

**GA Medicaid DME Services Fee Schedule**  
**Effective Date: October 1, 2017**

| Effective/<br>Revision<br>Date | HCPCS<br>CODE | DESCRIPTION                                                                                                                                     | Pricing Modifiers Required |                  |                |                                              | MAX Units                  | Billing period | PA                 | < 21 years of<br>age only | Crosswalk<br>01/16) | (NEW |
|--------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|----------------|----------------------------------------------|----------------------------|----------------|--------------------|---------------------------|---------------------|------|
|                                |               |                                                                                                                                                 | No<br>Modifier             | Purchase<br>(NU) | Rental<br>(RR) | State Modifier<br>U1-UD<br>(Overutilization) |                            |                |                    |                           |                     |      |
| 05/13                          | A4217         | STERILE WATER/SALINE, 500 ML                                                                                                                    | 2.50                       |                  |                |                                              | 10                         | 1 mo           | NO                 |                           |                     |      |
| 07/10                          | A4221         | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER (or I-PORT), PER WEEK (LIST DRUG SEPARATELY)                                                 |                            | 19.02            |                |                                              | 4                          | 1 mo           | YES                |                           |                     |      |
| 04/16                          | A4222         | INFUSION SUPPLIES FOR EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY OR PARENTERAL SUPPLEMENT SEPARATELY)                    |                            | 37.38            |                |                                              | 35                         | 1 mo           | YES                |                           |                     |      |
| 04/16                          | A4223         | INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUGS SEPARATELY)                                             |                            | 6.70             |                |                                              | 175                        | 1 mo           | YES                |                           |                     |      |
| 01/15                          | A4230         | INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE                                                                                 |                            | 16.00            |                | 16.00 required U1 if PA                      | 10                         | 1 mo           | YES if > max units |                           |                     |      |
| 01/15                          | A4231         | INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE                                                                                             |                            | 16.00            |                | 16.00 required U1 if PA                      | 10                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A4232         | SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STERILE, 3CC                                                                                     |                            | 3.75             |                |                                              | 10                         | 1 mo           | NO                 |                           |                     |      |
| 01/17                          | A4310         | INSERTION TRAY WITHOUT DRAINAGE BAG WITHOUT CATHETER                                                                                            |                            | 6.13             |                |                                              | 2                          | 1 mo           | YES                |                           |                     |      |
| 01/17                          | A4312         | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE                                                 |                            | 13.56            |                |                                              | 2                          | 1 mo           | YES                |                           |                     |      |
| 07/09                          | A4315         | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE                                                    |                            | 17.94            |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4320         | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE                                                                                        |                            | 3.77             |                |                                              | 30                         | 1 mo           | YES if > max units |                           |                     |      |
| 01/17                          | A4340         | INDWELLING CATHETER, SPECIALTY TYPE, (E.G. COUDE, MUSHROOM, WING, ETC.) EACH                                                                    |                            | 23.97            |                |                                              | 2                          | 1 mo           | YES                |                           |                     |      |
| 07/09                          | A4349         | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH                                                                              |                            | 1.62             |                |                                              | 120                        | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4351         | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHILIC, ETC.), EACH         |                            | 1.44             |                |                                              | 124                        | 1 mo           | YES if >max units  |                           |                     |      |
| 07/09                          | A4352         | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, WITH OR WITHOUT COATING (TEFLON, SILICONE, SILICONE ELASTOMERIC, OR HYDROPHILIC, ETC.), EACH |                            | 5.05             |                |                                              | 120                        | 1 mo           | YES                |                           |                     |      |
| 07/09                          | A4353         | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES                                                                                          |                            | 5.60             |                |                                              | 200                        | 1 mo           | YES                |                           |                     |      |
| 01/17                          | A4354         | INSERTION TRYA WITH DRAINAGE BAG WITHOUT CATHETER                                                                                               |                            | 8.87             |                |                                              | 2                          | 1 mo           | YES                |                           |                     |      |
| 07/09                          | A4357         | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI-REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH                                              |                            | 6.60             |                |                                              | 4                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4358         | URINARY DRAINAGE BAG, LEG OR ABDOMEN, VINYL, WITH OR WITHOUT TUBE, WITH STRAPS, EACH                                                            |                            | 5.19             |                |                                              | 4                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4360         | DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH, EACH                                                           |                            | 0.41             |                |                                              | 30                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4362         | SKIN BARRIER, SOLID, 4 X 4 OR EQUIVALENT, EACH                                                                                                  |                            | 2.35             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A4364         | ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ                                                                                                     |                            | 1.99             |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4367         | OSTOMY BELT, EACH                                                                                                                               |                            |                  |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 10/15                          | A4369         | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ                                                                                         | 1.94                       |                  |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4371         | OSTOMY SKIN BARRIER, POWDER, PER OZ                                                                                                             |                            | 2.92             |                |                                              | 10                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4385         | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, EACH                                                   |                            | 4.08             |                |                                              | 20                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4388         | OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH                                                                   |                            | 3.49             |                |                                              | 20                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4389         | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE), EACH                                                         |                            | 4.98             |                |                                              | 20                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4397         | IRRIGATION SUPPLY; SLEEVE, EACH                                                                                                                 |                            | 3.53             |                |                                              | 5                          | 1 mo           | NO                 |                           |                     |      |
| 01/17                          | A4400         | OSTOMY IRRIGATION SET                                                                                                                           |                            | 33.23            |                |                                              | 2                          | 1 year         | NO                 |                           |                     |      |
| 07/09                          | A4402         | LUBRICANT, PER OUNCE                                                                                                                            |                            | 1.09             |                |                                              | 4                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4404         | OSTOMY RING, EACH                                                                                                                               |                            | 1.35             |                |                                              | 15                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4405         | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE                                                                                         |                            | 2.72             |                |                                              | 10                         | 1 mo           | NO                 |                           |                     |      |
| 10/15                          | A4406         | OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE                                                                                             | 4.59                       |                  |                |                                              | 4                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4407         | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH         |                            | 7.01             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 05/13                          | A4409         | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH       |                            | 4.98             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 01/16                          | A4414         | OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH                      |                            | 3.94             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A4424         | OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH                                                                     |                            | 3.80             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A4425         | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2 PIECE SYSTEM), EACH                                         |                            | 2.86             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 05/13                          | A4432         | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-TYPE TAP WITH VALVE (2 PIECE), EACH                              |                            | 2.87             |                |                                              | 20                         | 1 mo           | YES if > max units |                           |                     |      |
| 05/09                          | A4450         | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES                                                                                                      | 0.09                       |                  |                |                                              | 300                        | 1 mo           | NO                 |                           |                     |      |
| 12/13                          | A4452         | TAPE, WATERPROOF, PER 18 SQUARE INCHES                                                                                                          | 0.28                       |                  |                |                                              | 200                        | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4455         | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE), PER OUNCE                                                                     |                            | 1.14             |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 01/10                          | A4456         | ADHESIVE REMOVER, WIPES, ANY TYPE, EACH                                                                                                         | 0.21                       |                  |                |                                              | 30                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4483         | MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION                                                                    |                            | 4.00             |                | U1- 4.00                                     | NU - 40<br>U1- >40         | 1 mo           | YES if > max units | U1- YES                   |                     |      |
| 07/09                          | A4495         | SURGICAL STOCKINGS THIGH LENGTH, EACH                                                                                                           |                            | 20.11            |                |                                              | 4                          | 1 year         | NO                 |                           |                     |      |
| 07/09                          | A4500         | SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH                                                                                                      |                            | 14.19            |                |                                              | 6                          | 1 year         | NO                 |                           |                     |      |
| 07/09                          | A4510         | SURGICAL STOCKINGS FULL LENGTH, EACH                                                                                                            |                            | 26.10            |                |                                              | 4                          | 1 year         | NO                 |                           |                     |      |
| 04/15                          | A4557         | LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR (COVERED FOR MEMBER OWNED TENS ONLY)                                                                | 16.88                      |                  |                |                                              | 1                          | 1 year         | NO                 |                           |                     |      |
| 04/15                          | A4595         | ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES) (COVERED FOR MEMBER OWNED TENS ONLY)                                       | 23.04                      |                  |                |                                              | 1 for E0720<br>2 for E0730 | 1 month        | NO                 |                           |                     |      |
| 01/15                          | A4604         | TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE                                                             |                            | 53.45            |                |                                              | 1                          | 3 mo           | NO                 |                           |                     |      |
