

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|----------------------------------|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4212 | | NON-CORING NEEDLE OR STYLET | 048 | N | | Y | | Y | \$5.69 | \$5.54 | | | 15 | 30 |
| A4213 | | SYRINGE STERILE 20CC OR GREATER, | 048 | N | | Y | | N | \$1.02 | \$0.99 | | | 100 | 30 |
| A4216 | | STERILE WATER SALINE, AND/OR | 048 | N | | Y | | N | \$0.36 | \$0.35 | | | 120 | 30 |
| A4217 | | STERILE | 048 | N | | Y | | Y | \$2.98 | \$2.90 | | | 4 | 30 |
| A4220 | | REFILL KIT FOR IMPLANTABLE | 048 | Y | Y | Y | | Y | | | | | | |
| A4221 | | SUPPLIES, MAINT OF NON-INSULIN | 048 | N | | Y | | N | \$20.35 | \$19.80 | | | 4 | 30 |
| A4222 | | INFUSION SUPPLIES- EXTERNAL | 048 | N | | Y | | N | \$22.18 | \$21.58 | | | 30 | 30 |
| A4223 | | INFUSION SUPPLIES NOT USED W/ | 048 | Y | | Y | | N | \$16.64 | \$16.19 | | | | |
| A4224 | | SUPPLIES FOR MAINT OF INSULIN | 048 | N | | Y | | Y | \$18.24 | \$17.75 | | | 4 | 30 |
| A4225 | | SUPPL EXT INSLIN INFUSN PUMP, | 048 | N | | Y | | Y | \$2.45 | \$2.38 | | | 30 | 30 |
| A4230 | | INFUSION SET/EXTERNAL | 048 | N | | N | | N | \$12.84 | \$12.49 | | | 190 | 365 |
| A4231 | | INFUSION SET, EXTERNAL INSULIN | 048 | N | | N | | N | \$12.84 | \$12.49 | | | 190 | 365 |
| A4232 | | SYRINGE WITH NEEDLE FOR | 048 | N | | N | | N | \$2.45 | \$2.38 | | | 30 | 30 |
| A4233 | | REPLACEMENT BATT OTHER THAN | 048 | N | | Y | | Y | \$3.69 | \$3.59 | | | 2 | 365 |
| A4234 | | REPLACEMENT BATTERY, ALKALINE | 048 | N | | Y | | Y | \$3.69 | \$3.59 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4235 | | REPLACEMENT BATT LITHIUM FOR | 048 | N | | Y | | Y | \$3.69 | \$3.59 | | | 2 | 365 |
| A4236 | | REPLACEMENT BATT, SILVER | 048 | N | | Y | | Y | \$3.69 | \$3.59 | | | 2 | 365 |
| A4265 | | PARAFFIN PER | 048 | N | | Y | | Y | \$3.03 | \$2.95 | | | 6 | 30 |
| A4284 | | BREAST SHIELD AND SPLASH | 048 | N | | Y | | N | \$3.25 | \$3.16 | | | 4 | 30 |
| A4310 | | INSERTION TRAY;W/O | 048 | N | | Y | | Y | \$7.26 | \$7.06 | | | 1 | 30 |
| A4311 | | INSERTION TRAY W/O DRAINAGE | 048 | N | | Y | | Y | \$13.95 | \$13.57 | | | 1 | 30 |
| A4312 | | INSERTION TRAY W/OUT DRAINAGE | 048 | N | | Y | | Y | \$16.96 | \$16.50 | | | 1 | 30 |
| A4313 | | INSERTION TRAY W/OUT DRAINAGE | 048 | N | | Y | | Y | \$17.41 | \$16.94 | | | 1 | 30 |
| A4314 | | INSERTION TRAY WITH DRAINAGE | 048 | N | | Y | | Y | \$23.77 | \$23.13 | | | 1 | 30 |
| A4315 | | INSERTION TRAY W/ DRAINAGE BAG AND FOLEY CATH- | 048 | N | | Y | | Y | \$24.81 | \$24.14 | | | 1 | 30 |
| A4316 | | INSERTION TRAY W/DRAINAGE BAG W/FOLEY CATH, CONT. | 048 | N | | Y | | Y | \$26.70 | \$25.98 | | | 1 | 30 |
| A4320 | | IRRIGATION TRAY W/ BULB OR PISTON SYRINGE | 048 | N | | Y | | Y | \$4.68 | \$4.55 | | | 1 | 30 |
| A4322 | | IRRIGATION SYRINGE, BULB OR PISTON, EACH | 048 | N | | Y | | Y | \$2.65 | \$2.58 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4326 | | CATH; MALE EXTERNAL, W/ COLLECT, CHAMBER, ANY T | 048 | N | | Y | | Y | \$9.75 | \$9.49 | | | 30 | 30 |
| A4327 | | FEMALE URINARY COLLECTION DEVICE, METAL | 048 | N | | Y | | Y | \$41.94 | \$40.81 | | | 1 | 30 |
| A4328 | | FEMALE URINARY COLLECTION DEVICE, POUCH- | 048 | N | | Y | | Y | \$9.82 | \$9.55 | | | 1 | 30 |
| A4330 | | PERIANAL FECAL COLLECTION POUCH E/ADHES | 048 | N | | Y | | N | \$6.51 | \$6.33 | | | 30 | 30 |
| A4331 | | EXTENSION DRAINAGE TUBING, ANY TYPE W/CON/ADAP/, U | 048 | N | | Y | | Y | \$2.98 | \$2.90 | | | 1 | 30 |
| A4332 | | LUBRICANT, INDIVIDUAL STERILE PACKET, | 048 | N | | Y | | Y | \$0.11 | \$0.11 | | | 200 | 30 |
| A4333 | | URINARY CATHETER ANCHORING | 048 | N | | Y | | Y | \$2.07 | \$2.01 | | | 8 | 30 |
| A4334 | | URINARY CATHETER ANCHORING | 048 | N | | Y | | Y | \$4.63 | \$4.50 | | | 2 | 30 |
| A4338 | | INDWELLING CATHETER; FOLEY TYPE, LATEX WITH COATIN | 048 | N | | Y | | N | \$10.99 | \$10.69 | | | 1 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4340 | | INDWELLING CATHETER; SPECIALTY TYPE, COUDE, MUSHRO | 048 | N | | Y | | Y | \$20.61 | \$20.05 | | | 1 | 30 |
| A4344 | | INDWELLING CATHETER; FOLEY TYPE, ALL SILICONE | 048 | N | | Y | | N | \$12.90 | \$12.55 | | | 2 | 30 |
| A4349 | | CATHETER;MALE EXTERNAL W/O ADHESIVE, | 048 | N | | Y | | Y | \$1.53 | \$1.49 | | | 30 | 30 |
| A4351 | | INTERMITTANT URINARY CATH; STRAIGHT TIP, W/WO COAT | 048 | N | | Y | | Y | \$1.62 | \$1.58 | | | 200 | 30 |
| A4352 | | INTERMITTANT URINARY CATH; COUDE (CURVED) TIP ANY | 048 | N | | Y | | Y | \$2.09 | \$2.03 | | | 200 | 30 |
| A4353 | | INTERMITTENT URINARY CATH, W INSERTION | 048 | N | | Y | | Y | \$6.26 | \$6.09 | | | 200 | 30 |
| A4355 | | 3 WAY IRR SET FOR CATHETER | 048 | N | | Y | | Y | \$8.55 | \$8.32 | | | 30 | 30 |
| A4356 | | EXTERNAL URETHRAL CLAMP/COMP | 048 | N | | Y | | Y | \$40.90 | \$39.80 | | | 1 | 90 |
| A4357 | | BEDSIDE URIN DRAIN BAG, W/WO ANTIREFLX, W/WO | 048 | N | | Y | | Y | \$9.12 | \$8.87 | | | 2 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4358 | | URINARY DRAINAGE BAG, LEG OR ABD, W/ | 048 | N | | Y | | Y | \$6.23 | \$6.06 | | | 2 | 30 |
| A4360 | | DISP. EXTERNAL URETHRAL CLAMP OR COMP DEVICE | 048 | N | | Y | | Y | \$0.48 | \$0.47 | | | 30 | 30 |
| A4361 | | OSTOMY FACE PLATE, EACH | 048 | N | | N | | N | \$17.27 | \$16.80 | | | 1 | 60 |
| A4362 | | SKIN BARRIER; SOLID, 4X4 OR | 048 | N | | N | | N | \$2.64 | \$2.57 | | | 20 | 30 |
| A4363 | | OSTOMY CLAMP, ANY TYPE, REPLACE ONLY, EACH | 048 | N | | N | | Y | \$2.89 | \$2.81 | | | 3 | 60 |
| A4364 | | ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ | 048 | N | | N | | N | \$2.07 | \$2.01 | | | 4 | 30 |
| A4366 | | OSTOMY VENT, ANY TYPE, EACH | 048 | N | | N | | Y | \$1.58 | \$1.54 | | | 10 | 30 |
| A4367 | | OSTOMY BELT, | 048 | N | | N | | Y | \$6.34 | \$6.17 | | | 1 | 30 |
| A4368 | | OSTOMY FILTER, ANY TYPE EACH | 048 | N | | N | | Y | \$0.24 | \$0.23 | | | 30 | 30 |
| A4369 | | OSTOMY SKIN BARRIER LIQUID-SPRAY, BRUSH, ETC, PER | 048 | N | | N | | Y | \$2.16 | \$2.10 | | | 2 | 30 |
| A4371 | | OSTOMY SKIN BARRIER; POWDER, PER OZ | 048 | N | | N | | Y | \$3.27 | \$3.18 | | | 2 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4372 | | OSTOMY SKIN BARRIER;SOLID 4X4 OR EQUAL BUILT-IN CO | 048 | N | | N | | Y | \$3.74 | \$3.64 | | | 20 | 30 |
| A4373 | | OSTOMY BARRIER W/FLANGE, W/CONVEXITY, ANY SIZE | 048 | N | | N | | Y | \$5.63 | \$5.48 | | | 20 | 30 |
| A4375 | | OSTOMY POUCH;DRAINABLE W FACEPLATE ATT,PLASTIC | 048 | N | | N | | Y | \$16.15 | \$15.71 | | | 2 | 30 |
| A4376 | | OSTOMY POUCH;DRAINABLE WITH FACEPLATE ATTACH,RUB | 048 | N | | N | | Y | \$44.73 | \$43.52 | | | 1 | 30 |
| A4377 | | OSTOMY POUCH;DRAINABLE FOR USE ON FACEPLATE, PLAST | 048 | N | | N | | Y | \$3.84 | \$3.74 | | | 10 | 30 |
| A4378 | | OSTOMY POUCH;DRAIN FOR USE ON FACEPLATE,RUBBE | 048 | N | | N | | Y | \$27.57 | \$26.83 | | | 4 | 30 |
| A4379 | | OSTOMY POUCH,URINARY; WITH FACEPLATE ATTACHE,PLAST | 048 | N | | N | | Y | \$14.12 | \$13.74 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4380 | | OSTOMY POUCH URINARY W/ FACE PLATE ATTAC | 048 | N | | N | | Y | \$35.09 | \$34.14 | | | 4 | 30 |
| A4381 | | OSTOMY POUCH,URINARY;F OR USE ON FACEPLATE, | 048 | N | | N | | Y | \$4.17 | \$4.06 | | | 10 | 30 |
| A4382 | | OSTOMY POUCH,URINARY;F OR USE ON FACEPLATE,HEAVY | 048 | N | | N | | Y | \$23.14 | \$22.52 | | | 4 | 30 |
| A4383 | | OSTOMY POUCH, URINARY; FOR USE ON FACEPLATE, | 048 | N | | N | | Y | \$26.50 | \$25.78 | | | 4 | 30 |
| A4384 | | OSTOMY FACEPLATE EQUIVALENT; | 048 | N | | N | | Y | \$8.62 | \$8.39 | | | 4 | 30 |
| A4385 | | OSTOMY BARRIER SOLID 4X4 EXTENDEWEAR W/O CONVEXIT | 048 | N | | N | | Y | \$4.56 | \$4.44 | | | 20 | 30 |
| A4387 | | OSTOMY POUCH;CLOSED W/STAND WEAR BARRIER W/CONV | 048 | N | | N | | Y | \$3.33 | \$3.24 | | | 10 | 30 |
| A4388 | | OSTOMY POUCH DRAIN W/EXTWEAR BARRIER W/O | 048 | N | | N | | Y | \$3.91 | \$3.80 | | | 10 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4389 | | OSTOMY POUCH DRAIN W/STANDWEAR BARR W/CONVEX | 048 | N | | N | | Y | \$5.57 | \$5.42 | | | 30 | 30 |
| A4390 | | OSTOMY(1PIECE)EACH POUCH DRAIN W/EXTEND WEAR | 048 | N | | N | | Y | \$8.61 | \$8.38 | | | 10 | 30 |
| A4391 | | OSTOMY POUCH,URINARY; W/EXT BARRIER ATTACHED 1 | 048 | N | | N | | Y | \$6.33 | \$6.16 | | | 8 | 30 |
| A4392 | | OSTOMY POUCH;URINARY; W/STANDWEAR BARRIER W/CON | 048 | N | | N | | Y | \$7.69 | \$7.48 | | | 10 | 30 |
| A4393 | | OSTOMY POUCH,URINARY; W/EXTWEAR BARRIER W/CONV | 048 | N | | N | | Y | \$8.50 | \$8.27 | | | 10 | 60 |
| A4394 | | OSTOMY DEODORANT FOR POUCH, PER FLUID | 048 | N | | N | | Y | \$2.31 | \$2.25 | | | 4 | 30 |
| A4395 | | OSTOMY DEODORANT FOR POUCH,SOLID, PER | 048 | N | | N | | Y | \$0.04 | \$0.04 | | | 30 | 30 |
| A4396 | | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | 048 | N | | N | | Y | \$38.86 | \$37.81 | | | 4 | 180 |
| A4397 | | IRRIGATION SUPPLY; SLEEVE, | 048 | N | | N | | Y | \$4.50 | \$4.38 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4398 | | OSTOMY IRRIGATION | 048 | N | | N | | Y | \$12.37 | \$12.04 | | | 1 | 90 |
| A4399 | | OSTOMY IRRIGATION SUPP: CONE/CATHETER, W/WO BRUS | 048 | N | | N | | Y | \$11.52 | \$11.21 | | | 1 | 90 |
| A4400 | | OSTOMY IRRIGATION SET | 048 | N | | N | | Y | \$41.55 | \$40.43 | | | 1 | 90 |
| A4402 | | LUBRICANT, PER OUNCE | 048 | N | | N | | Y | \$1.21 | \$1.18 | | | 8 | 30 |
| A4404 | | OSTOMY RING, | 048 | N | | N | | N | \$1.51 | \$1.47 | | | 10 | 30 |
| A4405 | | OSTOMY SKIN BARRIER NON-PECTIN BASED PASTE PER OUN | 048 | N | | N | | Y | \$3.19 | \$3.10 | | | 4 | 30 |
| A4406 | | OSTOMY SKIN BARRIER PECTIN BASED PER OUNCE | 048 | N | | N | | Y | \$5.39 | \$5.24 | | | 4 | 30 |
| A4407 | | OT SKIN BARR W/FLANGE EX WEAR BUILT IN CONVEX -/= 4X4 | 048 | N | | N | | Y | \$8.23 | \$8.01 | | | 10 | 30 |
| A4408 | | OST SKIN BARR.W/FLANG EX WEAR BUILT-IN CONVEX >4X4 | 048 | N | | N | | Y | \$9.27 | \$9.02 | | | 10 | 30 |
| A4409 | | OST SKIN BARR W/FLANGE EX WEAR W/O | 048 | N | | N | | Y | \$5.84 | \$5.68 | | | 10 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4410 | | OST SKIN BARR W/FLANGE EX WEAR W/O | 048 | N | | N | | Y | \$8.49 | \$8.26 | | | 10 | 30 |
| A4411 | | OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXT WEAR W/ | 048 | N | | N | | Y | \$4.56 | \$4.44 | | | 4 | 30 |
| A4412 | | OSTOMY POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE S | 048 | N | | N | | Y | \$5.17 | \$5.03 | | | 20 | 30 |
| A4413 | | OST POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE SYST | 048 | N | | N | | Y | \$5.17 | \$5.03 | | | 20 | 30 |
| A4414 | | OST SKIN BARR W/FLANG W/O BUILT IN CONVEX - | 048 | N | | N | | Y | \$4.63 | \$4.50 | | | 20 | 30 |
| A4415 | | OST SKIN BARR W/FLANGE W/O BUILT IN CONVEX | 048 | N | | N | | Y | \$5.64 | \$5.49 | | | 20 | 30 |
| A4416 | | OSTOMY POUCH, CLOSED, W/BARR ATTAC W/FILTER ONE PI | 048 | N | | N | | Y | \$2.58 | \$2.51 | | | 60 | 30 |
| A4417 | | OSTOMY POUCH, CLO., W/BARR W/BLT IN CONVEX, | 048 | N | | N | | Y | \$3.49 | \$3.40 | | | 60 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4418 | | OSTOMY POUCH, CLOSED, W/OUT BARR ATTACED, | 048 | N | | N | | Y | \$1.70 | \$1.65 | | | 60 | 30 |
| A4419 | | OSTOMY POUCH, CLOSED, FOR USE ON BARR W/NON- | 048 | N | | N | | Y | \$1.63 | \$1.59 | | | 60 | 30 |
| A4420 | | OSTOMY POUCH, CLOSED, FOR USE ON BARR W/LOCK | 048 | N | | N | | Y | \$1.36 | \$1.32 | | | 60 | 30 |
| A4421 | | OSTOMY SUPPLIES; MISCELLANEOUS | 048 | Y | Y | N | | N | | | | | | |
| A4422 | | OST ABSOR MATERIAL (SHEET/PAD/CRYST | 048 | N | | N | | Y | \$0.11 | \$0.11 | | | 30 | 30 |
| A4423 | | OSTOMY POUCH CLOSED, USE W/BARR W/LOCK | 048 | N | | N | | Y | \$1.75 | \$1.70 | | | 60 | 30 |
| A4424 | | OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FIL | 048 | N | | N | | Y | \$4.46 | \$4.34 | | | 20 | 30 |
| A4425 | | OSTOMY POUCH, DRAINABLE, USE W/BARRIER W/NON-LOCK | 048 | N | | N | | Y | \$3.36 | \$3.27 | | | 20 | 30 |
| A4426 | | OSTOMY POUCH, DRAINABLE, USE ON BARRIER | 048 | N | | N | | Y | \$2.21 | \$2.15 | | | 20 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4427 | | OSTOMY POUCH, DRAIN, USE BARRIER W/LOCK | 048 | N | | N | | Y | \$2.01 | \$1.96 | | | 20 | 30 |
| A4428 | | OSTOMY POUCH, URINARY, W/EXT WEAR BARRIER ATTA, W/ | 048 | N | | N | | Y | \$6.11 | \$5.95 | | | 20 | 30 |
