

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 22.00: DURABLE MEDICAL EQUIPMENT, OXYGEN AND RESPIRATORY
THERAPY EQUIPMENT

Section

- 22.01: General Provisions
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22.01: General Provisions

(1) Scope, Purpose, and Effective Date. 114.3 CMR 22.00 governs the determination of rates of payment to be used by all governmental units in making payment to eligible providers of durable medical equipment provided to publicly-aided individuals. 114.3 CMR 22.00 is effective April 1, 2010. The rates set forth in 114.3 CMR 22.00 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 40.03(2).

(2) Coverage. 114.3 CMR 22.00 and the rates of payment contained in 114.3 CMR 22.00 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;
- (f) the repair or modification of the above listed types of equipment.

(3) Exclusions. 114.3 CMR 22.00 and the rates of payment contained in 114.3 CMR 22.00 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;
- (c) all services for inpatients at a facility licensed as an acute or chronic hospital.

(4) Disclaimer of Authorization of Services. 114.3 CMR 22.00 is not authorization for nor approval of the procedures for which rates are determined pursuant to 114.3 CMR 22.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care to publicly-aided individuals.

(5) Coding Updates and Corrections. The Division 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 remains 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, the Division may list these codes and price them at a percentage of the prevailing Medicare fees as described in 114.3 CMR 22.03(15), when Medicare fees are available. When Medicare fees are not available, the Division may apply individual consideration in reimbursing for these new codes until appropriate rates can be developed.

(6) Administrative Bulletins. The Division may issue administrative bulletins to clarify its policy on substantive provisions of 114.3 CMR 22.00.

(7) Authority. 114.3 CMR 22.00 is adopted pursuant to M.G.L. 118G.

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22.02: General Definitions

Meaning of Terms. Terms used in 114.3 CMR 22.00 have the following meanings:

Accessories. Products that are fabricated primarily and customarily to modify or enhance the usefulness or functional capability of another piece of equipment and that are generally not useful in the absence of that other piece of 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 and insurance costs. The adjusted acquisition cost must reflect all 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 agent 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 actual purchase price. The AAC to the eligible provider shall not exceed the manufacturer's current catalogue price. The AAC must be evidenced by the purchase price for the equipment listed on a copy of a current receipted invoice from the manufacturer. If the provider requests prior approval for an item not previously purchased, a copy of a quote invoice from the manufacturer can be submitted for consideration, along with all discounts that would be passed on to the provider. The claim must reflect the actual purchase price if less than the quote submitted for prior authorization. Manufacturers who provide services must submit documentation that demonstrates the retail and catalogue or list price along with all discounts that would be passed on to a provider.

Assistive Technology Professional (ATP). An individual with experience in assistive/rehabilitation technology 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. The ATP must possess knowledge of the standards of acceptable practice in the provision of DME, including ordering, assembling, adjusting, and delivering DME and providing ongoing support and services to meet a person's rehabilitation equipment needs. The ATP must be certified by the Rehabilitation Engineering and Assistive Technology Society of North America.

Capped Rentals. Items designated as "capped rental" in the code description 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 member. The provider may bill for repairs as needed to maintain the proper working condition of the equipment for the consumer's use after the 13th month.

The methodology for payment of items on a capped rental basis is as follows:

- (a) for the first three months of rental, 10% of the new purchase fee;
- (b) for months four through 13, payment at 75% of the amount for months one through three;
- (c) no further monthly payments after the 13th month.

For purchase of capped rental items, the purchase price will be no more than the sum of the capped rental methodology applied for 13 months. See 114.3 CMR 22.03(14) for modifiers.

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

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 the equipment permanently precludes the use of such equipment by another individual.

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Durable Medical Equipment (DME). Equipment that:

- (a) is fabricated primarily and customarily to fulfill a medical purpose;
- (b) is generally not useful in the absence of illness and injury;
- (c) can withstand repeated use over an extended period of time; and
- (d) is appropriate for home use.

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.

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 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. Except where otherwise stipulated in 114.3 CMR 22.03, payment to an eligible provider for individual consideration will be the lower of:

- (a) the eligible provider's usual and customary charge to the general public;
- (b) or for purchases of supplies, the adjusted acquisition cost to the eligible provider plus the standard markup of 20%, as defined in 114.3 CMR 22.02;
- (c) for purchases of enteral and parenteral solutions, the adjusted acquisition cost to the eligible provider plus the standard markup of 25%, as defined in 114.3 CMR 22.02;
- (d) for purchases of new wheeled mobility system equipment, patient lift systems, and related accessories, the adjusted acquisition cost to the eligible provider plus the standard markup of 35%, as defined in 114.3 CMR 22.02;
- (e) for purchases of other new equipment, the adjusted acquisition cost to the eligible provider plus the standard markup of 30%, as defined in 114.3 CMR 22.02;
- (f) for rental items, one-tenth of the fee paid for the item if purchased new;
- (g) for capped rental items, refer to the methodology described under 114.3 CMR 22.02: *General Definitions*;
- (h) for used items, 75% of the fee paid for the item if purchased new.
- (i) for covered drugs, the adjusted acquisition cost, as defined in 114.3 CMR 22.02;
- (j) 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 114.3 CMR 22.03(5)(b).

Liquid Oxygen System. Respiratory therapy equipment utilizing liquid oxygen.

Medical Supplies. Consumable and 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) fabricated primarily and customarily to fulfill a medical purpose;
- (b) used in the treatment of a specific medical condition;
- (c) generally not useful in the absence of illness or injury;
- (d) non-reusable and disposable; and
- (e) appropriate for use in the patient's home.

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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 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.

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

Prescribing Provider. The member's physician, nurse practitioner, 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 114.3 CMR 22.03 and 22.06.

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.

RESNA. The Rehabilitation Engineering and Assistive Technology Society of North America, or its successor.

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.

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.

Standard Markup. Except where otherwise indicated in applicable section of 114.3 CMR 22.03, the standard markup for durable medical equipment, medical and surgical supplies, and oxygen and respiratory equipment that is applied to the price paid to a supplier by an eligible provider can not exceed:

- (a) 20% for medical and surgical supplies and disposable items;
- (b) 25% for enteral and parenteral solutions;

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- (c) 35% for wheeled mobility system equipment and accessories, as defined in 114.3 CMR 22.02, and patient lift systems; and
- (d) 30% for all other equipment.

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 or accepts from any payer for the same equipment or item, including but not limited to the shelf price, sale price, or advertised price.

22.03: 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 lower of:

- (a) the eligible provider's usual and customary charge to the general public; or
- (b) such schedule of allowable fees set forth in 114.3 CMR 22.06.

(2) Purchase of Customized Seating, Positioning, Mobility Systems, and Related Accessories. Payment to an eligible DME provider for the purchase of customized seating, positioning, mobility systems, customized movable and fixed patient lift systems, and all related accessories shall be at the lower of the eligible provider's usual and customary charge to the general public or the rates specified in 114.3 CMR 22.06, plus the direct service component at the pre-approved levels of time and complexity as defined in 114.3 CMR 22.03(2)(a) through (d):

- (a) RE 1-5 - Specialized (one - five hours).
- (b) RE 6-10 - Intermediate - More time and complexity with multiple trials of equipment, custom fabrication of some parts (six - ten 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) E 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).

The rate for customization using these direct service component codes is \$44.00 per hour.

(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 to the general public; or
2. such schedule of allowable fees set forth in 114.3 CMR 22.06

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- (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 to the general public; or
 - 2. 90% of the schedule of allowable fees set for in 114.3 CMR 22.06.

- (4) Purchase and Rental of Respiratory Therapy Devices.
 - (a) Respiratory Therapy Devices (Purchase).
 - 1. The purchased respiratory therapy device includes but is not be 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;
 - 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 to the general public; or
 - b. such schedule of allowable fees set forth in 114.3 CMR 22.06.
 - (b) Respiratory Therapy Devices (Rental).
 - 1. The monthly rental of respiratory therapy devices include but not be 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 lowest of:
 - a. the eligible provider's usual and customary rental fees and terms to the general public; or
 - b. the fees set forth in 114.3 CMR 22.06.
 - 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 to the general public; or
 - b. 90% of the schedule of allowable fees set forth in 114.3 CMR 22.06.

- (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 lowest of:
 - 1. the eligible provider's usual and customary charge to the general public; or
 - 2. such schedule of allowable fees set forth in 114.3 CMR 22.06.
 - (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.

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(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 114.3 CMR 31.00: *Prescribed Drugs*. Payment for nursing services shall be determined according to purchaser specifications under the provisions of 114.3 CMR 50.00: *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 15 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 114.3 CMR 22.03(7), 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 114.3 CMR 22.03(8): *Condition of Rental Equipment Upon Delivery*.)

(9) Rental Services. Unless otherwise authorized under 114.3 CMR 22.00, 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 114.3 CMR 22.00, 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

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

(11) Terms and Warranties. Other terms and warranties included under 114.3 CMR 22.00's rate provisions 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 the general public shall apply to purchases, or rentals made under authority of 114.3 CMR 22.00.

(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 114.3 CMR 22.06, under the heading of "Repairs, Professional and Labor Services".

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(13) Modifiers. The following list of letter modifiers must be added, where appropriate, to HCPC 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
 4. LL--Lease/rental with option to purchase
 5. NU--Capped rental item has been purchased.
- (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. BA--Item furnished in conjunction with parenteral enteral nutrition (PEN) services
 15. BO--Orally administered nutrition, not by feeding tube
 16. GS-- Dosage of epo or darbepoietin alfa has been reduced 25% of preceding month's dosage
 17. KC-- Replacement of special power wheelchair interface (applicable to codes E2320-E2330)
 18. KE--Bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment
 19. KF--item designated by FDA as class III device
 20. KK--Inhalation solution composed from an FDA approved formulation
 21. KL--DMEPOS item delivered via mail
 22. KO--Single drug unit dose formulation
 23. KP--First drug of a multiple unit dose formulation
 24. KQ--Second or subsequent drug of a multiple drug unit dose formulation
 25. KR--Rental item for a partial month
 26. KS--Glucose monitor supply for diabetic beneficiary not treated with insulin
 27. KX--Specific required documentation on file (member treated with insulin)
 28. LL--Lease/rental with option to purchase
 29. LT--Left side (used to identify procedures performed on the left side of the body)
 30. NU--New equipment
 31. QF--Prescribed amount of oxygen exceeds 4 liters per minute (LPM) and portable oxygen is prescribed
 32. QG--Prescribed amount of oxygen is greater than 4 liters per minute (LPM)
 33. RA--Replacement of a DME item (informational modifier to denote replacement of an already purchased DME item)
 34. RB--Replacement of a part of a DME furnished as part of a repair
 35. RR--Rental of durable medical equipment and oxygen/respiratory therapy equipment
 36. RT--Right side (used to identify procedures performed on the right side of the body)
 37. SD--Services provided by registered nurse with specialized, highly technical home infusion training
 38. 1--Medicaid level of care 1 (used only for nonstandard power wheelchair trays and patient lift systems)
 39. U2--Medicaid level of care 2 (first six months of rental, volume/pressure ventilator)

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- 40. UB--Medicaid level of care 11 (repair, RTS providers only)
- 41. UC--Medicaid level of care 12 (used for pediatric specialized rehabilitation equipment only)
- 42. UD-- Medicaid level of care 13 (bariatric equipment)
- 43. UE--Used durable medical equipment.

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

(a) Whenever a repair service for purchased equipment 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 1/30th of the monthly allowable rental fee, as provided in 114.3 CMR 22.00 *per diem*.

(b) No payment for rental of substitute equipment shall be made for any day following the fifth business day after the date of removal of the equipment from the residential setting, unless otherwise authorized by the appropriate purchaser.

(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 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 114.3 CMR 22.03.

(16) General Rate Provisions for Pricing of New Codes. As described in 114.3 CMR 22.01(5), the Division may publish new procedure codes in the form of an Informational Bulletin and set fees as follows:

- (a) when Medicare fees are available, set fees at
 - 1. 100% of Medicare for
 - a. specialized wheeled mobility equipment and accessories
 - b. first six months rental for ventilators
 - 2. 90% of Medicare for oxygen equipment and contents
 - 3. 85% of Medicare for all other items
- (b) when Medicare fees are not available, apply individual consideration at adjusted acquisition cost plus the standard markup as defined in 114.3 CMR 22.02.

22.04: Reporting Requirements

(1) Required Reports. Upon the request of the Division, an eligible provider that has received payment during the previous fiscal year from a governmental unit for the provision of durable medical or oxygen respiratory therapy equipment shall forward to the Division the following information:

- (a) Most recent year end financial statement which shall include a balance sheet, income and expense statement and schedules of total salary and wage expenses;
- (b) Copies of 941 Forms for the previous four quarters accompanied by a list of all employees, which should include employee's name, job classification and responsibilities, and salaries as listed on the IRS W-2 Form;
- (c) List of any contract employees specifying fees paid and services performed; and
- (d) Statistical data as shall be designated by the Division, such as the total number of patients serviced, total number of rentals by type of equipment, total number or purchases, *etc.*

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(2) Compliance Time. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics, as the Division may from time to time request.

(3) Additional Information. Each eligible provider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Division may from time to time request. At the discretion of the Division, an eligible provider may be allowed to substitute other cost data for the reports noted in 114.3 CMR 22.04(1). Such data may include reasonable forecasts of anticipated costs, utilization and levels of service to be provided during the current rate period, the costs and charges to the general public, reimbursement rates of providers who furnish comparable care, the comparable cost of alternative means of meeting patient needs.

(4) Extensions. Upon written request from a provider demonstrating that good cause exists, the Division may grant an extension of time for filing required reports.

(5) Penalty for Non-compliance.

(a) Failure on the part of an eligible provider to submit other acceptable information as requested may be cause for removal from the list of eligible providers by the governmental purchasing agency until such information, data or statistics are filed.

(b) Pursuant to M.G.L. c. 118G, eligible providers who knowingly fail to file or knowingly falsify required reports may be punished by a fine of not less than \$100 nor more than \$500.

22.05: Severability

The provisions of 114.3 CMR 22.00 are severable. If any provision of 114.3 CMR 22.00 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 114.3 CMR 22.00 or the application of any other provision.

22.06: Allowable Fees and Rate Schedule

Code Rate Description

Medical and Surgical Supplies A4000-A8999

Miscellaneous 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
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
A4215NU	0.10	Needle, sterile, any size, each
A4215KX	0.23	Needle, sterile, any size, each (specific required documentation on file, member treated with insulin)
A4216	0.40	Sterile water, saline and/or dextrose diluent/flush, 10 ml
A4217NU	2.38	Sterile water/saline 500 ml
A4217AU	2.38	Sterile water/saline 500 ml (items furnished in conjunction with urological, ostomy, or tracheostomy supplies)
A4218	AAC+20%	Sterile saline or water, metered dose dispenser, 10 ml
A4220	AAC+20%	Refill kit for implantable infusion pump
A4221	23.77	Supplies for maintenance of drug infusion catheter, per week (list drug separately)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
A4222	49.07	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)
A4230	AAC+20%	Infusion set for external insulin pump, non needle cannula type
A4231	AAC+20%	Infusion set for external insulin pump, needle type
A4232	3.45	Syringe with needle for external insulin pump, sterile, 3cc
A4233NU	0.71	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4233NUKL	0.61	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	3.24	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4234NUKL	2.80	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235NU	2.09	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4235NUKL	1.80	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236NU	1.50	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4236NUKL	1.29	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
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	36.94	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4253NUKL	36.94	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (DMEPOS item delivered via mail)
A4255	3.49	Platforms for home blood glucose monitor, 50 per box
A4256	10.21	Normal, low and high calibrator solution / chips
A4256KL	8.80	Normal, low and high calibrator solution / chips (DMEPOS delivered via mail)
A4257	11.38	Replacement lens shield cartridge for use with laser skin piercing device, each
A4258	16.11	Spring-powered device for lancet, each
A4258KL	13.89	Spring-powered device for lancet, each (DMEPOS delivered via mail)
A4259	9.66	Lancets, per box of 100
A4259KL	8.33	Lancets, per box of 100 (DMEPOS delivered via mail)
A4264	AAC+20%	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system
A4265	3.03	Paraffin, per pound
A4281	AAC+20%	Tubing for breast pump, replacement
A4282	AAC+20%	Adapter for breast pump, replacement
A4283	AAC+20%	Cap for breast pump bottle, replacement
A4284	AAC+20%	Breast shield and splash protector for use with breast pump, replacement
A4285	AAC+20%	Polycarbonate bottle for use with breast pump, replacement
A4286	AAC+20%	Locking ring for breast pump, replacement
Vascular Catheters		
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
A4310	6.89	Insertion tray without drainage bag and without catheter (accessories only)

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22.06: continued

Code	Rate	Description (continued)
A4311	12.47	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4312	13.69	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone
A4313	14.05	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4314	19.18	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)
A4315	20.02	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone
A4316	25.35	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation
A4319	6.33	Sterile water irrigation solution, 1000 ml
A4320	4.76	Irrigation tray with bulb or piston syringe, any purpose
A4321	AAC+20%	Therapeutic agent for urinary catheter irrigation
A4322	2.71	Irrigation syringe, bulb or piston, each
A4326	9.26	Male external catheter with integral collection chamber, any type, each
A4327	37.72	Female external urinary collection device; metal cup, each
A4328	7.92	Female external urinary collection device; pouch, each
A4330	6.38	Perianal fecal collection pouch with adhesive, each
A4331	2.84	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	1.96	Urinary catheter anchoring device, adhesive skin attachment, each
A4334	4.40	Urinary catheter anchoring device, leg strap, each
A4335	AAC+20%	Incontinence supply; miscellaneous
A4336	AAC+20%	Incontinence supply, urethral insert, any type, each
A4338	10.94	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4340	28.34	Indwelling catheter; specialty type, eg; coude, mushroom, wing, etc.), each
A4344	13.57	Indwelling catheter, foley type, two-way, all silicone, each
A4346	17.48	Indwelling catheter; foley type, three way for continuous irrigation, each
A4349	1.80	Male external catheter, with or without adhesive, disposable, each
A4351	1.61	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each
A4352	5.73	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each
A4353	6.24	Intermittent urinary catheter, with insertion supplies
A4354	10.53	Insertion tray with drainage bag but without catheter
A4355	6.77	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each
<u>External Urinary Supplies</u>		
A4356	34.61	External urethral clamp or compression device (not to be used for catheter clamp), each
A4357	7.36	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each
A4358	5.92	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each
A4360	0.37	Disposable external urethral clamp or compression device, with pad and/or pouch, each
<u>Ostomy Supplies</u>		
A4361	15.91	Ostomy faceplate, each
A4362	2.63	Skin barrier; solid, 4 x 4 or equivalent; each
A4363	2.11	Ostomy clamp, any type, replacement only, each
A4364	2.58	Adhesive, liquid or equal, any type, per oz

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
A4366	1.16	Ostomy vent, any type, each
A4367	5.91	Ostomy belt, each
A4368	0.23	Ostomy filter, any type, each
A4369	2.16	Ostomy skin barrier, liquid (spray, brush, etc), per oz
A4371	3.26	Ostomy skin barrier, powder, per oz
A4372	3.73	Ostomy skin barrier, solid 4x4 or equivalent, standard wear, with built-in convexity, each
A4373	5.60	Ostomy skin barrier, with flange (solid, flexible or accordian), with built-in convexity, any size, each
A4375	15.33	Ostomy pouch, drainable, with faceplate attached, plastic, each
A4376	42.47	Ostomy pouch, drainable, with faceplate attached, rubber, each
A4377	3.83	Ostomy pouch, drainable, for use on faceplate, plastic, each
A4378	27.45	Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379	13.40	Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380	33.32	Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381	4.11	Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382	21.97	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383	25.16	Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384	8.59	Ostomy faceplate equivalent, silicone ring, each
A4385	4.56	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each
A4387	4.01	Ostomy pouch, closed, with barrier attached, with built-in convexity (one piece), each
A4388	3.89	Ostomy pouch, drainable, with extended wear barrier attached, (one piece), each
A4389	5.55	Ostomy pouch, drainable, with barrier attached, with built-in convexity (one piece), each
A4390	8.58	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391	6.31	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392	7.30	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393	8.07	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394	2.30	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	36.13	Ostomy belt with peristomal hernia support
A4397	3.64	Irrigation supply; sleeve, each
A4398	12.10	Ostomy irrigation supply; bag, each
A4399	10.94	Ostomy irrigation supply; cone/catheter, including brush
A4400	43.61	Ostomy irrigation set
A4402	1.22	Lubricant, per ounce
A4404	1.50	Ostomy ring, each
A4405	3.03	Ostomy skin barrier, non-pectin based, paste, per ounce
A4406	5.13	Ostomy skin barrier, pectin-based, paste, per ounce
A4407	7.82	Ostomy skin barrier, with flange (solid, flexible, or accordian), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408	8.81	Ostomy skin barrier, with flange (solid, flexible or accordian), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409	5.55	Ostomy skin barrier, with flange (solid, flexible or accordian), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410	8.07	Ostomy skin barrier, with flange (solid, flexible or accordian), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411	4.56	Ostomy skin barrier, solid 4x4 or equivalent, extended wear, with built-in convexity, each

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
A4412	2.41	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413	4.91	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414	4.40	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4x4 inches or smaller, each
A4415	5.36	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4x4 inches, each
A4416	2.46	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417	3.32	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418	1.61	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each
A4419	1.56	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each
A4420	AAC+20%	Ostomy pouch, closed, for use on barrier with locking flange (2 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	1.66	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each
A4424	4.24	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each
A4425	3.20	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each
A4426	2.44	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each
A4427	2.48	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each
A4428	5.81	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each
A4429	7.36	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4430	7.61	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each
A4431	5.55	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each
A4432	3.20	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each
A4433	2.98	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each
A4434	3.36	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each
<u>Additional Miscellaneous Supplies</u>		
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	0.32	Tape, waterproof, per 18 square inches
A4452AV	0.32	Tape, waterproof, per 18 square inches
A4452AW	0.36	Tape, waterproof, per 18 square inches
A4455	1.28	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce
A4456	0.22	Adhesive remover, wipes, any type, each
A4458	AAC+20%	Enema bag with tubing, reusable
A4461	2.93	Surgical dressing holder, non-reusable, each
A4463	11.88	Surgical dressing holder, reusable, each
A4465	11.52	Non-elastic binder for extremity
A4466	AAC+20%	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each
A4470	AAC+20%	Gravlee jet washer

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22.06: continued

Code	Rate	Description (continued)
A4480	AAC+20%	Vabra aspirator
A4481	0.33	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
A4554	0.29	Disposable underpads, all sizes, (e.g., chux's)
A4556	9.21	Electrodes, (e.g., apnea monitor), per pair
A4557	18.84	Lead wires, (e.g., apnea monitor), per pair
A4558	4.13	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	17.81	Pessary, rubber, any type
A4562	44.34	Pessary, non rubber, any type
A4565	3.96	Slings
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	25.71	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 for non-prosthetic use, replacement
A4604NU	51.39	Tubing with integrated heating element for use with positive airway pressure device
A4605NU	14.64	Tracheal suction catheter, closed system, each
A4606	AAC+20%	Oxygen probe for use with oximeter device, replacement
A4608	44.74	Transtracheal oxygen catheter, each
<u>Supplies for Oxygen and Related Respiratory Equipment</u>		
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	21.22	Peak expiratory flow rate meter, hand held
A4615	0.64	Cannula, nasal
A4616	0.06	Tubing (oxygen), per foot
A4617	2.76	Mouth piece
A4618NU	7.93	Breathing circuits
A4618RR	0.91	Breathing circuits
A4618UE	5.95	Breathing circuits
A4619	1.08	Face tent
A4620	0.53	Variable concentration mask
A4623	5.85	Tracheostomy, inner cannula
A4624NU	2.00	Tracheal suction catheter, any type other than closed system, each
A4625	5.26	Tracheostomy care kit for new tracheostomy
A4626	2.85	Tracheostomy cleaning brush, each