| 01/14                          | A4605         | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH                                                                                                  |                            | 13.13            |                |                                              | 12                         | 1 mo           | NO                 |                           |                     |      |
| 11/13                          | A4606         | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT                                                                                          |                            | 0.00             |                |                                              | 4                          | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4623         | TRACHEOSTOMY, INNER CANNULA                                                                                                                     |                            | 5.02             |                |                                              | 60                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A4624         | TRACHEAL SUCTION CATHETER, ANY TYPE OTHER THAN CLOSED SYSTEM, EACH                                                                              |                            | 2.10             |                |                                              | 100                        | 1 mo           | YES if > max units |                           |                     |      |
| 07/14                          | A4625         | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY                                                                                                      | 2.55                       |                  |                |                                              | 31                         | 1 mo           | NO                 |                           |                     |      |
| 07/14                          | A4626         | TRACHEOSTOMY CLEANING BRUSH, EACH                                                                                                               | 5.54                       |                  |                |                                              | 2                          | 1 mo           | NO                 |                           |                     |      |
| 04/15                          | A4628         | OROPHARYNGEAL SUCTION CATHETER, EACH                                                                                                            | 3.14                       |                  |                |                                              | 14                         | 1 mo           | NO                 |                           |                     |      |
| 07/14                          | A4629         | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY                                                                                              | 3.70                       |                  |                |                                              | 31                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A4635         | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH                                                                                                         |                            | 3.48             |                |                                              | 2                          | 4 mo           | NO                 |                           |                     |      |
| 07/09                          | A4636         | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH                                                                                            |                            | 2.86             |                |                                              | 2                          | 4 mo           | NO                 |                           |                     |      |
| 07/09                          | A4637         | REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.                                                                                                   |                            | 1.45             |                |                                              | 2                          | 4mo            | NO                 |                           |                     |      |
| 07/09                          | A5051         | OSTOMY POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE), EACH                                                                                     |                            | 1.66             |                |                                              | 60                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A5052         | OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE), EACH                                                                                  |                            | 1.19             |                |                                              | 60                         | 1 mo           | YES if > max units |                           |                     |      |
| 07/09                          | A5054         | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH                                                                            |                            | 1.43             |                |                                              | 30                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A5055         | STOMA CAP                                                                                                                                       |                            | 1.15             |                |                                              | 30                         | 1 mo           | NO                 |                           |                     |      |
| 01/15                          | A5061         | OSTOMY POUCH, DRAINABLE; WITH BARRIER ATTACHED, (1 PIECE), EACH                                                                                 |                            | 2.82             |                |                                              | 30                         | 1 mo           | YES                |                           |                     |      |
| 01/14                          | A5062         | OSTOMY POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE), EACH                                                                               |                            | 1.78             |                |                                              | 30                         | 1 mo           | YES                |                           |                     |      |
| 07/09                          | A5063         | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM), EACH                                                                  |                            | 2.16             |                |                                              | 30                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A5071         | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE), EACH                                                                                    |                            | 4.81             |                |                                              | 20                         | 1 mo           | NO                 |                           |                     |      |
| 07/09                          | A5073         | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE), EACH                                                                           |                            | 2.54             |                |                                              | 30                         | 1 mo           | YES if > max units |                           |                     |      |
| 05/13                          | A5120         | SKIN BARRIER, WIPES OR SWABS, EACH                                                                                                              | 0.18                       |                  |                |                                              | 100                        | 1 mo           | NO                 |                           |                     |      |

|       |       |                                                                                                                                                                                                                                                                                  |        |       |                              |             |                   |                         |                    |                           |  |
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| 05/13 | A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH                                                                                                                                                                                                                                   | 10.28  |       |                              |             | 20                | 1 mo                    | NO                 |                           |  |
| 05/13 | A6021 | COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH                                                                                                                                                                                                                        | 16.82  |       |                              |             | 5                 | 1 mo                    | NO                 |                           |  |
| 05/13 | A6154 | WOUND POUCH, EACH                                                                                                                                                                                                                                                                |        | 11.50 |                              |             | 20                | 1 mo                    | YES if > max units |                           |  |
| 04/14 | A6196 | ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING                                                                                                                                                                       | 5.88   |       |                              |             | 30                | 1 mo                    | NO                 |                           |  |
| 05/13 | A6197 | DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING                                                                                                                                                                | 13.15  |       |                              |             | 30                | 1 mo                    | NO                 |                           |  |
| 05/13 | A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING                                                                                                                                                                         | 0.04   |       |                              |             | 120               | 1 mo                    | NO                 |                           |  |
| 07/16 | A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING                                                                                                                                                         | 1.59   |       |                              |             | 120 (60 per site) | 1 mo                    | YES                |                           |  |
| 07/16 | A6252 | 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                                                                                                                  | 2.60   |       |                              |             | 40                | 1 mo                    | YES                |                           |  |
| 05/13 | A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING                                                                                                                                                                             | 0.10   |       |                              |             | 180               | 1 mo                    | NO                 |                           |  |
| 05/13 | A6403 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING                                                                                                                                          | 0.34   |       |                              |             | 120               | 1 mo                    | NO                 |                           |  |
| 05/13 | A6446 | CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD                                                                                                                                         | 0.33   |       |                              |             | 120               | 1 mo                    | NO                 |                           |  |
| 10/14 | A6550 | WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES                                                                                                                                                                       | 21.94  |       |                              |             | 15                | 1 mo                    | YES                |                           |  |
| 07/09 | A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH                                                                                                                                                                                                                               | 7.57   |       |                              |             | 5                 | 1 year                  | NO                 |                           |  |
| 04/16 | A7002 | TUBING, USED WITH SUCTION PUMP, EACH                                                                                                                                                                                                                                             | 2.61   |       |                              |             | 12                | 6 months                | NO                 |                           |  |
| 07/09 | A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE                                                                                                                                                                                            | 20.97  |       |                              |             | 1                 | 6 mo                    | NO                 |                           |  |
| 04/10 | A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR                                                                                                                                                                                                       | 3.45   |       |                              |             | 2                 | 1 mo                    | NO                 |                           |  |
| 04/10 | A7010 | CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET                                                                                                                                                                                                        | 16.04  |       |                              |             | 1                 | 2 mo                    | NO                 |                           |  |
| 04/10 | A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER                                                                                                                                                                                                                        | 3.00   |       |                              |             | 2                 | 1 mo                    | NO                 |                           |  |
| 07/09 | A7015 | AEROSOL MASK, USED WITH DME NEBULIZER                                                                                                                                                                                                                                            | 1.50   |       |                              |             | 1                 | 1 mo                    | NO                 |                           |  |
| 04/15 | A7020 | INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY                                                                                                                                                                                                | 12.15  |       |                              |             | 1                 | 1 mo                    | NO                 |                           |  |
| 07/09 | A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH                                                                                                                                                                        | 347.95 |       |                              |             | 1                 | 1 year                  | YES                |                           |  |
| 07/09 | A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH                                                                                                                                                                        | 23.00  |       |                              |             | 1                 | 6 mo                    | NO                 |                           |  |
| 07/09 | A7027 | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH                                                                                                                                                                                          | 149.22 |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7028 | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH                                                                                                                                                                                                             | 39.63  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7029 | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR                                                                                                                                                                                                            | 16.19  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7030 | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH                                                                                                                                                                                                                   | 150.91 |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7031 | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH                                                                                                                                                                                                                        | 55.82  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7032 | CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH                                                                                                                                                                                                                  | 32.42  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7033 | PILLOW FOR USE ON NASAL CANNULA TYPE INTERFACE, REPLACEMENT ONLY, PAIR                                                                                                                                                                                                           | 22.73  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP                                                                                                                                                                     | 94.11  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                                                               | 28.87  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                                                              | 12.38  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                                                                 | 31.90  |       |                              |             | 1                 | 3 mo                    | YES                |                           |  |