| A4429 | | OSTOMY POUCH, URINARY, W/ BARR ATTA W/BUILT IN | 048 | N | | N | | Y | \$7.76 | \$7.55 | | | 20 | 30 |
| A4430 | | OSTOMY POUCH, URINA, W/EXT WEAR BARR | 048 | N | | N | | Y | \$8.18 | \$7.96 | | | 20 | 30 |
| A4431 | | OSTOMY POUCH, URINARY, W/BARR ATTA/VALUE | 048 | N | | N | | Y | \$5.85 | \$5.69 | | | 20 | 30 |
| A4432 | | OSTOMY POUCH, URINARY, USE BARR W/NON- | 048 | N | | N | | Y | \$3.37 | \$3.28 | | | 20 | 30 |
| A4433 | | OSTOMY POUCH, URIN, USE ON BARR W/LOCKING | 048 | N | | N | | Y | \$3.13 | \$3.05 | | | 20 | 30 |
| A4434 | | OSTOMY POUCH, URINARY, USE ON BARR W/LOCK FG VALVE | 048 | N | | N | | Y | \$3.53 | \$3.43 | | | 20 | 30 |
| A4450 | | TAPE,NON WATERPROOF, PER 18 SQUARE INCHES | 048 | N | | Y | | Y | \$0.08 | \$0.08 | | | 120 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4452 | | TAPE, WATERPROOF PER 18 SQ. | 048 | N | | Y | | Y | \$0.33 | \$0.32 | | | 120 | 30 |
| A4455 | | OSTOMY ADHESIVE REMOVER OR SOLVENT PER | 048 | N | | N | | Y | \$1.13 | \$1.10 | | | 8 | 90 |
| A4456 | | ADHESIVE REMOVER, WIPES, ANY TYPE, EACH | 048 | N | | Y | | Y | \$0.21 | \$0.20 | | | 50 | 30 |
| A4459 | A | MANUAL PUMP OPERATED ENEMA, SYS W BALLOON | 048 | Y | | Y | | N | \$2,530.35 | \$2,462.03 | | | | |
| A4463 | | SURGICAL DRESSING HOLDER, REUSABLE, EACH | 048 | N | | Y | | Y | \$2.94 | \$2.86 | | | 12 | 30 |
| A4465 | | NON-ELASTIC BINDER EXTREMITY | 048 | N | | Y | | Y | \$0.89 | \$0.87 | | | 2 | 30 |
| A4467 | | BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY | 041 | Y | Y | Y | | N | | | | | | |
| A4481 | | TRACH, STOMA FILTER ANY TYPE, ANY SIZE, EACH | 048 | N | | Y | | Y | \$0.35 | \$0.34 | | | 30 | 30 |
| A4555 | | ELECTRODE-TRANSDUCER, USE W-ELEC STIM DEVICE FOR CA | 048 | Y | Y | Y | | Y | | | | | | |
| A4556 | | ELECTRODES, (E.G., APNEA MONITOR) PER PAIR | 048 | N | | Y | * | Y | \$9.70 | \$9.44 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4557 | | LEAD WIRE (EG, APNEA MONITOR) PER PAIR | 048 | N | | Y | * | N | \$16.86 | \$16.40 | | | 2 | 365 |
| A4558 | | CONDUCTIVE PASTE OR GEL FOR USE WITH | 048 | N | | Y | | Y | \$3.22 | \$3.13 | | | 1 | 30 |
| A4561 | | PESSARY, RUBBER, ANY TYPE | 048 | N | | N | | Y | \$31.48 | \$30.63 | | | 1 | 365 |
| A4563 | | RECTAL CNTRL SYS FOR VAGINAL INSRTN, PUMP, SUPPLY, EA | 041 | N | | N | | Y | | \$116.83 | | | 1 | 180 |
| A4565 | | SLINGS | 048 | N | | Y | | N | \$7.14 | \$6.95 | | | 1 | 365 |
| A4566 | | SHOULDER SLING OR VEST DESIGN ABD RESTRAINER | 048 | Y | Y | Y | | Y | | | | | | |
| A4595 | | TENS NMES STIMULATOR SUPPLIES, 2 LEAD/MONTH | 048 | N | | Y | | Y | \$27.08 | \$26.35 | | | 2 | 30 |
| A4604 | | TUBING W/ INTEGRATED HEATING ELEMENT USE WITH POS | 041 | N | | Y | | Y | \$56.83 | \$55.30 | | | 1 | 180 |
| A4605 | | TRACHEAL SUCTION CATHETER, CLOSED | 048 | N | | Y | | N | \$16.40 | \$15.96 | | | 30 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4606 | | OXYGEN, REPLACEMENT PROBE FOR OXIMETER DEVICE | 041 | Y | Y | Y | | N | | | | | | |
| A4615 | | CANNULA, NASAL | 048 | Y | | Y | | Y | \$1.38 | \$1.34 | | | 1 | 30 |
| A4619 | | FACE TENT | 048 | Y | | Y | | Y | \$1.13 | \$1.10 | | | | |
| A4623 | | TRACHEOSTOMY INNER CANNULA | 048 | N | | Y | | Y | \$5.23 | \$5.09 | | | 30 | 30 |
| A4624 | | TRACHEAL SUCTION CATHETER, ANY | 048 | N | | Y | | Y | \$2.00 | \$1.95 | | | 300 | 30 |
| A4626 | | TRACHEOSTOMY CLEANING BRUSH | 048 | N | | Y | | Y | \$2.55 | \$2.48 | | | 2 | 30 |
| A4628 | | OROPHARYNGEAL SUCTION CATHETER, EACH | 048 | N | | Y | | Y | \$1.84 | \$1.79 | | | 12 | 365 |
| A4629 | | TRACHEOSTOMY CARE KIT FOR ESTABL | 048 | N | | Y | | Y | \$4.35 | \$4.23 | | | 30 | 30 |
| A4630 | | REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS | 048 | N | | Y | | Y | \$4.99 | \$4.86 | | | 1 | 30 |
| A4635 | | CRUTCH-UNDERARM PAD, REPLACEMENT, | 048 | N | | Y | | Y | \$4.09 | \$3.98 | | | 2 | 365 |
| A4636 | | HANDGRIP-CANE CRUTCH OR WALKER, | 048 | N | | Y | | Y | \$3.96 | \$3.85 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A4637 | | TIP-CANE CRUTCH OR WALKER, REPLACEMENT, | 048 | N | | Y | | Y | \$1.90 | \$1.85 | | | 4 | 365 |
| A4640 | | ALTERNATING PRESSURE PAD REPLACEMENT, PT OWNED | 041 | N | | Y | | Y | \$34.20 | \$33.28 | | | 2 | 365 |
| A4649 | | SURGICAL SUPPLIES, | 048 | Y | Y | N | | N | | | | | | |
| A4657 | | SYRINGE,WITH OR WITHOUT NEEDLE,EACH | 048 | N | | Y | | Y | \$0.61 | \$0.59 | | | 4 | 30 |
| A4660 | | BLOOD PRESSURE KIT W/CUFF AND STETHOSCOPE | 041 | N | | Y | | N | \$27.65 | \$26.90 | | | 1 | 365 |
| A4663 | | BLOOD PRESSURE CUFF ONLY | 041 | N | | Y | | N | \$15.88 | \$15.45 | | | 1 | 365 |
| A4670 | | AUTO BLOOD PRESSURE | 041 | N | | Y | | N | \$65.13 | \$63.37 | | | 1 | 1,825 |
| A4927 | | GLOVES/NON-STERILE, PER 100 | 048 | N | | Y | | N | \$8.00 | \$7.78 | | | 2 | 30 |
| A4930 | | GLOVES, STERILE, PER PAIR | 048 | N | | Y | * | N | \$0.72 | \$0.70 | | | 60 | 30 |
| A4931 | | THERMOMETER, ORAL REUSABLE ANY TYPE EACH | 048 | N | | Y | | N | \$1.84 | \$1.79 | | | 1 | 365 |
| A4932 | | THERMOMETER RECTAL REUSABLE ANY TYPE EACH | 048 | N | | Y | | N | \$1.84 | \$1.79 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A5051 | | OSTOMY POUCH, CLOSED; W/BARRIER | 048 | N | | N | | Y | \$1.95 | \$1.90 | | | 60 | 30 |
| A5052 | | OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1 PC) | 048 | N | | N | | Y | \$1.40 | \$1.36 | | | 60 | 30 |
| A5053 | | OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE | 048 | N | | N | | Y | \$1.64 | \$1.60 | | | 60 | 30 |
| A5054 | | OSTOMY POUCH, CLOSED; FOR USE ON BARRIER | 048 | N | | N | | Y | \$1.68 | \$1.63 | | | 60 | 30 |
| A5055 | | STOMA CAP | 048 | N | | N | | Y | \$1.28 | \$1.25 | | | 30 | 30 |
| A5056 | | OSTOMY POUCH DRAIN W/EXT WEAR BARRIER W | 048 | N | | Y | | Y | \$4.71 | \$4.58 | | | 20 | 30 |
| A5057 | | OSTOMY POUCH DRAINBLE W EXT BARRIER W BLT CONVEXIT | 048 | N | | Y | | Y | \$9.70 | \$9.44 | | | 20 | 30 |
| A5061 | | OSTOMY POUCH, DRAINABLE; W/BARRIER (1 PC) EACH | 048 | N | | N | | Y | \$3.31 | \$3.22 | | | 30 | 30 |
| A5062 | | OSTOMY POUCH, DRAINABLE; W/O BARRIER (1 PC) | 048 | N | | N | | Y | \$1.88 | \$1.83 | | | 20 | 30 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A5063 | | OSTOMY POUCH, DRAINABLE; FOR USE W/BARRIER | 048 | N | | N | | Y | \$2.04 | \$1.98 | | | 20 | 30 |
| A5071 | | OSTOMY POUCH, URINARY; W/BARRIER (1 PC) | 048 | N | | N | | Y | \$5.65 | \$5.50 | | | 20 | 30 |
| A5072 | | OSTOMY POUCH, URINARY; W/O BARRIER (1 PC) | 048 | N | | N | | Y | \$3.22 | \$3.13 | | | 20 | 30 |
| A5073 | | OSTOMY POUCH; URINARY; FOR USE W/BARRIER W/FLANGE | 048 | N | | N | | Y | \$2.85 | \$2.77 | | | 20 | 30 |
| A5081 | | STOMA PLUG OR SEAL, ANY TYPE | 048 | N | | N | | Y | \$3.10 | \$3.02 | | | 30 | 30 |
| A5082 | | OSTOMY CONTINENT DEVICE, STOMA | 048 | N | | N | | Y | \$10.65 | \$10.36 | | | 1 | 30 |
| A5093 | | OSTOMY ACCESSORY, CONVEX INSERT, | 048 | N | | N | | Y | \$1.64 | \$1.60 | | | 10 | 30 |
| A5105 | | URINARY SUSPENSORY WITH LEG BAG, WITH OR W/O T | 048 | N | | Y | | Y | \$38.31 | \$37.28 | | | 1 | 30 |
| A5112 | | URINARY DRN BAG, LEG/ABD, LATEX, W/WO TUBE, WITH | 048 | N | | Y | | Y | \$32.54 | \$31.66 | | | 1 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A5113 | | LEG STRAP, LATEX, REPLACEMENT ONLY, PER SET | 048 | N | | Y | | Y | \$4.42 | \$4.30 | | | 1 | 30 |
| A5114 | | LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER S | 048 | N | | Y | | Y | \$7.14 | \$6.95 | | | 1 | 30 |
| A5120 | | SKIN BARRIER, WIPES OR SWABS, | 048 | N | | N | | Y | \$0.19 | \$0.18 | | | 50 | 30 |
| A5121 | | OSTOMY SKIN BARRIER; SOLID 6X6 OR EQUAL, | 048 | N | | N | | Y | \$6.64 | \$6.46 | | | 20 | 30 |
| A5122 | | OSTOMY SKIN BARRIER; SOLID, 8X8 OR EQUAL, | 048 | N | | N | | Y | \$11.52 | \$11.21 | | | 20 | 30 |
| A5126 | | OSTOMY ADHESIVE OR NON-ADHESIVE DISK OR FOAM | 048 | N | | N | | Y | \$1.00 | \$0.97 | | | 20 | 30 |
| A5131 | | APPLIANCE CLEANER, INCONTINENCE | 048 | N | | N | | Y | \$12.99 | \$12.64 | | | 1 | 30 |
| A5200 | | PERCUTANEOUS CATHETER/TUBE ANCHOR DEVICE ADHESI | 048 | N | | Y | | Y | \$10.61 | \$10.32 | | | 1 | 30 |
| A5500 | | DIABETIC ONLY-CUSTOM PREP OF OFF SHELF DEPTH | 041 | N | | N | | Y | \$68.82 | \$66.96 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A5501 | | DIABETIC ONLY,CUSTOM PREP SHOE MOLDED FROM | 041 | N | | N | | Y | \$206.42 | \$200.85 | | | 2 | 365 |
| A5503 | | DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE | 041 | N | | N | | Y | \$34.07 | \$33.15 | | | 2 | 365 |
| A5504 | | DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE | 041 | N | | N | | Y | \$34.07 | \$33.15 | | | 2 | 365 |
| A5505 | | DIABETIC ONLY, MOD OFF SHELF/MOLD SHOE | 041 | N | | N | | Y | \$34.07 | \$33.15 | | | 2 | 365 |
| A5506 | | DIABETIC ONLY,MOD OFF SHELF/MOLD SHOE | 041 | N | | N | | Y | \$34.07 | \$33.15 | | | 2 | 365 |
| A5507 | | DIABETIC ONLY,NOT OTHERWISE | 041 | N | | N | | Y | \$24.81 | \$24.14 | | | 2 | 365 |
| A5512 | | DIABETCS ONLY, MUL. INSERT MOLDED W/HEAT, | 041 | N | | N | | Y | \$28.07 | \$27.31 | | | 2 | 365 |
| A5513 | | DIABETCS ONLY, MUL. DENT INSERT INCLUD ARCH, | 041 | N | | N | | Y | \$41.89 | \$40.76 | | | 2 | 365 |
| A5514 | | DIABETICS ONLY, CAM TECH, 3/16 MAT, 35 | 041 | N | | N | | Y | \$41.89 | \$40.76 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6000 | | NON-CONTACT WOUND WARM COVER,W/WOUND DEV/CAR | 048 | Y | | N | | N | \$112.80 | \$109.75 | | | | |
| A6010 | | COLLAGEN-BASE WOUND FILL,DRY FORM,PER GRAM COLLA | 048 | N | | Y | | Y | \$28.78 | \$28.00 | | | 30 | 30 |
| A6011 | | COLLAGEN BASED WOUND FILLER GEL/PASTE PER GRAM COL | 048 | N | | Y | | Y | \$2.14 | \$2.08 | | | 30 | 30 |
| A6021 | | COLLAGEN DRESSING, PAD SIZE 16SQ IN OR | 048 | N | | Y | | Y | \$19.76 | \$19.23 | | | 30 | 30 |
| A6022 | | COLLAGEN DRESSING,PAD MORE THAN 16SQ IN LESS THAN | 048 | N | | Y | | Y | \$19.76 | \$19.23 | | | 30 | 30 |
| A6023 | | COLLAGEN DRESSING, PAD SIZE MORE THAN | 048 | N | | Y | | Y | \$178.88 | \$174.05 | | | 30 | 30 |
| A6024 | | COLLAGEN DRESSING WOUND FILLER PER 6 | 048 | N | | Y | | Y | \$5.82 | \$5.66 | | | 3 | 30 |
| A6154 | | WOUND POUCH, EACH | 048 | N | | Y | | Y | \$13.09 | \$12.74 | | | 30 | 30 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6196 | | ALGINATE DRESSING,WOUND COVER,PAD SIZE 16 SQ" LESS | 048 | N | | Y | | Y | \$6.91 | \$6.72 | | | 30 | 30 |
| A6197 | | ALGINATE DRESING,WOUND COVER,PAD SZE >16 SQ",<48 S | 048 | N | | Y | | Y | \$15.45 | \$15.03 | | | 30 | 30 |
| A6198 | | ALGINATE DRESSING, WOUND COVER,PAD SIZE > | 048 | Y | Y | Y | | Y | | | | | | |
| A6199 | | ALGINATE DRESSING, WOUND FILLER, PER 6 | 048 | N | | Y | | Y | \$4.73 | \$4.60 | | | 60 | 30 |
| A6203 | | COMPOSITE DRESSING,16 SQ" OR LESS,W/ADHESIVE | 048 | N | | Y | | Y | \$3.15 | \$3.06 | | | 12 | 30 |
| A6204 | | COMPOSITE DRESSING,17 TO 48 SQ" W/ADHESIVE BORDER, | 048 | N | | Y | | Y | \$5.86 | \$5.70 | | | 12 | 30 |
| A6205 | | COMPOSITE DRESSING >48 SQ",ANY SIZE ADHESIVE BORDE | 048 | Y | Y | Y | | Y | | | | | | |
| A6206 | | CONTACT LAYER, 16 SQ IN OR LESS, EACH DRESSING, ST | 048 | N | | Y | | Y | \$1.98 | \$1.93 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6207 | | CONTACT LAYER, 17 TO 48 SQ", EACH DRESSING, | 048 | N | | Y | | Y | \$6.90 | \$6.71 | | | 4 | 30 |
| A6208 | | CONTACT LAYER, MORE THAN 48 SQ. IN., EACH | 048 | Y | Y | Y | | Y | | | | | | |
| A6209 | | FOAM DRES,WOUND COVER 16 SQ"OR | 048 | N | | Y | | Y | \$6.71 | \$6.53 | | | 12 | 30 |
| A6210 | | FOAM DRESS,WOUND COVER,17-48 | 048 | N | | Y | | Y | \$18.72 | \$18.21 | | | 12 | 30 |
| A6211 | | FOAM DRESS,WOUND Cvr MORE THAN | 048 | N | | Y | | Y | \$27.61 | \$26.86 | | | 12 | 30 |
| A6212 | | FOAM DRESS,WOUND COVER,16 SQ" OR | 048 | N | | Y | | Y | \$9.12 | \$8.87 | | | 12 | 30 |
| A6213 | | FOAM DRESS,WOUND COVER,17-48 SQ" | 048 | N | | Y | | Y | \$7.29 | \$7.09 | | | 12 | 30 |
| A6214 | | FOAM DRESS,WOUND COVER,MORE | 048 | N | | Y | | Y | \$9.67 | \$9.41 | | | 12 | 30 |
| A6215 | | FOAM DRESSING, WOUND FILLER, PER GRAM, STERILE | 048 | Y | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6216 | | GAUZE, NON-IMPREGNATED, NO N-STERILE 16 SQ" OR < W/O A | 048 | N | | Y | | Y | \$0.05 | \$0.05 | | | 90 | 30 |
| A6217 | | GAUZE, NON-IMPREGNATED, NO N-STERILE, 17-48 SQ", W/O AD | 048 | N | | Y | | Y | \$0.11 | \$0.11 | | | 90 | 30 |
| A6218 | | GAUZE, NON-IMPREGNATED, NON-STERILE >48 SQ" W/O ADHESIVE | 048 | Y | Y | Y | | Y | | | | | | |