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22.06: continued

Code	Rate	Description (continued)
A4627	13.28	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler
A4628NU	3.34	Oropharyngeal suction catheter, each
A4629	4.13	Tracheostomy care kit for established tracheostomy
<u>Supplies for Other Durable Medical Equipment</u>		
A4630NU	5.58	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient
A4632	AAC+20%	Replacement battery for external infusion pump, any type, each
A4633NU	36.63	Replacement bulb/lamp for ultraviolet light therapy system, each
A4634	AAC+20%	Replacement bulb for therapeutic light box, tabletop model
A4635NU	4.57	Underarm pad, crutch, replacement, each (new equipment)
A4635RR	0.61	Underarm pad, crutch, replacement, each (rental)
A4635UE	3.03	Underarm pad, crutch, replacement, each (used durable medical equipment)
A4636NU	3.24	Replacement, handgrip, cane, crutch, or walker, each (new equipment)
A4636NUKE	3.76	Replacement, handgrip, cane, crutch, or walker, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A4636RR	0.33	Replacement, handgrip, cane, crutch, or walker, each (rental)
A4636RRKE	0.38	Replacement, handgrip, cane, crutch, or walker, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A4636UE	2.36	Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment)
A4636UEKE	2.74	Replacement, handgrip, cane, crutch, or walker, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A4637NU	1.64	Replacement, tip, cane, crutch, walker, each (new equipment)
A4637NUKE	1.90	Replacement, tip, cane, crutch, walker, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A4637RR	0.23	Replacement, tip, cane, crutch, walker, each (rental)
A4637RRKE	0.27	Replacement, tip, cane, crutch, walker, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A4637UE	1.24	Replacement, tip, cane, crutch, walker, each (used durable medical equipment)
A4637UEKE	1.44	Replacement, tip, cane, crutch, walker, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base 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)
A4639NU	256.33	Replacement pad for infrared heating pad system, each
A4640NU	56.52	Replacement pad for use with medically necessary alternating pressure pad owned by patient (new equipment)
A4640RR	5.75	Replacement pad for use with medically necessary alternating pressure pad owned by patient (rental)
A4640UE	40.03	Replacement pad for use with medically necessary alternating pressure pad owned by patient (used durable medical equipment)
A4649	AAC+20%	Surgical supplies, miscellaneous
<u>Supplies for ESRD</u>		
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

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22.06: continued

Code	Rate	Description (continued)
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
A4772	17.31	Blood glucose test strips, 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	4.78	Gloves, non-sterile, per 100
A4928	AAC+20%	Surgical mask, per 20
A4929	AAC+20%	Tourniquet for dialysis, each

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22.06: continued

Code	Rate	Description (continued)
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
<u>Additional Ostomy Supplies</u>		
A5051	1.84	Ostomy pouch, closed; with barrier attached (one piece), each
A5052	1.33	Ostomy pouch, closed; without barrier attached (one piece), each
A5053	1.33	Ostomy pouch, closed; for use on faceplate, each
A5054	1.60	Ostomy pouch, closed; for use on barrier with flange (two piece), each
A5055	1.28	Stoma cap
A5061	3.15	Ostomy pouch, drainable; with barrier attached, (one piece), each
A5062	1.98	Ostomy pouch, drainable; without barrier attached (one piece), each
A5063	2.41	Ostomy pouch, drainable; for use on barrier with flange (two piece system), each
A5071	5.36	Ostomy pouch, urinary; with barrier attached (one piece), each
A5072	3.15	Ostomy pouch, urinary; without barrier attached (one piece), each
A5073	2.84	Ostomy pouch, urinary; for use on barrier with flange (two piece), each
A5081	2.95	Continent device; plug for continent stoma
A5082	10.61	Continent device; catheter for continent stoma
A5083	0.56	Continent device, stoma absorptive cover for continent stoma
A5093	1.74	Ostomy accessory; convex insert
<u>Additional Incontinence Appliances/Supplies</u>		
A5102	20.01	Bedside drainage bottle with or without tubing, rigid or expandable, each
A5105	30.92	Urinary suspensory; with or without leg bag, with or without tube, each
A5112	26.72	Urinary leg bag; latex
A5113	3.99	Leg strap; latex, replacement only, per set
A5114	6.78	Leg strap; foam or fabric, replacement only, per set
<u>Supplies for Either Incontinence or Ostomy Appliances</u>		
A5120AU	0.22	Skin barrier, wipes or swabs, each
A5120AV	0.25	Skin barrier, wipes or swabs, each
A5121	6.60	Skin barrier; solid, 6 x 6 or equivalent, each
A5122	9.75	Skin barrier; solid, 8 x 8 or equivalent, each
A5126	1.18	Adhesive or non-adhesive; disk or foam pad
A5131	14.15	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.
A5200	10.09	Percutaneous catheter/tube anchoring device, adhesive skin attachment
<u>Dressings</u>		
A6000	AAC+20%	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card
A6010	27.63	Collagen based wound filler, dry form, sterile, per gram of collagen
A6011	2.03	Collagen based wound filler, gel/paste, sterile, per gram of collagen
A6021	18.76	Collagen dressing, sterile, pad size 16 sq. in. or less, each
A6022	18.76	Collagen dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each
A6023	169.85	Collagen dressing, sterile, pad size more than 48 sq. in., each
A6024	5.53	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	12.84	Wound pouch, each
A6196	6.56	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing
A6197	14.67	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	4.72	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches
A6203	2.99	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing

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22.06: continued

Code	Rate	Description (continued)
A6204	5.56	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	6.55	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	6.67	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6210	17.78	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	26.21	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6212	8.66	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	9.18	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	0.85	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6220	2.30	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	1.90	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6223	2.16	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	3.22	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	3.22	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing
A6230	AAC+20%	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6231	4.16	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing
A6232	6.14	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	17.13	Gauze, impregnated, hydrogel for direct wound contact, sterile, pad size more than 48 sq. in., each dressing
A6234	5.84	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6235	15.01	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

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22.06: continued

Code	Rate	Description (continued)
A6236	24.32	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6237	7.06	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6238	20.34	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	10.92	Hydrocolloid dressing, wound filler, paste, sterile, per fluid ounce
A6241	2.30	Hydrocolloid dressing, wound filler, dry form, sterile, per gram
A6242	5.41	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6243	10.99	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	35.05	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6245	6.49	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6246	8.86	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	21.22	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing
A6248	14.49	Hydrogel dressing, wound filler, gel, sterile, per fluid ounce
A6250	9.21	Skin sealants, protectants, moisturizers, ointments, any type, any size
A6251	1.78	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing
A6252	2.90	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	5.66	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing
A6254	1.08	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing
A6255	2.70	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	1.37	Transparent film, sterile, 16 sq. in. or less, each dressing
A6258	3.84	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing
A6259	9.77	Transparent film, sterile, more than 48 sq. in., each dressing
A6260	11.23	Wound cleansers, sterile any type, any size
A6261	AAC+20%	Wound filler, gel/paste, sterile, per fluid ounce, not otherwise specified
A6262	0.97	Wound filler, dry form, sterile, per gram, not otherwise specified
A6266	1.72	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	0.38	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	1.67	Packing strips, non-impregnated, sterile, up to 2 inch in width, per linear yard
A6410	0.35	Eye pad, sterile, each
A6411	AAC+20%	Eye pad, non-sterile, each
A6412	AAC+20%	Eye patch, occlusive, each

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22.06: continued

Code	Rate	Description (continued)
A6413	AAC+20%	Adhesive bandage, first-aid type, any size, each
A6441	0.59	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	0.50	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than five inches, per yard
A6445	0.29	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6446	0.37	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6447	0.59	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6448	1.04	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6449	1.56	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	5.28	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	0.54	Self-adherent bandage, elastic, non-knitted/non-woven, less than three inches, per yard
A6454	0.69	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard
A6455	1.24	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard
A6456	1.14	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
A6457	1.02	Tubular dressing with or without elastic, any width, per linear yard
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
A6531AW	38.62	Gradient compression stocking, below knee, 30-44 mm HG, each (item furnished in conjunction with a surgical dressing)
A6532AW	54.41	Gradient compression stocking, below knee, 40-50 mm HG, each (item furnished in conjunction with a surgical dressing)

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22.06: continued

Code	Rate	Description (continued)
A6545	AAC+20%	Gradient compression wrap, nonelastic, below knee, 30-50 mm HG, each
A6550	21.10	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories
A7000NU	6.73	Canister, disposable, used with suction pump, each (new equipment)
A7000NUKE	7.81	Canister, disposable, used with suction pump, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
A7001NU	27.94	Canister, non-disposable, used with suction pump, each
A7002NU	3.24	Tubing, used with suction pump, each
A7003NU	2.45	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004NU	1.39	Small volume nonfiltered pneumatic nebulizer, disposable
A7005NU	26.06	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006NU	7.62	Administration set, with small volume filtered pneumatic nebulizer
A7007NU	3.73	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008NU	9.82	Large volume nebulizer, disposable, prefilled, used with aerosol compressor
A7009NU	35.51	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer
A7010NU	21.05	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7011NU	AAC+20%	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet
A7012NU	3.36	Water collection device, used with large volume nebulizer
A7013NU	0.70	Filter, disposable, used with aerosol compressor
A7014NU	3.78	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015NU	1.54	Aerosol mask, used with DME nebulizer
A7016NU	6.11	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017NU	119.63	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (new equipment)
A7017RR	11.96	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (rental)
A7017UE	89.72	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen (used durable medical equipment)
A7018	0.34	Water, distilled, used with large volume nebulizer, 1000 ml
A7025NU	388.19	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each
A7026NU	25.66	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each
A7027NU	160.07	Combination oral/nasal mask, used with continuous positive airway pressure device, each
A7028NU	44.22	Oral cushion for combination oral/nasal mask, replacement only, each
A7029NU	18.06	Nasal pillows for combination oral/nasal mask, replacement only, pair
A7030NU	145.11	Full face mask used with positive airway pressure device, each
A7031NU	53.67	Face mask interface, replacement for full face mask, each
A7032NU	31.18	Cushion for use on nasal mask interface, replacement only, each
A7033NU	21.85	Pillow for use on nasal cannula type interface, replacement only, pair
A7034NU	90.49	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
A7035NU	28.59	Headgear used with positive airway pressure device
A7036NU	14.00	Chinstrap used with positive airway pressure device
A7037NU	31.55	Tubing used with positive airway pressure device
A7038NU	3.53	Filter, disposable, used with positive airway pressure device
A7039NU	11.79	Filter, non disposable, used with positive airway pressure device
A7040	35.23	One way chest drain valve
A7041	66.22	Water seal drainage container and tubing for use with implanted chest tube
A7042	158.34	Implanted pleural catheter, each
A7043	25.09	Vacuum drainage bottle and tubing for use with implanted catheter
A7044NU	93.01	Oral interface used with positive airway pressure device, each

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22.06: continued

Code	Rate	Description (continued)
A7045NU	14.98	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (new equipment)
A7045RR	1.50	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (rental)
A7045UE	11.23	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only (used durable medical equipment)
A7046NU	15.01	Replacement water chamber for humidifier, used with positive pressure device, each
A7501	93.74	Tracheostoma valve, including diaphragm, each
A7502	44.55	Replacement diaphragm/faceplate for tracheostoma valve, each
A7503	10.11	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each
A7504	0.59	Filter for use in a tracheostoma heat and moisture exchange system, each
A7505	4.17	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each
A7506	0.30	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each
A7507	2.22	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each
A7508	2.56	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each
A7509	1.26	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each
A7520NU	42.37	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each
A7520UC	AAC+20%	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)
A7521NU	41.99	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each
A7521UC	AAC+20%	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)
A7522NU	40.31	Tracheostomy/laryngectomy tube, stainless steel [sterilizable and reusable], each
A7522UC	AAC+20%	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each (pediatric specialized rehabilitation equipment)
A7523	AAC+20%	Tracheostomy shower protector, each
A7524	69.08	Tracheostoma stent/stud/button, each
A7525	1.84	Tracheostomy mask, each
A7526	3.01	Tracheostomy tube collar/holder, each
A7527	3.20	Tracheostomy/laryngectomy tube plug, each
A8000NU	136.87	Helmet, protective, soft, prefabricated, includes all components and accessories (new equipment)
A8000RR	13.69	Helmet, protective, soft, prefabricated, includes all components and accessories (rental)
A8000UE	102.66	Helmet, protective, soft, prefabricated, includes all components and accessories (used durable medical equipment)
A8001NU	136.87	Helmet, protective, hard, prefabricated, includes all components and accessories (new equipment)
A8001RR	13.69	Helmet, protective, hard, prefabricated, includes all components and accessories (rental)
A8001UE	102.66	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)

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22.06: continued

Code	Rate	Description (continued)
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)
<u>Administrative, Miscellaneous and Investigational A9000-9999</u>		
A9274	AAC+20%	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9275	AAC+30%	Home glucose disposable monitor, includes test strips
A9276	AAC+20%	Sensor, invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit + 1 day supply
A9277	AAC+20%	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	AAC+20%	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
A9279	AAC+20%	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
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
<u>Enteral and Parenteral Therapy B4000-B9999</u>		
<u>Enteral Formulae and Enteral Medical Supplies</u>		
B4034	5.04	Enteral feeding supply kit; syringe fed, per day
B4035	9.61	Enteral feeding supply kit; pump fed, per day
B4036	6.60	Enteral feeding supply kit; gravity fed, per day
B4081	17.82	Nasogastric tubing with stylet
B4082	13.25	Nasogastric tubing without stylet
B4083	2.03	Stomach tube - levine type
B4087NU	29.40	Gastrostomy/jejunostomy tube, standard, any material, any type, each
B4087UC	144.00	Gastrostomy/jejunostomy tube, standard, any material, any type, each (mickey tube)
B4088NU	29.40	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)
B4149BA	1.29	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)

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22.06: continued

Code	Rate	Description (continued)
B4149B0	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	0.55	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	0.46	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	1.57	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	1.00	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	0.78	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)

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22.06: continued

Code	Rate	Description (continued)
B4157BO	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 (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 minerals, 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 minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (orally administered, 1 can = 1 unit)
B4161BA	AAC+25%	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (item furnished in conjunction with PEN services)
B4161BO	AAC+25%	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit (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)
<u>Parenteral Nutrition Solutions and Supplies</u>		
B4164	15.75	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 -nit) - homemix
B4168	22.96	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 -nit) - homemix
B4172	AAC+25%	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 -nit) - homemix
B4176	44.42	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 -nit) - homemix
B4178	53.33	Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 -nit) - homemix

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22.06: continued

Code	Rate	Description (continued)
B4180	22.60	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml=1 -nit) - homemix
B4185	10.41	Parenteral nutrition solution, per 10 grams lipids
B4189	164.73	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	212.87	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	259.16	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	296.14	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	7.16	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) homemix per day
B4220	7.42	Parenteral nutrition supply kit; premix, per day
B4222	9.15	Parenteral nutrition supply kit; home mix, per day
B4224	23.18	Parenteral nutrition administration kit, per day
B5000	11.02	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal - amirosyn rf, nephramine, renamine - premix
B5100	4.31	Parenteral nutrition solution: compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine hbc, 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 - premix

Enteral and Parenteral Pumps

B9000NU	1,010.43	Enteral nutrition infusion pump - without alarm (new equipment)
B9000RR	92.85	Enteral nutrition infusion pump - without alarm (rental)
B9000UE	757.82	Enteral nutrition infusion pump - without alarm (used durable medical equipment)
B9002NU	1,010.43	Enteral nutrition infusion pump - with alarm (new equipment)
B9002RR	97.86	Enteral nutrition infusion pump - with alarm (rental)
B9002UE	757.82	Enteral nutrition infusion pump - with alarm (used durable medical equipment)
B9004NU	2,338.44	Parenteral nutrition infusion pump, portable (new equipment)
B9004RR	370.19	Parenteral nutrition infusion pump, portable (rental)
B9004UE	1,753.82	Parenteral nutrition infusion pump, portable (used durable medical equipment)
B9006NU	2,338.44	Parenteral nutrition infusion pump, stationary (new equipment)
B9006RR	370.19	Parenteral nutrition infusion pump, stationary (rental)
B9006UE	1,753.82	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	18.10	Cane, includes canes of all materials, adjustable or fixed, with tip (new equipment)
E0100RR	4.74	Cane, includes canes of all materials, adjustable or fixed, with tip (rental)
E0100UE	13.57	Cane, includes canes of all materials, adjustable or fixed, with tip (used durable medical equipment)
E0105NU	43.25	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E0105RR	6.72	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (rental)
E0105UE	32.44	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (used durable medical equipment)
E0105UD	AAC+30%	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips (bariatric equipment)
<u>Crutches</u>		
E0110NU	69.25	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (new equipment)
E0110RR	14.27	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (rental)
E0110UE	51.93	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (used durable medical equipment)
E0110UD	AAC+30%	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips (bariatric equipment)
E0111NU	47.53	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (new equipment)
E0111RR	7.52	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (rental)
E0111UE	36.69	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (used durable medical equipment)
E0111UD	AAC+30%	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips (bariatric equipment)
E0112NU	28.07	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0112RR	7.54	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0112UE	21.41	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0112UD	AAC+30%	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0113NU	18.86	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (new equipment)
E0113RR	4.60	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (rental)
E0113UE	14.15	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (used durable medical equipment)
E0113UD	AAC+30%	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)
E0114NU	35.80	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (new equipment)
E0114RR	6.50	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (rental)
E0114UE	27.06	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (used durable medical equipment)
E0114UD	AAC+30%	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips (bariatric equipment)
E0116NU	24.76	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (new equipment)
E0116RR	4.10	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (rental)
E0116UE	18.63	Crutch underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each (used durable medical equipment)
E0116UD	AAC+30%	Crutch underarm, other than wood, adjustable or fixed, each, with pad, tip and handgrip (bariatric equipment)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E0117NU	172.00	Crutch, underarm, articulating, spring assisted, each (new equipment)
E0117RR	17.19	Crutch, underarm, articulating, spring assisted, each (rental)
E0117UE	129.01	Crutch, underarm, articulating, spring assisted, each (used durable medical equipment)
E0117UD	AAC+30%	Crutch, underarm, articulating, spring assisted, each (bariatric 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)
<u>Walkers</u>		
E0130NU	49.77	Walker, rigid (pickup), adjustable or fixed height (new equipment)
E0130RR	11.00	Walker, rigid (pickup), adjustable or fixed height (rental)
E0130UE	37.32	Walker, rigid (pickup), adjustable or fixed height (used durable medical equipment)
E0130UD	AAC+30%	Walker, rigid (pickup), adjustable or fixed height (bariatric equipment)
E0135NU	64.50	Walker, folding (pickup), adjustable or fixed height (new equipment)
E0135RR	11.29	Walker, folding (pickup), adjustable or fixed height (rental)
E0135UE	49.48	Walker, folding (pickup), adjustable or fixed height (used durable medical equipment)
E0135UD	AAC+30%	Walker, folding (pickup), adjustable or fixed height (bariatric equipment)
E0140NU	277.47	Walker with trunk support, adjustable or fixed height, any type (new equipment)
E0140RR	27.75	Walker with trunk support, adjustable or fixed height, any type (rental)
E0140UE	208.11	Walker with trunk support, adjustable or fixed height, any type (used durable medical 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)
E0141NU	87.76	Walker, rigid, wheeled, adjustable or fixed height (new equipment)
E0141RR	14.62	Walker, rigid, wheeled, adjustable or fixed height (rental)
E0141UE	65.82	Walker, rigid, wheeled, adjustable or fixed height (used durable medical equipment)
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)
E0143NU	92.49	Walker, folding, wheeled, adjustable or fixed height (new equipment)
E0143RR	14.12	Walker, folding, wheeled, adjustable or fixed height (rental)
E0143UE	69.22	Walker, folding, wheeled, adjustable or fixed height (used durable medical equipment)
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)
E0144NU	244.97	Walker, enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (new equipment)
E0144RR	20.83	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (rental)
E0144UE	156.16	Walker enclosed, four sided framed, rigid or folding, wheeled, with posterior seat (used durable medical 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)
E0147NU	442.17	Walker, heavy duty, multiple breaking system, variable wheel resistance (new equipment)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
E0147RR	44.22	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (rental)
E0147UE	331.64	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (used durable medical equipment)
E0147UD	AAC+30%	Walker, heavy duty, multiple breaking system, variable wheel resistance walker (bariatric equipment)
E0148NU	97.73	Walker, heavy duty, without wheels, rigid or folding, any type, each (new equipment)
E0148RR	9.78	Walker, heavy duty, without wheels, rigid or folding, any type, each (rental)
E0148UE	73.30	Walker, heavy duty, without wheels, rigid or folding, any type, each (used durable medical equipment)
E0148UD	AAC+30%	Walker, heavy duty, without wheels, rigid or folding, any type, each (bariatric equipment)
E0149NU	171.70	Walker, heavy duty, wheeled, rigid or folding, any type (new equipment)
E0149RR	17.17	Walker, heavy duty, wheeled, rigid or folding, any type (rental)
E0149UE	128.77	Walker, heavy duty, wheeled, rigid or folding, any type (used durable medical equipment)
E0149UD	AAC+30%	Walker, heavy duty, wheeled, rigid or folding, any type (bariatric equipment)
E0153NU	52.63	Platform attachment, forearm crutch, each (new equipment)
E0153RR	5.95	Platform attachment, forearm crutch, each (rental)
E0153UE	39.47	Platform attachment, forearm crutch, each (used durable medical equipment)
E0153UC	AAC+30%	Platform attachment, forearm crutch, each (pediatric specialized rehabilitation equipment)
E0153UD	AAC+30%	Platform attachment, forearm crutch, each
E0154NU	50.31	Platform attachment, walker, each (new equipment)
E0154RR	5.60	Platform attachment, walker, each (rental)
E0154UE	37.74	Platform attachment, walker, each (used durable medical equipment)
E0154UC	AAC+30%	Platform attachment, walker, each (pediatric specialized rehabilitation equipment)
E0154UD	AAC+30%	Platform attachment, walker, each (bariatric equipment)
E0155NU	24.28	Wheel attachment, rigid pick-up walker, per pair (new equipment)
E0155RR	2.96	Wheel attachment, rigid pick-up walker, per pair (rental)
E0155UE	18.50	Wheel attachment, rigid pick-up walker, per pair (used durable medical equipment)
E0155UD	AAC+30%	Wheel attachment, rigid pick-up walker, per pair (bariatric equipment)
<u>Attachments</u>		
E0156NU	20.33	Seat attachment, walker (new equipment)
E0156RR	2.60	Seat attachment, walker (rental)
E0156UE	15.27	Seat attachment, walker (used durable medical equipment)
E0156UD	AAC+30%	Seat attachment, walker (bariatric equipment)
E0157NU	63.02	Crutch attachment, walker, each (new equipment)
E0157RR	6.92	Crutch attachment, walker, each (rental)
E0157UE	47.27	Crutch attachment, walker, each (used durable medical equipment)
E0158NU	24.75	Leg extensions for walker, per set of four (new equipment)
E0158RR	2.73	Leg extensions for walker, per set of four (rental)
E0158UE	18.56	Leg extensions for walker, per set of four (used durable medical equipment)
E0158UD	AAC+30%	Leg extensions for walker, per set of four (bariatric equipment)
E0159NU	13.70	Brake attachment for wheeled walker, replacement, each (new equipment)
E0159RR	1.39	Brake attachment for wheeled walker, replacement, each (rental)
E0159UE	10.29	Brake attachment for wheeled walker, replacement, each (used durable medical equipment)
E0159UD	AAC+30%	Brake attachment for wheeled walker, replacement, each (bariatric equipment)

