

GA Medicaid DME Services Fee Schedule
Effective Date: January 1, 2018

Pricing Modifiers Required

Effective/ Revision Date	HCPCS CODE	DESCRIPTION	No Modifier	Purchase (NU)	Rental (RR)	State Modifier U1- UD (Overutilization)	MAX Units	Billing period	PA	< 21 years of age only	Crosswalk 01/16)	(NEW
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		U1 - if PA Required	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		U1 - if PA Required	120	1 mo	YES if >max units			
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		U1 - if PA Required	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		U1 - if PA Required	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		U1 - if PA Required	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		U1 - if PA Required	20	1 mo	YES if > max units			
07/09	A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH		3.80		U1 - if PA Required	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		U1 - if PA Required	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		U1 - if PA Required	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 - if PA Required	NU - 40 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 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		U1 - if PA Required	30	1 mo	YES if > max units			
05/13	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	0.18				100	1 mo	NO			

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		U1 - If PA Required	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		
	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		
05/13	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		
	A6550	WOUND CARE SET, FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, INCLUDES ALL SUPPLIES AND ACCESSORIES		21.94			15	1 mo	YES		
10/14	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 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		0.46				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 - if PA Required	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	COMMODE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS	88.23	18.60			1	NU= 3-5 yrs RR= 1 mo	NO		
07/14	E0165	COMMODE CHAIR, MOBILE OR STATIONARY, WITH DETACHABLE ARMS	148.65				1	3-5 yrs	YES		
07/09	E0167	PAIL OR PAN FOR USE WITH COMMODE 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			U1 - if PA Required	1	2-5 yrs	YES if >non-standard		
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 RAIL, 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 (Noah 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 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 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 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 RR= 1 mo	YES		
07/09	E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	85.60	8.55		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE		24.09		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E0570	NEBULIZER, WITH COMPRESSOR	108.00	12.88		1	NU= 2-5 yrs 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 RR= 1 mo	YES		
11/15	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	893.70	89.37		1	NU= 4-5 yrs 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)		73.46		1	RR= 1 mo	YES		
04/16	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	1272.54	127.25		1	NU= 5 yrs 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 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/KIA PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	171.32	15.04		1	NU= 3-5 yrs 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 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 RR= 1 mo	NO		
07/09	E0944	PELVIC BELT/HARNESS/BOOT	35.85	3.59		1	NU= 1 yr RR= 1 mo	NO		
07/09	E0945	EXTREMITY BELT/HARNESS	30.14	3.02		1	NU= 1 yr 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 RR= 1 mo	NO		
07/09	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	429.80	42.98		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	70.69	7.08		1	NU= 2 yrs 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 RR= 1 mo	NO		
07/09	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	12.81	1.34		2	NU= 1 yr 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 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 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 RR= 1 mo	YES		
07/09	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH	343.12	34.31		2	NU= 2 yrs RR= 1 mo	YES		
07/09	E0959	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH	30.80	3.07		2	NU= 1 yr 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 RR= 1 mo	YES		
07/09	E0961	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH		20.22	2.11		2	NU= 1 yr RR= 1 mo	YES		
07/09	E0966	MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH		52.45	5.24		1	NU= 1 yr 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 RR= 1 mo	YES		
07/09	E0971	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH		34.71	3.47		2	NU= 1 yr RR= 1 mo	NO		
07/09	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH		91.98	8.76		2	NU= 2 yrs RR= 1 mo	YES		
07/09	E0974	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH		62.73	6.65		2	NU= 1 yr RR= 1 mo	YES		
07/09	E0978	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH		34.16	3.42		1	NU= 1 yr RR= 1 mo	YES		
07/09	E0980	SAFETY VEST, WHEELCHAIR		22.48	2.25		1	NU= 1 yr RR= 1 mo	YES		
07/09	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH		36.47	3.65		1	NU= 1 yr RR= 1 mo	YES		
07/09	E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH		41.22	4.12		1	NU= 1 yr 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 RR= 1 mo	YES		
07/09	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM		162.28	16.24		1	NU= 3-5 yrs RR= 1 mo	YES		
07/09	E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH		3891.39	389.14		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E0990	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH		93.94	9.40		2	NU= 2 yrs RR= 1 mo	YES		
07/09	E0992	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT		64.70	6.41		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E0994	ARM REST, EACH		11.99	1.21		2	NU= 2 yrs RR= 1 mo	NO		
07/09	E0995	WHEELCHAIR ACCESSORY, CALF REST/PAD, EACH		24.32	2.44		2	NU= 2 yrs RR= 1 mo	NO		
07/09	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY		3242.57	324.26		1	NU= 3 yrs 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 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 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 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 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 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 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 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 RR= 1 mo	YES		
07/09	E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR		292.11	29.22		1	NU= 2-3 yrs RR= 1 mo	YES		
07/09	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH		91.76	9.17		2	NU= 1 yr RR= 1 mo	YES		
07/09	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH		105.05	10.51		2	NU= 1 yr RR= 1 mo	YES		
07/09	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE		194.73	19.46		2	NU= 1 yr 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 RR= 1 mo	YES		
07/09	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED		295.63	29.56		1	NU= 2 yrs RR= 1 mo	YES		
07/09	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED		932.22	93.22		1	NU= 2 yrs 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 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 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 RR= 1 mo	YES		
07/09	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE		1892.87	189.29		1	NU= 3-5 yrs 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 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 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 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 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 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 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 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 RR= 1 mo	YES		
07/09	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM		1485.94	148.60		1	NU= 2-3 yrs RR= 1 mo	YES		
07/09	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM		1310.98	131.10		1	NU= 2-3 yrs RR= 1 mo	YES		
07/09	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM		1322.44	132.24		1	NU= 2-3 yrs RR= 1 mo	YES		
07/09	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM		1310.98	131.10		1	NU= 2-3 yrs 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 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 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 RR= 1 mo	YES			
07/09	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	83.69	9.30	1	NU= 3 yrs RR= 1 mo	YES			
07/09	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	338.92	34.68	1	NU= 3 yrs 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 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 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 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 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 RR= 1 mo	YES			
07/09	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	32.54	3.25	2	NU= 1 yr RR= 1 mo	YES			
07/09	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	34.68	3.47	2	NU= 3 yrs RR= 1 mo	YES			
07/09	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	95.02	9.50	1	NU= 1 yr RR= 1 mo	YES			
07/09	E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH	85.73	8.59	2	NU= 1 yr RR= 1 mo	YES			
07/09	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	5.24	0.53	8	NU= 1 yr RR= 1 mo	YES			
04/16	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	29.28	2.91	2	NU= 4 mo 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 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 RR= 1 mo	NO			
04/16	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	24.48	2.70	2	NU= 4 mo 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 RR= 1 mo	NO			
04/16	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	33.48	3.78	2	NU= 4 mo RR= 1 mo	NO			
07/16	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION, ANY SIZE, EACH	250.00	25.00	1	NU= 3 yrs 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 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 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 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 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 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 RR= 1 mo	NO			
03/14	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	1255.30	125.54	2	NU= 4 yrs 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 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 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 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 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 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 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 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 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 RR= 1 mo	YES			
07/09	E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	35.06	3.50	1	NU= 2 yrs 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 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 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 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 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 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 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 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 RR= 1 mo	YES			