| A6219 | | GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/ADHESIVE, | 048 | N | | Y | | Y | \$0.89 | \$0.87 | | | 90 | 30 |
| A6220 | | GAUZE, NON-IMPREGNATED, 17-48 SQ" W/ADHESIVE, | 048 | N | | Y | | Y | \$2.31 | \$2.25 | | | 90 | 30 |
| A6221 | | GAUZE, NON-IMPREGNATED, >48 SQ" W/ADHESIVE BORDER, EA | 048 | Y | Y | Y | | Y | | | | | | |
| A6222 | | GAUZE IMPREG. NOT H2O/SALINE, 16SQ" | 048 | N | | Y | | Y | \$2.00 | \$1.95 | | | 30 | 30 |
| A6223 | | GAUZE IMPREG. NOT H2O/SALINE 17-48 SQ" W/O | 048 | N | | Y | | Y | \$2.16 | \$2.10 | | | 30 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6224 | | GAUZE,IMPREG. NOT H2O/SALINE,>48 | 048 | N | | Y | | Y | \$3.39 | \$3.30 | | | 30 | 30 |
| A6228 | | GAUZE,IMPREGNATED,H2O/SALINE,16 SQ" OR LESS, W/O | 048 | Y | Y | Y | | N | | | | | | |
| A6229 | | GAUZE,IMPREGNATED,H2O/SALINE,>16 SQ"</=48 | 048 | N | | Y | | N | \$3.39 | \$3.30 | | | 30 | 30 |
| A6230 | | GAUZE,IMPREGNATED,H2O/SALINE,>48 SQ" W/O | 048 | N | | Y | | Y | \$1.77 | \$1.72 | | | 30 | 30 |
| A6231 | | HYDROGEL, IMPREGNATED GAUZE 16SQ IN OR LESS EACH, | 048 | N | | Y | | Y | \$4.38 | \$4.26 | | | 30 | 30 |
| A6232 | | HYDROGEL,IMPREGNATED GAUZE 16SQ IN UP TO | 048 | N | | Y | | Y | \$6.47 | \$6.30 | | | 30 | 30 |
| A6234 | | HYDROCOLLOID DRESSING,16 SQ"OR LESS" W/O | 048 | N | | Y | | Y | \$6.15 | \$5.98 | | | 12 | 30 |
| A6235 | | HYDROCOLLOID DRESSING,17-48 SQ" W/O | 048 | N | | Y | | Y | \$15.81 | \$15.38 | | | 12 | 30 |
| A6236 | | HYDROCOLLOID DRESS,MORE THAN 48 SQ" W/O | 048 | N | | Y | | Y | \$25.62 | \$24.93 | | | 12 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6237 | | HYDROCOLLOID DRESSING,16 SQ" OR LESS WITH | 048 | N | | Y | | Y | \$7.44 | \$7.24 | | | 12 | 30 |
| A6238 | | HYDROCOLLOID DRESSING, 17-48 SQ " W/ADHESIVE, | 048 | N | | Y | | Y | \$21.42 | \$20.84 | | | 12 | 30 |
| A6239 | | HYDROCOLLOID DRESSING,MORE THAN 48 SQ" W/ADHESIVE, | 048 | Y | Y | Y | | Y | | | | | | |
| A6240 | | HYDROCOLLOID DRESSING,WOUND FILLER,PASTE,PER FL. O | 048 | N | | Y | | Y | \$11.51 | \$11.20 | | | 12 | 30 |
| A6241 | | HYDROCOLLOID DRESSING, WOUND FILLER,DRY FORM, | 048 | N | | Y | | Y | \$2.30 | \$2.24 | | | 12 | 30 |
| A6242 | | HYDROGEL DRESSING, 16 SQ " OR LESS,W/O | 048 | N | | Y | | Y | \$5.70 | \$5.55 | | | 30 | 30 |
| A6243 | | HYDROGEL DRESSING, 17-48 SQ" W/O | 048 | N | | Y | | Y | \$11.57 | \$11.26 | | | 30 | 30 |
| A6244 | | HYDROGEL DRESSING, >48SQ " W/O ADHESIVE, | 048 | N | | Y | | Y | \$36.92 | \$35.92 | | | 12 | 30 |
| A6245 | | HYDROGEL DRESSING, 16 SQ " OR LESS W/ | 048 | N | | Y | | Y | \$6.83 | \$6.65 | | | 12 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6246 | | HYDROGEL DRESSING, 17-48 SQ " W/ ADHESIVE, | 048 | N | | Y | | Y | \$9.32 | \$9.07 | | | 12 | 30 |
| A6247 | | HYDROGEL DRESSING, >48 SQ", WITH | 048 | N | | Y | | Y | \$22.35 | \$21.75 | | | 12 | 30 |
| A6248 | | HYDROGEL DRESSING, WOUND FILLER, GEL, PER | 048 | N | | Y | | Y | \$15.27 | \$14.86 | | | 12 | 30 |
| A6250 | | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE | 048 | Y | Y | Y | | N | | | | | | |
| A6251 | | SPECIAL ABSORB DRESSING 16 SQ"OR <,W/O | 048 | N | | Y | | Y | \$1.87 | \$1.82 | | | 30 | 30 |
| A6252 | | SPECIAL ABSORB DRESSING 17-48 SQ" W/O | 048 | N | | Y | | Y | \$3.06 | \$2.98 | | | 30 | 30 |
| A6253 | | SPECIAL ABSORB DRESSING >48 SQ"WITHOUT ADHESIVE,EA | 048 | N | | Y | | Y | \$5.96 | \$5.80 | | | 30 | 30 |
| A6254 | | SPECIAL ABSORB DRESSING 16 SQ"OR< WITH | 048 | N | | Y | | Y | \$1.09 | \$1.06 | | | 30 | 30 |
| A6255 | | SPECIAL ABSORB DESSING 17-48 SQ" W/ADHESIVE, | 048 | N | | Y | | Y | \$2.71 | \$2.64 | | | 30 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6256 | | SPECIAL ABSORB DRESSING >48 SQ" WITH ADHESIVE, | 048 | Y | Y | Y | | Y | | | | | | |
| A6257 | | TRANSPARENT FILM, 16 SQ" OR LESS, EACH | 048 | N | | Y | | Y | \$1.44 | \$1.40 | | | 12 | 30 |
| A6258 | | TRANSPARENT FILM, 17-48 SQ" EACH, STERILE | 048 | N | | Y | | Y | \$4.04 | \$3.93 | | | 12 | 30 |
| A6259 | | TRANSPARENT FILM, MORE THAN 48 SQ", EACH, | 048 | N | | Y | | Y | \$10.28 | \$10.00 | | | 12 | 30 |
| A6260 | | WOUND CLEANSERS, ANY | 048 | Y | Y | Y | | N | | | | | | |
| A6261 | | WOUND FILLER, NEC, GEL/PASTE, PER FLUID OUNCE | 048 | Y | Y | Y | | Y | | | | | | |
| A6262 | | WOUND FILLER, NEC, DRY FORM, | 048 | Y | Y | Y | | Y | | | | | | |
| A6266 | | GAUZE,IMPREG OTR THN H2O/SALINE,ANY | 048 | N | | Y | | Y | \$1.80 | \$1.75 | | | 300 | 30 |
| A6402 | | GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/O ADHESI | 048 | N | | Y | | Y | \$0.11 | \$0.11 | | | 200 | 30 |
| A6403 | | GAUZE NON-IMPREGNATED 17-48 SQ " W/O ADHESIVE, STE | 048 | N | | Y | | Y | \$0.40 | \$0.39 | | | 100 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6404 | | GAUZE, NON-IMPREGNATED, STERILE, >48 SQ". W/O ADHE | 048 | Y | Y | Y | | Y | | | | | | |
| A6407 | | PACKING STRIPS, NON-IMPREGATED, UP | 048 | N | | Y | | Y | \$1.76 | \$1.71 | | | 100 | 30 |
| A6410 | | EYE PAD, STERILE, EACH | 048 | N | | Y | | Y | \$0.36 | \$0.35 | | | 30 | 30 |
| A6411 | | EYE PAD, NON-STERILE EACH | 048 | N | | Y | | Y | \$0.24 | \$0.23 | | | 30 | 30 |
| A6412 | | EYE PATCH, OCCLUSIVE EACH | 048 | N | | Y | | N | \$1.87 | \$1.82 | | | 4 | 30 |
| A6441 | | BANDAGE PAD, NON ELAS/WOVEN/KNIT | 048 | N | | Y | | Y | \$0.62 | \$0.60 | | | 90 | 30 |
| A6442 | | CONFORMING BANDAGE, NON-ELASTIC/STERILE WIDTH <3 I | 048 | N | | Y | | Y | \$0.21 | \$0.20 | | | 180 | 30 |
| A6443 | | CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 3-<5- | 048 | N | | Y | | Y | \$0.26 | \$0.25 | | | 180 | 30 |
| A6444 | | CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 5- | 048 | N | | Y | | Y | \$0.43 | \$0.42 | | | 180 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6445 | | CONFORM BANDAGE, NON/ELAS/KNITT/ | 048 | N | | Y | | Y | \$0.30 | \$0.29 | | | 180 | 30 |
| A6446 | | CONFORM BANDAGE-NON-ELASTIC, | 048 | N | | Y | | Y | \$0.38 | \$0.37 | | | 180 | 30 |
| A6447 | | CONFORM BANDAGE, NON/ELAS/KNITT/ | 048 | N | | Y | | Y | \$0.63 | \$0.61 | | | 180 | 30 |
| A6448 | | LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, <3 INS PER | 048 | N | | Y | | Y | \$1.09 | \$1.06 | | | 12 | 30 |
| A6449 | | LIGHT COMPRESSION BANDAGE-ELASTIC, | 048 | N | | Y | | Y | \$1.64 | \$1.60 | | | 12 | 30 |
| A6450 | | LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, 5 INS OR >P | 048 | N | | Y | | Y | \$0.36 | \$0.35 | | | 12 | 30 |
| A6451 | | MODERATE COMPRESS BANDAGE-ELASTIC, KNIT/WOVEN, | 048 | N | | Y | | Y | \$0.36 | \$0.35 | | | 12 | 30 |
| A6452 | | HIGH COMPRESSION BANDAGE-ELASTIC, | 048 | N | | Y | | Y | \$5.55 | \$5.40 | | | 12 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6453 | | SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN, <3- | 048 | N | | Y | | Y | \$0.57 | \$0.55 | | | 12 | 30 |
| A6454 | | SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN3-<5- | 048 | N | | Y | | Y | \$0.72 | \$0.70 | | | 12 | 30 |
| A6455 | | SELF ADHERENT BANDAGE, ELAS/NON/KNIT/WOV, 5 INS OR | 048 | N | | Y | | Y | \$1.30 | \$1.26 | | | 12 | 30 |
| A6456 | | ZINC PASTE IMPREG BANDAGE, NON | 048 | N | | Y | | Y | \$1.20 | \$1.17 | | | 20 | 30 |
| A6457 | | TUBULAR DRESSING W/WO ELASTIC, ANY | 048 | N | | Y | | Y | \$1.07 | \$1.04 | | | 100 | 30 |
| A6501 | | GARMENT BURN COMPRESSION BODY SUIT (HEAD | 041 | Y | Y | N | | Y | | | | | | |
| A6502 | | GARMENT BURN COMPRESS CHIN STRAP CUSTOM FABRICA | 041 | Y | Y | N | | Y | | | | | | |
| A6503 | | GARMENT BURN COMPRESS FACIAL HOOD, CUSTOM FABRI | 041 | Y | Y | N | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6504 | | GARMENT BURN COMPRESS GLOVE TO WRIST CUSTOM | 041 | Y | Y | N | | Y | | | | | | |
| A6505 | | GARMENT BURN COMPRESS GLOVE TO ELBOW | 041 | Y | Y | N | | Y | | | | | | |
| A6506 | | GARMENT BURN COMPRESS GLOVE TO AXILLA CUSTOM | 041 | Y | Y | N | | Y | | | | | | |
| A6507 | | GARMENT,BURN COMPRESS FOOT TO KNEE LENGTH | 041 | Y | Y | N | | Y | | | | | | |
| A6508 | | GARMENT BURN COMPRESS FOOT TO THIGH LENGTH | 041 | Y | Y | N | | Y | | | | | | |
| A6509 | | GARMENT BURN COMPRESS UPPER TRUNK TO WAIST/ARM | 041 | Y | Y | N | | Y | | | | | | |
| A6510 | | GARMENT BURN COMPRESS TRUNK/ARMS DOWN TO LEGS (| 041 | Y | Y | N | | Y | | | | | | |
| A6511 | | GARMENT BURN COMPRESS-LOWER TRUNK & LEGS | 041 | Y | Y | N | | Y | | | | | | |
| A6512 | | GARMENT BURN COMPRESS NOT OTHERWISE CLASSIFIED | 041 | Y | Y | N | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6513 | | COMPRESSION BURN MASK, FACE AND/OR NECK, | 041 | Y | Y | Y | | Y | | | | | | |
| A6530 | | GRADIENT COMP STOCKING, BELOW KNEE 18-30 MMHG, EAC | 041 | N | | Y | | N | \$17.30 | \$16.83 | | | 4 | 180 |
| A6531 | | GRADIENT COMP STOCK, BELOW KNEE 30-40 MMHG | 041 | N | | Y | | N | \$19.01 | \$18.50 | | | 4 | 180 |
| A6532 | | GRADIENT COMP STOCKING, BELOW KNEE, 40-50 MMHG EAC | 041 | N | | Y | | N | \$25.32 | \$24.64 | | | 4 | 180 |
| A6533 | | GRADIENT COMP STOCK THIGH LENGTH 18-30 | 041 | N | | Y | | N | \$25.06 | \$24.38 | | | 4 | 180 |
| A6534 | | GRADIENT COMP STOCKING, THIGH LENGTH, 30-40 MMHG E | 041 | N | | Y | | N | \$28.02 | \$27.26 | | | 4 | 180 |
| A6535 | | GRADIENT COMP STOCKING, THIGH LENGTH 40-50 MMHG, E | 041 | N | | Y | | N | \$40.52 | \$39.43 | | | 4 | 180 |
| A6536 | | GRADIENT COMP STOCK; FULL LENGTH/CHAP STYLE 18-30 | 041 | N | | Y | | N | \$27.79 | \$27.04 | | | 4 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6537 | | GRADIENT COMP STOCK; FULL LENGTH/CHAP, STYLE30-40 | 041 | N | | Y | | N | \$24.54 | \$23.88 | | | 4 | 180 |
| A6538 | | GRADIENT COMP STOCKING; FULL LENGTH/CHAP, 40-50 MM | 041 | N | | Y | | N | \$27.38 | \$26.64 | | | 4 | 180 |
| A6539 | | GRADIENT COMP STOCKING; WAIST LENGTH, 18-30 MMHG, | 041 | N | | Y | | N | \$29.87 | \$29.06 | | | 4 | 180 |
| A6540 | | GRADIENT COMP STOCKING; WAIST LENGTH, 30-40 MMHG, | 041 | N | | Y | | N | \$38.58 | \$37.54 | | | 4 | 180 |
| A6541 | | GRADIENT COMP STOCKING; WAIST LENGTH, 40-50 MMHG, | 041 | N | | Y | | N | \$52.47 | \$51.05 | | | 4 | 180 |
| A6544 | | GRADIENT COMPRESSION STOCKING: GARTER BELT | 041 | N | | Y | | N | \$23.98 | \$23.33 | | | 1 | 60 |
| A6545 | | GRADIENT COMPRESS WRAP-NON-ELASTIC, | 041 | N | | Y | | N | \$84.08 | \$81.81 | | | 4 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A6549 | | GRADIENT COMPRESSION STOCKING/ SLEEVE, NOS | 041 | Y | Y | N | | N | | | | | | |
| A7000 | | CANISTER DISPOSABLE USED WITH SUCTION PUMP, EACH P | 048 | N | | Y | | N | \$7.99 | \$7.77 | | | 2 | 30 |
| A7002 | | TUBING,USED W/ SUCTION PUMP | 048 | N | | Y | | Y | \$3.43 | \$3.34 | | | 2 | 30 |
| A7003 | | ADMIN SET WITH SMALL VOLUME NONFILTER NEBULIZER DI | 048 | N | | Y | | N | \$2.19 | \$2.13 | | | 2 | 30 |
| A7005 | | ADMINISTRA SET, PERMANENT W/ SMALL VOLUME | 048 | N | | Y | | Y | \$22.42 | \$21.81 | | | 2 | 365 |
| A7006 | | ADMIN. SET, FILTERED DISPOSABLE, W/SM | 048 | N | | Y | | Y | \$8.55 | \$8.32 | | | 1 | 30 |
| A7007 | | LARGE VOL NEBULIZER DISPOSABLE | 048 | N | | Y | | N | \$2.45 | \$2.38 | | | 2 | 30 |
| A7010 | | CORRUGATED TUBING DISPOSABLE/LARGE | 048 | N | | Y | | Y | \$22.17 | \$21.57 | | | 1 | 60 |
| A7012 | | WATER COLLECTION DEVICE USED WITH | 048 | N | | Y | | N | \$3.01 | \$2.93 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A7013 | | FILTER,DISPOSABLE ;USED W/ AEROSOL COMPRESSOR OR | 048 | N | | Y | | Y | \$0.67 | \$0.65 | | | 2 | 30 |
| A7014 | | FILTER NON DISPOSABLE USED/AEROSOL COMPRESSOR | 048 | N | | Y | | N | \$4.22 | \$4.11 | | | 1 | 30 |
| A7015 | | AEROSOL MASK, USED W/DME NEBULIZER,EACH | 048 | N | | Y | | Y | \$1.54 | \$1.50 | | | 1 | 30 |
| A7018 | | SOLUTION;DISTILLED WATER;1000ML EACH USED W/LG | 048 | N | | Y | | Y | \$0.37 | \$0.36 | | | 18 | 30 |
| A7020 | | INTERFACE FOR COUGH STIMULATIODEVICE , INCL ALL COM | 048 | N | | Y | | Y | \$14.73 | \$14.33 | | | 2 | 365 |
| A7025 | | THERAPY VEST; VEST REPLACEMENT FOR | 041 | N | | Y | | Y | \$408.84 | \$397.80 | | | 1 | 1,095 |
| A7026 | | THERAPY VEST SYSTEM REPLACEMENT HOSE FOR PATIENT | 041 | N | | Y | | Y | \$27.02 | \$26.29 | | | 2 | 365 |
| A7027 | | COMBINATION ORAL/NASAL MASK USE WITH CPAP DEVICE, | 041 | N | | Y | | Y | \$175.33 | \$170.60 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A7028 | | ORAL CUSHION FOR COMBINATION ORAL/NASAL CPAP MASK | 041 | N | | Y | | Y | \$46.57 | \$45.31 | | | 2 | 365 |