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22.06: continued

Code	Rate	Description (continued)
<u>Commodes</u>		
E0160NU	29.50	Sitz type bath or equipment, portable, used with or without commode (new equipment)
E0160RR	3.54	Sitz type bath or equipment, portable, used with or without commode (rental)
E0160UE	22.11	Sitz type bath or equipment, portable, used with or without commode (used durable medical equipment)
E0161NU	19.90	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (new equipment)
E0161RR	3.19	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (rental)
E0161UE	14.90	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s (used durable medical equipment)
E0162NU	130.04	Sitz bath chair (new equipment)
E0162RR	13.64	Sitz bath chair (rental)
E0162UE	100.85	Sitz bath chair (used durable medical equipment)
E0163NU	91.26	Commode chair, mobile or stationary, with fixed arms (new equipment)
E0163RR	18.53	Commode chair, mobile or stationary, with fixed arms (rental)
E0163UE	68.43	Commode chair, mobile or stationary, with fixed arms (used durable medical equipment)
E0163UD	AAC+30%	Commode chair, mobile or stationary, with fixed arms (bariatric equipment)
E0165KH, KI	14.09	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165KJ	10.57	Commode chair, mobile or stationary, with detachable arms (capped rental)
E0165NU	147.98	Commode chair, mobile or stationary, with detachable arms (new equipment purchase)
E0165UE	110.98	Commode chair, mobile or stationary, with detachable arms (used durable medical equipment purchase)
E0165UD	AAC+30%	Commode chair, mobile or stationary, with detachable arms (bariatric equipment)
E0167NU	10.71	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)
E0167UE	8.07	Pail or pan for use with commode chair, replacement only (used durable medical equipment)
E0167UD	AAC+30%	Pail or pan for use with commode chair, replacement only (bariatric equipment)
E0168NU	134.70	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (new equipment)
E0168RR	13.54	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (rental)
E0168UE	101.01	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (used durable medical equipment)
E0170KH, KI	143.45	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170KJ	107.58	Commode chair with integrated seat lift mechanism, electric, any type (capped rental)
E0170NU	1,506.18	Commode chair with integrated seat lift mechanism, electric, any type (new equipment purchase)
E0170UE	1,129.64	Commode chair with integrated seat lift mechanism, electric, any type
E0170UD	AAC+30%	Commode chair with integrated seat lift mechanism, electric, any type (bariatric equipment)
E0171KH, KI	25.81	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171KJ	19.36	Commode chair with integrated seat lift mechanism, non-electric, any type (capped rental)
E0171NU	271.05	Commode chair with integrated seat lift mechanism, non-electric, any type (new equipment purchase)

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22.06: continued

Code	Rate	Description (continued)
E0171UE	203.29	Commode chair with integrated seat lift mechanism, non-electric, any type (used durable medical equipment)
E0171UD	AAC+30%	Commode chair with integrated seat lift mechanism, non-electric, any type (bariatric equipment)
E0172	AAC+30%	Seat lift mechanism placed over or on top of toilet, any type
E0175NU	58.00	Foot rest, for use with commode chair, each (new equipment)
E0175RR	5.81	Foot rest, for use with commode chair, each (rental)
E0175UE	43.50	Foot rest, for use with commode chair, each (used durable medical equipment)
<u>Decubitis Care Equipment</u>		
E0181KH, KI	23.26	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181KJ	17.44	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (capped rental)
E0181NU	244.19	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (new equipment purchase)
E0181UE	183.14	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty (used durable medical equipment purchase)
E0182KH, KI	19.86	Pump for alternating pressure pad, for replacement only (capped rental)
E0182KJ	14.90	Pump for alternating pressure pad, for replacement only (capped rental)
E0182NU	208.58	Pump for alternating pressure pad, for replacement only (new equipment purchase)
E0182UE	156.43	Pump for alternating pressure pad, for replacement only (used durable medical equipment purchase)
E0184NU	173.77	Dry pressure mattress (new equipment)
E0184RR	21.22	Dry pressure mattress (rental)
E0184UE	133.27	Dry pressure mattress (used durable medical equipment)
E0185NU	285.47	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185RR	40.11	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0185UE	219.09	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186KH, KI	15.40	Air pressure mattress (capped rental)
E0186KJ	11.55	Air pressure mattress (capped rental)
E0186NU	161.72	Air pressure mattress (new equipment purchase)
E0186UE	121.29	Air pressure mattress (used durable medical equipment)
E0187KH, KI	17.60	Water pressure mattress (capped rental)
E0187KJ	13.20	Water pressure mattress (capped rental)
E0187NU	184.84	Water pressure mattress (new equipment purchase)
E0187UE	138.63	Water pressure mattress (used durable medical equipment purchase)
E0188NU	20.05	Synthetic sheepskin pad (new equipment)
E0188RR	2.35	Synthetic sheepskin pad (rental)
E0188UE	15.05	Synthetic sheepskin pad (used durable medical equipment)
E0189NU	46.38	Lambswool sheepskin pad, any size (new equipment)
E0189RR	4.74	Lambswool sheepskin pad, any size (rental)
E0189UE	34.79	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	8.92	Heel or elbow protector, each (new equipment)
E0191RR	0.91	Heel or elbow protector, each (rental)
E0191UE	6.66	Heel or elbow protector, each (used durable medical equipment)
E0193KH, KI	694.99	Powered air flotation bed (low air loss therapy) (capped rental)
E0193KJ	521.24	Powered air flotation bed (low air loss therapy) (capped rental)
E0194KH, KI	2,904.50	Air fluidized bed (capped rental)
E0194KJ	2,178.38	Air fluidized bed (capped rental)

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22.06: continued

Code	Rate	Description (continued)
E0196KH, KI	24.64	Gel pressure mattress (capped rental)
E0196KJ	18.48	Gel pressure mattress (capped rental)
E0196NU	258.74	Gel pressure mattress (new equipment purchase)
E0196UE	194.05	Gel pressure mattress (used durable medical equipment purchase)
E0197NU	168.10	Air pressure pad for mattress, standard mattress length and width (new equipment)
E0197RR	23.20	Air pressure pad for mattress, standard mattress length and width (rental)
E0197UE	147.65	Air pressure pad for mattress, standard mattress length and width (used durable medical equipment)
E0198NU	168.10	Water pressure pad for mattress, standard mattress length and width
E0198RR	17.42	Water pressure pad for mattress, standard mattress length and width
E0198UE	127.56	Water pressure pad for mattress, standard mattress length and width
E0199NU	25.26	Dry pressure pad for mattress, standard mattress length and width
E0199RR	2.52	Dry pressure pad for mattress, standard mattress length and width
E0199UE	18.93	Dry pressure pad for mattress, standard mattress length and width
<u>Heat/Cold Application</u>		
E0200NU	60.14	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200RR	8.17	Heat lamp, without stand (table model), includes bulb, or infrared element
E0200UE	45.13	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	147.22	Heat lamp, with stand, includes bulb, or infrared element (new equipment)
E0205RR	16.19	Heat lamp, with stand, includes bulb, or infrared element (rental)
E0205UE	110.41	Heat lamp, with stand, includes bulb, or infrared element (used durable medical equipment)
E0210NU	29.13	Electric heat pad, standard (new equipment)
E0210RR	2.37	Electric heat pad, standard (rental)
E0210UE	21.85	Electric heat pad, standard (used durable medical equipment)
E0215NU	53.74	Electric heat pad, moist (new equipment)
E0215RR	5.62	Electric heat pad, moist (rental)
E0215UE	40.32	Electric heat pad, moist (used durable medical equipment)
E0217NU	443.10	Water circulating heat pad with pump (new equipment)
E0217RR	49.33	Water circulating heat pad with pump (rental)
E0217UE	332.30	Water circulating heat pad with pump (used durable medical equipment)
E0218	AAC+30%	Water circulating cold pad with pump
E0220NU	6.43	Hot water bottle (new equipment)
E0220RR	0.67	Hot water bottle (rental)
E0220UE	4.80	Hot water bottle (used durable medical equipment)
E0221	1,690.77	Infrared heating pad system
E0225NU	294.84	Hydrocollator unit, includes pads (new equipment)
E0225RR	29.07	Hydrocollator unit, includes pads (rental)
E0225UE	221.12	Hydrocollator unit, includes pads (used durable medical equipment)
E0230NU	6.43	Ice cap or collar (new equipment)
E0230RR	0.72	Ice cap or collar (rental)
E0230UE	4.81	Ice cap or collar (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, KI	14.07	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235KJ	10.55	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (capped rental)
E0235NU	147.71	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (new equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E0235UE	110.78	Paraffin bath unit, portable (see medical supply code A4265 for paraffin) (used durable medical equipment)
E0236KH, KI	39.49	Pump for water circulating pad (capped rental)
E0236KJ	29.62	Pump for water circulating pad (capped rental)
E0236NU	414.66	Pump for water circulating pad (new equipment purchase)
E0236UE	310.99	Pump for water circulating pad (used durable medical equipment purchase)
E0238NU	20.50	Non-electric heat pad, moist (new equipment)
E0238RR	2.33	Non-electric heat pad, moist (rental)
E0238UE	15.08	Non-electric heat pad, moist (used durable medical equipment)
E0239NU	401.47	Hydrocollator unit, portable (capped rental)
E0239RR	40.15	Hydrocollator unit, portable (capped rental)
E0239UE	301.12	Hydrocollator unit, portable (used durable medical equipment)
<u>Bath and Toilet Aids</u>		
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	88.89	Pad for water circulating heat unit (new equipment)
E0249RR	9.78	Pad for water circulating heat unit (rental)
E0249UE	66.67	Pad for water circulating heat unit (used durable medical equipment)
<u>Hospital Beds and Accessories</u>		
E0250KH, KI	75.20	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250KJ	56.40	Hospital bed, fixed height, with any type side rails, with mattress (capped rental)
E0250NU	789.59	Hospital bed, fixed height, with any type side rails, with mattress (new equipment purchase)
E0250UE	592.20	Hospital bed, fixed height, with any type side rails, with mattress (used durable medical 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)
E0251KH, KI	56.98	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251KJ	42.74	Hospital bed, fixed height, with any type side rails, without mattress (capped rental)
E0251NU	598.33	Hospital bed, fixed height, with any type side rails, without mattress (new equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
E0251UE	448.75	Hospital bed, fixed height, with any type side rails, without mattress (used durable medical 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)
E0255KH, KI	90.37	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255KJ	67.78	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (capped rental)
E0255NU	948.91	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (new equipment purchase)
E0255UE	711.68	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (used durable medical 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)
E0256KH, KI	64.12	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256KJ	48.09	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (capped rental)
E0256NU	673.21	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (new equipment purchase)
E0256UE	504.91	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (used durable medical 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)
E0260KH, KI	108.05	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260KJ	81.04	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (capped rental)
E0260NU	1,134.55	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (new equipment purchase)
E0260UE	850.91	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (used durable medical 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)
E0261KH, KI	105.34	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261KJ	79.01	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (capped rental)
E0261NU	1,106.08	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (new equipment purchase)
E0261UE	829.56	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (used durable medical equipment purchase)
E0261RB	AAC+30%	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265KH, KI	153.76	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265KJ	115.32	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (capped rental)
E0265NU	1,614.44	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (new equipment purchase)
E0265UE	1,210.83	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (used durable medical 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)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
E0266KH, KI	136.61	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266KJ	102.46	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (capped rental)
E0266NU	1,434.43	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (new equipment purchase)
E0266UE	1,075.82	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (used durable medical equipment)
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)
E0270	AAC+30%	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0271NU	170.81	Mattress, innerspring (new equipment)
E0271RR	17.74	Mattress, innerspring (rental)
E0271UE	133.43	Mattress, innerspring (used durable medical equipment)
E0272NU	155.67	Mattress, foam rubber (new equipment)
E0272RR	16.25	Mattress, foam rubber (rental)
E0272UE	116.19	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	13.01	Bed pan, standard, metal or plastic (new equipment)
E0275RR	1.30	Bed pan, standard, metal or plastic (rental)
E0275UE	9.77	Bed pan, standard, metal or plastic (used durable medical equipment)
E0276NU	10.09	Bed pan, fracture, metal or plastic (new equipment)
E0276RR	1.35	Bed pan, fracture, metal or plastic (rental)
E0276UE	7.98	Bed pan, fracture, metal or plastic (used durable medical equipment)
E0277KH, KI	541.14	Powered pressure-reducing air mattress (capped rental)
E0277KJ	405.86	Powered pressure-reducing air mattress (capped rental)
E0277NU	5,682.01	Powered pressure-reducing air mattress (new equipment purchase)
E0277UE	4,261.51	Powered pressure-reducing air mattress (used durable medical equipment purchase)
E0280NU	28.13	Bed cradle, any type (new equipment)
E0280RR	2.80	Bed cradle, any type (rental)
E0280UE	21.10	Bed cradle, any type (used durable medical equipment)
E0290KH, KI	57.49	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290KJ	43.12	Hospital bed, fixed height, without side rails, with mattress (capped rental)
E0290NU	603.69	Hospital bed, fixed height, without side rails, with mattress (new equipment purchase)
E0290UE	452.77	Hospital bed, fixed height, without side rails, with mattress (used durable medical 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)
E0291KH, KI	41.77	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291KJ	31.33	Hospital bed, fixed height, without side rails, without mattress (capped rental)
E0291NU	438.57	Hospital bed, fixed height, without side rails, without mattress (new equipment purchase)
E0291UE	328.93	Hospital bed, fixed height, without side rails, without mattress (used durable medical 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)
E0292KH, KI	64.65	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)

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22.06: continued

Code	Rate	Description (continued)
E0292KJ	48.49	Hospital bed, variable height, hi-lo, without side rails, with mattress (capped rental)
E0292NU	678.84	Hospital bed, variable height, hi-lo, without side rails, with mattress (new equipment purchase)
E0292UE	509.13	Hospital bed, variable height, hi-lo, without side rails, with mattress (used durable medical 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)
E0293KH, KI	55.01	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293KJ	41.26	Hospital bed, variable height, hi-lo, without side rails, without mattress (capped rental)
E0293NU	577.63	Hospital bed, variable height, hi-lo, without side rails, without mattress (new equipment purchase)
E0293UE	433.22	Hospital bed, variable height, hi-lo, without side rails, without 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)
E0294KH, KI	100.50	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294KJ	75.38	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (capped rental)
E0294NU	1,055.29	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (new equipment purchase)
E0294UE	791.47	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (used durable medical 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)
E0295KH, KI	97.96	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295KJ	73.47	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (capped rental)
E0295NU	1,028.61	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (new equipment purchase)
E0295UE	771.45	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (used durable medical 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)
E0296KH, KI	126.31	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296KJ	94.73	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (capped rental)
E0296NU	1,326.26	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (new equipment purchase)
E0296UE	994.69	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (used durable medical 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)
E0297KH, KI	108.21	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297KJ	81.16	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (capped rental)
E0297NU	1,136.24	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (new equipment purchase)

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22.06: continued

Code	Rate	Description (continued)
E0297UE	852.18	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (used durable medical 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)
E0300NU	AAC+30%	Pediatric crib, hospital grade, fully enclosed (new equipment)
E0300RR	I.C.	Pediatric crib, hospital grade, fully enclosed (rental)
E0300UE	I.C.	Pediatric crib, hospital grade, fully enclosed (used durable medical equipment)
E0300RB	AAC+30%	Pediatric crib, hospital grade, fully enclosed (replacement of a part of a DME furnished as part of a repair)
E0301KH, KI	208.25	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	156.19	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	2,186.63	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)
E0301UE	1,639.97	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)
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)
E0302KH, KI	550.35	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302KJ	412.76	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (capped rental)
E0302NU	5,778.67	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (new equipment purchase)
E0302UE	4,334.00	Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (used durable medical equipment)
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)
E0303KH, KI	233.84	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	175.38	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	2,455.27	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)
E0303UE	1,841.45	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)
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)
E0304KH, KI	592.84	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)
E0304KJ	444.63	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (capped rental)

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22.06: continued

Code	Rate	Description (continued)
E0304NU	6,224.83	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (new equipment purchase)
E0304UE	4,668.62	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)
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)
E0305KH, KI	13.69	Bed side rails, half length (capped rental)
E0305KJ	10.26	Bed side rails, half length (capped rental)
E0305NU	143.69	Bed side rails, half length (new equipment purchase)
E0305UE	107.77	Bed side rails, half length (used durable medical equipment purchase)
E0310NU	142.32	Bed side rails, full length (new equipment)
E0310RR	17.51	Bed side rails, full length (rental)
E0310UE	106.75	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, KI	162.53.	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316KJ	121.90.	Safety enclosure frame/canopy for use with hospital bed, any type (capped rental)
E0316NU	1,706.55	Safety enclosure frame/canopy for use with hospital bed, any type (new equipment purchase)
E0316UE	1,279.91.	Safety enclosure frame/canopy for use with hospital bed, any type (used durable medical equipment purchase)
E0325NU	9.03	Urinal; male, jug-type, any material (new equipment)
E0325RR	1.35	Urinal; male, jug-type, any material (rental)
E0325UE	5.97	Urinal; male, jug-type, any material (used durable medical equipment)
E0326NU	9.38	Urinal; female, jug-type, any material (new equipment)
E0326RR	1.06	Urinal; female, jug-type, any material (rental)
E0326UE	7.02	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
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
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, KI	341.91	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371KJ	256.43	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (capped rental)
E0371NU	3,590.08	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (new equipment purchase)
E0371UE	2,692.56	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0372KH, KI	414.89	Powered air overlay for mattress, standard mattress length and width (capped rental)
E0372KJ	311.16	Powered air overlay for mattress, standard mattress length and width (capped rental)

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Code	Rate	Description (continued)
E0372NU	4,356.29	Powered air overlay for mattress, standard mattress length and width (new equipment purchase)
E0372UE	3,267.22	Powered air overlay for mattress, standard mattress length and width (used durable medical equipment purchase)
E0373KH, KI	472.68	Nonpowered advanced pressure reducing mattress (capped rental)
E0373KJ	354.51	Nonpowered advanced pressure reducing mattress (capped rental)
E0373NU	4,963.19	Nonpowered advanced pressure reducing mattress (new equipment purchase)
E0373UE	3,722.39	Nonpowered advanced pressure reducing mattress (used durable medical equipment purchase)
<u>Oxygen and Related Respiratory Equipment</u>		
E0424RR	158.21	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	25.89	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (rental)
E0433RR	46.47	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	25.89	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
E0439RR	158.21	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental)
E0439QF	158.21	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen exceeds 4 LPM and portable oxygen is prescribed)
E0439QG	158.21	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (rental) (prescribed amount of oxygen is greater than 4 LPM)
E0440	AAC+30%	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	69.70	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	69.70	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	69.70	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	69.70	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)

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Code	Rate	Description (continued)
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)
E0450RR	851.91	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0450U2	1,002.25	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
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, KI	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)
E0460RR	556.50	Negative pressure ventilator; portable or stationary (rental)
E0461RR	851.91	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, months seven and beyond)
E0461U2	1,002.25	Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (rental, first six months)
E0462KH, KI	221.06	Rocking bed with or without side rails (capped rental)
E0462KJ	165.79	Rocking bed with or without side rails (capped rental)
E0462NU	2,321.12	Rocking bed with or without side rails (new equipment purchase)
E0462UE	1,740.84	Rocking bed with or without side rails (used durable medical equipment purchase)
E0463RR	1,255.19	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, months seven and beyond)
E0463U2	1,476.70	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (rental, first six months)
E0464RR	1,255.19	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask) (rental, months seven and beyond)
E0464U2	1,476.70	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask) (rental, first six months)
E0470KH, KI	188.78	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	141.58	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	1,982.14	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)

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Code	Rate	Description (continued)
E0470UE	1,486.60	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, KI	523.04	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	392.28	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	5,491.96	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	4,118.97	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, KI	523.04	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	392.28	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	5,491.96	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	4,118.97	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, KI	39.22	Percussor, electric or pneumatic, home model (capped rental)
E0480KJ	29.41	Percussor, electric or pneumatic, home model (capped rental)
E0480NU	411.80	Percussor, electric or pneumatic, home model (new equipment purchase)
E0480UE	308.85	Percussor, electric or pneumatic, home model (used durable medical equipment purchase)
E0481	AAC+30%	Intrapulmonary percussive ventilation system and related accessories
E0482KH, KI	383.79	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482KJ	287.84	Cough stimulating device, alternating positive and negative airway pressure (capped rental)
E0482NU	4,029.82	Cough stimulating device, alternating positive and negative airway pressure (new equipment purchase)
E0482UE	3,022.36	Cough stimulating device, alternating positive and negative airway pressure (used durable medical equipment purchase)
E0483KH, KI	948.85	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483KJ	711.63	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (capped rental)
E0483NU	9,962.89	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (new equipment purchase)

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Code	Rate	Description (continued)
E0483UE	7,472.17	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each (used durable medical equipment)
E0484NU	32.95	Oscillatory positive expiratory pressure device, non-electric, any type, each (new equipment)
E0484RR	3.29	Oscillatory positive expiratory pressure device, non-electric, any type, each (rental)
E0484UE	24.73	Oscillatory positive expiratory pressure device, non-electric, any type, each (used durable medical equipment)
E0485	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
E0486	AAC+30%	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
E0487	AAC+30%	Spirometer, electronic, includes all accessories
<u>IPPB Machines</u>		
E0500RR	97.97	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source (rental)
<u>Humidifiers/Compressors/Nebulizers for Use with Oxygen IPPB Equipment</u>		
E0550KH, KI	38.03	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550KJ	28.52	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (capped rental)
E0550NU	399.30	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery (new equipment purchase)
E0550UE	299.48	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	131.95	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (new equipment)
E0560RR	15.46	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (rental)
E0560UE	98.96	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (used durable medical equipment)
E0561NU	87.16	Humidifier, non-heated, used with positive airway pressure device (new equipment)
E0561RR	8.70	Humidifier, non-heated, used with positive airway pressure device (rental)
E0561UE	65.36	Humidifier, non-heated, used with positive airway pressure device (used durable medical equipment)
E0562NU	245.34	Humidifier, heated, used with positive airway pressure device (new equipment)
E0562RR	24.53	Humidifier, heated, used with positive airway pressure device (rental)
E0562UE	184.00	Humidifier, heated, used with positive airway pressure device (used durable medical equipment)
E0565KH, KI	54.45	Compressor, air power source for equipment which is not self- contained or cylinder driven (capped rental)
E0565KJ	40.84	Compressor, air power source for equipment which is not self- contained or cylinder driven (capped rental)
E0565NU	571.74	Compressor, air power source for equipment which is not self- contained or cylinder driven (new equipment purchase)
E0565UE	428.80	Compressor, air power source for equipment which is not self- contained or cylinder driven (used durable medical equipment)
E0570KH, KI	14.38	Nebulizer, with compressor (capped rental)
E0570KJ	10.79	Nebulizer, with compressor (capped rental)
E0570NU	151.01	Nebulizer, with compressor (new equipment purchase)
E0570UE	113.26	Nebulizer, with compressor (used durable medical equipment purchase)

