9345 | 51.51 | Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9346 | 44.86 | Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9347 | 44.86 | Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g. epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9348 | 73.22 | Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9349 | 44.86 | Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9351 | 44.86 | Home infusion therapy, continuous anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9353 | 44.86 | Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9355 | 73.22 | Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9357 | 73.22 | Home infusion therapy, enzyme replacement intravenous therapy; (e.g. imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9359 | 73.22 | Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g. infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9361 | 73.22 | Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9363 | 73.22 | Home infusion therapy, anti-spasmotic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9364 | 43.95 | Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales) |
| S9365 | 43.95 | Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem |
| S9366 | 43.95 | Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem |
| S9367 | 43.95 | Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acids, drugs, and nursing visits coded separately), per diem |
| S9368 | 43.95 | Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (standard TPN formula, lipids, specialty amino acid formulas, drugs, and nursing visits coded separately), per diem |
| S9370 | 9.62 | Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9372 | 9.62 | Home therapy; intermittent anticoagulant injection therapy (e.g. heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with hydration therapy codes S9374-S9377) |
| S9373 | 30.04 | Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374-S9377 using daily volume scales) |
| S9374 | 30.04 | Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9375 | 30.04 | Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9376 | 30.04 | Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9377 | 30.04 | Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem |
| S9379 | AAC+20%+$8.00 | Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9434 | AAC+20% | Modified solid food supplements for inborn errors of metabolism |
| S9435 | AAC+20% | Medical foods for inborn errors of metabolism |
| S9490 | 44.86 | Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9494 | 44.86 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drug and nursing visits coded separately), per diem (do not use with |
| S9497 | 51.51 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9500 | 44.86 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9501 | 51.73 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9502 | 56.20 | Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9503 | 61.87 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9504 | 73.22 | Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9537 | 9.62 | Home therapy; hematopoietic hormone injection therapy (e.g., crythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9538 | 51.51 | Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem |
| S9542 | 9.62 | Home injectable therapy; not otherwise classified, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9558 | 9.62 | Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9559 | 9.62 | Home injectable therapy; interferon, including administrative services, professional pharmacy services, coordination of care, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9560 | 9.62 | Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9562 | 9.62 | Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| S9590 | 23.55 | Home therapy, irrigation therapy (e.g. sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem |
| Miscellaneous | | |
| T4521 | 0.46 | Adult sized disposable incontinence product, brief/diaper, small each |
| T4522 | 0.53 | Adult sized disposable incontinence product, brief/diaper, medium each |
| T4522U6 | 0.65 | Enhanced: Adult sized disposable incontinence product, brief/diaper, medium, each |
| T4523 | 0.71 | Adult sized disposable incontinence product, brief/diaper, large each |
| T4523U6 | 0.87 | Enhanced: Adult sized disposable incontinence product, brief/diaper, large each |
| T4524 | 0.74 | Adult sized disposable incontinence product, brief/diaper, extra large each |
| T4524U6 | 1.04 | Enhanced: Adult sized disposable incontinence product, brief/diaper, extra- large, each |
| T4525 | 0.66 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each |
| T4526 | 0.79 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each |
| T4527 | 0.79 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each |
| T4528 | 0.79 | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each |
| T4529 | 0.66 | Pediatric sized disposable incontinence product, brief/diaper, small/medium, each |
| T4530 | 0.83 | Pediatric sized disposable incontinence product, brief/diaper, large size, each |
| T4531 | 0.70 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size each |
| T4532 | 0.58 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size each |
| T4533 | 0.46 | Youth sized disposable incontinence product, brief/diaper, each |
| T4534 | 0.72 | Youth sized disposable incontinence product, protective underwear/pull-on, each |
| T4535 | 0.40 | Disposable liner/shield/guard/pad/undergarment, for incontinence, each |
| T4535UD | AAC+20% | Disposable liner/shield/guard/pad/undergarment, for incontinence, each (bariatric) |
| T4536 | AAC+20% | Incontinence product, protective underwear/pull-on, reusable, bed size, each |
| T4537 | 13.83 | Incontinence product, protective underpad, reusable, bed size, each |
| T4538 | AAC+20% | Diaper service, reusable diaper, each diaper |
| T4539 | AAC+20% | Incontinence product, diaper/brief, reusable, any size, each |
| T4540 | AAC+20% | Incontinence product, protective underpad, reusable, chair size, each |
| T4541 | 0.34 | Incontinence product, disposable underpad, large, each |
| T4542 | 0.29 | Incontinence product, disposable underpad, small size, each |
| T4543 | AAC+20% | Disposable incontinence product, brief/diaper, bariatric, size up to XXL, each |
| T4543UD | 2.19 | Disposable incontinence product, brief/diaper, bariatric, size XXXL and above, each |
| T4544 | AAC+20% | Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each |
| T5001NU | AAC+35% | Positioning seat for persons with special orthopedic needs, for use in vehicle (new equipment) |
| T5001RR | I.C. | Positioning seat for persons with special orthopedic needs, for use in vehicle (rental) |
| T5001UE | I.C. | Positioning seat for persons with special orthopedic needs, for use in vehicle (used durable medical equipment) |
| Home Infusion  99601SD | 86.99 | Home infusion/specialty drug administration, per visit (up to two hours) (services provided by registered nurse with specialized, highly technical home infusion training) |
| 99602SD | 45.48 | Home infusion/specialty drug administration, each additional hour (services provided by registered nurse with specialized, highly technical home infusion training) (use in conjunction with (99601SD) |

322.07:  Severability

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

REGULATORY AUTHORITY

101 CMR 322.00:  M.G.L. c. 118E.