| 07/09 | A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                                                    | 4.27   |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7039 | FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                                                | 10.42  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7044 | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH                                                                                                                                                                                                                   | 96.73  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7046 | WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH                                                                                                                                                                                       | 15.61  |       |                              |             | 3                 | 1 year                  | YES                |                           |  |
| 01/14 | A7047 | ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH                                                                                                                                                                                                                          | 97.86  |       |                              |             | 1                 | 6 mo                    | YES                |                           |  |
| 07/09 | A7520 | TRACHEOSTOMYLARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH                                                                                                                                                                                      | 37.98  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7521 | TRACHEOSTOMYLARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQUAL, EACH                                                                                                                                                                                          | 37.64  |       |                              |             | 1                 | 1 mo                    | YES                |                           |  |
| 07/09 | A7522 | TRACHEOSTOMYLARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSABLE), EACH                                                                                                                                                                                        | 36.13  |       |                              |             | 1                 | 1 year                  | YES                |                           |  |
| 01/15 | A7525 | TRACHEOSTOMY MASK, EACH                                                                                                                                                                                                                                                          | 1.66   |       |                              |             | 2                 | 1 mo                    | NO                 |                           |  |
| 07/15 | A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH                                                                                                                                                                                                                                            | 2.70   |       | 2.70 U1 - Case by case <21   | NU -6 U1-30 | 1 mo              | YES if > max units (U1) | U1- YES            |                           |  |
| 07/15 | A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT = 1 SENSOR                                                                                                                                            | 89.17  |       | 89.17 U1 - Case by case >21  |             | 4                 | 1 mo                    | YES                | YES (or case-by-case >21) |  |
| 07/15 | A9277 | TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM                                                                                                                                                                                            | 649.00 |       | 649.00 U1 - Case by case >21 |             | 1                 | 6-12 mo                 | YES                | YES (or case-by-case >21) |  |
| 07/15 | A9278 | RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM                                                                                                                                                                                     | 550.00 |       | 550.00 U1 - Case by case >21 |             | 1                 | 1 year                  | YES                | YES (or case-by-case >21) |  |
| 07/09 | B4034 | ENTERAL FEEDING SUPPLY KIT; SYRINGE FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE                                                                                                                               | 5.10   |       |                              |             | 30                | 1 mo                    | NO                 | NO                        |  |
| 07/09 | B4035 | ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE                                                                                                                                  | 9.65   |       |                              |             | 30                | 1 mo                    | YES if > max units | NO                        |  |
| 07/09 | B4036 | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY, INCLUDES BUT NOT LIMITED TO FEEDING/FLUSHING SYRINGE, ADMINISTRATION SET TUBING, DRESSINGS, TAPE                                                                                                                               | 6.67   |       |                              |             | 30                | 1 mo                    | NO                 | NO                        |  |
| 04/14 | B4081 | NASOGASTRIC TUBING WITH STYLET                                                                                                                                                                                                                                                   | 18.04  |       |                              |             | 4                 | 1 mo                    | NO                 | NO                        |  |
| 04/14 | B4082 | NASOGASTRIC TUBING WITHOUT STYLET                                                                                                                                                                                                                                                | 13.42  |       |                              |             | 4                 | 1 mo                    | NO                 | NO                        |  |
| 04/14 | B4083 | ENTERAL STOMACH TUBE LEVINE                                                                                                                                                                                                                                                      | 2.06   |       |                              |             | 1                 | 1 mo                    | NO                 | NO                        |  |
| 04/14 | B4087 | GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH                                                                                                                                                                                                             | 30.58  |       |                              |             | 1                 | 1 mo                    | YES                | NO                        |  |
| 04/14 | B4088 | GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH                                                                                                                                                                                                          | 30.58  |       |                              |             | 1                 | 1 mo                    | YES                | NO                        |  |
| 07/09 | B4149 | ENTERAL FORMULA, MANUFACTURED BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                             | 1.31   |       |                              |             | 900               | 1 mo                    | YES                | YES                       |  |
| 07/09 | B4150 | 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                                                             | 0.56   |       |                              |             | 900               | 1 mo                    | YES                | YES                       |  |
| 07/09 | B4152 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, CALORICALLY DENSE (EQUAL TO OR GREATER THAN 1.5 K CAL/M L) WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 0.46   |       |                              |             | 900               | 1 mo                    | YES                | YES                       |  |
| 07/09 | B4153 | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, HYDROLYZED PROTEINS (AMINO ACIDS AND PEPTIDE CHAIN), INCLUDES FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                        | 1.59   |       |                              |             | 900               | 1 mo                    | YES                | YES                       |  |

|       |        |                                                                                                                                                                                                                                                                                                             |       |           |        |                     |  |     |                      |                    |     |                 |
|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|--------|---------------------|--|-----|----------------------|--------------------|-----|-----------------|
| 07/15 | B4154  | ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS, EXCLUDES INHERITED DISEASE OF 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             | 2.40  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/09 | B4155  | 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 TRIGLYCERIDES) OR COMBINATION, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT | 0.79  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/09 | B4157  | 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                                             | 4.00  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/14 | B4158  | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                            | 1.03  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/14 | B4159* | ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT NUTRIENTS, INCLUDES PROTEINS, FATS, CARBOHYDRATES, VITAMINS AND MINERALS, MAY INCLUDE FIBER AND/OR IRON, ADMINISTERED THROUGH AN ENTERAL FEEDING TUBE, 100 CALORIES = 1 UNIT                                                  | 1.03  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/14 | B4160  | 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               | 0.93  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/09 | B4161  | 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                                                                             | 3.00  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 07/09 | B4162  | 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                                                         | 4.00  |           |        |                     |  | 900 | 1 mo                 | YES                | YES |                 |
| 04/16 | B9004  | PARENTERAL NUTRITION INFUSION PUMP, PORTABLE                                                                                                                                                                                                                                                                |       | 2040.98   | 323.10 |                     |  | 1   | NU=5 yrs RR= 1 mo    | YES                |     |                 |
| 07/09 | B9998  | MIC-KEY EXTENSION                                                                                                                                                                                                                                                                                           |       | 12.00     |        |                     |  | 4   | 1 mo                 | YES if > max units |     |                 |
| 01/14 | B9998  | MIC-KEY LOW-PROFILE GASTROSTOMY TUBE KIT (UNDER 3 yrs (36 MONTHS) OF AGE ONLY)                                                                                                                                                                                                                              |       |           |        | U1- 153.81          |  | 1   | 1 mo                 | YES                | YES |                 |
| 07/09 | E0100  | CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP                                                                                                                                                                                                                                        |       | 16.86     |        |                     |  | 1   | 3 yrs                | NO                 |     |                 |
| 07/09 | E0105  | CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS                                                                                                                                                                                                                  |       | 39.29     |        |                     |  | 1   | 3 yrs                | NO                 |     |                 |
| 07/09 | E0111  | CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS                                                                                                                                                                                                   |       | 39.35     |        |                     |  | 2   | 1-3 yrs              | NO                 |     |                 |
| 07/09 | E0113  | CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP                                                                                                                                                                                                                                |       | 14.37     |        |                     |  | 2   | 1-3 yrs              | NO                 |     |                 |
| 07/09 | E0116  | CRUTCH, UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, WITH PAD, TIP, HANDGRIP, WITH OR WITHOUT SHOCK ABSORBER, EACH                                                                                                                                                                                       |       | 18.86     |        |                     |  | 2   | 1-3 yrs              | NO                 |     |                 |
| 07/09 | E0130  | WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                                                                                          |       | 56.18     |        |                     |  | 1   | 3-5 yrs              | NO                 |     |                 |
| 07/09 | E0135  | WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                                                                                        |       | 60.46     |        |                     |  | 1   | 3-5 yrs              | NO                 |     |                 |
| 10/14 | E0141  | WALKER, RIGID, WHEELED, ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                                                                                          |       | 89.13     | 8.91   |                     |  | 1   | NU= 3-5 yrs RR= 1 mo | NO                 |     |                 |
| 10/14 | E0143  | WALKER, FOLDING, WHEELED, ADJUSTABLE OR FIXED HEIGHT                                                                                                                                                                                                                                                        |       | 89.13     | 8.91   |                     |  | 1   | NU= 3-5 yrs RR= 1 mo | NO                 |     |                 |
| 07/09 | E0147  | WALKER, HEAVY DUTY, MULTIPLE BRAKING SYSTEM, VARIABLE WHEEL RESISTANCE                                                                                                                                                                                                                                      |       | 459.85    | 45.98  |                     |  | 1   | NU= 3-5 yrs RR= 1 mo | YES                |     |                 |
| 07/09 | E0153  | PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH                                                                                                                                                                                                                                                                   |       | 48.30     |        |                     |  | 2   | 1 year               | NO                 |     |                 |
| 07/09 | E0154  | PLATFORM ATTACHMENT, WALKER, EACH                                                                                                                                                                                                                                                                           |       | 56.41     |        |                     |  | 2   | 1 year               | NO                 |     |                 |
| 07/09 | E0155  | WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR                                                                                                                                                                                                                                                            |       | 24.49     |        |                     |  | 1   | 1 year               | NO                 |     |                 |