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Code	Rate	Description (continued)
E0571KH, KI	26.75	Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)
E0571KJ	20.06	Aerosol compressor, battery powered, for use with small volume nebulizer (capped rental)
E0571NU	280.87	Aerosol compressor, battery powered, for use with small volume nebulizer (new equipment purchase)
E0571UE	210.65	Aerosol compressor, battery powered, for use with small volume nebulizer (used durable medical equipment)
E0572KH, KI	33.99	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572KJ	25.49	Aerosol compressor, adjustable pressure, light duty for intermittent use (capped rental)
E0572NU	356.91	Aerosol compressor, adjustable pressure, light duty for intermittent use (new equipment purchase)
E0572UE	267.68	Aerosol compressor, adjustable pressure, light duty for intermittent use (used durable medical equipment purchase)
E0574KH, KI	35.93	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574KJ	26.95	Ultrasonic/electronic aerosol generator with small volume nebulizer (capped rental)
E0574NU	377.26	Ultrasonic/electronic aerosol generator with small volume nebulizer (new equipment purchase)
E0574UE	282.94	Ultrasonic/electronic aerosol generator with small volume nebulizer (used durable medical equipment purchase)
E0575RR	91.73	Nebulizer, ultrasonic, large volume (rental)
E0580NU	103.11	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (new equipment)
E0580RR	10.31	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (rental)
E0580UE	77.32	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter (used durable medical equipment)
E0585KH, KI	26.60	Nebulizer, with compressor and heater (capped rental)
E0585KJ	19.95	Nebulizer, with compressor and heater (capped rental)
E0585NU	279.35	Nebulizer, with compressor and heater (new equipment purchase)
E0585UE	209.51	Nebulizer, with compressor and heater (used durable medical equipment purchase)
<u>Suction Pump/Room Vaporizers</u>		
E0600KH, KI	40.87	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600KJ	30.65	Respiratory suction pump, home model, portable or stationary, electric (capped rental)
E0600NU	429.11	Respiratory suction pump, home model, portable or stationary, electric (new equipment purchase)
E0600UE	321.84	Respiratory suction pump, home model, portable or stationary, electric (used durable medical equipment)
E0601KH, KI	79.00	Continuous airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601KJ	59.25	Continuous airway pressure (CPAP) device (capped rental) (humidifier not included)
E0601NU	829.52	Continuous airway pressure (CPAP) device (new equipment purchase) (humidifier not included)
E0601UE	622.14	Continuous airway pressure (CPAP) device (used durable medical equipment purchase) (humidifier not included)
E0602NU	26.35	Breast pump, manual, any type (new equipment)
E0602RR	2.64	Breast pump, manual, any type (rental)
E0602UE	19.76	Breast pump, manual, any type (used durable medical equipment)

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Code	Rate	Description (continued)
E0603	213.20	Breast pump, electric (AC and/or DC), any type
E0604NU	363.94	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric (AC and/or DC) (new equipment purchase)
E0605NU	23.59	Vaporizer, room type (new equipment)
E0605RR	2.37	Vaporizer, room type (rental)
E0605UE	17.71	Vaporizer, room type (used durable medical equipment)
E0606KH, KI	20.48	Postural drainage board (capped rental)
E0606KJ	15.36	Postural drainage board (capped rental)
E0606NU	215.00	Postural drainage board (new equipment purchase)
E0606UE	161.25	Postural drainage board (used durable medical equipment purchase)
<u>Monitoring Equipment</u>		
E0607NU	59.64	Home blood glucose monitor (new equipment)
E0607RR	5.96	Home blood glucose monitor (rental)
E0607UE	44.72	Home blood glucose monitor (used durable medical equipment)
<u>Pacemaker Monitor</u>		
E0610NU	180.45	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (new equipment)
E0610RR	19.03	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (rental)
E0610UE	135.35	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems) (used durable medical equipment)
E0615NU	427.35	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (new equipment)
E0615RR	52.22	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems (rental)
E0615UE	320.52	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, KI	271.36	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617KJ	203.52	External defibrillator with integrated electrocardiogram analysis (capped rental)
E0617NU	2,849.31	External defibrillator with integrated electrocardiogram analysis (new equipment purchase)
E0617UE	2,136.98	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase)
E0617KHKF, KIKF	301.28	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617KJKF,	225.96	External defibrillator with integrated electrocardiogram analysis (capped rental) (FDA class III device)
E0617NUKF	3,163.47	External defibrillator with integrated electrocardiogram analysis (new equipment purchase) (FDA class III device)
E0617UEKF	2,372.60	External defibrillator with integrated electrocardiogram analysis (used durable medical equipment purchase) (FDA class III device)
E0618KH, KI	250.21	Apnea monitor, without recording feature (capped rental)
E0618KJ	187.66	Apnea monitor, without recording feature (capped rental)
E0619KH, KI	224.28	Apnea monitor, with recording feature (capped rental)
E0619KJ	168.21	Apnea monitor, with recording feature (capped rental)
E0620NU	780.39	Skin piercing device for collection of capillary blood, laser, each (new equipment)
E0620RR	78.03	Skin piercing device for collection of capillary blood, laser, each (rental)
E0620UE	585.29	Skin piercing device for collection of capillary blood, laser, each (used durable medical equipment)

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Code	Rate	Description (continued)
<u>Patient Lifts</u>		
E0621NU	85.67	Sling or seat, patient lift, canvas or nylon (new equipment)
E0621RR	8.25	Sling or seat, patient lift, canvas or nylon (rental)
E0621UE	64.58	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	301.06	Seat lift mechanism incorporated into a combination lift-chair mechanism (new equipment)
E0627RR	30.12	Seat lift mechanism incorporated into a combination lift-chair mechanism (rental)
E0627UE	225.80	Seat lift mechanism incorporated into a combination lift-chair mechanism (used durable medical equipment)
E0628NU	301.06	Separate seat lift mechanism for use with patient owned furniture-electric (new equipment)
E0628RR	30.12	Separate seat lift mechanism for use with patient owned furniture-electric (rental)
E0628UE	225.80	Separate seat lift mechanism for use with patient owned furniture-electric (used durable medical equipment)
E0629NU	295.16	Separate seat lift mechanism for use with patient owned furniture-non-electric (new equipment)
E0629RR	29.52	Separate seat lift mechanism for use with patient owned furniture-non-electric (rental)
E0629UE	221.35	Separate seat lift mechanism for use with patient owned furniture-non-electric (used durable medical equipment)
E0630KH, KI	90.93	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630KJ	68.20	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (capped rental)
E0630NU	954.80	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (new equipment purchase)
E0630UE	716.10	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s) (used durable medical 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)
E0635KH, KI	109.21	Patient lift, electric with seat or sling (capped rental)
E0635KJ	81.91	Patient lift, electric with seat or sling (capped rental)
E0635NU	1,146.68	Patient lift, electric with seat or sling (new equipment purchase)
E0635UE	860.01	Patient lift, electric with seat or sling (used durable medical 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)
E0636KH, KI	941.20	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636KJ	705.90	Multipositional patient support system, with integrated lift, patient accessible controls (capped rental)
E0636NU	9,882.56	Multipositional patient support system, with integrated lift, patient accessible controls (new equipment purchase)
E0636UE	7,411.92	Multipositional patient support system, with integrated lift, patient accessible controls (used durable medical 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)

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22.06: continued

Code	Rate	Description (continued)
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)
E0639	AAC+35%	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640	AAC+35%	Patient lift, fixed system, includes all components/accessories
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
<u>Pneumatic Compressor and Appliances</u>		
E0650NU	642.80	Pneumatic compressor, non-segmental home model (new equipment)
E0650RR	79.31	Pneumatic compressor, non-segmental home model (rental)
E0650UE	482.09	Pneumatic compressor, non-segmental home model (used durable medical equipment)
E0651NU	696.74	Pneumatic compressor, segmental home model without calibrated gradient pressure (new equipment purchase)
E0651RR	82.54	Pneumatic compressor, segmental home model without calibrated gradient pressure (rental)
E0651UE	522.55	Pneumatic compressor, segmental home model without calibrated gradient pressure (used durable medical equipment)
E0652NU	4,731.54	Pneumatic compressor, segmental home model with calibrated gradient pressure (new equipment)
E0652RR	397.49	Pneumatic compressor, segmental home model with calibrated gradient pressure (rental)
E0652UE	3,545.49	Pneumatic compressor, segmental home model with calibrated gradient pressure (used durable medical equipment)
E0655NU	90.81	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (new equipment)
E0655RR	9.61	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (rental)
E0655UE	68.10	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm (used durable medical equipment)
E0656NU	515.61	Segmental pneumatic appliance for use with pneumatic compressor, trunk (new equipment)
E0656RR	51.50	Segmental pneumatic appliance for use with pneumatic compressor, trunk (rental)
E0656UE	386.76	Segmental pneumatic appliance for use with pneumatic compressor, trunk (used durable medical equipment)
E0657NU	484.40	Segmental pneumatic appliance for use with pneumatic compressor, chest (new equipment)
E0657RR	48.36	Segmental pneumatic appliance for use with pneumatic compressor, chest (rental)
E0657UE	363.32	Segmental pneumatic appliance for use with pneumatic compressor, chest (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E0660NU	141.23	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (new equipment)
E0660RR	12.61	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (rental)
E0660UE	105.92	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment)
E0665NU	122.26	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0665RR	11.80	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0665UE	91.82	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable medical equipment)
E0666NU	123.23	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0666RR	12.70	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0666UE	92.45	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable medical equipment)
E0667NU	245.62	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0667RR	32.63	Segmental pneumatic appliance for use with pneumatic compressor, full leg (rental)
E0667UE	184.21	Segmental pneumatic appliance for use with pneumatic compressor, full leg (used durable medical equipment)
E0668NU	394.37	Segmental pneumatic appliance for use with pneumatic compressor, full arm (new equipment)
E0668RR	38.92	Segmental pneumatic appliance for use with pneumatic compressor, full arm (rental)
E0668UE	295.79	Segmental pneumatic appliance for use with pneumatic compressor, full arm (used durable rental equipment)
E0669NU	155.35	Segmental pneumatic appliance for use with pneumatic compressor, half leg (new equipment)
E0669RR	15.54	Segmental pneumatic appliance for use with pneumatic compressor, half leg (rental)
E0669UE	116.53	Segmental pneumatic appliance for use with pneumatic compressor, half leg (used durable rental equipment)
E0671NU	370.70	Segmental gradient pressure pneumatic appliance, full leg (new equipment)
E0671RR	37.08	Segmental gradient pressure pneumatic appliance, full leg (rental)
E0671UE	278.02	Segmental gradient pressure pneumatic appliance, full leg (used durable rental equipment)
E0672NU	288.04	Segmental gradient pressure pneumatic appliance, full arm (new equipment)
E0672RR	28.81	Segmental gradient pressure pneumatic appliance, full arm (rental)
E0672UE	216.04	Segmental gradient pressure pneumatic appliance, full arm (used durable medical equipment)
E0673NU	239.34	Segmental gradient pressure pneumatic appliance, half leg (new equipment)
E0673RR	23.94	Segmental gradient pressure pneumatic appliance, half leg (rental)
E0673UE	179.53	Segmental gradient pressure pneumatic appliance, half leg (used durable medical equipment)
E0675KH, KI	343.21	Pneumatic compression device, high pressure, rapidinflation/ deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)
E0675KJ	257.41	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (capped rental)
E0675NU	3,603.74	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (new equipment purchase)
E0675UE	2,702.80	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system) (used durable medical equipment purchase)

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22.06: continued

Code	Rate	Description (continued)
E0676	AAC+30%	Intermittent limb compression device (includes all accessories), not otherwise specified
<u>Ultraviolet Cabinet</u>		
E0691NU	801.99	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (new equipment)
E0691RR	80.20	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less (rental)
E0691UE	601.49	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	1,007.07	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (new equipment)
E0692RR	100.07	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (rental)
E0692UE	755.31	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel (used durable medical equipment)
E0693NU	1,241.45	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (new equipment)
E0693RR	124.15	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (rental)
E0693UE	931.09	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel (used durable medical equipment)
E0694NU	3,951.40	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (new equipment)
E0694RR	395.14	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (rental)
E0694UE	2,963.58	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection (used durable medical equipment)
<u>Safety Equipment</u>		
E0700	AAC+30%	Safety equipment (e.g., belt, harness or vest)
E0705NU	48.99	Transfer device, any type, each (new equipment)
E0705RR	5.01	Transfer device, any type, each (rental)
E0705UE	36.02	Transfer device, any type, each (used durable medical equipment)
<u>Restraints</u>		
E0710	AAC+20%	Restraints, any type (body, chest, wrist or ankle)
<u>Transcutaneous and Neuromuscular Electrical Nerve Stimulators--TENS</u>		
E0720NU	328.07	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation (new equipment)
E0730NU	330.73	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation (new equipment)
E0731NU	270.59	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)
E0740NU	466.66	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (new equipment)
E0740RR	46.67	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (rental)
E0740UE	350.02	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer (used durable medical equipment)
E0744KH, KI	81.73	Neuromuscular stimulator for scoliosis (capped rental)
E0744KJ	61.30	Neuromuscular stimulator for scoliosis (capped rental)
E0744NU	858.14	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0744UE	643.60	Neuromuscular stimulator for scoliosis (new equipment purchase)
E0745KH, KI	79.89	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745KJ	59.92	Neuromuscular stimulator, electronic shock unit (capped rental)
E0745NU	838.86	Neuromuscular stimulator, electronic shock unit (new equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
E0745UE	629.15	Neuromuscular stimulator, electronic shock unit (used durable medical equipment purchase)
E0746	AAC+30%	Electromyography (EMG), biofeedback device
E0747NUKF	2,970.83	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (new equipment) (FDA class III device)
E0747RRKF	295.22	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (rental) (FDA class III device)
E0747UEKF	2,207.27	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications (used durable medical equipment) (FDA class III device)
E0748NUKF	3,472.45	Osteogenesis stimulator, electrical, non-invasive, spinal applications (new equipment) (FDA class III device)
E0748RRKF	347.24	Osteogenesis stimulator, electrical, non-invasive, spinal applications (rental) (FDA class III device)
E0748UEKF	2,604.35	Osteogenesis stimulator, electrical, non-invasive, spinal applications (used durable medical equipment) (FDA class III device)
E0749KHKF, KIKF	253.80	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749JKF	190.35	Osteogenesis stimulator, electrical, surgically implanted (capped rental) (FDA class III device)
E0749NUKF	2,664.92	Osteogenesis stimulator, electrical, surgically implanted (new equipment purchase) (FDA class III device)
E0749UEKF	1,998.69	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	2,885.55	Ostogenesis stimulator, low intensity ultrasound, non-invasive (new equipment) (FDA class III device)
E0760RRKF	288.57	Ostogenesis stimulator, low intensity ultrasound, non-invasive (rental) (FDA class III device)
E0760UEKF	2,164.16	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
E0762NU	834.16	Transcutaneous electrical joint stimulation device system, includes all Accessories (new equipment)
E0762RR	83.42	Transcutaneous electrical joint stimulation device system, includes all accessories (rental)
E0762UE	625.60	Transcutaneous electrical joint stimulation device system, includes all accessories (used durable medical equipment)
E0764NUKF	9,877.14	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)
E0764RRKF	987.70	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 (rental) (FDA class III device)
E0764UEKF	7,407.86	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	75.09	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (new equipment)
E0765RR	7.52	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (rental)
E0765UE	56.34	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting (used durable medical equipment)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
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)
<u>Infusion Supplies</u>		
E0776NU	127.77	IV pole (new equipment)
E0776RR	16.64	IV pole (rental)
E0776UE	94.01	IV pole (used durable medical equipment)
E0776NUBA	84.03	IV pole (new equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776RRBA	21.27	IV pole (rental) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776UEBA	63.03	IV pole (used durable medical equipment) (item furnished in conjunction with parenteral enteral nutrition (PEN) services)
E0776NUKE	97.50	IV pole (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0776RRKE	24.68	IV pole (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0776UEKE	73.13	IV pole (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0779KH, KI	14.93	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779KJ	11.20	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (capped rental)
E0779NU	156.81	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (new equipment purchase)
E0779UE	117.61	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater (used durable medical equipment)
E0780NU	9.26	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours (new equipment)
E0781KH, KI	200.93	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781KJ	150.70	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (capped rental)
E0781NU	2,109.78	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient (new equipment purchase)
E0781UE	1,582.34	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782NUKF	3,257.09	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0782RRKF	325.73	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0782UEKF	2,442.82	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0783NUKF	7,306.82	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (new equipment) (FDA class III device)
E0783RRKF	730.69	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (rental) (FDA class III device)
E0783UEKF	5,480.12	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.) (used durable medical equipment) (FDA class III device)
E0784KH, KI	438.45	External ambulatory infusion pump, insulin (capped rental)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E0784KJ	328.84	External ambulatory infusion pump, insulin (capped rental)
E0784NU	4,603.73	External ambulatory infusion pump, insulin (new equipment purchase)
E0785KF	421.71	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement (FDA class III device)
E0786NUKF	6,870.11	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (new equipment) (FDA class III device)
E0786RRKF	687.01	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (rental) (FDA class III device)
E0786UEKF	5,152.60	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter) (used durable medical equipment) (FDA class III device)
E0791KH, KI	282.21	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791KJ	211.66	Parenteral infusion pump, stationary, single or multi-channel (capped rental)
E0791NU	2,963.19	Parenteral infusion pump, stationary, single or multi-channel (new equipment purchase)
E0791UE	2,222.39	Parenteral infusion pump, stationary, single or multi-channel (used durable medical equipment)
<u>Traction--All Types</u>		
E0830NU	AAC+30%	Ambulatory traction device, all types, each
<u>Traction--Cervical</u>		
E0840NU	65.40	Traction frame, attached to headboard, cervical traction (new equipment)
E0840RR	12.97	Traction frame, attached to headboard, cervical traction (rental)
E0840UE	49.03	Traction frame, attached to headboard, cervical traction (used durable medical equipment)
E0849NU	459.92	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (new equipment)
E0849RR	45.99	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (rental)
E0849UE	344.91	Traction equipment, cervical, freestanding stand/frame, pneumatic, applying traction force to other than mandible (used durable medical equipment)
E0850NU	93.76	Traction stand, free standing, cervical traction (new equipment)
E0850RR	10.95	Traction stand, free standing, cervical traction (rental)
E0850UE	70.33	Traction stand, free standing, cervical traction (used durable medical equipment)
E0855NU	448.60	Cervical traction equipment not requiring additional stand or frame (new equipment)
E0855RR	44.85	Cervical traction equipment not requiring additional stand or frame (rental)
E0855UE	336.44	Cervical traction equipment not requiring additional stand or frame (used durable medical equipment)
E0856NU	137.47	Cervical traction device, cervical collar with inflatable air bladder (new equipment)
E0856RR	13.76	Cervical traction device, cervical collar with inflatable air bladder (rental)
E0856UE	103.11	Cervical traction device, cervical collar with inflatable air bladder (used durable medical equipment)
<u>Traction--Overdoor</u>		
E0860NU	34.39	Traction equipment, overdoor, cervical (new equipment)
E0860RR	5.81	Traction equipment, overdoor, cervical (rental)
E0860UE	26.34	Traction equipment, overdoor, cervical (used durable medical equipment)
<u>Traction--Extremity</u>		
E0870NU	103.81	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (new equipment)
E0870RR	11.96	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (rental)
E0870UE	78.20	Traction frame, attached to footboard, extremity traction, (e.g. buck's) (used durable medical equipment)
E0880NU	112.05	Traction stand, free standing, extremity traction, (e.g., buck's) (new equipment)
E0880RR	17.60	Traction stand, free standing, extremity traction, (e.g., buck's) (rental)

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22.06: continued

Code	Rate	Description (continued)
E0880UE	84.80	Traction stand, free standing, extremity traction, (e.g., buck's) (used durable medical equipment)
<u>Traction--Pelvic</u>		
E0890NU	107.47	Traction frame, attached to footboard, pelvic traction (new equipment)
E0890RR	29.30	Traction frame, attached to footboard, pelvic traction (rental)
E0890UE	86.56	Traction frame, attached to footboard, pelvic traction (used durable medical equipment)
E0900NU	114.35	Traction stand, free standing, pelvic traction, (e.g., buck's) (new equipment)
E0900RR	24.65	Traction stand, free standing, pelvic traction, (e.g., buck's) (rental)
E0900UE	85.79	Traction stand, free standing, pelvic traction, (e.g., buck's) (used durable medical equipment)
<u>Trapeze Equipment, Fracture Frame, and Other Orthopedic Devices</u>		
E0910KH, KI	15.39	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910KJ	11.54	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (capped rental)
E0910NU	161.54	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (new equipment purchase)
E0910UE	121.16	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar (used durable medical equipment purchase)
E0911KH, KI	38.34	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911KJ	28.76	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (capped rental)
E0911NU	402.61	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (new equipment purchase)
E0911UE	301.96	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar (used durable medical equipment purchase)
E0912KH, KI	88.06	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912KJ	66.04	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (capped rental)
E0912NU	924.63	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (new equipment purchase)
E0912UE	693.47	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar (used durable medical equipment purchase)
E0920KH, KI	41.18	Fracture frame, attached to bed, includes weights (capped rental)
E0920KJ	30.89	Fracture frame, attached to bed, includes weights (capped rental)
E0920NU	432.42	Fracture frame, attached to bed, includes weights (new equipment purchase)
E0920UE	324.31	Fracture frame, attached to bed, includes weights (used durable medical equipment purchase)
E0930KH, KI	40.77	Fracture frame, free standing, includes weights (capped rental)
E0930KJ	30.58	Fracture frame, free standing, includes weights (capped rental)
E0930NU	428.13	Fracture frame, free standing, includes weights (new equipment purchase)
E0930UE	321.10	Fracture frame, free standing, includes weights (used durable medical equipment)
E0935RR	20.29	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, KI	26.75	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940KJ	20.06	Trapeze bar, free standing, complete with grab bar (capped rental)
E0940NU	280.87	Trapeze bar, free standing, complete with grab bar (new equipment purchase)
E0940UE	210.65	Trapeze bar, free standing, complete with grab bar (used durable medical equipment purchase)
E0941KH, KI	32.93	Gravity assisted traction device, any type (capped rental)
E0941KJ	24.79	Gravity assisted traction device, any type (capped rental)