07/09	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES		358.38	35.84		1	NU= 3 yrs 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 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 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 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 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 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 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 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 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 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	17.98		1	NU= 1 yr 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 RR= 1 mo	YES		
07/09	E2368	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY		413.26	41.34		2	NU= 2 yrs RR= 1 mo	YES		
07/09	E2369	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY		359.95	36.00		2	NU= 2 yrs 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 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 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 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 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 RR= 1 mo	YES		
07/09	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE		1073.82	107.38		1	NU= 2 yrs 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 RR= 1 mo	YES		
01/13	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY		443.19	44.33		2	NU= 1 yr 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 RR= 1 mo	YES		
07/09	K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH		145.36	14.54		2	NU= 2 yrs RR= 1 mo	YES		
01/16	K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH		40.89	4.09		2	NU= 2 yrs RR= 1 mo	YES		
01/16	K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH		22.84	2.27		2	NU= 2 yrs RR= 1 mo	YES		
07/09	K0019	ARM PAD, EACH		13.59	1.36		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR		37.17	3.72		1	NU= 2 yrs RR= 1 mo	YES		
07/09	K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH		38.53	3.44		2	NU= 2 yrs RR= 1 mo	NO		
07/09	K0038	LEG STRAP, EACH		19.41	1.94		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0039	LEG STRAP, H STYLE, EACH		43.10	4.32		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH		59.74	5.96		2	NU= 2 yrs RR= 1 mo	YES		
07/09	K0041	LARGE SIZE FOOTPLATE, EACH		42.34	4.25		2	NU= 2 yrs RR= 1 mo	NO		
07/09	K0042	STANDARD SIZE FOOTPLATE, EACH		29.14	2.90		2	NU= 2 yrs RR= 1 mo	NO		
07/09	K0043	FOOTREST, LOWER EXTENSION TUBE, EACH		15.62	1.56		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0044	FOOTREST, UPPER HANGER BRACKET, EACH		13.31	1.34		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0045	FOOTREST, COMPLETE ASSEMBLY		45.30	4.67		2	NU= 2 yrs RR= 1 mo	NO		
07/09	K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH		15.62	1.56		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH		61.18	6.14		2	NU= 1 yr RR= 1 mo	YES		
07/09	K0050	RATCHET ASSEMBLY		26.00	2.59		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH		42.09	4.23		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH		73.95	7.39		2	NU= 2 yrs RR= 1 mo	YES		
07/09	K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH		81.61	8.15		2	NU= 2 yrs 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 RR= 1 mo	YES		
07/09	K0065	SPOKE PROTECTORS, EACH		35.57	3.56		2	NU= 1 yr 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 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 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 RR= 1 mo	NO		
07/09	K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH		52.61	5.26		2	NU= 1 yr RR= 1 mo	NO		
07/09	K0073	CASTER PIN LOCK, EACH		27.84	2.78		2	NU= 1 yr RR= 1 mo	YES		
07/09	K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH		47.08	4.70		2	NU= 1 yr RR= 1 mo	YES		
07/09	K0098	DRIVE BELT FOR POWER WHEELCHAIR		21.77	2.18		2	NU= 1 yr RR= 1 mo	YES		
07/09	K0105	IV HANGER, EACH		79.54	7.94		1	NU= 3 yrs 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 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 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 (6 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 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		10.73		U1 - if PA Required	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		10.73		U1 - If PA Required	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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 RR= 1 mo	YES		
07/09	K0848	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS		4,227.52	422.75		1	NU= 3-5 yrs 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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, BRIEF/DIAPER, EXTRA LARGE, EACH	0.90				250	1 mo	YES	YES 4<21	
10/17	T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL SIZE, EACH	0.60				250	1 mo	YES	YES 4<21	
10/17	T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIUM 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				60	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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