| 07/09 | E0156  | SEAT ATTACHMENT, WALKER                                                                                                                                                                                                                                                                                     |       | 21.14     |        |                     |  | 1   | 1 year               | NO                 |     |                 |
| 07/09 | E0157  | CRUTCH ATTACHMENT, WALKER, EACH                                                                                                                                                                                                                                                                             |       | 57.89     |        |                     |  | 2   | 1 year               | NO                 |     |                 |
| 07/09 | E0158  | LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)                                                                                                                                                                                                                                                              |       | 25.74     |        |                     |  | 1   | 1 year               | NO                 |     |                 |
| 07/09 | E0163  | COMMODOE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS                                                                                                                                                                                                                                                       |       | 88.23     | 18.60  |                     |  | 1   | NU= 3-5yrs RR= 1 mo  | NO                 |     |                 |
| 07/14 | E0165  | COMMODOE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS                                                                                                                                                                                                                                                  |       | 148.65    |        |                     |  | 1   | 3-5 yrs              | YES                |     |                 |
| 07/09 | E0167  | PAIL OR PAN FOR USE WITH COMMODOE CHAIR, REPLACEMENT ONLY                                                                                                                                                                                                                                                   |       | 8.16      |        |                     |  | 1   | 6 mo                 | NO                 |     |                 |
| 07/09 | E0184  | DRY PRESSURE MATTRESS                                                                                                                                                                                                                                                                                       |       | 155.76    |        |                     |  | 1   | 3 yrs                | YES                |     |                 |
| 07/09 | E0185  | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH                                                                                                                                                                                                                               |       | 232.23    |        |                     |  | 1   | 3 yrs                | YES                |     |                 |
| 07/09 | E0197  | AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH                                                                                                                                                                                                                                           |       | 150.67    | 20.78  |                     |  | 1   | NU= 3 yrs RR= 1 mo   | YES                |     |                 |
| 07/09 | E0202  | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER                                                                                                                                                                                                                                                              | 42.58 |           |        |                     |  | 1   | 1 day (up to 5 days) | NO                 |     |                 |
| 07/09 | E0240  | BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE                                                                                                                                                                                                                                                         |       | 157.67    |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 07/09 | E0241  | BATH TUB WALL RAIL, EACH                                                                                                                                                                                                                                                                                    |       | 33.10     |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 07/09 | E0243  | TOILET RAIL, EACH                                                                                                                                                                                                                                                                                           |       | 33.10     |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 07/09 | E0244  | RAISED TOILET SEAT                                                                                                                                                                                                                                                                                          |       | 35.41     |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 07/09 | E0245  | TUB STOOL OR BENCH                                                                                                                                                                                                                                                                                          |       | 56.75     |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 07/09 | E0246  | TRANSFER TUB RAIL ATTACHMENT                                                                                                                                                                                                                                                                                |       | 110.84    |        |                     |  | 1   | 2-5 yrs              | NO                 |     |                 |
| 04/16 | E0255  | HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                                                                                                                                                               |       | 805.60    | 80.56  |                     |  | 1   | NU=5 yrs RR= 1 mo    | YES                |     |                 |
| 04/16 | E0260  | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                                                                                                                                             |       | 1, 037.61 | 103.76 |                     |  | 1   | NU=5 yrs RR= 1 mo    | YES                |     |                 |
| 04/16 | E0261  | HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS                                                                                                                                                                                                          |       | 931.20    | 93.12  |                     |  | 1   | NU=5 yrs RR= 1 mo    | YES                |     |                 |
| 04/16 | E0265  | HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                                                                                                                                   |       | 1207.08   | 135.92 |                     |  | 1   | NU=5 yrs RR= 1 mo    | YES                |     |                 |
| 04/16 | E0271  | MATTRESS, INNERSPRING                                                                                                                                                                                                                                                                                       |       | 162.43    |        |                     |  | 1   | 4 yrs                | YES                |     |                 |
| 07/09 | E0276  | BED PAN, FRACTURE, METAL OR PLASTIC                                                                                                                                                                                                                                                                         |       | 10.64     |        |                     |  | 1   | 6 mo                 | NO                 |     |                 |
| 07/09 | E0277  | POWERED PRESSURE-REDUCING AIR MATTRESS                                                                                                                                                                                                                                                                      |       |           | 562.78 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0301  | 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                                                                                                                                        |       |           | 209.76 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0302  | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS                                                                                                                                                                        |       |           | 572.35 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0303  | 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                                                                                                                                           |       |           | 236.35 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0304  | HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS                                                                                                                                                                           |       |           | 616.54 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0310  | BED SIDE RAILS, FULL LENGTH                                                                                                                                                                                                                                                                                 |       | 155.31    |        |                     |  | 2   | 3-5 yrs              | YES                |     |                 |
| 07/09 | E0315  | BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE                                                                                                                                                                                                                                                    |       | 29.11     |        |                     |  | 1   | 1 yr                 | NO                 |     |                 |
| 04/15 | E0316  | SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE (Wash type bed -U1)                                                                                                                                                                                                                       |       | 1729.42   | 172.84 | U1- Manually Priced |  | 1   | 5 yrs                | YES                | YES |                 |
| 04/15 | E0328  | HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS (Sleepsafe type bed- U1)                                                                                                                        |       | 4510.00   | 451.00 | U1- Manually Priced |  | 1   | 5 yrs                | YES                | YES |                 |
| 07/09 | E0371  | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH                                                                                                                                                                                                              |       |           | 344.91 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0372  | POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH                                                                                                                                                                                                                                        |       |           | 418.50 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/09 | E0373  | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS                                                                                                                                                                                                                                                              |       |           | 479.39 |                     |  | 1   | 1 mo                 | YES                |     |                 |
| 07/17 | E0424  | STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, AND TUBING                                                                                                                                                 |       |           | 71.05  |                     |  | 1   | 1 mo                 | YES                |     | Modifier QE, QF |

|       |        |                                                                                                                                                                                                                                                       |          |        |            |   |                            |                    |  |              |
|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|------------|---|----------------------------|--------------------|--|--------------|
| 07/09 | E0431  | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING                                                                                                                    |          | 25.43  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0433  | 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 |          | 41.30  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0434  | PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, REFILL ADAPTOR, CONTENTS GAUGE, CANNULA OR MASK, AND TUBING                                                                              |          | 25.43  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0439  | STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES CONTAINER, CONTENTS, REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR MASK, & TUBING                                                                                                         |          | 158.72 |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0441  | STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT                                                                                                                                                                                        | 61.96    |        |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0442  | STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT                                                                                                                                                                                         | 61.96    |        |            | 1 | 1 mo                       | YES                |  |              |
| 11/13 | E0445  | OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON-INVASIVELY                                                                                                                                                                                      |          | 195.00 |            | 1 | 1 mo                       | YES                |  |              |
| 01/16 | E0465  | HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE, (E.G., TRACHEOSTOMY TUBE)                                                                                                                                                                    |          | 844.18 |            | 1 | 1 mo                       | YES                |  | E0450, E0463 |
| 01/16 | E0466  | HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE, (E.G. MASK, CHEST SHELL)                                                                                                                                                                 |          | 844.18 |            | 1 | 1 mo                       | YES                |  | E0464        |
| 07/09 | E0470  | 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)                        | 1980.00  | 205.28 |            | 1 | NU= 4-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 07/09 | E0471  | 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)                          | 4050.00  | 513.74 |            | 1 | NU= 4-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 07/09 | E0480  | PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL                                                                                                                                                                                                          |          | 35.46  |            | 1 | 1 mo                       | YES                |  |              |
| 02/15 | E0481  | INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES                                                                                                                                                                                  | 8513.40  |        |            | 1 | 3 years                    | YES                |  |              |
| 02/15 | E0481  | BREATHING CIRCUIT FOR USE WITH IPV, REPLACEMENT ONLY                                                                                                                                                                                                  |          |        | U1- 813.40 | 1 | 6 mo                       | YES                |  |              |
| 07/09 | E0482  | COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE                                                                                                                                                                           | 3700.00  | 333.69 |            | 1 | NU= 5 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0483* | HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH                                                                                                                                                     |          | 850.50 |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0500  | IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SOURCE                                                                                                                                    | 746.40   | 74.64  |            | 1 | NU= 5 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0561  | HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                     | 85.60    | 8.55   |            | 1 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0562  | HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE                                                                                                                                                                                         |          | 24.09  |            | 1 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0570  | NEBULIZER, WITH COMPRESSOR                                                                                                                                                                                                                            | 108.00   | 12.88  |            | 1 | NU= 2-5 yrs<br>RR= 1 mo    | NO                 |  |              |