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22.06: continued

Code	Rate	Description (continued)
E0941NU	345.75	Gravity assisted traction device, any type (new equipment purchase)
E0941UE	259.32	Gravity assisted traction device, any type (used durable medical equipment purchase)
E0942NU	17.71	Cervical head harness/halter (new equipment)
E0942RR	1.78	Cervical head harness/halter (rental)
E0942UE	13.28	Cervical head harness/halter (used durable medical equipment)
E0944NU	40.94	Pelvic belt/harness/boot (new equipment)
E0944RR	3.54	Pelvic belt/harness/boot (rental)
E0944UE	30.70	Pelvic belt/harness/boot (used durable medical equipment)
E0945NU	39.56	Extremity belt/harness (new equipment)
E0945RR	3.37	Extremity belt/harness (rental)
E0945UE	30.63	Extremity belt/harness (used durable medical equipment)
E0946KH, KI	52.80	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946KJ	39.60	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (capped rental)
E0946NU	554.42	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (new equipment purchase)
E0946UE	415.82	Fracture, frame, dual with cross bars, attached to bed, (e.g. balken, 4 poster) (used durable medical equipment purchase)
E0947NU	541.26	Fracture frame, attachments for complex pelvic traction (new equipment)
E0947RR	56.13	Fracture frame, attachments for complex pelvic traction (rental)
E0947UE	405.94	Fracture frame, attachments for complex pelvic traction (used durable medical equipment)
E0948NU	523.53	Fracture frame, attachments for complex cervical traction (new equipment)
E0948RR	52.33	Fracture frame, attachments for complex cervical traction
E0948UE	369.23	Fracture frame, attachments for complex cervical traction (used durable medical equipment)
<u>Wheelchair Accessories (see also K0001-K0109)</u>		
E0950NU	79.96	Wheelchair accessory, tray, each (new equipment) (standard tray)
E0950U1	AAC+35%	Wheelchair accessory, tray, each (nonstandard tray for customized mobility system)
E0950NUKE	92.78	Wheelchair accessory, tray, each (new equipment) (standard tray) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0950RR	8.01	Wheelchair accessory, tray, each (rental)
E0950RRKE	9.29	Wheelchair accessory, tray, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0950UE	59.98	Wheelchair accessory, tray, each (used durable medical equipment)
E0950UEKE	69.59	Wheelchair accessory, tray, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0951NU	15.46	Heel loop/holder, any type, with or without ankle strap, each (new equipment)
E0951NUKE	17.93	Heel loop/holder, any type, with or without ankle strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0951RR	1.77	Heel loop/holder, any type, with or without ankle strap, each (rental)
E0951RRKE	2.06	Heel loop/holder, any type, with or without ankle strap, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0951UE	11.58	Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E0951UEKE	13.44	Heel loop/holder, any type, with or without ankle strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0952NU	15.29	Toe loop/holder, any type, each (new equipment)
E0952NUKE	17.73	Toe loop/holder, any type, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0952RR	1.77	Toe loop/holder, any type, each (rental)
E0952RRKE	2.06	Toe loop/holder, any type, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0952UE	11.46	Toe loop/holder, any type, each (used durable medical equipment)
E0952UEKE	13.29	Toe loop/holder, any type, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0955NU	182.97	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment)
E0955NUKE	212.29	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0955RR	18.31	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (rental)
E0955RRKE	21.24	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0955UE	137.23	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment)
E0955UEKE	159.21	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0956NU	89.21	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment)
E0965NUKE	103.51	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0956RR	8.93	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental)
E0965RRKE	10.36	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0956UE	66.91	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment)
E0965UEKE	77.63	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0957NU	124.83	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E0957NUKE	144.83	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0957RR	12.48	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental)
E0957RRKE	14.48	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0957UE	93.62	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment)
E0957UEKE	108.62	Wheelchair accessory, medial thigh support, any type, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0958KH, KI	38.94	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958KJ	29.20	Manual wheelchair accessory, one-arm drive attachment, each (capped rental)
E0958NU	408.87	Manual wheelchair accessory, one-arm drive attachment, each (new equipment purchase)
E0958UE	306.65	Manual wheelchair accessory, one-arm drive attachment, each (used durable medical equipment purchase)
E0959NU	46.42	Manual wheelchair accessory, adapter for amputee, each (new equipment)
E0959RR	4.11	Manual wheelchair accessory, adapter for amputee, each (rental)
E0959UE	35.13	Manual wheelchair accessory, adapter for amputee, each (used durable medical equipment)
E0960NU	82.34	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment)
E0960NUKE	95.53	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0960RR	8.24	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental)
E0960RRKE	9.56	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0960UE	61.76	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment)
E0960UEKE	71.65	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0961NU	31.23	Manual wheelchair accessory, wheel lock brake extension (handle), each (new equipment)
E0961RR	2.77	Manual wheelchair accessory, wheel lock brake extension (handle), each (rental)
E0961UE	13.26	Manual wheelchair accessory, wheel lock brake extension (handle), each (used durable medical equipment)
E0966NU	74.94	Manual wheelchair accessory, headrest extension, each (new equipment)
E0966RR	6.95	Manual wheelchair accessory, headrest extension, each (rental)
E0966UE	56.20	Manual wheelchair accessory, headrest extension, each (used durable medical equipment)
E0967NU	68.97	Manual wheelchair accessory, hand rim with projections, any type, each (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E0967RR	6.90	Manual wheelchair accessory, hand rim with projections, any type, each (rental)
E0967UE	51.71	Manual wheelchair accessory, hand rim with projections, any type, each (used durable medical equipment)
E0968KH, KI	17.79	Commode seat, wheelchair (capped rental)
E0968KJ	13.34	Commode seat, wheelchair (capped rental)
E0968NU	186.80	Commode seat, wheelchair (new equipment purchase)
E0968UE	140.10	Commode seat, wheelchair (used durable medical equipment purchase)
E0969NU	164.46	Narrowing device, wheelchair (new equipment)
E0969RR	13.88	Narrowing device, wheelchair (rental)
E0969UE	123.35	Narrowing device, wheelchair (used durable medical equipment)
E0970NU	33.84	No. 2 footplates, except for elevating leg rest (new equipment) (<i>see</i> K0037 & K0042)
E0970RR	3.04	No. 2 footplates, except for elevating leg rest (rental)
E0970UE	25.38	No. 2 footplates, except for elevating leg rest (used durable medical equipment)
E0971NU	45.56	Manual wheelchair accessory, anti-tipping device, each (new equipment)
E0971RR	4.56	Manual wheelchair accessory, anti-tipping device, each (rental)
E0971UE	34.19	Manual wheelchair accessory, anti-tipping device, each (used durable medical equipment)
E0972NU	54.89	Wheelchair accessory, transfer board or device, each (new equipment)
E0972RR	5.61	Wheelchair accessory, transfer board or device, each (rental)
E0972UE	40.36	Wheelchair accessory, transfer board or device, each (used durable medical equipment)
E0973NU	104.05	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment)
E0973NUKE	120.72	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0973RR	8.42	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental)
E0973RRKE	9.78	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0973UE	78.04	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment)
E0973UEKE	90.54	Wheelchair accessory, adjustable height detachable armrest, complete assembly, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0974NU	77.77	Manual wheelchair accessory, anti-rollback device, each (new equipment)
E0974RR	7.42	Manual wheelchair accessory, anti-rollback device, each (rental)
E0974UE	58.32	Manual wheelchair accessory, anti-rollback device, each (used durable medical equipment)
E0974UD	AAC+35%	Manual wheelchair accessory, anti-rollback device, each (bariatric equipment)
E0978NU	38.64	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment)
E0978NUKE	44.84	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0978RR	3.87	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental)
E0978RRKE	4.49	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0978UE	28.65	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E0978UEKE	33.24	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0979NU	32.64	Belt, safety with velcro closure, wheelchair (new equipment)
E0979RR	3.26	Belt, safety with velcro closure, wheelchair (rental)
E0979UE	24.48	Belt, safety with velcro closure, wheelchair (used durable medical equipment)
E0980NU	34.71	Safety vest, wheelchair (new equipment)
E0980RR	3.47	Safety vest, wheelchair (rental)
E0980UE	25.89	Safety vest, wheelchair (used durable medical equipment)
E0981NU	42.67	Wheelchair accessory, seat upholstery, replacement only, each (new equipment)
E0981NUKE	49.51	Wheelchair accessory, seat upholstery, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0981RR	3.69	Wheelchair accessory, seat upholstery, replacement only, each (rental)
E0981RRKE	4.28	Wheelchair accessory, seat upholstery, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0981UE	32.31	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment)
E0981UEKE	37.49	Wheelchair accessory, seat upholstery, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0981UC	AAC+35%	Wheelchair accessory, seat upholstery, replacement only, each (pediatric specialized rehabilitation equipment)
E0982NU	46.63	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)
E0982NUKE	54.11	Wheelchair accessory, back upholstery, replacement only, each (new equipment)
E0982RR	3.96	Wheelchair accessory, back upholstery, replacement only, each (rental)
E0982RRKE	4.60	Wheelchair accessory, back upholstery, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0982UE	34.97	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment)
E0982UEKE	40.57	Wheelchair accessory, back upholstery, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0983KH, KI	262.43	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983KJ	196.82	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (capped rental)
E0983NU	2,755.51	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (new equipment purchase)
E0983UE	2,066.64	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control (used durable medical equipment purchase)
E0984NU	1,848.99	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (new equipment)
E0984RR	184.89	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (rental)
E0984UE	1,386.74	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control (used durable medical equipment)
E0985NU	212.99	Wheelchair accessory, seat lift mechanism (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E0985RR	21.32	Wheelchair accessory, seat lift mechanism (rental)
E0985UE	159.73	Wheelchair accessory, seat lift mechanism (used durable medical equipment)
E0986NU	5,107.45	Manual wheelchair accessory, push activated power assist, each (new equipment)
E0986RR	510.75	Manual wheelchair accessory, push activated power assist, each (rental)
E0986UE	3,830.61	Manual wheelchair accessory, push activated power assist, each (used durable medical equipment)
E0990NU	106.27	Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment)
E0990NUKE	123.30	Wheelchair accessory, elevating leg rest, complete assembly, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0990RR	11.96	Wheelchair accessory, elevating leg rest, complete assembly, each (rental)
E0990RRKE	13.88	Wheelchair accessory, elevating leg rest, complete assembly, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0990UE	83.03	Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment)
E0990UEKE	96.34	Wheelchair accessory, elevating leg rest, complete assembly, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0992NU	99.91	Manual wheelchair accessory, solid seat insert (new equipment)
E0992RR	8.32	Manual wheelchair accessory, solid seat insert (rental)
E0992UE	74.94	Manual wheelchair accessory, solid seat insert (used durable medical equipment)
E0994NU	18.51	Arm rest, each (new equipment)
E0994RR	1.87	Arm rest, each (rental)
E0994UE	13.89	Arm rest, each (used durable medical equipment)
E0995NU	23.38	Wheelchair accessory, calf rest/pad, each (new equipment)
E0995NUKE	27.13	Wheelchair accessory, calf rest/pad, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0995RR	2.41	Wheelchair accessory, calf rest/pad, each (rental)
E0995RRKE	2.79	Wheelchair accessory, calf rest/pad, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E0995UE	17.53	Wheelchair accessory, calf rest/pad, each (used durable medical equipment)
E0995UEKE	20.33	Wheelchair accessory, calf rest/pad, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1002NU	3,668.16	Wheelchair accessory, power seating system, tilt only (new equipment)
E1002NUKE	4,255.87	Wheelchair accessory, power seating system, tilt only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1002RR	366.81	Wheelchair accessory, power seating system, tilt only (rental)
E1002RRKE	425.59	Wheelchair accessory, power seating system, tilt only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1002UE	2,751.11	Wheelchair accessory, power seating system, tilt only (used durable medical equipment)
E1002UEKE	3,191.90	Wheelchair accessory, power seating system, tilt only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1003NU	3,974.13	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E1003NUKE	4,610.87	Wheelchair accessory, power seating system, recline only, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1003RR	397.42	Wheelchair accessory, power seating system, recline only, without shear reduction (rental)
E1003RRKE	461.10	Wheelchair accessory, power seating system, recline only, without shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1003UE	2,980.60	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment)
E1003UEKE	3,458.15	Wheelchair accessory, power seating system, recline only, without shear reduction (used durable medical equipment (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1004NU	4,406.49	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment)
E1004NUKE	5,112.50	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1004RR	440.64	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (rental)
E1004RRKE	511.25	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1004UE	3,304.85	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment)
E1004UEKE	3,834.36	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1005NU	4,769.68	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment)
E1005NUKE	5,533.88	Wheelchair accessory, power seating system, recline only, with power shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1005RR	476.96	Wheelchair accessory, power seating system, recline only, with power shear reduction (rental)
E1005RRKE	553.38	Wheelchair accessory, power seating system, recline only, with power shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1005UE	3,577.27	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment)
E1005UEKE	4,150.42	Wheelchair accessory, power seating system, recline only, with power shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1006NU	5,842.41	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment)
E1006NUKE	6,778.49	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E1006RR	584.22	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (rental)
E1006RRKE	677.83	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1006UE	4,381.81	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment)
E1006UEKE	5,083.87	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1007NU	7,910.85	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (new equipment)
E1007NUKE	9,178.33	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1007RR	791.09	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (rental)
E1007RRKE	917.84	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1007UE	5,933.13	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment)
E1007UEKE	6,883.74	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1008NU	7,911.56	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (new equipment)
E1008NUKE	9,179.15	(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1008RR	791.15	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (rental)
E1008RRKE	917.91	(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1008UE	5,933.68	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction (used durable medical equipment)
E1008UEKE	6,884.38	(bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
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)
E1010NU	1,035.13	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment)
E1010NUKE	1,200.98	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E1010RR	103.51	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (rental)
E1010RRKE	120.10	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1010UE	776.36	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment)
E1010UEKE	900.75	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
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)
E1014NU	383.40	Reclining back, addition to pediatric size wheelchair (new equipment)
E1014RR	38.35	Reclining back, addition to pediatric size wheelchair (rental)
E1014UE	287.54	Reclining back, addition to pediatric size wheelchair (used durable medical equipment)
E1015NU	120.44	Shock absorber for manual wheelchair, each (new equipment)
E1015RR	12.03	Shock absorber for manual wheelchair, each (rental)
E1015UE	90.32	Shock absorber for manual wheelchair, each (used durable medical equipment)
E1016NU	118.84	Shock absorber for power wheelchair, each (new equipment)
E1016NUKE	137.88	Shock absorber for power wheelchair, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1016RR	11.89	Shock absorber for power wheelchair, each (rental)
E1016RRKE	13.80	Shock absorber for power wheelchair, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1016UE	89.12	Shock absorber for power wheelchair, each (used durable medical equipment)
E1016UEKE	103.40	Shock absorber for power wheelchair, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base 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)
E1020NU	220.29	Residual limb support system for wheelchair (new equipment)
E1020NUKE	255.58	Residual limb support system for wheelchair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1020RR	22.01	Residual limb support system for wheelchair (rental)

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22.06: continued

Code	Rate	Description (continued)
E1020RRKE	25.54	Residual limb support system for wheelchair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1020UE	165.21	Residual limb support system for wheelchair (used durable medical equipment)
E1020UEKE	191.68	Residual limb support system for wheelchair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1028NU	186.92	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment)
E1028NUKE	216.87	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1028RR	18.69	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (rental)
E1028RRKE	21.68	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1028UE	140.18	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment)
E1028UEKE	162.63	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1029NU	334.43	Wheelchair accessory, manual ventilator tray, fixed (new equipment)
E1029NUKE	388.02	Wheelchair accessory, manual ventilator tray, fixed (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1029RR	33.44	Wheelchair accessory, manual ventilator tray, fixed (rental)
E1029RRKE	38.80	Wheelchair accessory, manual ventilator tray, fixed (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1029UE	250.82	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment)
E1029UEKE	291.01	Wheelchair accessory, manual ventilator tray, fixed (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1030NU	1,054.57	Wheelchair accessory, manual ventilator tray, gimbaled (new equipment)
E1030NUKE	1,223.53	Wheelchair accessory, manual ventilator tray, gimbaled (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1030RR	105.46	Wheelchair accessory, manual ventilator tray, gimbaled (rental)
E1030RRKE	122.36	Wheelchair accessory, manual ventilator tray, gimbaled (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E1030UE	790.93	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment)
E1030UEKE	917.66	Wheelchair accessory, manual ventilator tray, gimbaled (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
<u>Rollabout Chair</u>		
E1031KH, KI	43.81	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)

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22.06: continued

Code	Rate	Description (continued)
E1031KJ	32.86	Rollabout chair, any and all types with castors 5 inches or greater (capped rental)
E1031NU	459.99	Rollabout chair, any and all types with castors 5 inches or greater (new equipment purchase)
E1031UE	345.00	Rollabout chair, any and all types with castors 5 inches or greater (used durable medical equipment purchase)
E1035KH, KI	643.86	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035KJ	482.89	Multi-positional patient transfer system, with integrated seat, operated by care giver (capped rental)
E1035NU	6,760.53	Multi-positional patient transfer system, with integrated seat, operated by care giver (new equipment purchase)
E1035UE	5,070.40	Multi-positional patient transfer system, with integrated seat, operated by care giver (used durable medical equipment purchase)
E1036KH, KI	I.C.	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (capped rental)
E1036KJ	I.C.	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (capped rental)
E1036NU	AAC+30%	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (new equipment purchase)
E1036UE	I.C.	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity great than 300 lbs (used durable medical equipment purchase)
E1037KH, KI	96.82	Transport chair, pediatric size (capped rental)
E1037KJ	72.62	Transport chair, pediatric size (capped rental)
E1037NU	1,016.65	Transport chair, pediatric size (new equipment purchase)
E1037UE	762.49	Transport chair, pediatric size (used durable medical equipment purchase)
E1038KH, KI	16.09	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038KJ	12.07	Transport chair, adult size, patient weight capacity up to and including 300 pounds (capped rental)
E1038NU	168.95	Transport chair, adult size, patient weight capacity up to and including 300 pounds (new equipment purchase)
E1038UE	126.71	Transport chair, adult size, patient weight capacity up to and including 300 pounds (used durable medical equipment purchase)
E1039KH, KI	30.52	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039KJ	22.89	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (capped rental)
E1039NU	320.50	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (new equipment purchase)
E1039UE	240.37	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds (used durable medical equipment purchase)
<u>Wheelchair--Fully Reclining</u>		
E1050KH, KI	90.89	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050KJ	68.17	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1050NU	954.34	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1050UE	715.76	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1060KH, KI	132.37	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060KJ	99.28	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (capped rental)
E1060NU	1,389.88	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (new equipment purchase)
E1060UE	1,042.41	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests (used durable medical equipment purchase)
E1065NU	2,325.80	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (new equipment)
E1065RR	179.73	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (rental)
E1065UE	1,744.35	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo) (used durable medical equipment purchase)
E1066NU	210.90	Battery charger (new equipment)
E1066RR	21.14	Battery charger (rental)
E1066UE	158.18	Battery charger (used durable medical equipment)
E1069NU	70.00	Deep cycle battery (new equipment)
E1069RR	7.00	Deep cycle battery (rental)
E1069UE	52.50	Deep cycle battery (used durable medical equipment)
E1070KH, KI	97.76	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070KJ	73.32	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1070NU	1,026.46	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1070UE	769.85	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1083KH, KI	64.91	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083KJ	48.68	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (capped rental)
E1083NU	681.51	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (new equipment purchase)
E1083UE	511.13	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest (used durable medical equipment purchase)
E1084KH, KI	86.19	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084KJ	64.64	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (capped rental)
E1084NU	905.00	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1084UE	678.75	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1085KH, KI	60.47	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)
E1085KJ	45.35	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (capped rental)
E1085NU	634.96	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (new equipment purchase)
E1085UE	476.26	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests (used durable medical equipment purchase)
E1086KH, KI	60.47	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)
E1086KJ	45.35	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (capped rental)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1086NU	634.96	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (new equipment purchase)
E1086UE	476.26	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests (used durable medical equipment purchase)
E1087KH, KI	112.91	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087KJ	84.69	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1087NU	1,185.60	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1087UE	889.90	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1088KH, KI	134.56	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088KJ	100.92	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (capped rental)
E1088NU	1,412.92	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (new equipment purchase)
E1088UE	1,059.69	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests (used durable medical equipment purchase)
E1089KH, KI	106.91	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)
E1089KJ	80.18	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (capped rental)
E1089NU	1,122.58	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (new equipment purchase)
E1089UE	841.93	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest (used durable medical equipment purchase)
E1090KH, KI	106.91	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)
E1090KJ	80.18	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (capped rental)
E1090NU	1,122.58	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (new equipment purchase)
E1090UE	841.93	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests (used durable medical equipment purchase)
E1092KH, KI	97.49	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092KJ	73.12	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (capped rental)
E1092NU	1,023.70	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (new equipment purchase)
E1092UE	767.77	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests (used durable medical equipment purchase)
E1093KH, KI	83.84	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093KJ	62.88	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (capped rental)
E1093NU	880.36	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (new equipment purchase)
E1093UE	660.27	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests (used durable medical equipment purchase)

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22.06: continued

Code	Rate	Description (continued)
<u>Wheelchair--Semi-Reclining</u>		
E1100KH, KI	92.65	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100KJ	69.49	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (capped rental)
E1100NU	972.83	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (new equipment purchase)
E1100UE	729.62	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests (used durable medical equipment)
E1110KH, KI	90.73	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110KJ	68.05	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (capped rental)
E1110NU	952.65	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (new equipment purchase)
E1110UE	714.49	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest (used durable medical equipment purchase)
<u>Wheelchair--Standard</u>		
E1130KH, KI	43.70	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)
E1130KJ	32.77	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (capped rental)
E1130NU	458.81	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (new equipment purchase)
E1130UE	344.11	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (used durable medical equipment purchase)
E1140KH, KI	43.70	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)
E1140KJ	32.77	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (capped rental)
E1140NU	458.81	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (new equipment purchase)
E1140UE	344.11	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (used durable medical equipment purchase)
E1150KH, KI	72.81	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150KJ	54.61	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (capped rental)
E1150NU	764.52	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (new equipment purchase)
E1150UE	573.39	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (used durable medical equipment purchase)
E1160KH, KI	55.79	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160KJ	41.84	Wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1160NU	585.75	Wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1160UE	439.31	Wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1161NU	2,484.39	Manual adult size wheelchair, includes tilt in space (new equipment)
E1161RR	248.44	Manual adult size wheelchair, includes tilt in space (rental)
E1161UE	1,863.30	Manual adult size wheelchair, includes tilt in space (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
<u>Wheelchair--Amputee</u>		
E1170KH, KI	79.71	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170KJ	59.78	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1170NU	836.99	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1170UE	627.74	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1171KH, KI	71.54	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171KJ	53.65	Amputee wheelchair, fixed full length arms, without footrests or legrest (capped rental)
E1171NU	751.13	Amputee wheelchair, fixed full length arms, without footrests or legrest (new equipment purchase)
E1171UE	563.35	Amputee wheelchair, fixed full length arms, without footrests or legrest (used durable medical equipment purchase)
E1172KH, KI	87.42	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172KJ	65.57	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (capped rental)
E1172NU	917.94	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (new equipment purchase)
E1172UE	688.45	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest (used durable medical equipment purchase)
E1180KH, KI	90.45	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180KJ	67.84	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (capped rental)
E1180NU	949.71	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (new equipment purchase)
E1180UE	712.28	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests (used durable medical equipment purchase)
E1190KH, KI	96.32	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190KJ	72.24	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (capped rental)
E1190NU	1,011.38	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (new equipment purchase)
E1190UE	758.54	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests (used durable medical equipment purchase)
E1195KH, KI	112.12	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195KJ	84.09	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1195NU	1,177.30	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1195UE	882.97	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment purchase)
E1200KH, KI	77.66	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200KJ	58.24	Amputee wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1200NU	815.39	Amputee wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1200UE	611.54	Amputee wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
<u>Wheelchair--Special Size</u>		
E1220KH, KI	331.28	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)
E1220KJ	248.46	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (capped rental)
E1220NU	3,478.43	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (new equipment purchase)
E1220UE	2,608.82	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification (used durable medical equipment purchase)
E1221KH, KI	42.41	Wheelchair with fixed arm, footrests (capped rental)
E1221KJ	31.80	Wheelchair with fixed arm, footrests (capped rental)
E1221NU	445.27	Wheelchair with fixed arm, footrests (new equipment purchase)
E1221UE	333.95	Wheelchair with fixed arm, footrests (used durable medical equipment purchase)
E1222KH, KI	60.50	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222KJ	45.38	Wheelchair with fixed arm, elevating legrests (capped rental)
E1222NU	635.28	Wheelchair with fixed arm, elevating legrests (new equipment purchase)
E1222UE	476.46	Wheelchair with fixed arm, elevating legrests (used durable medical equipment)
E1223KH, KI	66.06	Wheelchair with detachable arms, footrests (capped rental)
E1223KJ	49.55	Wheelchair with detachable arms, footrests (capped rental)
E1223NU	693.65	Wheelchair with detachable arms, footrests (new equipment purchase)
E1223UE	520.24	Wheelchair with detachable arms, footrests (used durable medical equipment)
E1224KH, KI	72.43	Wheelchair with detachable arms, elevating legrests (capped rental)
E1224KJ	54.32	Wheelchair with detachable arms, elevating legrests(capped rental)
E1224NU	760.50	Wheelchair with detachable arms, elevating legrests (new equipment purchase)
E1224UE	570.37	Wheelchair with detachable arms, elevating legrests (used durable medical equipment)
E1225KH, KI	34.29	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225KJ	25.72	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (capped rental)
E1225NU	360.03	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each (new equipment purchase)
E1225UE	270.03	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees) (used durable medical equipment)
E1226NU	413.94	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (new equipment)
E1226RR	42.60	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (rental)
E1226UE	310.43	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each (used durable medical equipment)
E1227NU	247.67	Special height arms for wheelchair (new equipment)
E1227RR	24.77	Special height arms for wheelchair (rental)
E1227UE	185.78	Special height arms for wheelchair (used durable medical equipment)
E1228KH, KI	29.42	Special back height for wheelchair (capped rental)
E1228KJ	22.07	Special back height for wheelchair (capped rental)
E1228NU	308.91	Special back height for wheelchair (new equipment purchase)
E1228UE	231.68	Special back height for wheelchair (used durable medical equipment purchase)
E1229	AAC+35%	Wheelchair, pediatric size, not otherwise specified
E1230NU	2,018.65	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (new equipment)
E1230RR	198.53	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number (rental)