| A7029 | | NASAL PILLOWS FOR COMBIN ORAL/NASAL CPAP | 041 | N | | Y | | Y | \$19.03 | \$18.52 | | | 3 | 365 |
| A7030 | | CPAP/BIPAP; FULL MASK; EACH | 041 | N | | Y | | Y | \$177.32 | \$172.53 | | | 2 | 365 |
| A7031 | | CPAP/BIPAP;FACE MASK INTERFACE REPLACEMENT FOR FUL | 041 | N | | Y | | Y | \$65.58 | \$63.81 | | | 1 | 365 |
| A7032 | | CPAP/BIPAP;REPLACEMENT CUSHION FOR NASAL DEVICE, | 041 | N | | Y | | Y | \$38.09 | \$37.06 | | | 2 | 60 |
| A7033 | | CPAP/BIPAP; REPLACEMENT PILLOWS FOR NASAL DEVICE, | 041 | N | | Y | | Y | \$26.70 | \$25.98 | | | 2 | 60 |
| A7034 | | CPAP/BIPAP;NASAL DEVICE (MASK OR CANNULA) | 041 | N | | Y | | Y | \$110.58 | \$107.59 | | | 1 | 180 |
| A7035 | | CPAP/BIPAP;HEAD GEAR FOR USE WITH CPAP, EACH | 041 | N | | Y | | Y | \$37.36 | \$36.35 | | | 2 | 365 |
| A7036 | | CPAP/BIPAP;CHINS TRAP FO USE WITH CPAP, EACH | 041 | N | | Y | | Y | \$14.54 | \$14.15 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A7037 | | CPAP/BIPAP; TUBNG FOR USE WITH CPAP, EACH | 041 | N | | Y | | Y | \$38.41 | \$37.37 | | | 1 | 180 |
| A7038 | | CPAP/BIPAP; DISPOSABLE FILTER, FOR USE | 048 | N | | Y | | Y | \$4.30 | \$4.18 | | | 2 | 30 |
| A7039 | | CPAP/BIPAP; NON-DISPOSABLE FILTER, FOR USE | 041 | N | | Y | | Y | \$13.15 | \$12.79 | | | 1 | 180 |
| A7044 | | CPAP/BIPAP ORAL INTERFACE FOR USE WITH CPAP | 041 | N | | Y | | Y | \$113.65 | \$110.58 | | | 2 | 365 |
| A7046 | | WATER CHAMBER FOR CPAP HUMIDIFIER | 048 | N | | Y | | Y | \$18.33 | \$17.84 | | | 1 | 120 |
| A7047 | | ORAL INTERFACE USED W RESPIRATORY | 048 | Y | Y | Y | | Y | | | | | | |
| A7048 | | VACUUM DRAIN, BOTTLE TUBE KIT | 048 | Y | Y | Y | | Y | | | | | | |
| A7501 | | TRACH TUBE;TRACHEOSTOMA VALVE INCLUD DIAPHRAGM, | 048 | N | | Y | | Y | \$98.73 | \$96.06 | | | 1 | 120 |
| A7507 | | FILTER HOLDER & FILTER W/O ADHESIVE, FOR HEAT/MOIS | 048 | N | | Y | | Y | \$2.38 | \$2.32 | | | 90 | 30 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A7508 | | TRACH TUBE; HOUS AND INTEGRAT ADHESIVE, TRACH VALVE | 048 | N | | N | | Y | \$2.38 | \$2.32 | | | 90 | 30 |
| A7520 | | TRACH/LARY TUBE, NON CUFF PVC, SILICONE OR | 048 | N | | Y | | Y | \$53.83 | \$52.38 | | | 2 | 30 |
| A7521 | | TRACH/LARY TUBE, CUFFED PVC, SILICONE OR EQUAL, EA | 048 | N | | Y | | Y | \$53.83 | \$52.38 | | | 2 | 30 |
| A7522 | | TRACH/LARY TUBE, STAINLESS STEEL OR =, STERILIZAB | 048 | Y | Y | Y | | Y | | | | | | |
| A7523 | | TRACHEOSTOMY SHOWER PROTECTOR EACH | 048 | N | | Y | | N | \$10.34 | \$10.06 | | | 2 | 365 |
| A7524 | | TRACHEOSTOMY STENT/STUD/BUTT ON EACH | 048 | N | | Y | | Y | \$72.75 | \$70.79 | | | 1 | 90 |
| A7525 | | TRACHEOSTOMY MASK, EACH | 048 | N | | Y | | Y | \$1.30 | \$1.26 | | | 2 | 30 |
| A7526 | | TRACHEOSTOMY TUBE COLLAR/HOLDER | 048 | N | | Y | | Y | \$2.67 | \$2.60 | | | 30 | 30 |
| A7527 | | TRACH/LARYN,TUBE PLUG/STOP, EACH | 041 | N | | Y | | N | \$3.37 | \$3.28 | | | 4 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| A8000 | | HELMET,PROTECTIVE,SOFT,PREFAB, INCLUDES ALL COMPO/ | 041 | N | | Y | | N | \$144.15 | \$140.26 | | | 1 | 730 |
| A8001 | | HELMET,PROTECTIVE,HARD,PREFAB,INCLUDES ALL | 041 | N | | Y | | N | \$144.15 | \$140.26 | | | 1 | 730 |
| A8002 | | HELMET,PROTECTIVE,SOFT,CUSTOM FABRICATED,INCLUDES | 041 | Y | Y | Y | | N | | | | | | |
| A8003 | | HELMET,PROTECTIVE,HARD,CUSTOM FABRICATED,INCL | 041 | Y | Y | Y | | N | | | | | | |
| A8004 | | SOFT INTERFACE FOR HELMET, REPLACEMENT | 048 | Y | Y | Y | | N | | | | | | |
| A9900 | | MISC DME SUPPLY ACCESSORY COMPONENT OF | 041 | Y | Y | Y | | N | | | | | | |
| A9999 | | MISCELLANEOUS DME SUPPLY OR ACCESSORY, NEC | 041 | Y | Y | Y | | Y | | | | | | |
| B4034 | | ENTERAL FEEDNG SUP KIT;SYRINGE FED, PER DAY INC | 048 | N | | Y | | Y | \$5.32 | \$5.18 | | | 30 | 30 |
| B4035 | | ENTERAL FEEDNG SUPPLY KIT PUMP FED PER DAY INCL | 048 | N | | Y | | N | \$10.14 | \$9.87 | | | 30 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| B4036 | | ENTERAL FEEDNG SUPPLY KIT GRAVITY FED PER | 048 | N | | Y | | N | \$6.95 | \$6.76 | | | 30 | 30 |
| B4081 | | NASOGASTRIC TUBE W/ STYLET, | 048 | N | | Y | | Y | \$14.95 | \$14.55 | | | 1 | 30 |
| B4082 | | NASOGASTRIC TUBE W/O STYLET, | 048 | N | | Y | | Y | \$11.60 | \$11.29 | | | 1 | 30 |
| B4087 | | GASTROSTOMY/JEJ UNOSTOMY TUBE, STAND, ANY | 048 | N | | Y | | Y | \$31.03 | \$30.19 | | | 1 | 30 |
| B4088 | | GASTROSTO/JEJUN OSTOMY TUBE, LOW-PROFILE,ANY | 048 | N | | Y | | Y | \$128.53 | \$125.06 | | | 4 | 365 |
| B4100 | | FOOD THICKENER, ADMINISTERED ORALLY | 048 | Y | Y | Y | | N | | | | | | |
| B4105 | | IN-LINECARTRIDGE WITH DIGESTIVE ENZYMES FOR ENTERAL FEED EA | 048 | Y | N | Y | | N | \$66.67 | \$64.87 | | | 60 | 30 |
| B4149 | | ENTERAL FORM MANU/BLND NATURAFD W/INTACT NUT,TH | 048 | Y | | Y | | N | \$1.36 | \$1.32 | | | | |
| B4150 | | ENTERAL FORMULA:COMPLE T W/INTACT NUTRIENTS,100 | 048 | Y | | Y | | N | \$0.57 | \$0.55 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| B4152 | | ENTERAL FORMULA;CALORIE DENSE>/=1.5KCAL, 100 CAL=1 | 048 | Y | | Y | | N | \$0.48 | \$0.47 | | | | |
| B4153 | | ENTERAL FORM:HYDROLYZE D PROTEIN/AMINO ACIDS,100 | 048 | Y | | Y | | N | \$1.63 | \$1.59 | | | | |
| B4154 | | ENTERAL FORMULA: SPEC.METABOLIC | 048 | Y | | Y | | N | \$1.05 | \$1.02 | | | | |
| B4155 | | ENTERAL FORMULA: INCOMPLETE/MOD | 048 | Y | | Y | | N | \$0.81 | \$0.79 | | | | |
| B4157 | | ENTERAL FORMULA- SPEC METABOLIC NEEDS- | 048 | Y | Y | Y | | Y | | | | | | |
| B4158 | | ENTERAL FORMULA- PEDS-COMPLETE NUTRITION, 100CAL=1U | 048 | Y | | Y | | N | \$0.57 | \$0.55 | | | | |
| B4159 | | ENTERAL FORMULA- PEDS-COMP NUTRITION, SOY BASED, 10 | 048 | Y | Y | Y | | Y | | | | | | |
| B4160 | | ENTERAL FORMULA- PEDS-CAL DENSE, =/>0.7CAL/ML, | 048 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| B4161 | | ENTERAL FORMULA- PEDS- HYDRO/AMINO | 048 | Y | Y | Y | | N | | | | | | |
| B4162 | | ENTERAL FORMULA- PEDIATRIC-SPEC METABOLIC NEEDS, | 048 | Y | Y | Y | | N | | | | | | |
| B4224 | | PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY | 048 | N | | N | | Y | \$20.85 | \$20.29 | | | 30 | 30 |
| B9002 | | ENTERAL NUTRITION INFUSION PUMP, | 041 | B | | Y | | Y | \$770.90 | \$750.09 | \$77.09 | \$75.01 | | |
| B9998 | | ENTERAL SUPPLIES NOT OTHERWISE CLASSIFIED | 048 | Y | Y | Y | | N | | | | | | |
| B9999 | | NOT OTHERWISE CLASSIFIED FOR PARENTERAL SUPPLIES | 048 | Y | Y | N | | N | | | | | | |
| E0100 | | CANE, ANY MATERIAL; ADJUSTABLE OR | 041 | N | | Y | | Y | \$19.81 | \$19.28 | | | 1 | 365 |
| E0105 | | CANE, ANY MATERIAL; QUAD OR THREE PRONG, | 041 | N | | Y | | Y | \$46.16 | \$44.91 | | | 1 | 365 |
| E0110 | | CRUTCHES- FOREARM; ADJUST OR FIXED, OTH | 041 | N | | Y | * | Y | \$65.89 | \$64.11 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0111 | | CRUTCH-FOREARM;ADJUSTABLE OR FIXED, OTHER MATERIAL | 041 | N | | Y | | Y | \$49.82 | \$48.47 | | | 1 | 365 |
| E0112 | | CRUTCHES-UNDERARM; ADJUSTABLE OR FIXED, WOOD; PAIR | 041 | N | | Y | * | Y | \$22.56 | \$21.95 | | | 1 | 365 |
| E0113 | | CRUTCH-UNDERARM;ADJUSTABLE OR FIXED, WOOD;EACH | 041 | N | | Y | | Y | \$19.77 | \$19.24 | | | 1 | 365 |
| E0114 | | CRUTCHES-UNDERARM;ADJUST OR FIXED;OTHER MATERIAL PAIR | 041 | N | | Y | * | Y | \$35.22 | \$34.27 | | | 1 | 365 |
| E0116 | | CRUTCH-UNDERARM; ADJ/FIXED, NON- | 041 | N | | Y | | Y | \$25.94 | \$25.24 | | | 1 | 365 |
| E0130 | | WALKER; RIGID PICKUP, ADJUSTABLE/FIXED, EACH | 041 | N | | Y | | Y | \$66.02 | \$64.24 | | | 1 | 365 |
| E0135 | | WALKER; FOLDING, ADJUSTABLE OR FIXED HEIGHT | 041 | N | | Y | | Y | \$78.81 | \$76.68 | | | 1 | 365 |
| E0140 | | WALKER W/TRUNK SUPPORT, ADJUS/FIXED HGT, ANY TYPE | 041 | N | | Y | | Y | \$339.07 | \$329.92 | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0141 | | WALKER; RIGID WHEELED AJUST OR FIXED HEIGHT | 041 | N | | Y | | Y | \$95.56 | \$92.98 | | | 1 | 365 |
| E0143 | | WALKER; FOLDING, WHEELED, ADJUSTED OR | 041 | N | | Y | | Y | \$113.02 | \$109.97 | | | 1 | 365 |
| E0144 | | WALKER;ENCLOSED FRAME,WHEEL,W/ POSTERIOR SEAT, | 041 | N | | Y | | Y | \$299.34 | \$291.26 | | | 1 | 1,095 |
| E0148 | | WALKER; HEAVY DUTY, W/O WHEELS, | 041 | N | | Y | | Y | \$119.43 | \$116.21 | | | 1 | 1,095 |
| E0149 | | WALKER; HEAVY DUTY, WHEELED RIGID/FOLDING, ANY TYP | 041 | N | | Y | | Y | \$209.81 | \$204.15 | | | 1 | 1,095 |
| E0153 | | CRUTCH-FOREARM PLATFORM ATTACHMENT, | 041 | N | | Y | | Y | \$55.16 | \$53.67 | | | 2 | 365 |
| E0154 | | WALKER-PLATFORM | 041 | N | | Y | | Y | \$53.73 | \$52.28 | | | 2 | 365 |
| E0155 | | WALKER-WHEEL ATTACHMENT FOR PICKUP WALKER, | 041 | N | | Y | * | Y | \$23.67 | \$23.03 | | | 1 | 365 |
| E0156 | | WALKER - SEAT ATTACHMENT | 041 | N | | Y | | Y | \$20.21 | \$19.66 | | | 1 | 365 |
| E0157 | | WALKER-CRUTCH ATTACHMENT | 041 | N | | Y | | Y | \$77.00 | \$74.92 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0158 | | WALKER-LEG EXTENSIONS PER SET OF FOUR | 041 | N | | Y | | Y | \$28.84 | \$28.06 | | | 1 | 1,095 |
| E0159 | | WALKER, WHEELED; BRAKE ATTACHMENT, | 041 | N | | Y | | Y | \$15.72 | \$15.30 | | | 2 | 365 |
| E0160 | | SITZ BATH, PORTABLE, USED W/OR W/O | 041 | N | | Y | | Y | \$31.08 | \$30.24 | | | 1 | 365 |
| E0161 | | SITZ BATH, PORT, USED W/OR W/O COMMODE | 041 | N | | Y | | Y | \$23.50 | \$22.87 | | | 1 | 365 |
| E0163 | | COMMUNE CHAIR; STATIONARY, OR MOBLE W/FIXED ARMS | 041 | N | | Y | | Y | \$124.31 | \$120.95 | | | 1 | 365 |
| E0165 | | COMMUNE CHAIR; STATIONARY, OR MOBLE W/DETACH | 041 | N | | Y | | Y | \$133.59 | \$129.98 | | | 1 | 1,095 |
| E0167 | | COMMUNE ACCESSORY; PAIL OR PAN, | 041 | N | | Y | | Y | \$8.48 | \$8.25 | | | 1 | 365 |
| E0168 | | COMMUNE CHAIR;EXTRA WIDE AND/OR HD ANY | 041 | N | | Y | | Y | \$130.34 | \$126.82 | | | 1 | 1,095 |
| E0175 | | COMMUNE ACCESSORY; FOOTREST, EACH | 041 | N | | Y | | Y | \$33.46 | \$32.56 | | | 2 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0181 | | POWERED PRESSURE REDUC MATTRESS | 041 | N | | Y | | Y | \$127.52 | \$124.08 | | | 1 | 1,095 |
| E0182 | | ALTERNATING PRESSURE PAD PUMP, | 041 | N | | Y | | Y | \$126.53 | \$123.11 | | | 1 | 730 |
| E0184 | | MATTRESS-DRY PRESSURE | 041 | N | | Y | | Y | \$148.37 | \$144.36 | | | 1 | 730 |
| E0185 | | MATTRESS PAD; GEL OR GEL-LIKE PAD, STD SIZE | 041 | N | | Y | | Y | \$113.51 | \$110.45 | | | 1 | 730 |
| E0186 | | MATTRESS - AIR PRESSURE | 041 | N | | Y | | Y | \$162.24 | \$157.86 | | | 1 | 730 |
| E0187 | | MATTRESS-WATER PRESSURE | 041 | N | | Y | | Y | \$70.13 | \$68.24 | | | 1 | 730 |
| E0188 | | PAD-SHEEPSKIN-SYNTHETIC | 041 | N | | Y | | N | \$17.90 | \$17.42 | | | 1 | 60 |
| E0189 | | PAD-SHEEPSKIN-LAMBS WOOL, ANY SIZE | 041 | N | | Y | | N | \$62.12 | \$60.44 | | | 1 | 60 |
| E0190 | | POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZ | 041 | N | | Y | | N | \$23.91 | \$23.26 | | | 1 | 365 |
| E0191 | | PROTECTOR-HEEL OR ELBOW; EACH | 041 | N | | Y | | Y | \$9.38 | \$9.13 | | | 4 | 60 |
| E0193 | | BED-POWERED AIR FLOTATION (LOW AIR-LOSS THERAPY) | 041 | B | | Y | | Y | \$7,509.03 | \$7,306.29 | \$750.36 | \$730.63 | | |
| E0194 | | BED-AIR FLUIDIZED | 041 | B | | Y | | Y | \$29,265.86 | \$28,475.68 | \$2,924.44 | \$2,847.56 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0196 | | MATTRESS-GEL PRESSURE | 041 | N | | Y | | Y | \$292.15 | \$284.26 | | | 1 | 730 |
| E0197 | | PRESSURE PAD; AIR, FOR MATTRESS, | 041 | N | | Y | | Y | \$101.12 | \$98.39 | | | 1 | 730 |
| E0198 | | PRESSURE PAD;WATER, FOR MATTRESS, STANDARD | 041 | Y | | Y | | Y | \$48.51 | \$47.20 | | | | |
| E0199 | | PRESSURE PAD;DRY, FOR MATTRESS, | 041 | N | | Y | | Y | \$16.92 | \$16.46 | | | 2 | 365 |
| E0200 | | HEAT LAMP WITHOUT STAND | 041 | N | | Y | | Y | \$32.89 | \$32.00 | | | 1 | 1,095 |
| E0202 | | PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER | 041 | R | | Y | | Y | | | \$56.13 | \$54.61 | DAILY | |
| E0205 | | HEAT LAMP | 041 | N | | Y | | Y | \$173.99 | \$169.29 | | | 1 | 1,095 |
| E0210 | | HEATING PAD - STANDARD | 041 | N | | Y | | Y | \$22.16 | \$21.56 | | | 1 | 365 |
| E0215 | | HEATING PAD - MOIST ELECTRIC | 041 | N | | Y | | Y | \$41.40 | \$40.28 | | | 1 | 365 |
| E0217 | | WATER CIRCULATING HEAT PAD WITH PUMP | 041 | Y | | Y | | Y | \$321.23 | \$312.56 | | | | |
| E0218 | | WATER CIRCULATING COLD PAD WITH PUMP | 041 | N | | Y | | Y | \$145.36 | \$141.44 | | | 1 | 1,095 |