| 07/14 | E0574  | ALTERA NEBULIZER-ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER, REPLACEMENT ONLY                                                                                                                                                | 910.00   |        |            | 1 | 2 yrs                      | YES                |  |              |
| 07/14 | E0574  | HANDSET FOR USE WITH ALTERA NEBULIZER, REPLACEMENT ONLY                                                                                                                                                                                               |          |        | U1- 340.00 | 1 | 2 yrs                      | YES                |  |              |
| 07/09 | E0575  | NEBULIZER, ULTRASONIC, LARGE VOLUME                                                                                                                                                                                                                   |          | 80.62  |            | 1 | 1 mo                       | NO                 |  |              |
| 07/09 | E0585  | NEBULIZER, WITH COMPRESSOR AND HEATER                                                                                                                                                                                                                 | 238.50   | 23.85  |            | 1 | 2 yrs                      | YES                |  |              |
| 07/09 | E0600  | RESPIRATORY SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC                                                                                                                                                                                | 292.50   | 32.57  |            | 1 | NU= 3-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 11/15 | E0601  | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE                                                                                                                                                                                                     | 893.70   | 89.37  |            | 1 | NU= 4-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 07/14 | E0603  | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE                                                                                                                                                                                                        | 189.00   |        |            | 1 | 3 yrs                      | NO                 |  |              |
| 07/14 | E0604  | BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE                                                                                                                                                                                      |          | 55.00  |            | 1 | 3 mo                       | YES if > max units |  |              |
| 07/09 | E0619  | APNEA MONITOR, WITH RECORDING FEATURE                                                                                                                                                                                                                 |          | 198.61 |            | 1 | 1 mo                       | YES                |  |              |
| 04/14 | E0621  | SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON (REPLACEMENT ONLY)                                                                                                                                                                                       | 65.27    | 6.29   |            | 1 | 1 yr                       | YES                |  |              |
| 04/16 | E0630  | PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES ANY SEAT, SLING, STRAP(S) OR PAD(S)                                                                                                                                                                   | 734.60   | 73.46  |            | 1 | NU= 5 yrs<br>RR= 1 mo      | YES                |  |              |
| 04/16 | E0635  | PATIENT LIFT, ELECTRIC WITH SEAT OR SLING                                                                                                                                                                                                             | 1272.54  | 127.25 |            | 1 | NU= 5 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0705  | TRANSFER DEVICE, ANY TYPE, EACH                                                                                                                                                                                                                       | 44.10    |        |            | 1 | 3-5 yrs                    | NO                 |  |              |
| 10/13 | E0720  | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED STIMULATION                                                                                                                                                            |          | 49.01  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0730  | TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION                                                                                                                                         |          | 49.41  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0747  | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS                                                                                                                                                                     | 3050.50  |        |            | 1 | 5 yrs                      | YES                |  |              |
| 07/09 | E0748  | OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, SPINAL APPLICATIONS                                                                                                                                                                                | 3030.73  |        |            | 1 | 5 yrs                      | YES                |  |              |
| 07/09 | E0760  | OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE                                                                                                                                                                                       | 2518.48  |        |            | 1 | 5 yrs                      | YES                |  |              |
| 10/15 | E0779  | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER                                                                                                                                                                       |          | 13.06  |            | 1 | Per Episode (Case-by-case) | YES                |  |              |
| 10/15 | E0780  | AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS                                                                                                                                                                        | 8.30     |        |            | 1 | 5 yrs                      | YES                |  |              |
| 10/15 | E0781  | AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY OPERATED, WITH ADMINISTRATIVE EQUIPMENT, WORN BY PATIENT                                                                                                                   |          | 205.54 |            | 1 | 5 yrs                      | YES                |  |              |
| 07/09 | E0784  | EXTERNAL AMBULATORY INFUSION PUMP, INSULIN                                                                                                                                                                                                            | 3,340.60 | 334.06 |            | 1 | NU= 4 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0791  | PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL                                                                                                                                                                                         |          | 215.02 |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0890  | TRACTION FRAME, ATTACHED TO FOOTBOARD, PELVIC TRACTION                                                                                                                                                                                                |          | 26.12  |            | 1 | 1 mo                       | NO                 |  |              |
| 07/09 | E0910  | TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR                                                                                                                                                                                    | 171.32   | 15.04  |            | 1 | NU= 3-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 07/09 | E0912  | TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR                                                                                                                                   |          | 91.58  |            | 1 | 1 mo                       | YES                |  |              |
| 07/09 | E0940  | TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR                                                                                                                                                                                                    | 236.40   | 23.64  |            | 1 | NU= 3-5 yrs<br>RR= 1 mo    | YES                |  |              |
| 07/09 | E0941  | GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE                                                                                                                                                                                                            |          | 34.73  |            | 1 | 1 mo                       | NO                 |  |              |
| 07/09 | E0942  | CERVICAL HEAD HARNESS/HALTER                                                                                                                                                                                                                          | 13.76    | 1.59   |            | 1 | NU= 1 yr<br>RR= 1 mo       | NO                 |  |              |
| 07/09 | E0944  | PELVIC BELT/HARNESS/BOOT                                                                                                                                                                                                                              | 35.85    | 3.59   |            | 1 | NU= 1 yr<br>RR= 1 mo       | NO                 |  |              |
| 07/09 | E0945  | EXTREMITY BELT/HARNESS                                                                                                                                                                                                                                | 30.14    | 3.02   |            | 1 | NU= 1 yr<br>RR= 1 mo       | NO                 |  |              |
| 07/09 | E0946  | FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)                                                                                                                                                                        |          | 40.23  |            | 1 | 1 mo                       | NO                 |  |              |
| 07/09 | E0947  | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION                                                                                                                                                                                               | 429.80   | 42.98  |            | 1 | NU= 2 yrs<br>RR= 1 mo      | NO                 |  |              |
| 07/09 | E0948  | FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION                                                                                                                                                                                             | 429.80   | 42.98  |            | 1 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0950  | WHEELCHAIR ACCESSORY, TRAY, EACH                                                                                                                                                                                                                      | 70.69    | 7.08   |            | 1 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0951  | HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH                                                                                                                                                                                         | 15.18    | 1.57   |            | 2 | NU= 1 yr<br>RR= 1 mo       | NO                 |  |              |
| 07/09 | E0952  | TOE LOOP/HOLDER, ANY TYPE, EACH                                                                                                                                                                                                                       | 12.81    | 1.34   |            | 2 | NU= 1 yr<br>RR= 1 mo       | NO                 |  |              |
| 07/09 | E0955  | WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH                                                                                                                                                          | 161.74   | 16.18  |            | 1 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0956  | WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH                                                                                                                                                 | 78.86    | 7.90   |            | 2 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0957  | WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH                                                                                                                                                         | 110.34   | 11.03  |            | 2 | NU= 1 yr<br>RR= 1 mo       | YES                |  |              |
| 07/09 | E0958  | MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH                                                                                                                                                                                           | 343.12   | 34.31  |            | 2 | NU= 2 yrs<br>RR= 1 mo      | YES                |  |              |
| 07/09 | E0959  | MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH                                                                                                                                                                                                | 30.80    | 3.07   |            | 2 | NU= 1 yr<br>RR= 1 mo       | YES                |  |              |

|       |       |                                                                                                                                             |  |         |        |  |   |                         |     |  |  |
|-------|-------|---------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--------|--|---|-------------------------|-----|--|--|
| 07/09 | E0960 | WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE                                          |  | 72.78   | 7.28   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0961 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH                                                                      |  | 20.22   | 2.11   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0966 | MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH                                                                                       |  | 52.45   | 5.24   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0967 | MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH                                                                      |  | 52.55   | 5.26   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0971 | MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH                                                                                      |  | 34.71   | 3.47   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E0973 | WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH                                                        |  | 91.98   | 8.76   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E0974 | MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH                                                                                     |  | 62.73   | 6.65   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0978 | WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH                                                                       |  | 34.16   | 3.42   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0980 | SAFETY VEST, WHEELCHAIR                                                                                                                     |  | 22.48   | 2.25   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0981 | WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH                                                                               |  | 36.47   | 3.65   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0982 | WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH                                                                               |  | 41.22   | 4.12   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL                            |  |         | 194.33 |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL                              |  | 1528.46 | 142.07 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E0985 | WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM                                                                                                   |  | 162.28  | 16.24  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH                                                                              |  | 3891.39 | 389.14 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E0990 | WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH                                                                           |  | 93.94   | 9.40   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E0992 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT                                                                                              |  | 64.70   | 6.41   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E0994 | ARM REST, EACH                                                                                                                              |  | 11.99   | 1.21   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | NO  |  |  |
| 07/09 | E0995 | WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH                                                                                                   |  | 24.32   | 2.44   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | NO  |  |  |