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22.06: continued

Code	Rate	Description (continued)
E1230UE	1,596.51	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)
E1232NU	2,245.33	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (new equipment)
E1232RR	224.54	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (rental)
E1232UE	1,684.01	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system (used durable medical equipment)
E1233NU	2,326.52	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (new equipment)
E1233RR	232.65	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (rental)
E1233UE	1,744.88	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system (used durable medical equipment)
E1234NU	2,025.40	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (new equipment)
E1234RR	202.56	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (rental)
E1234UE	1,519.04	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system (used durable medical equipment)
E1235NU	1,950.30	Wheelchair, pediatric size, rigid, adjustable, with seating system (new equipment)
E1235RR	195.04	Wheelchair, pediatric size, rigid, adjustable, with seating system (rental)
E1235UE	1,462.72	Wheelchair, pediatric size, rigid, adjustable, with seating system (used durable medical equipment)
E1236NU	1,720.67	Wheelchair, pediatric size, folding, adjustable, with seating system (new equipment)
E1236RR	172.06	Wheelchair, pediatric size, folding, adjustable, with seating system (rental)
E1236UE	1,290.50	Wheelchair, pediatric size, folding, adjustable, with seating system (used durable medical equipment)
E1237NU	1,735.70	Wheelchair, pediatric size, rigid, adjustable, without seating system (new equipment)
E1237RR	173.57	Wheelchair, pediatric size, rigid, adjustable, without seating system (rental)
E1237UE	1,301.79	Wheelchair, pediatric size, rigid, adjustable, without seating system (used durable medical equipment)
E1238NU	1,720.67	Wheelchair, pediatric size, folding, adjustable, without seating system (new equipment)
E1238RR	172.06	Wheelchair, pediatric size, folding, adjustable, without seating system (rental)
E1238UE	1,290.50	Wheelchair, pediatric size, folding, adjustable, without seating system (used durable medical equipment)
E1239	AAC+35%	Power wheelchair, pediatric size, not otherwise specified
<u>Wheelchair--Lightweight</u>		
E1240KH, KI	91.94	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240KJ	68.96	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (capped rental)
E1240NU	965.42	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (new equipment purchase)
E1240UE	724.06	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (used durable medical equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1250KH, KI	71.67	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1250KJ	53.75	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1250NU	752.56	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1250UE	564.42	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment purchase)
E1260KH, KI	71.67	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1260KJ	53.75	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1260NU	752.56	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1260UE	564.42	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment purchase)
E1270KH, KI	70.46	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270KJ	52.84	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (capped rental)
E1270NU	739.79	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (new equipment purchase)
E1270UE	554.84	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (used durable medical equipment)
Wheelchair--Heavy-Duty		
E1280KH, KI	117.15	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280KJ	87.86	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (capped rental)
E1280NU	1,230.04	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (new equipment purchase)
E1280UE	922.53	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (used durable medical equipment)
E1285KH, KI	100.33	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1285KJ	75.25	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (capped rental)
E1285NU	1,053.44	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (new equipment purchase)
E1285UE	790.08	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (used durable medical equipment)
E1290KH, KI	100.33	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1290KJ	75.25	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (capped rental)
E1290NU	1,053.44	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (new equipment purchase)
E1290UE	790.08	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (used durable medical equipment)
E1295KH, KI	108.41	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295KJ	81.34	Heavy duty wheelchair, fixed full length arms, elevating legrest (capped rental)
E1295NU	1,138.29	Heavy duty wheelchair, fixed full length arms, elevating legrest (new equipment purchase)
E1295UE	853.72	Heavy duty wheelchair, fixed full length arms, elevating legrest (used durable medical equipment purchase)
E1296NU	516.25	Special wheelchair seat height from floor (new equipment)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1296RR	52.44	Special wheelchair seat height from floor (rental)
E1296UE	387.19	Special wheelchair seat height from floor (used durable medical equipment)
E1297NU	93.36	Special wheelchair seat depth, by upholstery (new equipment)
E1297RR	10.37	Special wheelchair seat depth, by upholstery (rental)
E1297UE	70.01	Special wheelchair seat depth, by upholstery (used durable medical equipment)
E1298NU	378.11	Special wheelchair seat depth and/or width, by construction (new equipment)
E1298RR	38.69	Special wheelchair seat depth and/or width, by construction (rental)
E1298UE	283.58	Special wheelchair seat depth and/or width, by construction (used durable medical equipment)
<u>Whirlpool--Equipment</u>		
E1300	AAC+30%	Whirlpool, portable (overtub type)
E1310NU	1,629.07	Whirlpool, non-portable (built-in type) (new equipment)
E1310RR	139.33	Whirlpool, non-portable (built-in type) (rental)
E1310UE	1,221.81	Whirlpool, non-portable (built-in type) (used durable medical equipment)
<u>Repairs and Replacement Supplies</u>		
<u>Additional Oxygen Related Equipment</u>		
E1353	26.78	Regulator
E1354	AAC+30%	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355	20.16	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	145.50	Immersion external heater for nebulizer (new equipment)
E1372RR	21.14	Immersion external heater for nebulizer (rental)
E1372UE	107.70	Immersion external heater for nebulizer (used durable medical equipment)
E1390RR	158.21	Oxygen concentrator, single delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate (rental)
E1391RR	158.21	Oxygen concentrator, dual delivery port, capable of delivering 85% or greater oxygen concentration at the prescribed flow rate, each (rental)
E1392RR	46.47	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)
E1399UC	AAC+35%	Durable medical equipment, miscellaneous (used for pediatric specialized rehabilitation equipment only)
E1405RR	186.38	Oxygen and water vapor enriching system with heated delivery (rental)
E1406RR	173.44	Oxygen and water vapor enriching system without heated delivery (rental)
<u>Artificial Kidney Machines and Accessories</u>		
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

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
E1590	AAC+30%	Hemodialysis machine
E1592	AAC+30%	Automatic intermittent peritoneal 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
E1638	AAC+30%	Heating pad, for peritoneal dialysis, any size, each
E1639	AAC+30%	Scale, each
E1699	AAC+30%	Dialysis equipment, not otherwise specified
<u>Jaw Motion Rehabilitation System and Accessories</u>		
E1700NU	278.81	Jaw motion rehabilitation system (new equipment)
E1700RR	27.87	Jaw motion rehabilitation system (rental)
E1700UE	209.13	Jaw motion rehabilitation system (used durable medical equipment)
E1701	9.26	Replacement cushions for jaw motion rehabilitation system, pkg. of 6
E1702	20.15	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200
<u>Other Orthopedic Devices</u>		
E1800KH, KI	92.94	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800KJ	69.70	Dynamic adjustable elbow extension/flexion device, includes soft interface material (capped rental)
E1800NU	975.86	Dynamic adjustable elbow extension/flexion device, includes soft interface material (new equipment purchase)
E1800UE	731.89	Dynamic adjustable elbow extension/flexion device, includes soft interface material (used durable medical equipment)
E1801KH, KI	115.13	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801KJ	86.35	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1801NU	1,208.89	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	906.67	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, KI	291.67	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802KJ	218.75	Dynamic adjustable forearm pronation/supination device, includes soft interface material (capped rental)
E1802NU	3,062.52	Dynamic adjustable forearm pronation/supination device, includes soft interface material (new equipment purchase)
E1802UE	2,296.89	Dynamic adjustable forearm pronation/supination device, includes soft interface material (used durable medical equipment)
E1805KH, KI	112.76	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)
E1805KJ	84.57	Dynamic adjustable wrist extension/flexion device, includes soft interface material (capped rental)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1805NU	1,183.99	Dynamic adjustable wrist extension/flexion device, includes soft interface material (new equipment purchase)
E1805UE	887.99	Dynamic adjustable wrist extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1806KH, KI	94.51	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806KJ	70.90	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1806NU	992.55	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	744.41	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, KI	94.51	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810KJ	70.88	Dynamic adjustable knee extension/flexion device, includes soft interface material (capped rental)
E1810NU	992.37	Dynamic adjustable knee extension/flexion device, includes soft interface material (new equipment purchase)
E1810UE	744.28	Dynamic adjustable knee extension/flexion device, includes soft interface material (used durable medical equipment)
E1811KH, KI	119.71	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811KJ	89.78	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1811NU	1,256.91	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	942.68	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, KI	76.75	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812KJ	57.56	Dynamic knee, extension/flexion device with active resistance control (capped rental)
E1812NU	805.84	Dynamic knee, extension/flexion device with active resistance control (new equipment purchase)
E1812UE	604.38	Dynamic knee, extension/flexion device with active resistance control (used durable medical equipment purchase)
E1815KH, KI	112.76	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815KJ	84.57	Dynamic adjustable ankle extension/flexion device, includes soft interface material (capped rental)
E1815NU	1,183.99	Dynamic adjustable ankle extension/flexion device, includes soft interface material (new equipment purchase)
E1815UE	887.99	Dynamic adjustable ankle extension/flexion device, includes soft interface material (used durable medical equipment)
E1816KH, KI	121.59	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1816KJ	91.19	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1816NU	1,276.72	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	957.54	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, KI	124.13	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes cuffs (capped rental)
E1818KJ	93.10	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (capped rental)
E1818NU	1,303.41	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1818UE	977.56	Static progressive stretch forearm pronation/supination device with or without range of motion adjustment, includes all components and accessories (used durable medical equipment)
E1820NU	72.96	Replacement soft interface material, dynamic adjustable extension/flexion device (new equipment)
E1820RR	7.29	Replacement soft interface material, dynamic adjustable extension/flexion device (rental)
E1820UE	54.72	Replacement soft interface material, dynamic adjustable extension/flexion device (used durable medical equipment)
E1821NU	93.93	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (new equipment)
E1821RR	9.38	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (rental)
E1821UE	70.47	Replacement soft interface material/cuffs for bi-directional static progressive stretch device (used durable medical equipment)
E1825KH, KI	112.76	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825KJ	84.57	Dynamic adjustable finger extension/flexion device, includes soft interface material (capped rental)
E1825NU	1,183.99	Dynamic adjustable finger extension/flexion device, includes soft interface material (new equipment purchase)
E1825UE	887.99	Dynamic adjustable finger extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1830KH, KI	112.76	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830KJ	84.57	Dynamic adjustable toe extension/flexion device, includes soft interface material (capped rental)
E1830NU	1,183.99	Dynamic adjustable toe extension/flexion device, includes soft interface material (new equipment purchase)
E1830UE	887.99	Dynamic adjustable toe extension/flexion device, includes soft interface material (used durable medical equipment purchase)
E1840KH, KI	341.57	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840KJ	256.18	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (capped rental)
E1840NU	3,586.51	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (new equipment purchase)
E1840UE	2,689.88	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material (used durable medical equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
E1841KH, KI	404.30	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841KJ	303.23	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (capped rental)
E1841NU	4,245.18	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories (new equipment purchase)
E1841UE	3,183.88	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, KI	46.26	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000KJ	34.69	Gastric suction pump, home model, portable or stationary, electric (capped rental)
E2000NU	485.70	Gastric suction pump, home model, portable or stationary, electric (new equipment purchase)
E2000UE	364.27	Gastric suction pump, home model, portable or stationary, electric (used durable medical equipment purchase)
E2100NU	574.05	Blood glucose monitor with integrated voice synthesizer (new equipment purchase)
E2100RR	57.41	Blood glucose monitor with integrated voice synthesizer (rental)
E2100UE	430.54	Blood glucose monitor with integrated voice synthesizer (used durable medical equipment)
E2101NU	168.29	Blood glucose monitor with integrated lancing/blood sample (new equipment)
E2101RR	16.83	Blood glucose monitor with integrated lancing/blood sample (rental)
E2101UE	126.22	Blood glucose monitor with integrated lancing/blood sample (used durable medical equipment)
E2120KH, KI	253.05	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120KJ	189.78	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (capped rental)
E2120NU	2,656.97	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (new equipment purchase)
E2120UE	1,992.73	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid (used durable medical equipment)
E2201NU	391.76	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (new equipment)
E2201RR	39.18	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (rental)
E2201UE	293.82	Manual wheelchair accessory, nonstandard seat frame width, greater than or equal to 20 inches but less than 24 inches (used durable medical equipment)
E2202NU	497.68	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2202RR	49.77	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2202UE	373.28	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)
E2203NU	503.00	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (new equipment)
E2203RR	50.28	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (rental)
E2203UE	377.24	Manual wheelchair accessory, nonstandard seat frame depth, greater than or equal to 20 inches but less than 22 inches (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E2204NU	854.07	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (new equipment)
E2204RR	85.42	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (rental)
E2204UE	640.55	Manual wheelchair accessory, nonstandard seat frame depth, 22 - 25 inches (used durable medical equipment)
E2205NU	34.30	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (new equipment)
E2205RR	3.41	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (rental)
E2205UE	25.75	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each (used durable medical equipment)
E2206NU	42.71	Manual wheelchair accessory, wheel lock assembly, complete, each (new equipment)
E2206RR	4.26	Manual wheelchair accessory, wheel lock assembly, complete, each (rental)
E2206UE	32.03	Manual wheelchair accessory, wheel lock assembly, complete, each (used durable medical equipment)
E2207NU	38.69	Wheelchair accessory, crutch and cane holder, each (new equipment)
E2207RR	3.88	Wheelchair accessory, crutch and cane holder, each (rental)
E2207UE	29.02	Wheelchair accessory, crutch and cane holder, each (used durable medical equipment)
E2208NU	91.38	Wheelchair accessory, cylinder tank carrier, each (new equipment)
E2208NUKE	106.01	Wheelchair accessory, cylinder tank carrier, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2208RR	9.13	Wheelchair accessory, cylinder tank carrier, each (rental)
E2208RRKE	10.59	Wheelchair accessory, cylinder tank carrier, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2208UE	68.54	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment)
E2208UEKE	79.51	Wheelchair accessory, cylinder tank carrier, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2209NU	96.98	Accessory, arm trough, with or without hand support, each (new equipment)
E2209NUKE	112.52	Accessory, arm trough, with or without hand support, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2209RR	9.72	Accessory, with or without hand support, arm trough, each (rental)
E2209RRKE	11.28	Accessory, with or without hand support, arm trough, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2209UE	72.74	Accessory, arm trough, with or without hand support, each (used durable medical equipment)
E2209UEKE	84.40	Accessory, arm trough, with or without hand support, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2210NU	5.93	Wheelchair accessory, bearings, any type, replacement only, each (new equipment)
E2210NUKE	6.88	Wheelchair accessory, bearings, any type, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2210RR	0.51	Wheelchair accessory, bearings, any type, replacement only, each (rental)

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22.06: continued

Code	Rate	Description (continued)
E2210RRKE	0.59	Wheelchair accessory, bearings, any type, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2210UE	4.45	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment)
E2210UEKE	5.17	Wheelchair accessory, bearings, any type, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2211NU	42.96	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (new equipment)
E2211RR	4.16	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (rental)
E2211UE	30.77	Manual wheelchair accessory, pneumatic propulsion tire, any size, each (used durable medical equipment)
E2212NU	6.17	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (new equipment)
E2212RR	0.64	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (rental)
E2212UE	4.64	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each (used durable medical equipment)
E2213NU	31.93	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (new equipment)
E2213RR	3.20	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (rental)
E2213UE	23.93	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each (used durable medical equipment)
E2214NU	37.80	Manual wheelchair accessory, pneumatic caster tire, any size, each (new equipment)
E2214RR	4.16	Manual wheelchair accessory, pneumatic caster tire, any size, each (rental)
E2214UE	28.34	Manual wheelchair accessory, pneumatic caster tire, any size, each (used durable medical equipment)
E2215NU	10.08	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (new equipment)
E2215RR	1.00	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (rental)
E2215UE	7.54	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each (used durable medical equipment)
E2216NU	AAC+30%	Manual wheelchair accessory, foam filled propulsion tire, any size, each (new equipment)
E2216RR	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (rental)
E2216UE	I.C.	Manual wheelchair accessory, foam filled propulsion tire, any size, each (used durable medical equipment)
E2217NU	AAC+30%	Manual wheelchair accessory, foam filled caster tire, any size, each (new equipment)
E2217RR	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (rental)
E2217UE	I.C.	Manual wheelchair accessory, foam filled caster tire, any size, each (used durable medical equipment)
E2218NU	AAC+30%	Manual wheelchair accessory, foam propulsion tire, any size, each (new equipment)
E2218RR	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (rental)
E2218UE	I.C.	Manual wheelchair accessory, foam propulsion tire, any size, each (used durable medical equipment)
E2219NU	42.33	Manual wheelchair accessory, foam caster tire, any size, each (new equipment)
E2219RR	4.22	Manual wheelchair accessory, foam caster tire, any size, each (rental)

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22.06: continued

Code	Rate	Description (continued)
E2219UE	31.75	Manual wheelchair accessory, foam caster tire, any size, each (used durable medical equipment)
E2220NU	29.95	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (new equipment)
E2220RR	2.89	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (rental)
E2220UE	22.90	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each (used durable medical equipment)
E2221NU	26.83	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (new equipment)
E2221RR	2.71	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (rental)
E2221UE	20.14	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each (used durable medical equipment)
E2222NU	22.11	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (new equipment)
E2222RR	2.19	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (rental)
E2222UE	16.60	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each (used durable medical equipment)
E2224NU	102.96	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (new equipment)
E2224RR	10.80	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (rental)
E2224UE	77.23	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each (used durable medical equipment)
E2225NU	18.27	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
E2225RR	1.83	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)
E2225UE	13.69	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2226NU	39.84	Manual wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2226RR	3.98	Manual wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2226UE	29.88	Manual wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2227NU	1,647.56	Manual wheelchair accessory, gear reduction drive wheel, each (new equipment)
E2227RR	164.78	Manual wheelchair accessory, gear reduction drive wheel, each (rental)
E2227UE	1,235.61	Manual wheelchair accessory, gear reduction drive wheel, each (used durable medical equipment)
E2228NU	983.07	Manual wheelchair accessory, wheel braking system and lock, complete, each (new equipment)
E2228RR	98.30	Manual wheelchair accessory, wheel braking system and lock, complete, each (rental)
E2228UE	737.33	Manual wheelchair accessory, wheel braking system and lock, complete, each (used durable medical equipment)
E2230	AAC+35%	Manual wheelchair accessory, manual standing system
E2231NU	161.36	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (new equipment)
E2231RR	16.14	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (rental)
E2231UE	121.01	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
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%	Power wheelchair accessory, power seat elevation system
E2301	AAC+35%	Power wheelchair accessory, power standing system
E2310NU	1,059.07	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)
E2310NUKE	1,228.75	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2310RR	105.90	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 (rental)
E2310RRKE	122.87	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 (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2310UE	794.30	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 (used durable medical equipment)
E2310UEKE	921.56	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2311NU	2,144.13	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)
E2311NUKE	2,487.66	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2311RR	214.42	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 (rental)

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22.06: continued

Code	Rate	Description (continued)
E2311RRKE	248.78	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 (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2311UE	1,608.09	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)
E2311UEKE	1,865.75	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2312NU	2,036.14	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (new equipment)
E2312NUKC	2,596.84	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)
E2312RR	203.62	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental)
E2312RRKC	259.69	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2312UE	1,527.08	Power wheelchair accessory, hand or chin control, interface, mini-proportional remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)
E2312UEKC	1,947.62	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)
E2313NU	323.33	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (new equipment)
E2313RR	32.35	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (rental)
E2313UE	242.50	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each (used durable medical equipment)
E2321NU	1,438.14	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2321NUKC	2,342.55	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)
E2321NUKE	1,668.56	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2321RR	143.82	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)
E2321RRKC	234.26	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2321RRKE	166.87	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2321UE	1,078.62	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	1,756.91	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)
E2321UEKE	1,251.43	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2322NU	1,276.38	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment)
E2322NUKC	2,480.72	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)
E2322NUKE	1,480.88	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2322RR	127.63	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental)
E2322RRKC	248.07	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2322RRKE	148.08	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2322UE	957.29	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	1,860.54	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)

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22.06: continued

Code	Rate	Description (continued)
E2322UEKE	1,110.67	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2323NU	62.59	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment)
E2323NUKE	72.62	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2323RR	6.26	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental)
E2323RRKE	7.27	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2323UE	46.94	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment)
E2323UEKE	54.46	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2324NU	39.66	Power wheelchair accessory, chin cup for chin control interface (new equipment)
E2324NUKE	46.01	Power wheelchair accessory, chin cup for chin control interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2324RR	3.95	Power wheelchair accessory, chin cup for chin control interface (rental)
E2324RRKE	4.59	Power wheelchair accessory, chin cup for chin control interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2324UE	29.75	Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment)
E2324UEKE	34.51	Power wheelchair accessory, chin cup for chin control interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2325NU	1,218.88	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment)
E2325NUKE	1,414.17	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2325RR	121.90	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (rental)
E2325RRKE	141.44	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2325UE	914.17	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E2325UEKE	1,060.64	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2326NU	314.16	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment)
E2326NUKE	364.50	Power wheelchair accessory, breath tube kit for sip and puff interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2326RR	31.43	Power wheelchair accessory, breath tube kit for sip and puff interface (rental)
E2326RRKE	36.47	Power wheelchair accessory, breath tube kit for sip and puff interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2326UE	235.61	Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment)
E2326UEKE	273.36	Power wheelchair accessory, breath tube kit for sip and puff interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2327NU	2,364.20	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment)
E2327NUKC	3,591.81	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)
E2327NUKE	2,743.00	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2327RR	236.42	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental)
E2327RRKC	359.18	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2327RRKE	274.30	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2327UE	1,773.15	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	2,693.85	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)