| E0235 | | PARAFFIN BATH UNIT PORTABLE | 041 | Y | | Y | | Y | \$151.33 | \$147.24 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0236 | | PUMP FOR WATER CIRCULATING PAD | 041 | Y | | Y | | Y | \$411.26 | \$400.16 | | | | |
| E0240 | | BATH/SHOWER,CH AIR W/WITHOUT WHEELS, ANY SIZE | 041 | N | | Y | | N | \$108.48 | \$105.55 | | | 2 | 730 |
| E0241 | | RAIL - BATH TUB WALL, EACH | 041 | N | | Y | | N | \$14.30 | \$13.91 | | | 2 | 365 |
| E0242 | | RAIL - BATH TUB FLOOR BASE, EACH | 041 | N | | Y | | N | \$24.46 | \$23.80 | | | 1 | 365 |
| E0243 | | RAIL - TOILET, EACH | 041 | N | | Y | | N | \$29.13 | \$28.34 | | | 2 | 365 |
| E0244 | | RAISED TOILET | 041 | N | | Y | | N | \$21.23 | \$20.66 | | | 1 | 365 |
| E0245 | | TUB STOOL OR | 041 | N | | Y | | N | \$38.99 | \$37.94 | | | 1 | 365 |
| E0246 | | RAIL - TRANSFER TUB ATTACHMENT, | 041 | N | | Y | | N | \$58.26 | \$56.69 | | | 1 | 1,095 |
| E0247 | | TRANSFER BENCH FOR TUB OR TOILET W/W/O | 041 | N | | Y | | N | \$108.48 | \$105.55 | | | 1 | 1,095 |
| E0248 | | TRANS BENCH, HD FOR TUB OR TOILET W/WO COMMODOE | 041 | N | | Y | | N | \$418.45 | \$407.15 | | | 1 | 1,095 |
| E0249 | | PAD FOR WATER CIRCULATING HEAT UNIT, REPLACE | 041 | N | | Y | | Y | \$21.79 | \$21.20 | | | 1 | 365 |
| E0250 | | HOSPITAL BED, FIXED HEIGHT, W/RAILS, | 041 | B | | Y | | Y | \$590.44 | \$574.50 | \$59.00 | \$57.45 | | |
| E0251 | | HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/O | 041 | B | | Y | | Y | \$697.41 | \$678.58 | \$69.69 | \$67.85 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0255 | | HOSPITAL BED, VARIABLE HEIGHT, W/RAILS,W/MATRESS | 041 | B | | Y | | Y | \$677.64 | \$659.34 | \$67.71 | \$65.93 | | |
| E0256 | | HOSPITAL BED, VARIABLE HEIGHT, W/RAILS, W/O MATTRE | 041 | B | | Y | | Y | \$581.22 | \$565.53 | \$58.12 | \$56.55 | | |
| E0260 | | HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, | 041 | B | | Y | | Y | \$887.99 | \$864.01 | \$88.80 | \$86.40 | | |
| E0261 | | HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/O | 041 | B | | Y | | Y | \$745.99 | \$725.85 | \$74.60 | \$72.58 | | |
| E0265 | | HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, | 041 | B | | Y | | Y | \$1,036.52 | \$1,008.53 | \$103.65 | \$100.85 | | |
| E0266 | | HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/O | 041 | B | | Y | | Y | \$1,032.74 | \$1,004.86 | \$103.19 | \$100.48 | | |
| E0271 | | MATTRESS INNERSPRING | 041 | N | | Y | | Y | \$132.49 | \$128.91 | | | 1 | 730 |
| E0272 | | MATTRESS-FOAM RUBBER | 041 | N | | Y | | Y | \$96.25 | \$93.65 | | | 1 | 730 |
| E0275 | | BED PAN STANDARD | 041 | N | | Y | | Y | \$12.23 | \$11.90 | | | 1 | 365 |
| E0276 | | BED PAN-FRACTURE- | 041 | N | | Y | | Y | \$3.26 | \$3.17 | | | 1 | 365 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0277 | | MATTRESS-POWERED PRESSURE | 041 | B | | Y | | Y | \$2,983.72 | \$2,903.16 | \$298.15 | \$290.31 | | |
| E0280 | | CRADLE-FOR BED-ANY TYPE | 041 | N | | Y | | Y | \$34.24 | \$33.32 | | | 1 | 365 |
| E0300 | | PEDIATRIC CRIB, HOSP GRADE, FULLY ENCLOSED | 041 | Y | Y | Y | | Y | | | | | | |
| E0301 | | HOSP BED HD X-WIDE WT CAP 350-600 LB/RAIL/NO | 041 | B | | Y | | Y | \$2,097.81 | \$2,041.17 | \$209.78 | \$204.11 | | |
| E0303 | | HOSP. BED,X-HEAVY DUTY X-WD WT CAP 350-600 | 041 | B | | Y | | Y | \$2,967.83 | \$2,887.70 | \$296.57 | \$288.77 | | |
| E0304 | | HOSP. BED,X-HEAVY DUTY X-WD WT >600 IB/SIDE | 041 | B | | Y | | Y | \$3,781.33 | \$3,679.23 | \$377.85 | \$367.92 | | |
| E0305 | | RAIL-BEDSIDE-HALF LENGTH-EACH | 041 | N | | Y | | Y | \$79.27 | \$77.13 | | | 2 | 1,095 |
| E0310 | | RAIL-BEDSIDE-FULL LENGTH-EACH | 041 | N | | Y | | Y | \$80.99 | \$78.80 | | | 2 | 1,095 |
| E0316 | | SAFETY ENCLOSURE FRAME/CANOPY USE W/HOSPITAL | 041 | Y | | Y | | Y | \$182.66 | \$177.73 | | | | |
| E0325 | | URINAL-MALE;JUG-TYPE,ANY | 041 | N | | Y | | Y | \$8.07 | \$7.85 | | | 1 | 180 |
| E0326 | | URINAL-FEMALE;JUG-TYPE ANY | 041 | N | | Y | | Y | \$9.54 | \$9.28 | | | 1 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0328 | | HOSP BED PEDS, MAN 360 DEGREE ENCL, TOP OF | 041 | Y | Y | Y | | Y | | | | | | |
| E0329 | | HOSP BED PEDS ELEC/SEMI 360 DEG, TOP OF | 041 | Y | Y | Y | | Y | | | | | | |
| E0371 | | MATTRESS-NONPOWERED ADVD PRESSURE REDUCING OVE | 041 | B | | Y | | Y | \$1,668.38 | \$1,623.33 | \$166.71 | \$162.33 | | |
| E0372 | | MATTRESS-POWERED AIR OVERLAY FOR | 041 | B | | Y | | Y | \$2,117.64 | \$2,060.46 | \$211.60 | \$206.04 | | |
| E0373 | | MATTRESS-NONPOWERED ADVANCED PRESS REDUC MAT | 041 | B | | Y | | Y | \$5,776.02 | \$5,620.07 | \$577.18 | \$562.01 | | |
| E0425 | NR | OXYGEN COMPRESSED GAS-STATIONARY | 041 | Y | | Y | | Y | \$115.40 | | | | | |
| E0431 | NR | OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER | 041 | R | | Y | | Y | | | \$27.66 | | 1 | 30 |
| E0434 | NR | OXYGEN-LIQUID,PORT;W/H UMIDIFIER TUBING MASK/CA | 041 | R | | Y | | Y | | | \$27.66 | | 1 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0439 | NR | OXYGEN-LIQUID,STATIONARY,W/HUMIDIFIER TUBE MASK/ | 041 | R | | Y | | Y | | | \$165.50 | | 1 | 30 |
| E0441 | NR | STATIONARY OXYGEN CONTENTS, | 048 | Y | | N | | Y | \$72.80 | | | | 1 | 30 |
| E0442 | NR | STATIONARY OXYGEN CONTENTS, LIQUID, | 048 | Y | | N | | Y | \$72.80 | | | | 1 | 30 |
| E0443 | NR | PORTABLE OXYGEN CONTENTS, GASEOUS, 1 | 048 | Y | | N | | Y | \$72.80 | | | | 1 | 30 |
| E0444 | NR | PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH | 048 | Y | | N | | Y | \$72.80 | | | | 1 | 30 |
| E0445 | | OXIMETER DEVICE FOR MEASURING BLOOD OXY LEVEL NON- | 041 | B | | Y | | N | \$563.10 | \$547.90 | \$56.27 | \$54.79 | | |
| E0447 | | PORT OXY CONTENT, LIQUID , 1 MO, AMT REST | 048 | Y | | N | | Y | \$86.98 | \$84.63 | | | 1 | 30 |
| E0465 | | HOME VENTILATOR, ANY TYPE, USED, | 041 | R | | Y | | Y | | | \$855.81 | \$832.70 | | |
| E0466 | | HOME VENTILATOR, ANY TYPE, USED, NON | 041 | R | | Y | | Y | | | \$855.81 | \$832.70 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0467 | | HOME VENT, MULT, PRFM, INC | 041 | R | | Y | | Y | | | \$1,230.87 | \$1,197.64 | | |
| E0470 | | BIPAP WITHOUT BACKUP RATE, USED WITH | 041 | B | | Y | | Y | \$2,300.60 | \$2,238.48 | \$230.06 | \$223.85 | | |
| E0471 | | BIPAP WITH BACKUP RATES, USED W/NONINVASIVE | 041 | B | | Y | | Y | \$3,943.30 | \$3,836.83 | \$394.33 | \$383.68 | | |
| E0472 | | BIPAP WITH BACKUP RATE, USED WITH | 041 | B | | Y | | Y | \$3,943.30 | \$3,836.83 | \$394.33 | \$383.68 | | |
| E0480 | | PERCUSSOR-ELECTRIC OR | 041 | B | | Y | | Y | \$395.17 | \$384.50 | \$39.52 | \$38.45 | | |
| E0481 | | INTRAPULMONARY PERCUSSIVE VENTILATION SYS/ACCES | 041 | B | Y | Y | | N | \$8,400.00 | \$8,173.20 | \$840.00 | \$817.32 | | |
| E0482 | | COUGH STIMULATING DEVICE,ALTERNATE | 041 | B | | Y | | Y | \$3,407.50 | \$3,315.50 | \$340.75 | \$331.55 | | |
| E0483 | | HIGH FREQ CHEST WALL OSCILATN AIR PLSE GENRATR | 041 | B | | N | | Y | \$11,090.25 | \$10,790.81 | \$739.35 | \$719.39 | Rental | 15 mo. |
| E0484 | | OSCILLARY POSITIVE EXPIR PRESSURE DEVICE, | 041 | N | | Y | | Y | \$34.70 | \$33.76 | | | 1 | 365 |
| E0485 | | ORAL DEVICE/APPL USED TO REDUCE AIRWAY COLL, PRE. | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0486 | | ORAL DEVICE/APPLIANCE USED TO REDUCE AIRWAY COLL, | 041 | Y | Y | Y | | Y | | | | | | |
| E0500 | | IPPB MACHINE-ALL TYPES | 041 | B | | Y | | Y | \$984.20 | \$957.63 | \$98.42 | \$95.76 | | |
| E0550 | | HUMIDIFIER,DURABLE FOR EXTENSIVE SUPPLEMENT | 041 | B | | Y | | Y | \$382.00 | \$371.69 | \$38.20 | \$37.17 | | |
| E0555 | | HUMIDIFIER,DURABLE;GLASS/PLASTIC BOTTLE,USE | 041 | N | | Y | | Y | \$1.76 | \$1.71 | | | 1 | 30 |
| E0561 | | HUMIDIFIER, NON HEATED, USED WITH CPAP OR | 041 | B | | Y | | Y | \$95.93 | \$93.34 | \$9.59 | \$9.33 | | |
| E0562 | | HUMIDIFIER, HEATED, USED WITH POS AIRWAY | 041 | B | | Y | | Y | \$267.90 | \$260.67 | \$26.79 | \$26.07 | | |
| E0565 | | COMPRESSOR-AIR POWER SOURCE EQUIPMENT | 041 | B | | Y | | Y | \$389.30 | \$378.79 | \$38.93 | \$37.88 | | |
| E0570 | | NEBULIZER W/ COMPRESSOR | 041 | N | | Y | | Y | \$96.62 | \$94.01 | | | 1 | 1,825 |
| E0574 | | NEBULIZER;ULTRASONIC SMALL | 041 | Y | | Y | | Y | \$376.50 | \$366.33 | | | | |
| E0575 | | NEBULIZER; ULTRASONIC, LARGE VOLUME | 041 | B | | Y | | Y | \$844.00 | \$821.21 | \$84.40 | \$82.12 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0580 | | NEBULIZER,DURABLE, GLASS/AUTOCLAVABLE | 041 | Y | | Y | | Y | \$126.00 | \$122.60 | | | | |
| E0600 | | RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT. | 041 | B | | Y | | Y | \$304.30 | \$296.08 | \$30.43 | \$29.61 | | |
| E0601 | | CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE | 041 | B | | Y | | Y | \$771.40 | \$750.57 | \$77.14 | \$75.06 | | |
| E0602 | | BREAST PUMP, MANUAL; COMPLETE KIT | 041 | N | | Y | | N | \$20.99 | \$20.42 | | | 1 | 365 |
| E0603 | | BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY | 041 | N | | Y | | N | \$119.74 | \$116.51 | | | 1 | 1,825 |
| E0605 | | VAPORIZER, ROOM TYPE | 041 | N | | Y | | Y | \$24.84 | \$24.17 | | | 1 | 365 |
| E0606 | | BOARD-POSTURAL DRAINAGE | 041 | N | | Y | | Y | \$258.82 | \$251.83 | | | 1 | 1,095 |
| E0610 | | MONITOR-PACEMAKER; SELF-CONTAIN, W/AUDIBLE/VISIBLE | 041 | B | | Y | | Y | \$168.26 | \$163.72 | \$16.82 | \$16.37 | | |
| E0615 | | MONITOR-PACEMAKER; SELF-CONTAINED, W/DIGITAL/VISIBLE | 041 | B | | Y | | Y | \$168.26 | \$163.72 | \$16.82 | \$16.37 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0617 | | DEFIBRILLATOR;EXTERNAL WITH INTEGRATED ELECTROCARD | 041 | Y | | Y | | Y | \$2,858.07 | \$2,780.90 | | | | |
| E0619 | | MONITOR;APNEA WITH RECORDING FEATURE | 041 | B | | Y | | Y | \$3,016.32 | \$2,934.88 | \$251.36 | \$244.57 | Rental | 12 mo |
| E0621 | | PATIENT LIFT-SLING OR SEAT, CANVAS OR NYLON | 041 | N | | Y | | Y | \$52.49 | \$51.07 | | | 1 | 365 |
| E0627 | | SEAT LIFT MECHANISM, ELECTRIC , ANY | 041 | Y | | Y | | Y | \$317.08 | \$308.52 | | | | |
| E0629 | | SEAT LIFT MECHANISM, NON-ELECTRIC , ANY | 041 | Y | | Y | | Y | \$187.97 | \$182.89 | | | | |
| E0630 | | PATIENT LIFT:HYDRAULIC OR MECHANIC,INC SEAT,SLING, | 041 | B | | Y | | Y | \$874.85 | \$851.23 | \$87.48 | \$85.12 | | |
| E0637 | | COMB SIT TO STAND SYS,ANY SIZE INC PEDS | 041 | Y | Y | Y | | N | | | | | | |
| E0638 | | STAND FRAME SYS, ONE POSTION, ANY SIZE, INC PEDS,W | 041 | Y | Y | Y | | N | | | | | | |
| E0641 | | STANDING FRAME SYSTEM, MULTIPOSITION (E.G. THREE W | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0642 | | STANDING FRAME SYS, MOBILE, ANY SIZE INCLUDING | 041 | Y | Y | Y | | N | | | | | | |
| E0650 | | PNEUMATIC COMPRESSOR(LYM PHEDEMA)NON-SEGMENTAL | 041 | B | | Y | | Y | \$627.16 | \$610.23 | \$62.71 | \$61.02 | | |
| E0651 | | PNEUMATIC COMPRESSOR, SEGMENTAL W/O CALIB | 041 | B | | Y | | Y | \$743.38 | \$723.31 | \$74.33 | \$72.33 | | |
| E0652 | | PNEUMATIC COMPRESSOR SEGMENTAL WITH CALIBR | 041 | B | | Y | | Y | \$1,779.73 | \$1,731.68 | \$177.97 | \$173.16 | | |
| E0655 | | PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA | 041 | N | | Y | | Y | \$96.76 | \$94.15 | | | 1 | 365 |
| E0656 | | SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, T | 041 | B | | Y | | Y | \$570.20 | \$554.80 | \$57.02 | \$55.48 | | |
| E0657 | | SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, C | 041 | Y | | Y | | Y | \$535.15 | \$520.70 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0660 | | PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU | 041 | N | | Y | | Y | \$132.43 | \$128.85 | | | 1 | 365 |
| E0665 | | PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU | 041 | N | | Y | | Y | \$122.82 | \$119.50 | | | 1 | 365 |
| E0666 | | PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA | 041 | N | | Y | | Y | \$129.80 | \$126.30 | | | 1 | 365 |
| E0667 | | PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS.,FULL L | 041 | N | | Y | | Y | \$216.20 | \$210.36 | | | 1 | 365 |
| E0668 | | PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS, FULL A | 041 | N | | Y | | Y | \$230.57 | \$224.34 | | | 1 | 365 |
| E0669 | | PNEUMATIC APPLIANCE; SEGMENTAL FOR COMPRESS., HALF | 041 | N | | Y | | Y | \$156.05 | \$151.84 | | | 1 | 365 |
| E0671 | | PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU | 041 | N | | Y | | Y | \$176.25 | \$171.49 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0672 | | PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU | 041 | N | | Y | | Y | \$176.25 | \$171.49 | | | 1 | 365 |