| 07/09 | E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY                                                                                       |  | 3242.57 | 324.26 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION                                                           |  | 3513.04 | 351.31 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION                                                   |  | 3895.24 | 389.52 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION                                                        |  | 4216.29 | 421.62 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1006 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION                                           |  | 5164.56 | 516.44 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION                                   |  | 6993.02 | 699.30 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION                                        |  | 6993.64 | 699.36 |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR                                |  | 915.03  | 91.50  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 01/16 | E1012 | MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE EACH                                                                     |  | 760.00  | 76.00  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1014 | RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR                                                                                       |  | 292.11  | 29.22  |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1015 | SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH                                                                                                  |  | 91.76   | 9.17   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E1016 | SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH                                                                                                   |  | 105.05  | 10.51  |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E1020 | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE                                                                                       |  | 194.73  | 19.46  |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/16 | E1028 | MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY                                                            |  | 165.23  | 16.52  |  | 6 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E1029 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED                                                                                                |  | 295.63  | 29.56  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED                                                                                             |  | 932.22  | 93.22  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E1031 | ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER                                                                               |  |         | 34.34  |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS |  |         | 490.56 |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1037 | TRANSPORT CHAIR, PEDIATRIC SIZE                                                                                                             |  |         | 86.79  |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1038 | TRANSPORT CHAIR, ADULT SIZE, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                                                         |  |         | 14.42  |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1039 | TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY GREATER THAN 300 POUNDS                                                    |  |         | 27.36  |  | 1 | 1 mo                    | YES |  |  |
| 03/14 | E1060 | FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS                                  |  | 857.28  | 85.73  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 03/14 | E1150 | WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS                                                   |  | 598.64  | 59.86  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 03/14 | E1160 | WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS                                                                |  | 428.04  | 42.50  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE                                                                                        |  | 1892.87 | 189.29 |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1170 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS                                                        |  | 607.73  | 60.73  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 03/14 | E1180 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS                                                   |  | 689.12  | 68.91  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 03/14 | E1190 | AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS                                          |  | 796.08  | 79.61  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 03/14 | E1200 | AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST                                                                  |  | 591.68  | 59.17  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1225 | WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH                         |  | 32.49   |        |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1226 | WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH                                                  |  | 436.52  | 44.93  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM                                                         |  | 1710.73 | 171.08 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                        |  | 1772.58 | 177.26 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                      |  | 1543.16 | 154.33 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM                                                                          |  | 1485.94 | 148.60 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM                                                                        |  | 1310.98 | 131.10 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                                       |  | 1322.44 | 132.24 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM                                                                     |  | 1310.98 | 131.10 |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1240 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST                                     |  | 824.16  | 82.42  |  | 1 | NU= 2-3 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E1260 | LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST                                                |  |         | 88.56  |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E1270 | LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS                                                    |  |         | 63.15  |  | 1 | 1 mo                    | YES |  |  |

|       |       |                                                                                                                                                                                                                                                      |  |         |        |  |   |                         |     |  |                |
|-------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|--------|--|---|-------------------------|-----|--|----------------|
| 07/09 | E1280 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS                                                                                                                                                                      |  | 914.56  | 91.46  |  | 1 | 1 mo                    | YES |  |                |
| 07/09 | E1290 | HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST                                                                                                                                                          |  | 833.58  | 83.36  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |                |
| 07/09 | E1295 | HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST                                                                                                                                                                                     |  |         | 97.18  |  | 1 | 1 mo                    | YES |  |                |
| 07/09 | E1296 | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR                                                                                                                                                                                                            |  | 393.34  | 39.95  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E1297 | SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY                                                                                                                                                                                                         |  | 83.69   | 9.30   |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E1298 | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION                                                                                                                                                                                          |  | 338.92  | 34.68  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E1390 | OXYGEN CONCENTRATOR, SINGLE DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE                                                                                                              |  |         | 158.72 |  | 1 | 1 mo                    | YES |  |                |
| 07/17 | E1391 | OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT THE PRESCRIBED FLOW RATE, EACH                                                                                                          |  |         | 71.05  |  | 1 | 1 mo                    | YES |  | Modifier QE,QF |
| 07/09 | E1392 | PORTABLE OXYGEN CONCENTRATOR, RENTAL                                                                                                                                                                                                                 |  |         | 41.30  |  | 1 | 1 mo                    | YES |  |                |
| 07/09 | E2201 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES                                                                                                                                |  | 298.48  | 29.85  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2202 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES                                                                                                                                                                              |  | 379.18  | 37.92  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2203 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES                                                                                                                                                                 |  | 383.24  | 38.31  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2204 | MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES                                                                                                                                                                           |  | 650.72  | 65.08  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2205 | MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH                                                                                                                         |  | 26.14   | 2.60   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2206 | MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH                                                                                                                                                                                     |  | 32.54   | 3.25   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2207 | WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH                                                                                                                                                                                                   |  | 34.68   | 3.47   |  | 2 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2208 | WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH                                                                                                                                                                                                    |  | 95.02   | 9.50   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2209 | ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH                                                                                                                                                                                            |  | 85.73   | 8.59   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2210 | WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH                                                                                                                                                                                     |  | 5.24    | 0.53   |  | 8 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 04/16 | E2211 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH                                                                                                                                                                               |  | 29.28   | 2.91   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2212 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH                                                                                                                                                                      |  | 4.70    | 0.49   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 01/17 | E2213 | MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH                                                                                                                                              |  | 24.33   | 2.44   |  | 1 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2214 | MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH                                                                                                                                                                                   |  | 24.48   | 2.70   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2215 | MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH                                                                                                                                                                          |  | 7.68    | 0.76   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2219 | MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH                                                                                                                                                                                        |  | 33.48   | 3.78   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 07/16 | E2218 | MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION, ANY SIZE, EACH                                                                                                                                                                                         |  | 250.00  | 25.00  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 04/16 | E2220 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, EACH                                                                                                                                                                  |  | 22.82   | 2.20   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2221 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH                                                                                                                                                          |  | 20.44   | 2.06   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 04/16 | E2222 | MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH                                                                                                                                                |  | 16.85   | 1.67   |  | 2 | NU= 4 mo<br>RR= 1 mo    | NO  |  |                |
| 07/09 | E2224 | MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH                                                                                                                                                                          |  | 66.68   | 7.00   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2225 | MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                                                            |  | 13.92   | 1.39   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | NO  |  |                |
| 07/09 | E2226 | MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                                                                           |  | 30.35   | 3.03   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |                |
| 03/14 | E2227 | MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH                                                                                                                                                                                        |  | 1255.30 | 125.54 |  | 2 | NU= 4 yrs<br>RR= 1 mo   | YES |  |                |
| 03/14 | E2228 | MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH                                                                                                                                                                           |  | 749.01  | 74.90  |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 03/14 | E2231 | MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE                                                                                                                                      |  | 96.80   | 12.91  |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2310 | 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          |  | 936.19  | 93.62  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2311 | 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 |  | 1895.36 | 189.54 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 03/14 | E2312 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE                                                                                                       |  | 1613.37 | 161.34 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 03/14 | E2313 | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH                                                                                                            |  | 256.21  | 25.62  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE                                                                         |  | 1271.28 | 127.14 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE                                                            |  | 1128.29 | 189.01 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED                                                                                                                                                      |  | 55.33   | 5.54   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE                                                                                                                                                                                      |  | 35.06   | 3.50   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE                                                                               |  | 1077.46 | 107.76 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2326 | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE                                                                                                                                                                               |  | 277.71  | 27.78  |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |                |