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22.06: continued

Code	Rate	Description (continued)
E2327UEKE	2,057.24	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2328NU	4,484.56	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment)
E2328NUKE	5,203.09	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2328RR	448.45	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (rental)
E2328RRKE	520.30	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2328UE	3,363.43	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment)
E2328UEKE	3,902.33	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics, and fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2329NU	1,598.35	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)
E2329NUKE	1,854.44	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2329RR	159.83	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 (rental)
E2329RRKE	185.44	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 (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2329UE	1,198.76	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)

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22.06: continued

Code	Rate	Description (continued)
E2329UEKE	1,390.83	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2330NU	3,096.99	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)
E2330NUKE	3,593.19	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2330RR	309.69	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 (rental)
E2330RRKE	359.31	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 (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2330UE	2,322.75	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)
E2330UEKE	2,694.91	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2331NU	AAC+35%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (new equipment)
E2331RR	IC	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (rental)
E2331UE	IC	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware (used durable medical equipment)
E2340NU	376.28	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (new equipment)
E2340RR	37.64	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (rental)
E2340UE	282.23	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches (used durable medical equipment)
E2341NU	564.46	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (new equipment)
E2341RR	56.45	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (rental)
E2341UE	423.35	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E2342NU	470.38	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (new equipment)
E2342RR	47.04	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (rental)
E2342UE	352.79	Power wheelchair accessory, nonstandard seat frame depth, 20-21 inches (used durable medical equipment)
E2343NU	752.62	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (new equipment)
E2343RR	75.25	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (rental)
E2343UE	564.46	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches (used durable medical equipment)
E2351NU	632.26	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment)
E2351NUKE	733.56	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2351RR	63.24	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental)
E2351RRKE	73.37	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2351UE	474.18	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment)
E2351UEKE	550.16	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2360NU	117.96	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (new equipment)
E2360RR	11.85	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (rental)
E2360UE	88.47	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each (used durable medical equipment)
E2361NU	126.22	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment)
E2361NUKE	146.44	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2361RR	12.62	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental)
E2361RRKE	14.65	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2361UE	94.68	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2361UEKE	109.85	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2362NU	96.58	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (new equipment)

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Code	Rate	Description (continued)
E2362RR	9.66	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (rental)
E2362UE	72.43	Power wheelchair accessory, group 24 non-sealed lead acid battery, each (used durable medical equipment)
E2363NU	168.33	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
E2363NUKE	195.30	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2363RR	16.84	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
E2363RRKE	19.54	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2363UE	126.25	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2363UEKE	146.48	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2364NU	117.96	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (new equipment)
E2364RR	11.85	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (rental)
E2364UE	88.47	Power wheelchair accessory, u-1 non-sealed lead acid battery, each (used durable medical equipment)
E2365NU	101.51	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
E2365NUKE	117.78	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2365RR	10.15	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
E2365RRKE	11.78	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2365UE	76.16	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
E2365UEKE	88.36	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2366NU	238.58	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment)
E2366NUKE	276.80	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2366RR	23.92	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental)
E2366RRKE	27.75	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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Code	Rate	Description (continued)
E2366UE	178.94	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment)
E2366UEKE	207.61	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2367NU	379.27	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment)
E2367NUKE	440.03	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2367RR	37.93	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental)
E2367RRKE	44.01	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2367UE	284.45	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment)
E2367UEKE	330.03	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2368NU	467.50	Power wheelchair component, motor, replacement only (new equipment)
E2368NUKE	542.40	Power wheelchair component, motor, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2368RR	46.76	Power wheelchair component, motor, replacement only (rental)
E2368RRKE	54.25	Power wheelchair component, motor, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2368UE	350.63	Power wheelchair component, motor, replacement only (used durable medical equipment)
E2368UEKE	406.81	Power wheelchair component, motor, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2369NU	407.20	Power wheelchair component, gear box, replacement only (new equipment)
E2369NUKE	472.44	Power wheelchair component, gear box, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2369RR	40.73	Power wheelchair component, gear box, replacement only (rental)
E2369RRKE	47.25	Power wheelchair component, gear box, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2369UE	305.39	Power wheelchair component, gear box, replacement only (used durable medical equipment)
E2369UEKE	354.32	Power wheelchair component, gear box, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2370NU	726.57	Power wheelchair component, motor and gear box combination, replacement only (new equipment)
E2370NUKE	842.98	Power wheelchair component, motor and gear box combination, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2370RR	72.66	Power wheelchair component, motor and gear box combination, replacement only (rental)
E2370RRKE	84.30	Power wheelchair component, motor and gear box combination, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2370UE	544.92	Power wheelchair component, motor and gear box combination, replacement only (used durable medical equipment)
E2370UEKE	632.23	Power wheelchair component, motor and gear box combination, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2371NU	136.42	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment)
E2371NUKE	158.28	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2371RR	13.65	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental)
E2371RRKE	15.83	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2371UE	102.32	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment)
E2371UEKE	118.71	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
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)
E2373NU	709.72	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment)
E2373NUKC	1,094.99	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) (replacement of special power wheelchair interface)
E2373NUKE	709.72	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2373RR	70.99	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental)
E2373RRKC	109.51	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental) (replacement of special power wheelchair interface)
E2373RRKE	70.99	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2373UE	532.31	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
E2373UEKC	821.26	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)
E2373UEKE	532.31	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2374NU	483.29	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)
E2374NUKE	560.72	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2374RR	48.33	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only (rental)
E2374RRKE	56.07	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 (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2374UE	362.48	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)
E2374UEKE	420.56	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2375NU	775.19	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)
E2375NUKE	899.39	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2375RR	77.51	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (rental)
E2375RRKE	89.93	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2375UE	581.37	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
E2375UEKE	674.52	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2376NU	1,214.75	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E2376NUKE	1,409.38	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2376RR	121.48	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (rental)
E2376RRKE	140.94	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2376UE	911.08	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment)
E2376UEKE	1,057.06	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2377NU	439.57	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment)
E2377NUKE	510.00	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2377RR	43.95	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (rental)
E2377RRKE	50.99	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2377UE	329.69	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment)
E2377UEKE	382.52	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2381NU	68.94	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2381NUKE	79.99	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2381RR	6.91	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental)
E2381RRKE	8.01	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2381UE	51.71	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2381UEKE	60.00	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2382NU	18.80	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment)
E2382NUKE	21.81	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2382RR	1.87	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental)
E2382RRKE	2.17	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2382UE	14.09	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2382UEKE	16.35	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2383NU	137.45	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment)
E2383NUKE	159.47	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2383RR	13.75	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental)
E2383RRKE	15.95	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2383UE	103.09	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment)
E2383UEKE	119.61	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2384NU	73.22	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment)
E2384NUKE	84.96	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2384RR	7.34	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental)
E2384RRKE	8.52	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2384UE	54.92	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2384UEKE	63.71	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2385NU	44.80	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E2385NUKE	51.98	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2385RR	4.49	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental)
E2385RRKE	5.21	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2385UE	33.58	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment)
E2385UEKE	38.97	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2386NU	136.21	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment)
E2386NUKE	158.04	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2386RR	13.62	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental)
E2386RRKE	15.80	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2386UE	102.15	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2386UEKE	118.51	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2387NU	61.08	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment)
E2387NUKE	70.86	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2387RR	6.11	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental)
E2387RRKE	7.09	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2387UE	45.84	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment)
E2387UEKE	53.18	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each (used durable medical equipment) bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2388NU	45.60	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E2388NUKE	52.91	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2388RR	4.56	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental)
E2388RRKE	5.29	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2388UE	34.21	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2388UEKE	39.69	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2389NU	24.76	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment)
E2389NUKE	28.73	Power wheelchair accessory, foam caster tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2389RR	2.48	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental)
E2389RRKE	2.88	Power wheelchair accessory, foam caster tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2389UE	18.56	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment)
E2389UEKE	21.54	Power wheelchair accessory, foam caster tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2390NU	38.72	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment)
E2390NUKE	44.93	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2390RR	3.87	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental)
E2390RRKE	4.49	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2390UE	29.02	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment)
E2390UEKE	33.67	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2391NU	18.55	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment)
E2391NUKE	21.53	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2391RR	1.86	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental)
E2391RRKE	2.15	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2391UE	13.92	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment)
E2391UEKE	16.15	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2392NU	48.76	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment)
E2392NUKE	56.57	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2392RR	4.89	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental)
E2392RRKE	5.67	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2392UE	36.57	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment)
E2392UEKE	42.43	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2394NU	69.46	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment)
E2394NUKE	80.59	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2394RR	6.96	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental)
E2394RRKE	8.07	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2394UE	52.10	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2394UEKE	60.45	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2395NU	49.37	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment)
E2395NUKE	57.28	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2395RR	4.94	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental)

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22.06: continued

Code	Rate	Description (continued)
E2395RRKE	5.73	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2395UE	37.04	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment)
E2395UEKE	42.98	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2396NU	57.98	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment)
E2396NUKE	67.27	Power wheelchair accessory, caster fork, any size, replacement only, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2396RR	6.45	Power wheelchair accessory, caster fork, any size, replacement only, each (rental)
E2396RRKE	7.49	Power wheelchair accessory, caster fork, any size, replacement only, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2396UE	43.50	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment)
E2396UEKE	50.47	Power wheelchair accessory, caster fork, any size, replacement only, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2397NU	434.84	Power wheelchair accessory, lithium-based battery, each (new equipment)
E2397RR	43.48	Power wheelchair accessory, lithium-based battery, each (rental)
E2397UE	326.12	Power wheelchair accessory, lithium-based battery, each (used durable medical equipment)
E2399	AAC+30%	Related electronics and any type mounting hardware
E2402KH, KI	1,329.39	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402KJ	990.29	Negative pressure wound therapy electrical pump, stationary or portable (capped rental)
E2402NU	13,864.10	Negative pressure wound therapy electrical pump, stationary or portable (new equipment purchase)
E2402UE	10,398.07	Negative pressure wound therapy electrical pump, stationary or portable (used durable medical equipment purchase)
E2500NU	349.02	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (new equipment)
E2500RR	34.91	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (rental)
E2500UE	261.76	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time (used durable medical equipment)
E2502NU	1,067.25	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	106.73	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	800.45	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	1,656.29	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)

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Code	Rate	Description (continued)
E2504RR	165.65	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	1,242.20	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	2,428.61	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (new equipment)
E2506RR	242.85	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (rental)
E2506UE	1,821.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time (used durable medical equipment)
E2508NU	3,755.44	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (new equipment)
E2508RR	375.55	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (rental)
E2508UE	2,816.59	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (used durable medical equipment)
E2510NU	7,106.66	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (new equipment)
E2510RR	710.66	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (rental)
E2510UE	5,329.99	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)
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)
E2512UE	I.C.	Accessory for speech generating device, mounting system (used durable medical equipment)
E2599	AAC+30%	Accessory for speech generating device, not otherwise classified
E2601NU	55.35	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2601NUKE	64.22	General use wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2601RR	5.55	General use wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2601RRKE	6.44	General use wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2601UE	41.51	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2601UEKE	48.16	General use wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2602NU	108.06	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)

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22.06: continued

Code	Rate	Description (continued)
E2602NUKE	125.37	General use wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2602RR	10.81	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2602RRKE	12.54	General use wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2602UE	81.04	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2602UEKE	94.03	General use wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2603NU	137.19	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2603NUKE	159.17	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2603RR	13.73	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2603RRKE	15.93	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2603UE	102.89	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2603UEKE	119.37	Skin protection wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2604NU	170.51	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2604NUKE	197.83	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2604RR	17.04	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2604RRKE	19.77	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2604UE	127.90	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2604UEKE	148.40	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2605NU	243.60	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2605NUKE	282.63	Positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2605RR	24.37	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2605RRKE	28.28	Positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2605UE	182.73	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2605UEKE	212.01	Positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2606NU	380.04	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2606NUKE	440.93	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2606RR	38.02	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2606RRKE	44.11	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2606UE	285.02	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2606UEKE	330.69	Positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2607NU	262.31	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment)
E2607NUKE	304.34	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2607RR	26.24	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental)
E2607RRKE	30.44	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2607UE	196.74	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment)
E2607UEKE	228.26	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2608NU	315.02	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment)
E2608NUKE	365.49	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2608RR	31.49	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental)
E2608RRKE	36.54	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2608UE	236.27	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment)
E2608UEKE	274.12	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
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	282.68	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2611NUKE	327.97	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2611RR	28.26	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental)
E2611RRKE	32.79	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2611UE	212.03	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2611UEKE	246.00	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2612NU	382.40	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2612NUKE	443.67	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2612RR	38.24	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2612RRKE	44.36	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2612UE	286.79	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2612UEKE	332.73	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2613NU	355.70	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2613NUKE	412.69	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2613RR	35.58	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental)
E2613RRKE	41.28	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
E2613UE	266.78	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2613UEKE	309.52	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2614NU	492.26	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2614NUKE	571.13	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2614RR	49.23	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental)
E2614RRKE	57.12	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2614UE	369.21	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2614UEKE	428.37	Positioning wheelchair back cushion, posterior, 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2615NU	409.35	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2615NUKE	474.94	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2615RR	40.94	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental)
E2615RRKE	47.50	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2615UE	307.00	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment)
E2615UEKE	356.19	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2616NU	550.76	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment)
E2616NUKE	639.01	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2616RR	55.08	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental)

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22.06: continued

Code	Rate	Description (continued)
E2616RRKE	63.90	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2616UE	413.09	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment)
E2616UEKE	479.27	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
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	46.44	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment)
E2619NUKE	53.89	Replacement cover for wheelchair seat cushion or back cushion, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2619RR	4.64	Replacement cover for wheelchair seat cushion or back cushion (rental)
E2619RRKE	5.39	Replacement cover for wheelchair seat cushion or back cushion (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2619UE	34.85	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment)
E2619UEKE	40.44	Replacement cover for wheelchair seat cushion or back cushion (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2620NU	495.67	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment)
E2620NUKE	575.09	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2620RR	49.57	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental)
E2620RRKE	57.51	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2620UE	371.76	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)
E2620UEKE	431.33	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2621NU	520.16	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment)

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Code	Rate	Description (continued)
E2621NUKE	603.50	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2621RR	52.01	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental)
E2621RRKE	60.34	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
E2621UE	390.13	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)
E2621UEKE	452.63	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) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
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
<u>Drugs Administered Other Than Oral Method J0000-J8999</u>		
J0133	0.40	Injection, acyclovir, 5 mg
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
J0895	13.29	Injection, deferoxamine mesylate, 500 mg
J1250	4.03	Injection, dobutamine hydrochloride, per 250 mg
J1265	0.53	Injection, dopamine hcl, 40 mg
J1325	10.74	Injection, epoprostenol, 0.5 mg
J1455	11.11	Injection, foscarnet sodium, per 1000 mg
J1459	29.83	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1568	32.09	Injection, immune globulin (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1570	29.96	Injection, ganciclovir sodium, 500 mg
J1572	31.43	Injection, immune globulin, (flebogamma/flebogama dif), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1817	2.38	Insulin for administration through DME (i.e., insulin pump) per 50 units
J2260	43.84	Injection, milrinone lactate, 5 mg
J2545	38.09	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J3285	52.49	Injection, treprostinil, 1 mg
<u>Miscellaneous Drugs and Solutions</u>		
J7500	0.10	Azathioprine, oral, 50 mg
J7501	77.66	Azathioprine, parenteral, 100 mg
J7502	3.26	Cyclosporine, oral, 100 mg
J7504	407.90	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	949.54	Muromonab-CD3, parenteral, 5 mg

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22.06: continued

Code	Rate	Description (continued)
J7506	0.02	Prednisone, oral, per 5mg
J7507	3.43	Tacrolimus, oral, per 1 mg
J7509	0.05	Methylprednisolone oral, per 4 mg
J7510	0.02	Prednisolone oral, per 5 mg
J7511	378.10	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25mg
J7513	309.03	Daclizumab, parenteral, 25 mg
J7515	0.78	Cyclosporine, oral, 25 mg
J7516	17.86	Cyclosporine, parenteral, 250 mg
J7517	2.92	Mycophenolate mofetil, oral, 250 mg
J7518	2.53	Mycophenolic acid, oral, 180 mg
J7520	7.50	Sirolimus, oral, 1 mg
J7525	118.66	Tacrolimus, parenteral, 5 mg
<u>Inhalation Solutions</u>		
J7605KO	4.32	Arformoterol, inhalation solution, FDA approved final product, non-compounded administered through DME, unit dose form, 15 micrograms (single drug unit dose formulation)
J7608KO	1.58	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, 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
J7613KO	0.04	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1mg (single drug unit dose formulation)
J7614KO	0.21	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5mg (single drug unit dose formulation)
J7626KO	5.17	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	0.39	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	19.32	Dornase alpha, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7644KO	0.17	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram (single drug unit dose formulation)
J7669KO	0.21	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	57.29	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, 300 mg, inhalation solution, administered through DME (single drug unit dose formulation)
J8501	4.67	Aprepitant, oral, 5 mg
J8520	4.86	Capecitabine, oral, 150 mg
J8530	0.77	Cyclophosphamide; oral, 25 mg
J8540	0.29	Dexamethasone, oral, 0.25 mg
J8610	0.12	Methotrexate; oral, 2.5 mg
<u>Chemotherapy Drugs J9000-J9999</u>		
J9065	52.46	Injection, cladribine, per 1 mg
J9100	6.96	Cytarabine, 100 mg
J9110	7.27	Cytarabine, 500 mg
J9200	116.28	Floxuridine, 500 mg

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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22.06: continued

Code	Rate	Description (continued)
J9208	127.82	Ifosfamide, 1 gm
<u>K Codes (Temporary) K0000-K9999</u>		
<u>Wheelchair and Wheelchair Accessories</u>		
K0001KH, KI	47.54	Standard wheelchair (capped rental)
K0001KJ	35.66	Standard wheelchair (capped rental)
K0001NU	499.18	Standard wheelchair (new equipment purchase)
K0001UE	374.38	Standard wheelchair (used equipment purchase)
K0002KH, KI	67.46	Standard hemi (low seat) wheelchair (capped rental)
K0002KJ	50.60	Standard hemi (low seat) wheelchair (capped rental)
K0002NU	708.38	Standard hemi (low seat) wheelchair (new equipment purchase)
K0002UE	531.28	Standard hemi (low seat) wheelchair (used durable medical equipment purchase)
K0003KH, KI	79.96	Lightweight wheelchair (capped rental)
K0003KJ	59.97	Lightweight wheelchair (capped rental)
K0003NU	839.57	Lightweight wheelchair (new equipment purchase)
K0003UE	629.68	Lightweight wheelchair (used durable medical equipment purchase)
K0004KH, KI	119.27	High strength, lightweight wheelchair (capped rental)
K0004KJ	89.45	High strength, lightweight wheelchair (capped rental)
K0004NU	1,252.36	High strength, lightweight wheelchair (new equipment purchase)
K0004UE	939.27	High strength, lightweight wheelchair (used durable medical equipment purchase)
K0005NU	1,650.02	Ultralightweight wheelchair (new equipment)
K0005RR	164.99	Ultralightweight wheelchair (rental)
K0005UE	1,237.50	Ultralightweight wheelchair (used durable medical equipment)
K0006KH, KI	111.93	Heavy duty wheelchair (capped rental)
K0006KJ	83.95	Heavy duty wheelchair (capped rental)
K0006NU	1,175.24	Heavy duty wheelchair (new equipment purchase)
K0006UE	881.43	Heavy duty wheelchair (used durable medical equipment)
K0007KH, KI	159.32	Extra heavy duty wheelchair (capped rental)
K0007KJ	119.49	Extra heavy duty wheelchair (capped rental)
K0007NU	1,672.82	Extra heavy duty wheelchair (new equipment purchase)
K0007UE	1,254.61	Extra heavy duty wheelchair (used durable medical equipment)
K0009NU	AAC+35%	Other manual wheelchair/base (new equipment)
K0009RR	I.C.	Other manual wheelchair/base (rental)
K0009UE	I.C.	Other manual wheelchair/base (used durable medical equipment)
K0010KH, KI	447.29	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010KJ	335.47	Standard-weight frame, motorized/power wheelchair (capped rental)
K0010NU	4,696.55	Standard-weight frame, motorized/power wheelchair (new equipment purchase)
K0010UE	3,522.41	Standard-weight frame, motorized/power wheelchair (used durable medical equipment)
K0011KH, KI	537.89	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KHKF, KIKF	597.19	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	403.42	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (capped rental)
K0011KJKF	447.89	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	5,647.85	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (new equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
K0011NUKF	6,270.50	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	4,235.88	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking (used durable medical equipment)
K0011UEKF	4,702.87	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, KI	341.17	Lightweight portable motorized/power wheelchair (capped rental)
K0012KJ	255.88	Lightweight portable motorized/power wheelchair (capped rental)
K0012NU	3,582.29	Lightweight portable motorized/power wheelchair (new equipment purchase)
K0012UE	2,686.71	Lightweight portable motorized/power wheelchair (used durable medical equipment)
K0015NU	164.44	Detachable, non-adjustable height armrest, each (new equipment)
K0015NUKE	190.79	Detachable, non-adjustable height armrest, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0015RR	16.45	Detachable, non-adjustable height armrest, each (rental)
K0015RRKE	19.09	Detachable, non-adjustable height armrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0015UE	123.32	Detachable, non-adjustable height armrest, each (used durable medical equipment)
K0015UEKE	143.08	Detachable, non-adjustable height armrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0017NU	46.25	Detachable, adjustable height armrest, base, each (new equipment)
K0017NUKE	53.67	Detachable, adjustable height armrest, base, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0017RR	4.62	Detachable, adjustable height armrest, base, each (rental)
K0017RRKE	5.37	Detachable, adjustable height armrest, base, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0017UE	34.69	Detachable, adjustable height armrest, base, each (used durable medical equipment)
K0017UEKE	40.25	Detachable, adjustable height armrest, base, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018NU	25.84	Detachable, adjustable height armrest, upper portion, each (new equipment)
K0018NUKE	29.98	Detachable, adjustable height armrest, upper portion, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018RR	2.57	Detachable, adjustable height armrest, upper portion, each (rental)
K0018RRKE	2.98	Detachable, adjustable height armrest, upper portion, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0018UE	19.39	Detachable, adjustable height armrest, upper portion, each (used durable medical equipment)
K0018UEKE	22.50	Detachable, adjustable height armrest, upper portion, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0019NU	15.55	Arm pad, each (new equipment)