| E0673 | | PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,HA | 041 | N | | Y | | Y | \$176.25 | \$171.49 | | | 1 | 365 |
| E0705 | | TRANSFER DEVICE, ANY TYPE, EACH | 041 | N | | Y | | Y | \$41.99 | \$40.86 | | | 1 | 365 |
| E0710 | | RESTRAINTS ANY | 048 | N | | Y | | Y | \$13.03 | \$12.68 | | | 1 | 365 |
| E0720 | | TENS,TWO LEAD, LOCALIZED STIMULATION | 041 | B | | Y | | Y | \$126.92 | \$123.49 | \$12.69 | \$12.35 | | |
| E0730 | | TENS,FOUR LEAD,LARGER AREA/MULTIPLE NERVE STIMULAT | 041 | B | | Y | | Y | \$280.98 | \$273.39 | \$28.10 | \$27.34 | | |
| E0745 | | NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT | 041 | Y | Y | Y | | Y | | | | | | |
| E0747 | | OSTEOGENESIS STIMULATOR, NON INVASIVE, OTHER THAN | 041 | Y | | N | | Y | \$2,818.24 | \$2,742.15 | | | | |
| E0748 | | OSTEOGENESIS STIMULATOR, NON-INVASIVE, SPINAL APPL | 041 | Y | | N | | Y | \$3,294.09 | \$3,205.15 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0760 | | OSTOGENESIS STIMU, LOW INTENSITY | 041 | Y | | N | | Y | \$2,737.33 | \$2,663.42 | | | | |
| E0765 | | NERVE STIMULATOR W/REPLACEABLE BATTERIES FOR | 041 | Y | | Y | | Y | \$83.04 | \$80.80 | | | | |
| E0766 | | ELECTRICAL STIMULATION DEVICE FOR CA TRTMNT,W-ACCS | 041 | Y | Y | Y | | Y | | | | | | |
| E0776 | | IV POLE | 041 | B | | Y | | Y | \$74.59 | \$72.58 | \$7.46 | \$7.26 | | |
| E0779 | | INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8 | 041 | B | | Y | | Y | \$150.49 | \$146.43 | \$15.05 | \$14.64 | | |
| E0780 | | INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8 | 041 | Y | | Y | | Y | \$9.29 | \$9.04 | | | | |
| E0781 | | INFUSION PUMP,AMBULATORY;ELECTRIC OR BATTERY,WORN | 041 | B | | Y | | Y | | | \$7.91 | \$7.70 | DAILY | |
| E0782 | | INFUSION PUMP,IMPLANTABLE,NON-PROGRAM INCLUDE ALL | 041 | Y | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0784 | | INFUSION PUMP, AMBULATORY; EXTERNAL, INSULIN | 041 | B | | N | | Y | \$3,754.45 | \$3,653.08 | \$375.44 | \$365.31 | | |
| E0791 | | INFUSION PUMP,STATIONARY ; PARENTERAL | 041 | B | | Y | | Y | | | \$8.92 | \$8.68 | DAILY | |
| E0840 | | TRACTION FRAME, CERVICAL; ATTACHED TO | 041 | N | | Y | | Y | \$55.84 | \$54.33 | | | 1 | 1,095 |
| E0850 | | TRACTION STAND, CERVICAL; FREE STANDING | 041 | N | | Y | | Y | \$53.81 | \$52.36 | | | 1 | 1,095 |
| E0860 | | TRACTION EQUIPMENT,CERVICAL; OVER DOOR | 041 | N | | Y | | Y | \$29.36 | \$28.57 | | | 1 | 1,095 |
| E0870 | | TRACTION FRAME,EXTREMITY; ATTACHED TO FOOTBOARD | 041 | N | | Y | | Y | \$67.27 | \$65.45 | | | 1 | 1,095 |
| E0880 | | TRACTION STAND,EXTREMITY; FREE STANDING | 041 | N | | Y | | Y | \$81.05 | \$78.86 | | | 1 | 1,095 |
| E0890 | | TRACTION FRAME,PELVIC;ATTACHED TO | 041 | N | | Y | | Y | \$107.95 | \$105.04 | | | 1 | 1,095 |
| E0900 | | TRACTION STAND,PELVIC;FREE STANDING | 041 | N | | Y | | Y | \$90.33 | \$87.89 | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0910 | | TRAPEZE BARS;ATTACHED TO BED | 041 | B | | Y | | Y | \$168.57 | \$164.02 | \$16.86 | \$16.40 | | |
| E0911 | | TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 | 041 | B | | Y | | Y | \$468.59 | \$455.94 | \$46.86 | \$45.59 | | |
| E0912 | | TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 | 041 | B | | Y | | Y | \$1,076.02 | \$1,046.97 | \$107.60 | \$104.70 | | |
| E0920 | | FRACTURE FRAME;ATTACHED TO BED,INCLUDES WEIGHTS | 041 | B | | Y | | Y | \$362.46 | \$352.67 | \$36.25 | \$35.27 | | |
| E0930 | | FRACTURE FRAME;FREE STANDING, INCLUDES | 041 | B | | Y | | Y | \$375.90 | \$365.75 | \$37.59 | \$36.58 | | |
| E0935 | | CONT PASSIVE MOTION DEVICE KNEE ONLY DLY UP | 041 | R | | Y | | Y | | | \$8.93 | \$8.69 | DAILY | 21 |
| E0936 | | CONTINUOUS PASSIVE MOTION EXC DEVICE, OTHER THAN K | 041 | R | | Y | | N | | | \$13.00 | \$12.65 | DAILY | 21 |
| E0940 | | TRAPEZE BAR;FREE STANDING,COMPLETE SET | 041 | N | | Y | | Y | \$152.82 | \$148.69 | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0942 | | TRACTION ACCESSORY, CERVICAL HEAD HARNESS/HALTER | 041 | N | | Y | | Y | \$14.51 | \$14.12 | | | 1 | 365 |
| E0944 | | TRACTION ACCESSORY; PELVIC BELT/HARNESS/BO | 041 | N | | Y | | Y | \$22.38 | \$21.78 | | | 1 | 365 |
| E0947 | | FRACTURE FRAME; ATTACHMENTS FOR COMPLEX | 041 | B | | Y | | Y | \$462.18 | \$449.70 | \$46.22 | \$44.97 | | |
| E0948 | | FRACTURE FRAME; ATTACHMENTS FOR COMPLEX | 041 | B | | Y | | Y | \$447.04 | \$434.97 | \$44.70 | \$43.50 | | |
| E0950 | E | WHEELCHAIR ACCESSORY, TRAY, EACH | 041 | E | | Y | | Y | \$88.43 | \$86.04 | | | | |
| E0950 | M | WHEELCHAIR ACCESSORY, TRAY, EACH | 041 | E | | Y | | Y | \$102.60 | \$99.83 | | | | |
| E0951 | E | W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT | 041 | E | | Y | | Y | \$15.62 | \$15.20 | | | | |
| E0951 | M | W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT | 041 | E | | Y | | Y | \$18.12 | \$17.63 | | | | |
| E0952 | E | WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH | 041 | E | | Y | | N | \$14.93 | \$14.53 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0952 | M | WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH | 041 | E | | Y | | N | \$17.32 | \$16.85 | | | | |
| E0953 | | W/C ACC,LAT TGH KNEE SPT, ANYTYPE INC FXD MNT HDWR EA | 041 | Y | | N | | Y | \$71.39 | \$69.46 | | | | |
| E0954 | | W/C ACC,FT BX, ANY TYPE, INC ATCHMNT & MNT | 041 | Y | | N | | Y | \$48.12 | \$46.82 | | | | |
| E0955 | E | W/C ACCESSORY,HEADR EST,CUSHION,PRE-FAB,INCLUDING H | 041 | E | | Y | | Y | \$171.99 | \$167.35 | | | | |
| E0955 | M | W/C ACCESSORY,HEADR EST,CUSHION,PRE-FAB,INCLUDING H | 041 | E | | Y | | Y | \$199.55 | \$194.16 | | | | |
| E0956 | E | W/C ACCESSORY,LAT.TR UNK OR HIP SUPPORT,PRE-FAB W/H | 041 | E | | Y | | Y | \$83.86 | \$81.60 | | | | |
| E0956 | M | W/C ACCESSORY,LAT.TR UNK OR HIP SUPPORT,PRE-FAB W/H | 041 | E | | Y | | Y | \$97.30 | \$94.67 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0957 | E | W/C ACCESSORY.MEDIA L THIGH SUPPORT PRE-FAB,INCLUDE | 041 | E | | Y | | Y | \$117.34 | \$114.17 | | | | |
| E0957 | M | W/C ACCESSORY.MEDIA L THIGH SUPPORT PRE-FAB,INCLUDE | 041 | E | | Y | | Y | \$136.14 | \$132.46 | | | | |
| E0958 | | WHEELCHAIR ACCES: CONVERT MAN W/C TO ONE | 041 | E | | Y | | Y | \$430.61 | \$418.98 | | | | |
| E0959 | | WHLCHR ACC- AMPUTEE ADAPTER, EACH | 041 | E | | Y | | N | \$37.09 | \$36.09 | | | | |
| E0960 | E | W/C ACCESSY,SHLDER HARNESS/STRAPS/ | 041 | E | | Y | | Y | \$77.40 | \$75.31 | | | | |
| E0960 | M | W/C ACCESSY,SHLDER HARNESS/STRAPS/ | 041 | E | | Y | | Y | \$89.90 | \$87.47 | | | | |
| E0961 | | WHLCHR ACC- BRAKE LOCK EXTENSION, EACH | 041 | E | | Y | | Y | \$29.36 | \$28.57 | | | | |
| E0966 | | WHLCHR ACC- HEADREST | 041 | E | | Y | | Y | \$69.17 | \$67.30 | | | | |
| E0967 | | MAN W/C ACC;HAND RIMS W/PROJECT, ANY , | 041 | E | | Y | | Y | \$64.83 | \$63.08 | | | | |
| E0969 | | NARROWING DEVICE, | 041 | E | | N | | Y | \$154.44 | \$150.27 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0970 | | NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG | 041 | E | Y | Y | | Y | | | | | | |
| E0971 | | MANUAL WHEELCHAIR ACC-ANTI-TIPPING DEVICE, EACH | 041 | E | | Y | | Y | \$42.83 | \$41.67 | | | | |
| E0973 | E | WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC | 041 | E | | Y | | Y | \$97.81 | \$95.17 | | | | |
| E0973 | M | WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC | 041 | E | | Y | | Y | \$120.72 | \$117.46 | | | | |
| E0974 | | WHLCHR ACC-ANTI-ROLLBACK DEVICE, EACH | 041 | E | | Y | | N | \$65.78 | \$64.00 | | | | |
| E0978 | E | WHLCHR ACC-SAFETY POSITIONING BELT/ | 041 | E | | Y | | Y | \$36.32 | \$35.34 | | | | |
| E0978 | M | WHLCHR ACC-SAFETY POSITIONING BELT/ | 041 | E | | Y | | Y | \$42.15 | \$41.01 | | | | |
| E0980 | | WHLCHR ACC-SAFETY VEST | 041 | E | | Y | | Y | \$32.63 | \$31.75 | | | | |
| E0981 | | W/C ACCESS, SEAT UPHOLSTERY, REPLACEMENT ONLY, EAC | 041 | E | | Y | | Y | \$44.70 | \$43.49 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0982 | E | W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC | 041 | E | | Y | | Y | \$37.26 | \$36.25 | | | | |
| E0982 | M | W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC | 041 | E | | Y | | Y | \$43.23 | \$42.06 | | | | |
| E0983 | | MANUAL W/C ACC,PWR ADD-ON TO CONVERT MAN TO MOT | 041 | E | | Y | | Y | \$2,466.84 | \$2,400.24 | | | | |
| E0984 | | MAN W/C ACCESS, POWER ADD-ON TO CONVERT TO | 041 | E | | Y | | Y | \$1,602.88 | \$1,559.60 | | | | |
| E0985 | | W/C ACCESS, SEAT LIFT MECHANISM | 041 | E | | Y | | Y | \$200.21 | \$194.80 | | | | |
| E0986 | | MAN WHEELCHAIR ACCESSORY,PUSH RIM,ACTIVATED,P | 041 | E | | Y | | Y | \$4,801.00 | \$4,671.37 | | | | |
| E0988 | | MANUAL WHEELCHAIR ACCESSORY LEVER ACTIVATED WHEEL | 041 | E | | Y | | Y | \$3,022.48 | \$2,940.87 | | | | |
| E0990 | E | WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, | 041 | E | | Y | | Y | \$88.80 | \$86.40 | | | | |
| E0990 | M | WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, | 041 | E | | Y | | Y | \$103.03 | \$100.25 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E0992 | | WHEELCHAIR ACCESSORY, SOLID SEAT INSERT, MANUAL W/ | 041 | E | | Y | | Y | \$93.53 | \$91.00 | | | | |
| E0994 | | WHLCHR ACC-ARMREST,EACH | 041 | E | | Y | | Y | \$17.38 | \$16.91 | | | | |
| E0995 | | WHLCHR ACC-CALF REST/PAD RPLCMT ONLY, EACH | 041 | E | | Y | | Y | \$25.86 | \$25.16 | | | | |
| E1002 | | W/C ACCESS, POWER SEATING SYSTEM TILT ONLY | 041 | E | | Y | | Y | \$3,448.07 | \$3,354.97 | | | | |
| E1003 | | W/C ACCESS, POWER SEATING SYSTEM RECLINE | 041 | E | | Y | | Y | \$3,735.68 | \$3,634.82 | | | | |
| E1004 | | W/C ACCESS, POWER SEATING SYSTEM RECLINE | 041 | E | | Y | | Y | \$4,805.75 | \$4,675.99 | | | | |
| E1005 | | W/C ACCESS, POWER SEAT/SYS, RECLINE ONLY, | 041 | E | | Y | | Y | \$4,483.50 | \$4,362.45 | | | | |
| E1006 | | W/C ACC-POWER SEAT SYS, COMB TILT/RECLINE W/O SHEA | 041 | E | | Y | | Y | \$5,491.87 | \$5,343.59 | | | | |
| E1007 | | W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/ME | 041 | E | | Y | | Y | \$7,436.20 | \$7,235.42 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1008 | | W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/PO | 041 | E | | Y | | Y | \$7,436.87 | \$7,236.07 | | | | |
| E1009 | | W/C ACCESS, ADD TO POWER SEAT/SYS, | 041 | E | Y | Y | | Y | | | | | | |
| E1010 | | W/C ACCESS; ADDITION TO POW/SEATING SYS LEG REST, | 041 | E | | Y | | Y | \$973.02 | \$946.75 | | | | |
| E1011 | | W/C MODIFICATION TO PEDS W/C WIDTH | 041 | E | Y | Y | | Y | | | | | | |
| E1012 | | W/C ACSSRY, CTR MOUNT PWR | 041 | E | Y | Y | | Y | | | | | | |
| E1014 | | W/C RECLINING BACK, ADDITION TO PEDIATRIC SIZE | 041 | E | | Y | | Y | \$360.40 | \$350.67 | \$36.04 | | | |
| E1015 | | W/C SHOCK ABSORBOR FOR MANUAL W/C | 041 | E | | Y | | Y | \$113.21 | \$110.15 | | | | |
| E1016 | E | W/C SHOCK ABSORBER FOR POWER W/C EACH | 041 | E | | Y | | Y | \$111.71 | \$108.69 | | | | |
| E1016 | M | W/C SHOCK ABSORBER FOR POWER W/C EACH | 041 | E | | Y | | Y | \$129.61 | \$126.11 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1017 | | W/C SHOCK ABSORBER HD FOR HD AND XHD W/C | 041 | E | Y | Y | | Y | | | | | | |
| E1018 | | W/C SHOCK ABSORBER HD FOR HD AND XHD W/C | 041 | E | Y | Y | | Y | | | | | | |
| E1020 | E | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, | 041 | E | | Y | | Y | \$207.07 | \$201.48 | | | | |
| E1020 | M | RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, | 041 | E | | Y | | Y | \$240.25 | \$233.76 | | | | |
| E1028 | E | W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD | 041 | E | | Y | | Y | \$175.70 | \$170.96 | | | | |
| E1028 | M | W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD | 041 | E | | Y | | Y | \$203.86 | \$198.36 | | | | |
| E1029 | | W/C ACCESSORY,VENTILATOR TRAY, FIXED | 041 | E | | Y | | Y | \$314.36 | \$305.87 | | | | |
| E1030 | | W/C ACCESSORY,VENTILATOR | 041 | E | | Y | | Y | \$991.29 | \$964.53 | | | | |
| E1037 | | W/C; TRANSPORT CHAIR, PEDIATRIC SIZE | 041 | B | | Y | | Y | \$1,223.77 | \$1,190.73 | \$122.38 | \$119.07 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1161 | | W/C MANUAL ADULT SIZE W/C INCLUDES TILT-IN- | 041 | B | | Y | | Y | \$2,335.33 | \$2,272.28 | \$233.53 | \$227.23 | | |