| 07/09 | E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE                                                                     |  | 2089.90 | 273.66 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE                                                                                     |  | 3964.26 | 396.42 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2329 | 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                |  | 1412.90 | 141.29 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2330 | 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              |  | 2737.67 | 273.76 |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2340 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES                                                                                                                                                                               |  | 286.69  | 28.68  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |
| 07/09 | E2341 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES                                                                                                                                                                               |  | 430.06  | 43.01  |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |                |

|       |       |                                                                                                                                                                                                                |  |         |         |  |   |                         |     |  |  |
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| 07/09 | E2342 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES                                                                                                                                      |  | 358.38  | 35.84   |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2343 | POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES                                                                                                                                         |  | 573.42  | 57.34   |  | 1 | NU= 3 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2351 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE                                                                                  |  | 558.90  | 55.90   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 01/12 | E2359 | POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)                                                                                                         |  | 149.63  | 14.97   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2360 | POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH                                                                                                                                           |  | 76.39   | 7.68    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2361 | POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)                                                                                                            |  | 111.58  | 11.16   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2362 | POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH                                                                                                                                        |  | 73.58   | 7.36    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2363 | POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)                                                                                                         |  | 148.80  | 14.89   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2364 | POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH                                                                                                                                             |  | 76.39   | 7.68    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2365 | POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)                                                                                                              |  | 89.74   | 8.98    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2366 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH                                                                                       |  | 179.26  | #       |  | 1 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2367 | POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH                                                                                           |  | 335.26  | 33.53   |  | 1 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E2368 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY                                                                                                                                                |  | 413.26  | 41.34   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2369 | POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY                                                                                                                                             |  | 359.95  | 36.00   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2370 | POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY                                                                                                            |  | 642.27  | 64.23   |  | 2 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2371 | POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH                                                                                                        |  | 120.59  | 12.06   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E2373 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE                                                                           |  | 1006.68 | 100.66  |  | 1 | NU= 1-2 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E2374 | 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 |  | 427.22  | 42.72   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2375 | POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY                                                                               |  | 685.25  | 68.52   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2376 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY                                                                                   |  | 1073.82 | 107.38  |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2377 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE                                                                  |  | 388.57  | 38.85   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 01/13 | E2378 | POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY                                                                                                                                                         |  | 443.19  | 44.33   |  | 2 | NU= 1 yr<br>RR= 1 mo    | YES |  |  |
| 07/09 | E2381 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                       |  | 60.94   | 6.10    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2382 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                       |  | 16.62   | 1.66    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2383 | POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                      |  | 121.50  | 12.15   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2384 | POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                            |  | 64.73   | 6.49    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2385 | POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                   |  | 39.60   | 3.97    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2386 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                     |  | 120.41  | 12.04   |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2387 | POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                          |  | 53.99   | 5.40    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2388 | POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                            |  | 40.31   | 4.03    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2389 | POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                                 |  | 21.89   | 2.19    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2390 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                          |  | 34.23   | 3.42    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2391 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                   |  | 16.40   | 1.64    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2392 | POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                         |  | 43.10   | 4.32    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2394 | POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                        |  | 61.40   | 6.15    |  | 2 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2395 | POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                       |  | 43.64   | 4.37    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2396 | POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH                                                                                                                                      |  | 53.21   | 5.56    |  | 4 | NU= 1 yr<br>RR= 1 mo    | NO  |  |  |
| 07/09 | E2402 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE                                                                                                                                        |  |         | 1373.17 |  | 1 | 1 mo                    | YES |  |  |
| 07/09 | E2500 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME                                                                                        |  | 312.85  | 31.29   |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E2502 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME                                                            |  | 956.64  | 95.67   |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E2504 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME                                                           |  | 1261.94 | 126.21  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E2506 | SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME                                                                                                |  | 1850.37 | 185.03  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 07/09 | E2508 | SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE                                                                         |  | 2861.29 | 286.14  |  | 1 | NU= 3-5 yrs<br>RR= 1 mo | YES |  |  |
| 04/16 | E2601 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                                      |  | 48.93   | 4.90    |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2602 | GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                                     |  | 95.52   | 9.55    |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2603 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                                  |  | 121.27  | 12.14   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2604 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                                 |  | 150.73  | 15.06   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2605 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                                      |  | 215.34  | 21.54   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2606 | POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                                     |  | 335.94  | 33.61   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2607 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                                  |  | 231.88  | 23.19   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 04/16 | E2608 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                                 |  | 278.47  | 27.84   |  | 1 | NU=1-2 yrs<br>RR= 1 mo  | YES |  |  |
| 07/09 | E2611 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                                                               |  | 249.88  | 24.98   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2612 | GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                                                              |  | 338.03  | 33.80   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2613 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                                                    |  | 314.43  | 31.45   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |
| 07/09 | E2614 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                                                   |  | 435.14  | 43.52   |  | 1 | NU= 2 yrs<br>RR= 1 mo   | YES |  |  |

|       |       |                                                                                                                                                                                             |  |         |         |          |    |                              |                    |  |  |
|-------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|---------|----------|----|------------------------------|--------------------|--|--|
| 07/09 | E2615 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                         |  | 361.86  | 36.19   |          | 1  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | E2616 | POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                                        |  | 486.86  | 48.69   |          | 1  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | E2619 | REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH                                                                                                                         |  | 41.06   | 4.10    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | E2620 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                         |  | 438.16  | 43.82   |          | 1  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | E2621 | POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE                                        |  | 459.81  | 45.98   |          | 1  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 04/16 | E2622 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                   |  | 239.74  | 23.98   |          | 1  | NU=1-2 yrs<br>RR= 1 mo       | YES                |  |  |
| 04/16 | E2623 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                                  |  | 305.06  | 30.51   |          | 1  | NU=1-2 yrs<br>RR= 1 mo       | YES                |  |  |
| 04/16 | E2624 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                   |  | 241.71  | 30.59   |          | 1  | NU=1-2 yrs<br>RR= 1 mo       | YES                |  |  |
| 04/16 | E2625 | SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH                                                                                  |  | 305.99  | 30.59   |          | 1  | NU=1-2 yrs<br>RR= 1 mo       | YES                |  |  |
| 07/09 | K0001 | STANDARD WHEELCHAIR                                                                                                                                                                         |  |         | 37.62   |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0002 | STANDARD HEMI (LOW SEAT) WHEELCHAIR                                                                                                                                                         |  |         | 55.65   |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0003 | LIGHTWEIGHT WHEELCHAIR                                                                                                                                                                      |  |         | 70.77   |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0004 | HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR                                                                                                                                                       |  |         | 90.87   |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0005 | ULTRALIGHTWEIGHT WHEELCHAIR                                                                                                                                                                 |  | 1479.01 | 147.89  |          | 1  | NU= 3-5 yrs<br>RR= 1 mo      | YES                |  |  |
| 07/09 | K0006 | HEAVY DUTY WHEELCHAIR                                                                                                                                                                       |  |         | 100.33  |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0007 | EXTRA HEAVY DUTY WHEELCHAIR                                                                                                                                                                 |  |         | 140.41  |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0009 | OTHER MANUAL WHEELCHAIR/BASE                                                                                                                                                                |  | 646.40  | 64.64   |          | 1  | NU= 3-5 yrs<br>RR= 1 mo      | YES                |  |  |
| 07/09 | K0015 | DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH                                                                                                                                             |  | 145.36  | 14.54   |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 01/16 | K0017 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH                                                                                                                         |  | 40.89   | 4.09    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 01/16 | K0018 | DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH                                                                                                                |  | 22.84   | 2.27    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0019 | ARM PAD, EACH                                                                                                                                                                               |  | 13.59   | 1.36    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0020 | FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR                                                                                                                                                      |  | 37.17   | 3.72    |          | 1  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0037 | HIGH MOUNT FLIP-UP FOOTREST, EACH                                                                                                                                                           |  | 38.53   | 3.44    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | NO                 |  |  |