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22.06: continued

Code	Rate	Description (continued)
K0019NUKE	18.04	Arm pad, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0019RR	1.55	Arm pad, each (rental)
K0019RRKE	1.80	Arm pad, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0019UE	11.65	Arm pad, each (used durable medical equipment)
K0019UEKE	13.51	Arm pad, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0020NU	42.05	Fixed, adjustable height armrest, pair (new equipment)
K0020NUKE	48.78	Fixed, adjustable height armrest, pair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0020RR	4.21	Fixed, adjustable height armrest, pair (rental)
K0020RRKE	4.88	Fixed, adjustable height armrest, pair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0020UE	31.52	Fixed, adjustable height armrest, pair (used durable medical equipment)
K0020UEKE	36.57	Fixed, adjustable height armrest, pair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0037NU	43.58	High mount flip-up footrest, each (new equipment)
K0037NUKE	50.57	High mount flip-up footrest, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0037RR	3.58	High mount flip-up footrest, each (rental)
K0037RRKE	4.16	High mount flip-up footrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0037UE	32.70	High mount flip-up footrest, each (used durable medical equipment)
K0037UEKE	37.94	High mount flip-up footrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0038NU	21.96	Leg strap, each (new equipment)
K0038NUKE	25.47	Leg strap, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0038RR	2.20	Leg strap, each (rental)
K0038RRKE	2.55	Leg strap, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0038UE	16.47	Leg strap, each (used durable medical equipment)
K0038UEKE	19.11	Leg strap, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0039NU	48.76	Leg strap, H style, each (new equipment)
K0039NUKE	56.57	Leg strap, H style, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0039RR	4.89	Leg strap, H style, each (rental)
K0039RRKE	5.67	Leg strap, H style, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0039UE	36.57	Leg strap, H style, each (used durable medical equipment)

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AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
K0039UEKE	42.43	Leg strap, H style, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0040NU	67.58	Adjustable angle footplate, each (new equipment)
K0040NUKE	78.40	Adjustable angle footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0040RR	6.74	Adjustable angle footplate, each (rental)
K0040RRKE	7.82	Adjustable angle footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0040UE	50.67	Adjustable angle footplate, each (used durable medical equipment)
K0040UEKE	58.79	Adjustable angle footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0041NU	47.89	Large size footplate, each (new equipment)
K0041NUKE	55.57	Large size footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0041RR	4.81	Large size footplate, each (rental)
K0041RRKE	5.58	Large size footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0041UE	35.92	Large size footplate, each (used durable medical equipment)
K0041UEKE	41.67	Large size footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0042NU	32.97	Standard size footplate, each (new equipment)
K0042NUKE	38.25	Standard size footplate, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0042RR	3.29	Standard size footplate, each (rental)
K0042RRKE	3.81	Standard size footplate, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0042UE	24.72	Standard size footplate, each (used durable medical equipment)
K0042UEKE	28.69	Standard size footplate, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0043NU	17.67	Footrest, lower extension tube, each (new equipment)
K0043NUKE	20.51	Footrest, lower extension tube, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0043RR	1.76	Footrest, lower extension tube, each (rental)
K0043RRKE	2.05	Footrest, lower extension tube, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0043UE	13.27	Footrest, lower extension tube, each (used durable medical equipment)
K0043UEKE	15.39	Footrest, lower extension tube, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0044NU	15.06	Footrest, upper hanger bracket, each (new equipment)
K0044NUKE	17.47	Footrest, upper hanger bracket, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0044RR	1.51	Footrest, upper hanger bracket, each (rental)

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22.06: continued

Code	Rate	Description (continued)
K0044RRKE	1.75	Footrest, upper hanger bracket, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0044UE	11.29	Footrest, upper hanger bracket, each (used durable medical equipment)
K0044UEKE	13.10	Footrest, upper hanger bracket, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0045NU	51.24	Footrest, complete assembly (new equipment)
K0045NUKE	59.45	Footrest, complete assembly (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0045RR	5.29	Footrest, complete assembly (rental)
K0045RRKE	6.13	Footrest, complete assembly (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0045UE	38.44	Footrest, complete assembly (used durable medical equipment)
K0045UEKE	44.59	Footrest, complete assembly (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0046NU	17.67	Elevating legrest, lower extension tube, each (new equipment)
K0046NUKE	20.51	Elevating legrest, lower extension tube, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0046RR	1.76	Elevating legrest, lower extension tube, each (rental)
K0046RRKE	2.05	Elevating legrest, lower extension tube, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0046UE	13.27	Elevating legrest, lower extension tube, each (used durable medical equipment)
K0046UEKE	15.39	Elevating legrest, lower extension tube, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0047NU	69.21	Elevating legrest, upper hanger bracket, each (new equipment)
K0047NUKE	80.30	Elevating legrest, upper hanger bracket, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0047RR	6.94	Elevating legrest, upper hanger bracket, each (rental)
K0047RRKE	8.05	Elevating legrest, upper hanger bracket, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0047UE	51.89	Elevating legrest, upper hanger bracket, each (used durable medical equipment)
K0047UEKE	60.21	Elevating legrest, upper hanger bracket, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0050NU	29.41	Ratchet assembly (new equipment)
K0050NUKE	34.13	Ratchet assembly (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0050RR	2.93	Ratchet assembly (rental)
K0050RRKE	3.40	Ratchet assembly (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0050UE	22.07	Ratchet assembly (used durable medical equipment)
K0050UEKE	25.61	Ratchet assembly (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
K0051NU	47.61	Cam release assembly, footrest or legrest, each (new equipment)
K0051NUKE	55.24	Cam release assembly, footrest or legrest, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0051RR	4.79	Cam release assembly, footrest or legrest, each (rental)
K0051RRKE	5.55	Cam release assembly, footrest or legrest, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0051UE	35.69	Cam release assembly, footrest or legrest, each (used durable medical equipment)
K0051UEKE	41.41	Cam release assembly, footrest or legrest, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0052NU	83.66	Swingaway, detachable footrests, each (new equipment)
K0052NUKE	97.06	Swingaway, detachable footrests, each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0052RR	8.36	Swingaway, detachable footrests, each (rental)
K0052RRKE	9.70	Swingaway, detachable footrests, each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0052UE	62.73	Swingaway, detachable footrests, each (used durable medical equipment)
K0052UEKE	72.79	Swingaway, detachable footrests, each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0053NU	92.32	Elevating footrests, articulating (telescoping), each (new equipment)
K0053NUKE	107.11	Elevating footrests, articulating (telescoping), each (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0053RR	9.22	Elevating footrests, articulating (telescoping), each (rental)
K0053RRKE	10.70	Elevating footrests, articulating (telescoping), each (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0053UE	69.24	Elevating footrests, articulating (telescoping), each (used durable medical equipment)
K0053UEKE	80.34	Elevating footrests, articulating (telescoping), each (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0053UD	AAC+35%	Elevating footrests, articulating (telescoping), each (bariatric equipment)
K0056NU	99.86	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (new equipment)
K0056RR	9.99	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair (rental)
K0056UE	74.91	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)
K0065NU	46.68	Spoke protectors, each (new equipment)
K0065RR	4.67	Spoke protectors, each (rental)
K0065UE	35.01	Spoke protectors, each (used durable medical equipment)
K0069NU	104.92	Rear wheel assembly, complete, with solid tire, spokes or molded, each (new equipment)
K0069RR	10.93	Rear wheel assembly, complete, with solid tire, spokes or molded, each (rental)
K0069UE	78.69	Rear wheel assembly, complete, with solid tire, spokes or molded, each (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
K0070NU	192.32	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (new equipment)
K0070RR	19.25	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (rental)
K0070UE	144.24	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each (used durable medical equipment)
K0071NU	114.71	Front caster assembly, complete, with pneumatic tire, each (new equipment)
K0071RR	11.48	Front caster assembly, complete, with pneumatic tire, each (rental)
K0071UE	86.02	Front caster assembly, complete, with pneumatic tire, each (used durable medical equipment)
K0072NU	69.05	Front caster assembly, complete, with semi-pneumatic tire, each (new equipment)
K0072RR	6.90	Front caster assembly, complete, with semi-pneumatic tire, each (rental)
K0072UE	51.79	Front caster assembly, complete, with semi-pneumatic tire, each (used durable medical equipment)
K0073NU	36.54	Caster pin lock, each (new equipment)
K0073RR	3.65	Caster pin lock, each (rental)
K0073UE	27.41	Caster pin lock, each (used durable medical equipment)
K0077NU	61.79	Front caster assembly, complete, with solid tire, each (new equipment)
K0077RR	6.17	Front caster assembly, complete, with solid tire, each (rental)
K0077UE	46.34	Front caster assembly, complete, with solid tire, each (used durable medical equipment)
K0098NU	24.63	Drive belt for power wheelchair (new equipment)
K0098NUKE	28.57	Drive belt for power wheelchair (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0098RR	2.46	Drive belt for power wheelchair (rental)
K0098RRKE	2.86	Drive belt for power wheelchair (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0098UE	18.45	Drive belt for power wheelchair (used durable medical equipment)
K0098UEKE	21.41	Drive belt for power wheelchair (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0105NU	104.40	IV hanger, each (new equipment)
K0105RR	10.43	IV hanger, each (rental)
K0105UE	78.30	IV hanger, each (used durable medical equipment)
K0108NU	AAC+35%	Wheelchair component or accessory, not otherwise specified (new equipment)
K0108RA	AAC+35%	Wheelchair component or accessory, not otherwise specified (replacement of a DME item)
K0108RB	AAC+35%	Wheelchair component or accessory, not otherwise specified (replacement of a part of a DME furnished as part of a repair)
<u>Miscellaneous/Other</u>		
K0195KH, KI	13.78	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KHKE, KIKE	15.98	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0195KJ	10.33	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental)
K0195KJKE	11.98	Elevating leg rests, pair (for use with capped rental wheelchair base) (capped rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0195NU	144.67	Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase)

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22.06: continued

Code	Rate	Description (continued)
K0195NUKE	167.79	Elevating leg rests, pair (for use with capped rental wheelchair base) (new equipment purchase) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment
K0195UE	108.51	Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase)
K0195UEKE	125.84	Elevating leg rests, pair (for use with capped rental wheelchair base) (used durable medical equipment purchase) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment
<u>Miscellaneous</u>		
K0455RR	200.93	Infusion pump used for uninterrupted parenteral administration of medication, epoprostenol or treprostinol (rental)
K0552	2.78	Supplies for external infusion pump, syringe type cartridge, sterile, each
K0601NU	0.99	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602NU	5.68	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603NU	0.51	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604NU	5.43	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605NU	13.03	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
K0606KH, KI	2,024.37	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)
K0606KJ	1,518.28	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental)
K0606NU	21,255.87	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase)
K0606UE	15,941.90	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase)
K0606KH KF, KIKF	2,247.55	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606KJKF	1,685.66	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (capped rental) (FDA class III device)
K0606NU KF	23,599.31	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (new equipment purchase) (FDA class III device)
K0606UE KF	17,699.48	Automatic external defibrillator with integrated electrocardiogram analysis, garment type (used durable medical equipment purchase) (FDA class III device)
K0607NU	173.35	Replacement battery for automatic external defibrillator, each (new equipment)
K0607NUKF	192.46	Replacement battery for automatic external defibrillator, each (new equipment) (FDA class III device)
K0607RR	17.34	Replacement battery for automatic external defibrillator, each (rental)
K0607RRKF	19.25	Replacement battery for automatic external defibrillator, each (rental) (FDA class III device)
K0607UE	130.01	Replacement battery for automatic external defibrillator, each (used durable medical equipment)
K0607UEKF	144.35	Replacement battery for automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0608NU	108.18	Replacement garment for use with automatic external defibrillator, each (new equipment)
K0608NUKF	120.11	Replacement garment for use with automatic external defibrillator, each (new equipment) (FDA class III device)
K0608RR	10.84	Replacement garment for use with automatic external defibrillator, each (rental)

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22.06: continued

Code	Rate	Description (continued)
K0608RRKF	12.02	Replacement garment for use with automatic external defibrillator, each (rental) (FDA class III device)
K0608UE	81.14	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment)
K0608UEKF	90.08	Replacement garment for use with automatic external defibrillator, each (used durable medical equipment) (FDA class III device)
K0609NU	719.43	Replacement electrodes for use with automatic external defibrillator, each (new equipment)
K0609NUKF	798.75	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
K0730NU	1,538.69	Controlled dose inhalation drug delivery system (new equipment)
K0730RR	153.87	Controlled dose inhalation drug delivery system (rental)
K0730UE	1,154.01	Controlled dose inhalation drug delivery system (used durable medical equipment purchase)
K0733NU	27.34	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment)
K0733NUKE	31.72	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0733RR	2.75	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental)
K0733RRKE	3.19	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0733UE	20.52	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment)
K0733UEKE	23.80	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat) (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0734NU	299.98	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
K0734NUKE	348.04	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0734RR	30.00	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
K0734RRKE	34.81	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0734UE	224.98	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
K0734UEKE	261.03	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0735NU	381.71	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)
K0735NUKE	442.87	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)

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22.06: continued

Code	Rate	Description (continued)
K0735RR	38.18	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)
K0735RRKE	44.30	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0735UE	286.28	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
K0735UEKE	332.15	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0736NU	302.44	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment)
K0736NUKE	350.90	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0736RR	30.25	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental)
K0736RRKE	35.09	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0736UE	226.85	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment)
K0736UEKE	263.19	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0737NU	382.87	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment)
K0737NUKE	444.21	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (new equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0737RR	38.28	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental)
K0737RRKE	44.42	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (rental) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0737UE	287.15	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment)
K0737UEKE	333.15	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (used durable medical equipment) (bid under round one of the DMEPOS competitive bidding program for use with noncompetitive bid base equipment)
K0738RR	46.47	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	19.04	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)
K0739UB	22.40	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)

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22.06: continued

Code	Rate	Description (continued)
K0740RB	19.04	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes (repair, excluding ATP providers)
K0800NU	1,169.96	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0800RR	117.00	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (rental)
K0800UE	877.47	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0801NU	1,886.22	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (new equipment)
K0801RR	188.60	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (rental)
K0801UE	1,414.65	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds (used durable medical equipment)
K0802NU	2,134.59	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0802RR	213.45	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0802UE	1,600.95	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0806NU	1,415.34	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (new equipment)
K0806RR	141.53	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (rental)
K0806UE	1,061.50	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0807NU	2,147.61	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (new equipment)
K0807RR	214.76	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (rental)
K0807UE	1,610.72	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0808NU	3,322.80	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (new equipment)
K0808RR	332.27	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds (rental)
K0808UE	2,492.09	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)
K0813KH, KI	218.32	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813KJ	163.74	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0813NU	2,292.36	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0813UE	1,719.27	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, KI	279.45	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)

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22.06: continued

Code	Rate	Description (continued)
K0814KJ	209.59	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0814NU	2,934.23	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment)
K0814UE	2,200.67	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0815KH, KI	318.23	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815KJ	238.67	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (capped rental)
K0815NU	3,341.42	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (new equipment)
K0815UE	2,506.06	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0816KH, KI	304.75	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816KJ	228.56	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0816NU	3,199.88	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0816UE	2,399.91	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0820KH, KI	233.18	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820KJ	174.88	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0820NU	2,448.39	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0820UE	1,836.29	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0821KH, KI	299.35	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821KJ	224.51	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0821NU	3,143.18	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0821UE	2,357.38	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0822KH, KI	361.77	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822KJ	271.33	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (rental)
K0822NU	3,798.58	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment)
K0822UE	2,848.94	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0823KH, KI	364.14	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823KJ	273.11	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0823NU	3,823.47	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0823UE	2,867.60	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)

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22.06: continued

Code	Rate	Description (continued)
K0824KH, KI	438.26	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824KJ	328.70	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0824NU	4,601.73	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0824UE	3,451.30	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0825KH, KI	401.20	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825KJ	300.90	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0825NU	4,212.60	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment equipment)
K0825UE	3,159.45	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0826KH, KI	567.37	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826KJ	425.53	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0826NU	5,957.38	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0826UE	4,468.04	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0827KH, KI	482.45	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827KJ	361.84	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (capped rental)
K0827NU	5,065.73	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0827UE	3,799.29	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0828KH, KI	625.19	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828,KJ	468.89	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0828NU	6,564.50	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0828UE	4,923.37	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0829KH, KI	574.10	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829KJ	430.57	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0829NU	6,028.05	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0829UE	4,521.04	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)

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22.06: continued

Code	Rate	Description (continued)
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, KI	367.19	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835KJ	275.39	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0835NU	3,855.50	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	2,891.62	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, KI	380.78	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836KJ	285.58	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0836NU	3,998.19	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0836UE	2,998.64	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0837KH, KI	438.26	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837KJ	328.70	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0837NU	4,601.73	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0837UE	3,451.30	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, KI	392.07	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838KJ	294.05	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0838NU	4,116.74	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0838UE	3,087.55	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0839KH, KI	567.37	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839KJ	425.53	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0839NU	5,957.38	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)

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Code	Rate	Description (continued)
K0839UE	4,468.04	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, KI	859.60	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840KJ	644.70	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0840NU	9,025.80	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	6,769.35	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, KI	390.83	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841KJ	293.12	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0841NU	4,103.72	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	3,077.79	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, KI	390.83	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842KJ	293.12	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0842NU	4,103.71	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0842UE	3,077.79	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0843KH, KI	470.56	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0843KJ	352.92	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0843NU	4,940.88	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0843UE	3,705.66	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, KI	478.24	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848KJ	358.68	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0848NU	5,021.52	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0848UE	3,766.14	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0849KH, KI	459.80	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
K0849KJ	344.85	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0849NU	4,827.90	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0849UE	3,620.92	Power wheelchair
K0850KH, KI	554.75	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850KJ	416.06	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0850NU	5,824.88	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0850UE	4,368.66	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0851KH, KI	533.38	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851KJ	400.04	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0851NU	5,600.49	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0851UE	4,200.37	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0852KH, KI	640.98	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852KJ	480.73	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0852NU	6,730.29	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (new equipment purchase)
K0852UE	5,047.72	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds (used durable medical equipment)
K0853KH, KI	658.44	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853KJ	493.83	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (capped rental)
K0853NU	6,913.62	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (new equipment purchase)
K0853UE	5,185.22	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds (used durable medical equipment)
K0854KH, KI	872.29	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854KJ	654.22	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0854NU	9,159.04	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment purchase)
K0854UE	6,869.28	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more (used durable medical equipment)
K0855KH, KI	824.01	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855KJ	618.01	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (capped rental)
K0855NU	8,652.11	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (new equipment purchase)
K0855UE	6,489.08	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more (used durable medical equipment)
K0856KH, KI	513.34	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
K0856KJ	385.01	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0856NU	5,390.07	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	4,042.55	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, KI	523.63	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857KJ	392.72	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (capped rental)
K0857NU	5,498.12	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (new equipment purchase)
K0857UE	4,123.59	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds (used durable medical equipment)
K0858KH, KI	636.90	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858KJ	477.68	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0858NU	6,687.45	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0858UE	5,015.59	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, KI	607.41	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859KJ	455.56	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (capped rental)
K0859NU	6,377.80	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0859UE	4,783.35	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds (used durable medical equipment)
K0860KH, KI	909.90	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860KJ	682.43	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0860NU	9,553.95	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	7,165.46	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, KI	514.17	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861KJ	385.63	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (capped rental)
K0861NU	5,398.78	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds (new equipment purchase)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
K0861UE	4,049.09	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)
K0861KHKF, KIKF	662.31	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)
K0861KJKF	496.73	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)
K0861NUKF	6,954.25	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)
K0861UEKF	5,215.69	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, KI	636.90	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862KJ	477.68	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (capped rental)
K0862NU	6,687.45	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds (new equipment purchase)
K0862UE	5,015.59	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, KI	909.90	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863KJ	682.43	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds (capped rental)
K0863NU	9,553.95	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	7,165.46	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, KI	1,082.79	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864KJ	812.09	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (capped rental)
K0864NU	11,369.30	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more (new equipment)
K0864UE	8,526.97	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)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
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)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
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)

Prosthetic Implants

Integumentary System

L8500	569.69	Artificial larynx, any type
L8501	123.49	Tracheostomy speaking valve
L8505	AAC+20%	Artificial larynx replacement battery/accessory, any type
L8507	31.53	Tracheo-esophageal voice prosthesis, patient inserted, any type
L8509	82.20	Tracheo-esophageal voice prosthesis, inserted by licensed health care provider, any type
L8510	190.18	Voice amplifier
L8511	54.74	Insert for indwelling tracheosophageal prosthesis, with or without valve, replacement only
L8512	1.62	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	3.91	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	70.98	Tracheoesophageal puncture dilator, replacement only, each

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
L8515	47.51	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each
<u>Q Codes (Temporary)</u>		
Q0163	0.01	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	0.03	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
Q0165	0.02	Prochlorperazine 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
Q0166	4.47	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	5.78	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
Q0168	11.49	Dronabinol, 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	0.37	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
Q0170	0.11	Promethazine hydrochloride, 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
Q0171	0.01	Chlorpromazine hydrochloride, 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
Q0172	0.02	Chlorpromazine hydrochloride, 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
Q0173	0.62	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	0.66	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
Q0176	0.63	Perphenazine, 8mg, 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	0.04	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
Q0178	0.06	Hydroxyzine pamoate, 50 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

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
Q0179	6.85	Ondansetron hydrochloride 8 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	43.00	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
Q4080	47.45	Iloprost, inhalation solution, administered through DME, up to 20 micrograms
<u>Temporary National Codes (Non-Medicare) (S0000-S9999)</u>		
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
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)
S8095	AAC+20%	Wig (for medically-induced or congenital hair loss)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

22.06: continued

Code	Rate	Description (continued)
S8097	AAC+20%	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
S8180	AAC+20%	Tracheostomy shower protector
S8181	AAC+20%	Tracheostomy tube holder
S8182	AAC+30%	Humidifier, heated, used with ventilator, non-servo-controlled
S8183	AAC+30%	Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring
S8185	AAC+20%	Flutter device
S8186	AAC+20%	Swivel adaptor
S8189	AAC+20%	Tracheostomy supply, not otherwise classified
S8190NU	AAC+30%	Electronic spirometer (or microspirometer)
S8190RR	I.C.	Electronic spirometer (or microspirometer)
S8190UE	I.C.	Electronic spirometer (or microspirometer)
S8210	AAC+20%	Mucus trap
S8260	AAC+30%	Oral orthotic for treatment of sleep apnea, includes fitting, fabrication, and materials
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), <i>per diem</i> (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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i> (do not use this code with S9330 or S9331)

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Code	Rate	Description (continued)
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>

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22.06: continued

Code	Rate	Description (continued)
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
S9363	73.22	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), <i>per diem</i>
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), <i>per diem</i> (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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i> (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), <i>per diem</i> (do not use with hydration therapy codes S9374-S9377 using daily volume scales)

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22.06: continued

Code	Rate	Description (continued)
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i> (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>

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22.06: continued

Code	Rate	Description (continued)
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
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), <i>per diem</i>
<u>Miscellaneous</u>		
T4521	0.46	Adult sized disposable incontinence product, brief/diaper, small each
T4522	0.53	Adult sized disposable incontinence product, brief/diaper, medium each
T4523	0.71	Adult sized disposable incontinence product, brief/diaper, large each
T4524	0.74	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
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

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22.06: continued

Code	Rate	Description (continued)
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)
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))

REGULATORY AUTHORITY

114.3 CMR 22.00: M.G.L. c. 118G.

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NON-TEXT PAGE