| E1225 | | WHEELCHAIR ACCESSORY; SEMI-RECLINING BACK, >15DEG. | 041 | B | | Y | | Y | \$446.12 | \$434.07 | \$44.61 | \$43.41 | | |
| E1226 | | WHEELCHAIR ACCESSORY;MANU AL FULLY RECLINING BACK,> | 041 | B | | Y | | N | \$538.55 | \$524.01 | \$53.85 | \$52.40 | | |
| E1227 | E | SPECIAL HGT ARMS FOR WHEELCHR | 041 | E | | N | | Y | \$273.62 | \$266.23 | | | | |
| E1227 | M | SPECIAL HGT ARMS FOR WHEELCHR | 041 | E | | N | | Y | \$291.09 | \$283.23 | | | | |
| E1228 | | SPECIAL BACK HEIGHT FOR | 041 | E | | Y | | Y | \$235.09 | \$228.74 | | | | |
| E1229 | | WHEELCHAIR, PEDIATRIC NOC | 041 | Y | Y | Y | | N | | | | | | |
| E1230 | | POWER OPERATED VEHICLE; 3 OR 4 WHEEL, NON-HIGHWAY | 041 | E | | Y | | Y | \$1,953.26 | \$1,900.52 | | | | |
| E1231 | | W/C PEDIATRIC SIZE TILT-IN-SPACE,RIGID,ADJ SEATING | 041 | B | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1232 | | W/C PEDIATRIC SIZE TILT-IN-SPACE,FOLDING, ADJ SEAT | 041 | B | | Y | | Y | \$2,110.61 | \$2,053.62 | \$211.06 | \$205.36 | | |
| E1233 | | W/C PEDIATRIC SIZE TILT-IN-SPACE, RIGID, ADJ, W/OU | 041 | B | | Y | | Y | \$2,186.93 | \$2,127.88 | \$218.69 | \$212.79 | | |
| E1234 | | W/C,PEDIATRIC SIZE,TILT-IN-SPACE,FOLDING,ADJ, W/OU | 041 | B | | Y | | Y | \$1,903.88 | \$1,852.48 | \$190.39 | \$185.25 | | |
| E1235 | | W/C PEDIATRIC SIZE RIGID WITH SEATING SYSTEM | 041 | B | | Y | | Y | \$1,833.28 | \$1,783.78 | \$183.33 | \$178.38 | | |
| E1236 | | W/C PEDIATRIC SIZE FOLDING WITH SEATING SYSTEM | 041 | B | | Y | | Y | \$1,617.43 | \$1,573.76 | \$161.74 | \$157.38 | | |
| E1237 | | W/C PEDIATRIC SIZE, ADJUSTABLE WITHOUT SEATING SYS | 041 | B | | Y | | Y | \$1,631.56 | \$1,587.51 | \$163.16 | \$158.75 | | |
| E1238 | | W/C PEDIATRIC SIZE ADJUSTABLE WITHOUT SEATING SYST | 041 | B | | Y | | Y | \$1,617.43 | \$1,573.76 | \$161.74 | \$157.38 | | |
| E1300 | | WHIRLPOOL;OVER TUB TYPE, | 041 | Y | | Y | | N | \$157.69 | \$153.43 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1352 | | OXYGEN ACCESSORY, FLOW REGULATR CAPABLE OF POS | 041 | Y | Y | Y | | Y | | | | | | |
| E1353 | | REGULATOR | 041 | Y | | Y | | Y | \$82.76 | \$80.53 | | | 1 | 1,095 |
| E1372 | | HUMIDIFIER ACCESSORY: EXTERNAL HEATER | 041 | N | | Y | | Y | \$227.40 | \$221.26 | | | 1 | 1,095 |
| E1390 | NR | OXYGEN CONCENTRAT, SING L PORT, DELIVER 85% OR>OXYG | 041 | R | | N | | Y | | | \$169.50 | | 1 | 30 |
| E1392 | NR | PORTABLE GAS OXYGEN SYSTEM | 041 | R | | Y | | Y | | | \$39.40 | | 1 | 30 |
| E1399 | | DURABLE MEDICAL EQUIPMENT, NEC | 041 | Y | Y | N | | N | | | | | | |
| E1639 | | SCALE, EACH | 041 | Y | | Y | | Y | \$23.99 | \$23.34 | | | | |
| E1700 | | JAW MOTION REHABILITATION SYSTEM | 041 | B | | Y | | Y | \$340.36 | \$331.17 | \$34.04 | \$33.12 | | |
| E1800 | | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXIO | 041 | B | | N | | Y | \$1,145.80 | \$1,114.86 | \$114.58 | \$111.49 | | |
| E1801 | | STATIC PROGRESIV STRETCH ELBO DEV EXT/FLEX W/WO | 041 | B | | N | | Y | \$589.40 | \$573.49 | \$58.94 | \$57.35 | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1802 | | DYNAMIC ADJ-FOREARM PRONATION/SUPIN A DEV W/SOF | 041 | B | | N | | Y | \$3,071.92 | \$2,988.98 | \$307.19 | \$298.90 | | |
| E1805 | | DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE | 041 | B | | N | | Y | \$1,181.70 | \$1,149.79 | \$118.17 | \$114.98 | | |
| E1806 | | STATIC PROGRESSIV STRETCH WRIST DEV EXT/FLEX, | 041 | B | | Y | | Y | \$329.60 | \$320.70 | \$32.96 | \$32.07 | | |
| E1810 | | DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE | 041 | B | | N | | Y | \$1,165.20 | \$1,133.74 | \$116.52 | \$113.37 | | |
| E1811 | | STATIC PROGRESSSV STRETCH KNEE DEV EXT/FLEX,W/WO | 041 | B | | Y | | Y | \$598.60 | \$582.44 | \$59.86 | \$58.24 | | |
| E1815 | | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE | 041 | B | | N | | Y | \$1,181.70 | \$1,149.79 | \$118.17 | \$114.98 | | |
| E1816 | | STATIC PROGRESSSV STRETCH ANKLE DEV | 041 | B | | Y | | Y | \$333.90 | \$324.88 | \$33.39 | \$32.49 | | |
| E1818 | | STATIC PROGRESSIVE STRETCH FOREARM | 041 | B | | N | | Y | \$1,301.00 | \$1,265.87 | \$130.10 | \$126.59 | | |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E1825 | | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXIO | 041 | B | | N | | Y | \$1,181.70 | \$1,149.79 | \$118.17 | \$114.98 | | |
| E1840 | | DYNAMIC ADJUST SHOULDER FLEXION/ABDUCTION/ROTA | 041 | B | | N | | Y | \$3,579.70 | \$3,483.05 | \$357.97 | \$348.30 | | |
| E1841 | | STATIC PROGRESS STRETCH SHLDER DEVICE W/WO | 041 | B | | N | | Y | \$4,471.10 | \$4,350.38 | \$447.11 | \$435.04 | | |
| E2000 | | GASTRIC SUCTION PUMP,HOME-MOD,PORTR STATIONA | 041 | R | | Y | | Y | | | \$28.42 | \$27.65 | | |
| E2201 | | MANUAL W/C ACCESS,NON-STANDARD SEAT FRAME 20-<2 | 041 | E | | Y | | Y | \$367.94 | \$358.01 | | | | |
| E2202 | | MANUAL W/C ACCESSORY , NON-STAND FRAME 24-27 INCH | 041 | E | | Y | | Y | \$467.82 | \$455.19 | | | | |
| E2203 | | MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH,20-<22 | 041 | E | | Y | | Y | \$472.82 | \$460.05 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2204 | | MANUAL W/C ACCESSORY, NON-STAND FRAME DEPTH, 22-25 | 041 | E | | Y | | Y | \$802.83 | \$781.15 | | | | |
| E2205 | | MANUAL W/C ACCES, HANDRIM W/O PROJECTIONS, ANY | 041 | E | | Y | | Y | \$32.24 | \$31.37 | | | | |
| E2206 | | MANUAL W/C ACCESS, WHEEL LK ASSM, COMPLETE, R PLCMT, EA | 041 | E | | Y | | Y | \$40.15 | \$39.07 | | | | |
| E2207 | | W/C ACCESSORY, CRUTCH AND CANE HOLDER, EACH | 041 | E | | Y | | Y | \$42.79 | \$41.63 | | | | |
| E2208 | E | W/C ACCESSORY, CYLINDER TANK CARRIER, EACH | 041 | E | | Y | | Y | \$101.05 | \$98.32 | | | | |
| E2208 | M | W/C ACCESSORY, CYLINDER TANK CARRIER, EACH | 041 | E | | Y | | Y | \$101.05 | \$98.32 | | | | |
| E2209 | E | W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP | 041 | E | | Y | | Y | \$91.16 | \$88.70 | | | | |
| E2209 | M | W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP | 041 | E | | Y | | Y | \$105.77 | \$102.91 | | | | |
| E2210 | E | W/C ACCESSORY, BEARINGS, ANY TYPE, | 041 | E | | Y | | Y | \$5.57 | \$5.42 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2210 | M | W/C ACCESSORY, BEARINGS, ANY TYPE, | 041 | E | | Y | | Y | \$6.47 | \$6.30 | | | | |
| E2211 | | MANUAL W/C ACCESSORY, PNEUMATIC PROPULSION TIRE, | 041 | N | | Y | | Y | \$36.38 | \$35.40 | | | 2 | 365 |
| E2212 | | MANUAL W/C ACCESSORY TUBE FOR PNEU PROPULSION TIRE | 041 | N | | Y | | Y | \$5.80 | \$5.64 | | | 2 | 365 |
| E2213 | | MANUAL W/C ACCESSORY INSERT FOR PNEU PRO (REMO) TI | 041 | N | | Y | | Y | \$30.01 | \$29.20 | | | 2 | 365 |
| E2214 | | MANUAL W/C ACCESSORY, PNEUMATIC CASTER TIRE ANY SI | 041 | N | | Y | | Y | \$30.20 | \$29.38 | | | 2 | 365 |
| E2215 | | MANUAL W/C ACCESS TUBE FOR PNEU CASTER TIRE, | 041 | N | | Y | | Y | \$9.48 | \$9.22 | | | 2 | 365 |
| E2216 | | MANUAL W/C ACCESSORY, FOAM FILLED PRO-TIRE, ANY SI | 041 | N | | Y | | Y | \$52.94 | \$51.51 | | | 2 | 365 |
| E2217 | | MANUAL W/C ACCESSORY, FOAM FILLED CASTER TIRE, ANY | 041 | N | | Y | | Y | \$39.71 | \$38.64 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2218 | | MANUAL W/C ACCESSORY, FOAM PRO-TIRE ANY SIZE EACH | 041 | N | | Y | | Y | \$70.01 | \$68.12 | | | 2 | 365 |
| E2219 | | MANUAL W/C ACCESSORY, FOAMCASTER TIRE, ANY SIZE, E | 041 | N | | Y | | Y | \$41.29 | \$40.18 | | | 2 | 365 |
| E2220 | | MAN W/C ACC, SOLID RUB/PLAS,PRO | 041 | N | | Y | | Y | \$28.15 | \$27.39 | | | 2 | 365 |
| E2221 | | MAN W/C ACC,SOLID RUB/PLAS CTR TIRE,RMV, | 041 | N | | Y | | Y | \$25.22 | \$24.54 | | | 2 | 365 |
| E2222 | | MAN W/C ACC,SOLD RUB PLAS CSTR TIRE,INT WHL ANY, RPLC | 041 | N | | Y | | Y | \$20.77 | \$20.21 | | | 2 | 365 |
| E2224 | | MAN W/C ACC, PROPUL WHL EXCLDE TIRE ANY SZ, RPLCMNT | 041 | N | | Y | | Y | \$82.27 | \$80.05 | | | 2 | 365 |
| E2225 | | MAN W/C ACC-CASTER WHEEL EXCLUDE TIRE-ANY SIZE-REP | 041 | N | | Y | | Y | \$17.17 | \$16.71 | | | 2 | 365 |
| E2226 | | MANUAL W/C ACCES CASTER FORK ANY SIZE | 041 | N | | Y | | Y | \$37.42 | \$36.41 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2227 | | MAN WHEELCHAIR ACCES, GEAR REDUCTION DRIVE WHEE | 041 | E | | Y | | Y | \$1,548.73 | \$1,506.91 | | | | |
| E2228 | | MAN WHEELCHAIR ACESS,WHEEL BRAKING SYSTM/LOCK C | 041 | E | | Y | | Y | \$924.09 | \$899.14 | | | | |
| E2230 | | MANUAL WHEELCHAIR ACCES, MANUAL STANDING SYSTEM | 041 | E | Y | Y | | Y | | | | | | |
| E2231 | | MAN W/C ACC-SOLID SEAT SUPPORT BASE- | 041 | E | | Y | | Y | \$151.68 | \$147.58 | | | | |
| E2291 | | BACK,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC | 041 | E | Y | Y | | N | | | | | | |
| E2292 | | SEAT,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC | 041 | E | Y | Y | | N | | | | | | |
| E2293 | | BACK,CONTOURED, FOR PEDS W/C INCLUDES FIXED | 041 | E | Y | Y | | N | | | | | | |
| E2294 | | SEAT.CONTOURED, FOR PEDS W/C INCLUDES FIXED | 041 | E | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2295 | | MAN W/C ACCES,PEDI SIZE W/C DYNA | 041 | E | Y | Y | | N | | | | | | |
| E2300 | | WHEELCHAIR ACCESORY,POWER SEAT ELEVATION SYSTEM, A | 041 | E | Y | Y | | N | | | | | | |
| E2310 | | POWER W/C ACCES, ELECTRO W/C CONTROLS ONE MOTO | 041 | E | | Y | | Y | \$995.53 | \$968.65 | | | | |
| E2311 | | POWER W/C ACCES, ELECTRO W/C CONTROLS TWO MOTO | 041 | E | | Y | | Y | \$2,015.48 | \$1,961.06 | | | | |
| E2312 | E | POW W/C ACES,HAND/CHIN CONT INTERFA,MINI-PRO- | 041 | E | | Y | | Y | \$1,990.50 | \$1,936.76 | | | | |
| E2312 | M | RPLCMNT; PWR W/C ACCES,HAND/CHIN | 041 | E | | Y | | Y | \$2,538.67 | \$2,470.13 | | | | |
| E2313 | | POW W/C ACCES HARNESS FOR UPGRDE TO EXP/CONT,INCL | 041 | E | | Y | | Y | \$316.09 | \$307.56 | | | | |
| E2321 | E | POWER W/C ACES, HAND CONTROL, INTERFACE, REMOTE JO | 041 | E | | Y | | Y | \$1,351.85 | \$1,315.35 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2321 | M | REPLMENT; PWR W/C ACES, HAND CTRL, INTERFACE, | 041 | E | | Y | | Y | \$2,202.00 | \$2,142.55 | | | | |
| E2322 | E | POWER W/C ACCESS, HAND CONTROL INTERFACE, | 041 | E | | Y | | Y | \$1,199.80 | \$1,167.41 | | | | |
| E2322 | M | REPLCMT; PWR W/C ACC, HAND CTRL INTERFACE, MULTI/ME | 041 | E | | Y | | Y | \$2,331.88 | \$2,268.92 | | | | |
| E2323 | | POWER W/C ACCESS, SPECIALTY JOYSTICK HAND | 041 | E | | Y | | N | \$58.83 | \$57.24 | | | | |
| E2324 | | POWER W/C ACCESS, CHIN CP FOR CHIN | 041 | E | | Y | | Y | \$37.28 | \$36.27 | | | | |
| E2325 | | POWER W/C ACCESS, SIP AND PUFF INTERFACE, COMPLETE | 041 | E | | Y | | Y | \$1,145.75 | \$1,114.81 | | | | |
| E2326 | | POWER W/C ACCESS, BREATH TUBE KIT FOR SIP | 041 | E | | Y | | Y | \$295.31 | \$287.34 | | | | |
| E2327 | E | POWER W/C ACCES, HEAD CONTROL INTERFACE, MECH, | 041 | E | | Y | | Y | \$2,222.35 | \$2,162.35 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2327 | M | REPLMNT; PWR W/C ACCES, HE CONTRL INTRFCE, | 041 | E | | Y | | Y | \$3,376.30 | \$3,285.14 | | | | |
| E2328 | | POWER W/C ACCES, HEAD OR EXTREM CTRL | 041 | E | | Y | | Y | \$4,215.49 | \$4,101.67 | | | | |
| E2329 | | POWER W/C ACCES, HEAD CONTROL INTERFACE, | 041 | E | | Y | | Y | \$1,502.45 | \$1,461.88 | | | | |
| E2330 | | POWER W/C ACCES, HEAD CONT/INTERFACE, SWITCH MECH, | 041 | E | | Y | | Y | \$2,911.17 | \$2,832.57 | | | | |
| E2331 | | POWER W/C ACCES, ATTENDANT CONTROL, | 041 | E | Y | Y | | N | | | | | | |
| E2340 | | POWER W/C ACCESSORY,NONST AND SEAT FRAME WIDTH,2 | 041 | E | | Y | | Y | \$353.70 | \$344.15 | | | | |
| E2341 | | POWER W/C ACCESS,NONSTAND ARD SEAT FRAME WIDTH 2 | 041 | E | | Y | | Y | \$530.59 | \$516.26 | | | | |
| E2342 | | POWER W/C ACCESS,NONSTAND ARD FRAME DEPTH,20 OR | 041 | E | | Y | | Y | \$442.16 | \$430.22 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2343 | | POWER W/C ACCESS, NONSTANDARD FRAME DEPTH, 22-25 | 041 | E | | Y | | Y | \$707.46 | \$688.36 | | | | |
| E2351 | | PWR W/C ACC, ELEC INTRFCE TO SPEECH GNRTNG | 041 | E | | Y | | Y | \$594.32 | \$578.27 | | | | |
| E2359 | | POWER WHEELCHAIR ACCESSORY GRP34 | 041 | N | | Y | | Y | \$175.82 | \$171.07 | | | 2 | 365 |
| E2360 | | POWER W/C ACCES, 22 NF NON-SEALED LEAD ACID | 041 | N | | Y | | Y | \$94.25 | \$91.71 | | | 2 | 365 |
| E2361 | | POWER W/C ACCES, 22 NF SEALED LEAD ACID | 041 | N | | Y | | Y | \$137.64 | \$133.92 | | | 2 | 365 |
| E2362 | | POWER W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BAT | 041 | N | | Y | | Y | \$90.79 | \$88.34 | | | 2 | 365 |