| 07/09 | K0038 | LEG STRAP, EACH                                                                                                                                                                             |  | 19.41   | 1.94    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0039 | LEG STRAP, H STYLE, EACH                                                                                                                                                                    |  | 43.10   | 4.32    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0040 | ADJUSTABLE ANGLE FOOTPLATE, EACH                                                                                                                                                            |  | 59.74   | 5.96    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0041 | LARGE SIZE FOOTPLATE, EACH                                                                                                                                                                  |  | 42.34   | 4.25    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | NO                 |  |  |
| 07/09 | K0042 | STANDARD SIZE FOOTPLATE, EACH                                                                                                                                                               |  | 29.14   | 2.90    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | NO                 |  |  |
| 07/09 | K0043 | FOOTREST, LOWER EXTENSION TUBE, EACH                                                                                                                                                        |  | 15.62   | 1.56    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0044 | FOOTREST, UPPER HANGER BRACKET, EACH                                                                                                                                                        |  | 13.31   | 1.34    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0045 | FOOTREST, COMPLETE ASSEMBLY                                                                                                                                                                 |  | 45.30   | 4.67    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | NO                 |  |  |
| 07/09 | K0046 | ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH                                                                                                                                               |  | 15.62   | 1.56    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0047 | ELEVATING LEGREST, UPPER HANGER BRACKET, EACH                                                                                                                                               |  | 61.18   | 6.14    |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0050 | RATCHET ASSEMBLY                                                                                                                                                                            |  | 26.00   | 2.59    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0051 | CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH                                                                                                                                             |  | 42.09   | 4.23    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0052 | SWINGAWAY, DETACHABLE FOOTRESTS, EACH                                                                                                                                                       |  | 73.95   | 7.39    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0053 | ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH                                                                                                                                       |  | 81.61   | 8.15    |          | 2  | NU= 2 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0056 | SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR                                                                  |  | 76.08   | 7.61    |          | 1  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0065 | SPOKE PROTECTORS, EACH                                                                                                                                                                      |  | 35.57   | 3.56    |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0069 | REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH                                                                                                                      |  | 79.94   | 8.33    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0070 | REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH                                                                                                                  |  | 146.53  | 14.66   |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES if > max units |  |  |
| 07/09 | K0071 | FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH                                                                                                                                  |  | 87.40   | 8.74    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0072 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH                                                                                                                             |  | 52.61   | 5.26    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0073 | CASTER PIN LOCK, EACH                                                                                                                                                                       |  | 27.84   | 2.78    |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0077 | FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH                                                                                                                                      |  | 47.08   | 4.70    |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0098 | DRIVE BELT FOR POWER WHEELCHAIR                                                                                                                                                             |  | 21.77   | 2.18    |          | 2  | NU= 1 yr<br>RR= 1 mo         | YES                |  |  |
| 07/09 | K0105 | IV HANGER, EACH                                                                                                                                                                             |  | 79.54   | 7.94    |          | 1  | NU= 3 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0195 | ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)                                                                                                                      |  | 167.44  | 16.74   |          | 2  | NU= 3 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/17 | K0553 | SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE                                                |  | 198.70  |         |          | 1  | 1 mo                         | YES                |  |  |
| 07/17 | K0554 | RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC CONTINUOUS GLUCOSE MONITOR SYSTEM                                                                                                   |  | 197.00  | 19.40   |          | 1  | NU= 3 yrs<br>RR= 1 mo        | YES                |  |  |
| 07/09 | K0601 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1.5 VOLT, EACH                                                                                               |  | 0.88    |         |          | 4  | 2 mo                         | YES                |  |  |
| 07/09 | K0602 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3 VOLT, EACH                                                                                                 |  | 5.09    |         |          | 4  | 2 mo                         | NO                 |  |  |
| 07/09 | K0603 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 VOLT, EACH                                                                                                   |  | 0.46    |         |          | 4  | 2 mo                         | NO                 |  |  |
| 07/09 | K0604 | REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH                                                                                                    |  | 4.87    |         |          | 1  | 6 mo                         | NO                 |  |  |
| 06/12 | K0606 | AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE                                                                                                  |  |         | 1814.56 |          | 1  | 1 mo<br>rentals per lifetime | YES                |  |  |
| 07/09 | K0733 | POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)                                                                            |  | 24.17   | 2.43    |          | 2  | NU= 1 yr<br>RR= 1 mo         | NO                 |  |  |
| 07/09 | K0734 | SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH                                                                                                   |  |         | 26.52   |          | 1  | 1 mo                         | YES                |  |  |
| 07/09 | K0738 | PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CYLINDERS; INCLUDES PORTABLE CONTAINERS, REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING |  |         | 41.30   |          | 1  | 1 mo                         | YES                |  |  |
| 04/13 | K0739 | REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES                                 |  |         |         | U1-10.73 | 14 | 6 mo                         | YES                |  |  |

|       |       |                                                                                                                                          |          |        |  |          |     |                         |     |          |  |
|-------|-------|------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|--|----------|-----|-------------------------|-----|----------|--|
| 04/13 | K0740 | REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES                   |          |        |  | U1-10.73 | 14  | 6 mo                    | YES |          |  |
| 07/09 | K0800 | POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                                         | 1034.22  | 103.42 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0801 | POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                                    | 1667.38  | 166.72 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0802 | POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                               | 1886.93  | 188.69 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0806 | POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                                         | 1251.13  | 125.11 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0807 | POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                                    | 1,898.44 | 189.84 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0808 | POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                               | 2,937.28 | 293.72 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0813 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | 1,929.92 | 192.99 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0814 | POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                     | 2,470.24 | 247.02 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0815 | POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                    | 2,813.04 | 281.3  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0816 | POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | 2,693.92 | 269.39 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0820 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS              | 2,061.28 | 206.13 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0821 | POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                     | 2,646.16 | 264.62 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0822 | POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | 3,198.00 | 319.8  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0823 | POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | 3,218.96 | 321.9  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0824 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | 3,874.16 | 387.42 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0825 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                          | 3,546.56 | 354.66 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0826 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | 5,015.44 | 501.54 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0827 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                     |          | 426.47 |  |          | 1   | 1 mo                    | YES |          |  |
| 07/09 | K0828 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                            | 5,526.56 | 552.66 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0829 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE                                            | 5,074.96 | 507.5  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | 3,245.92 | 324.59 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | 3,366.00 | 336.6  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS              | 3,874.16 | 387.42 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | 3,465.84 | 346.58 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS          | 5,015.44 | 501.54 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE       | 7,598.64 | 759.86 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 3,454.88 | 345.49 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS        | 3,454.88 | 345.49 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | 4,159.68 | 415.97 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                        | 4,227.52 | 422.75 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS                               | 4,064.56 | 406.46 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                   | 4,903.84 | 490.38 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                                          | 4,714.96 | 471.5  |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                              | 5,666.08 | 566.61 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS                                     | 5,820.48 | 582.05 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                            | 7,710.88 | 771.09 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE                                   | 7,284.08 | 728.41 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS   | 4,537.84 | 453.78 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS          | 4,628.80 | 462.88 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS                       | 5,630.08 | 563.01 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS                     | 5,369.36 | 536.94 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS         | 8,043.28 | 804.33 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | 4,545.12 | 454.51 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS            | 5,630.08 | 563.01 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS       | 8,043.28 | 804.33 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE     | 9,571.60 | 957.16 |  |          | 1   | NU= 3-5 yrs<br>RR= 1 mo | YES |          |  |
| 07/09 | L8500 | ARTIFICIAL LARYNX, ANY TYPE                                                                                                              | 441.62   |        |  |          | 1   | 1 yr                    | YES |          |  |
| 07/09 | L8501 | TRACHEOSTOMY SPEAKING VALVE                                                                                                              | 98.08    |        |  |          | 2   | 1 yr                    | NO  |          |  |
| 05/12 | S8185 | FLUTTER DEVICE                                                                                                                           | 29.74    |        |  |          | 2   | 1 mo                    | NO  |          |  |
| 07/09 | S8999 | RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATASTROPHIC EVENT)                        | 22.00    |        |  |          | 2   | 2 yrs                   | NO  |          |  |
| 10/17 | T4521 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH                                                                   | 0.60     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4522 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH                                                                  | 0.60     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4523 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH                                                                   | 0.60     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4524 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH                                              | 0.90     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4525 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM SIZE, EACH                                             | 0.60     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4526 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH                                              | 0.60     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |
| 10/17 | T4527 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH                                              | 0.80     |        |  |          | 250 | 1 mo                    | YES | YES 4<21 |  |

|       |       |                                                                                                        |      |  |  |  |     |      |     |          |  |
|-------|-------|--------------------------------------------------------------------------------------------------------|------|--|--|--|-----|------|-----|----------|--|
| 10/17 | T4528 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA LARGE SIZE, EACH      | 0.90 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4529 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE, EACH                 | 0.60 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4530 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH                        | 0.60 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4531 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL/MEDIUM SIZE, EACH | 0.80 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4532 | PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE SIZE, EACH        | 0.90 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4533 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH                                        | 0.34 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4534 | YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH                        | 0.60 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4535 | DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH                                 | 0.50 |  |  |  | 31  | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4541 | INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH                                                 | 0.50 |  |  |  | 50  | 1 mo | YES | YES 4<21 |  |
| 10/17 | T4544 | ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE EXTRA LARGE, EACH     | 0.94 |  |  |  | 250 | 1 mo | YES | YES 4<21 |  |







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