| E2363 | | POWER W/C ACCES, GROUP 24 SEALE LEAD ACID | 041 | N | | Y | | Y | \$183.58 | \$178.62 | | | 2 | 365 |
| E2364 | | POWER W/C ACCES, U-1 NON-SEALED LEAD ACID | 041 | N | | Y | | Y | \$94.25 | \$91.71 | | | 2 | 365 |
| E2365 | | POWER W/C ACCES, U-1 SEALED LEA ACID BATTERY, | 041 | N | | Y | | Y | \$110.70 | \$107.71 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2366 | | POWER W/C ACCES, BATT/CHARGER SINGLE MODE, USE | 041 | N | | Y | | Y | \$221.00 | \$215.03 | | | 2 | 365 |
| E2368 | | POWER W/C COMPONENT,MOT OR REPLACEMENT | 041 | E | | Y | | N | \$509.86 | \$496.09 | | | | |
| E2369 | E | PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, | 041 | E | | Y | | N | \$382.77 | \$372.44 | | | | |
| E2369 | M | PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, | 041 | E | | Y | | N | \$444.09 | \$432.10 | | | | |
| E2370 | E | PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION | 041 | E | | Y | | N | \$682.98 | \$664.54 | | | | |
| E2370 | M | PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION | 041 | E | | Y | | N | \$792.40 | \$771.01 | | | | |
| E2371 | | POWER W/C ACCES GROUP 27 SEALE LEAD ACID BATT | 041 | N | | Y | | Y | \$148.77 | \$144.75 | | | 2 | 365 |
| E2372 | | POWER W/C ACCESS GRP 27 NON-SEAL LEAD | 041 | N | | Y | | Y | \$92.28 | \$89.79 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2373 | E | POWER W/C ACCESS, HAND OR CHIN CONTROL | 041 | E | | Y | | Y | \$693.84 | \$675.11 | | | | |
| E2373 | M | POWER W/C ACCESS, HAND OR CHIN CONTROL | 041 | E | | Y | | Y | \$1,070.48 | \$1,041.58 | | | | |
| E2374 | | POWER W/C ACC,HAND OR CHIN CONTROL STAND REMOTE | 041 | E | | Y | | Y | \$454.29 | \$442.02 | | | | |
| E2375 | | PWR W/C ACCESS,NON EXPANDABLE CONTROLLER, ALL | 041 | E | | Y | | Y | \$728.68 | \$709.01 | | | | |
| E2376 | | POWER W/C ACCESS,EXPAND CONTROL,INCLUD HARDW,R | 041 | E | | Y | | Y | \$1,141.87 | \$1,111.04 | | | | |
| E2377 | | POWER W/C ACCESS, EXPANDABLE CONTROL, ALL | 041 | E | | Y | | Y | \$413.20 | \$402.04 | | | | |
| E2378 | | PWR WHEELCHAIR COMPONENT ACUATOR REPLAC ONLY | 041 | E | | Y | | Y | \$525.96 | \$511.76 | | | | |
| E2381 | | POWER W/C ACCESS, PNEU DRIVE WHEEL TIRE, | 041 | N | | Y | | Y | \$75.19 | \$73.16 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2382 | | POWER W/C ACCESS,TUBE FOR PNEU DRIVE TIRE,ANY SIZE | 041 | N | | Y | | Y | \$20.50 | \$19.95 | | | 2 | 365 |
| E2383 | | POWER W/C ACCESS,INSERT FOR PNEU DRIVE TIRE ANY TY | 041 | N | | Y | | Y | \$149.89 | \$145.84 | | | 2 | 365 |
| E2384 | | POWER W/C ACCESS,PNEU CASTER TIRE, ANY SIZE,REPLAC | 041 | N | | Y | | Y | \$79.86 | \$77.70 | | | 2 | 365 |
| E2385 | | POWER W/C ACCESS,TUBE FOR PNEU CASTER TIRE ANY SIZ | 041 | N | | Y | | Y | \$48.85 | \$47.53 | | | 2 | 365 |
| E2386 | | POWER W/C ACCESS FOAM FILLED DRIVE | 041 | N | | Y | | Y | \$148.56 | \$144.55 | | | 2 | 365 |
| E2387 | | POWER W/C ACCESS, FOAM FILLED CASTER | 041 | N | | Y | | Y | \$64.09 | \$62.36 | | | 2 | 365 |
| E2388 | | POWER W/C ACCESS, FOAM DRIVE WHEEL TIRE, | 041 | N | | Y | | Y | \$49.74 | \$48.40 | | | 2 | 365 |
| E2389 | | POWER W/C ACCESS FOAM CASTER TIRE, ANY | 041 | N | | Y | | Y | \$27.00 | \$26.27 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2390 | | POWER W/C ACCESS, SOLID (R/P) DRIVE TIRE, | 041 | N | | Y | | Y | \$42.23 | \$41.09 | | | 2 | 365 |
| E2391 | | POWER W/C ACCESS, SOLID (R/P) CASTER TIRE | 041 | N | | Y | | Y | \$20.23 | \$19.68 | | | 2 | 365 |
| E2392 | | POWER W/C ACCESS, SOLID (R/P) CASTER TIRE | 041 | N | | Y | | Y | \$53.17 | \$51.73 | | | 2 | 365 |
| E2394 | | POWER W/C ACCESS, DRIVE WHEEL EXCLUDES | 041 | N | | Y | | Y | \$75.74 | \$73.70 | | | 2 | 365 |
| E2395 | | POWER W/C ACCESS, CASTER WHEEL EXCLUDES | 041 | N | | Y | | Y | \$53.84 | \$52.39 | | | 2 | 365 |
| E2396 | | POWER W/C ACCESS, CASTER FORK, ANY SIZE, | 041 | N | | Y | | Y | \$65.65 | \$63.88 | | | 2 | 365 |
| E2397 | | POW W/C ACCES, LITHION-BASED BATTERY, EACH | 041 | N | | Y | | Y | \$408.74 | \$397.70 | | | 2 | 365 |
| E2402 | | NEG. PRESS WOUND THERAPY, PUMP ELECTRICAL, | 041 | R | | N | | Y | | | \$85.00 | \$82.71 | DAILY | |
| E2500 | | SPEECH GENERATING DEVICE, DIGIT PRE- | 041 | Y | | N | | Y | \$367.60 | \$357.67 | | | | |
| E2502 | | SPEECH GENERATING DEVICE, DIGI PRE- | 041 | Y | | N | | Y | \$1,124.05 | \$1,093.70 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2504 | | SPEECH GENERATING DEVICE, DIGIT PRE- | 041 | Y | | N | | Y | \$1,482.77 | \$1,442.74 | | | | |
| E2506 | | SPEECH GENERATING DEVICE, DIGIT PRE- | 041 | Y | | N | | Y | \$2,600.00 | \$2,529.80 | | | | |
| E2508 | | SPEECH GENERATI DEVICE, SYNTH REQUIR/MESS/FOR MU/ | 041 | Y | | N | | Y | \$3,362.01 | \$3,271.24 | | | | |
| E2510 | | SPEECH GENERATING DEVICE, | 041 | Y | Y | N | | Y | | | | | | |
| E2511 | | SPEECH GENERATING SOFTWARE PROG | 041 | Y | Y | N | | Y | | | | | | |
| E2512 | | SPEECH GENERATING DEVICE ACCESS | 041 | Y | Y | N | | Y | | | | | | |
| E2599 | | SPEECH GENERATING DEVICE, | 041 | Y | Y | N | | N | | | | | | |
| E2601 | E | GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY | 041 | E | | Y | | N | \$60.37 | \$58.74 | | | | |
| E2601 | M | GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY | 041 | E | | Y | | N | \$101.58 | \$98.84 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2602 | E | GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY | 041 | E | | Y | | N | \$101.58 | \$98.84 | | | | |
| E2602 | M | GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY | 041 | E | | Y | | N | \$117.85 | \$114.67 | | | | |
| E2603 | E | SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 | 041 | E | | Y | | N | \$128.96 | \$125.48 | | | | |
| E2603 | M | SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 | 041 | E | | Y | | N | \$149.62 | \$145.58 | | | | |
| E2604 | E | SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR | 041 | E | | Y | | N | \$160.28 | \$155.95 | | | | |
| E2604 | M | SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR | 041 | E | | Y | | N | \$185.96 | \$180.94 | | | | |
| E2605 | E | POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 | 041 | E | | Y | | N | \$228.98 | \$222.80 | | | | |
| E2605 | M | POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 | 041 | E | | Y | | N | \$265.67 | \$258.50 | | | | |
| E2606 | E | POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR | 041 | E | | Y | | N | \$357.24 | \$347.59 | | | | |
| E2606 | M | POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR | 041 | E | | Y | | N | \$414.48 | \$403.29 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2607 | E | SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH | 041 | E | | Y | | N | \$246.57 | \$239.91 | | | | |
| E2607 | M | SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH | 041 | E | | Y | | N | \$286.08 | \$278.36 | | | | |
| E2608 | E | SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH | 041 | E | | Y | | N | \$296.12 | \$288.12 | | | | |
| E2608 | M | SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH | 041 | E | | Y | | N | \$343.56 | \$334.28 | | | | |
| E2609 | | CUSTON FABRICATED SEAT CUSHION ANY SIZE | 041 | E | Y | N | | N | | | | | | |
| E2611 | E | GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A | 041 | E | | Y | | N | \$265.72 | \$258.55 | | | | |
| E2611 | M | GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A | 041 | E | | Y | | N | \$308.29 | \$299.97 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2612 | E | GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY | 041 | E | | Y | | N | \$359.46 | \$349.75 | | | | |
| E2612 | M | GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY | 041 | E | | Y | | N | \$417.05 | \$405.79 | | | | |
| E2613 | E | POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH | 041 | E | | Y | | N | \$334.36 | \$325.33 | | | | |
| E2613 | M | POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH | 041 | E | | Y | | N | \$387.93 | \$377.46 | | | | |
| E2614 | E | POSITIONING W/C BACK CUSHION,WIDTH,2 2 INCHES OR > | 041 | E | | Y | | N | \$462.72 | \$450.23 | | | | |
| E2614 | M | POSITIONING W/C BACK CUSHION,WIDTH,2 2 INCHES OR > | 041 | E | | Y | | N | \$536.86 | \$522.36 | | | | |
| E2615 | E | POSITIONING W/C BACK POST/LAT WIDTH <22 INS, | 041 | E | | Y | | N | \$384.79 | \$374.40 | | | | |
| E2615 | M | POSITIONING W/C BACK POST/LAT WIDTH <22 INS, | 041 | E | | Y | | N | \$446.94 | \$434.87 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2616 | E | POSITIONING W/C BACK CUSH POST/LAT WIDTH | 041 | E | | Y | | N | \$517.17 | \$503.21 | | | | |
| E2616 | M | POSITIONING W/C BACK CUSH POST/LAT WIDTH | 041 | E | | Y | | N | \$600.67 | \$584.45 | | | | |
| E2617 | | CUST FAB W/C BACK CUSHION,ANY SIZE | 041 | E | Y | N | | N | | | | | | |
| E2619 | E | REPLACEMENT COVER FOR W/C SEAT OR BACK | 041 | E | | Y | | N | \$43.65 | \$42.47 | | | | |
| E2619 | M | REPLACEMENT COVER FOR W/C SEAT OR BACK | 041 | E | | Y | | N | \$50.66 | \$49.29 | | | | |
| E2620 | E | POSITION W/C BACK CUSH,PLANBACK | 041 | E | | Y | | N | \$465.93 | \$453.35 | | | | |
| E2620 | M | POSITIOG W/C BACK CUSH,PLANBACK | 041 | E | | Y | | N | \$540.58 | \$525.98 | | | | |
| E2621 | E | POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR> | 041 | E | | Y | | N | \$488.95 | \$475.75 | | | | |
| E2621 | M | POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR> | 041 | E | | Y | | N | \$567.29 | \$551.97 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2622 | E | SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 | 041 | E | | Y | | Y | \$281.70 | \$274.09 | | | | |
| E2622 | M | SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 | 041 | E | | Y | | Y | \$326.83 | \$318.01 | | | | |
| E2623 | E | SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR > | 041 | E | | Y | | Y | \$358.45 | \$348.77 | | | | |
| E2623 | M | SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR > | 041 | E | | Y | | Y | \$415.88 | \$404.65 | | | | |
| E2624 | E | SKIN PROTECT,POST W/C SEAT | 041 | E | | Y | | Y | \$284.01 | \$276.34 | | | | |
| E2624 | M | SKIN PROTECT,POST W/C SEAT | 041 | E | | Y | | Y | \$329.52 | \$320.62 | | | | |
| E2625 | E | SKIN PROTECT,POST W/C CUSH ADJ | 041 | E | | Y | | Y | \$359.54 | \$349.83 | | | | |
| E2625 | M | SKIN PROTECT,POST W/C CUSH ADJ | 041 | E | | Y | | Y | \$417.14 | \$405.88 | | | | |
| E2626 | | W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS | 041 | E | | Y | | Y | \$627.13 | \$610.20 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E2627 | | W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS | 041 | E | | Y | | Y | \$850.60 | \$827.63 | | | | |
| E2628 | | W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/BAL | 041 | E | | Y | | Y | \$753.87 | \$733.52 | | | | |
| E2629 | | W/C ACCESS SHOLDR/ELBOW SUPPRT ATTACH>W/C | 041 | E | | Y | | Y | \$954.01 | \$928.25 | | | | |
| E2630 | | W/C ACC-SHLDR/ELBOW MOB ARM SUPP-MONOSUSP/SLING | 041 | E | | Y | | Y | \$667.14 | \$649.13 | | | | |
| E2631 | | W/C ACC- ADDITION TO MOBILE ARM SUPP- | 041 | E | | Y | | Y | \$266.87 | \$259.66 | | | | |
| E2632 | | W/C ACC- ADDITION TO MOBILE ARM SUPP- | 041 | E | | Y | | Y | \$169.69 | \$165.11 | | | | |
| E2633 | | WHEELCHAIR ACCESY ADD MOBLE ARM SUPP | 041 | E | | Y | | Y | \$143.93 | \$140.04 | | | | |
| E8000 | | GAIT TRAINER PEDS SIZE POSTERISUPPORT | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| E8001 | | GAIT TRAINER,PEDS SIZE,UPRIGHTSUPPORT,INCLUDES ALL | 041 | Y | Y | Y | | N | | | | | | |
| E8002 | | GAIT TRAINER,PEDS SIZE,ANT SUPPORT, INC ALL ACCESS | 041 | Y | Y | Y | | N | | | | | | |
| K0001 | | WHEELCHAIR;STANDARD | 041 | B | | Y | | Y | \$491.24 | \$477.98 | \$49.12 | \$47.80 | | |
| K0002 | | WHEELCHAIR; STANDARD HEMI (LOW SEAT) | 041 | B | | Y | | Y | \$692.33 | \$673.64 | \$69.23 | \$67.36 | | |
| K0003 | | WHEELCHAIR;LIGHTWEIGHT | 041 | B | | Y | | Y | \$755.99 | \$735.58 | \$75.60 | \$73.56 | | |
| K0004 | | WHEELCHAIR; HIGH STRENGTH LIGHTWEIGHT | 041 | B | | Y | | Y | \$892.29 | \$868.20 | \$89.23 | \$86.82 | | |
| K0005 | | WHEELCHAIR; ULTRA | 041 | E | | Y | | Y | \$1,824.73 | \$1,775.46 | | | | |
| K0006 | | WHEELCHAIR; HEAVY DUTY | 041 | B | | Y | | Y | \$1,003.58 | \$976.48 | \$100.36 | \$97.65 | | |
| K0007 | | WHEELCHAIR;EXTRA HEAVY DUTY | 041 | B | | Y | | Y | \$1,389.30 | \$1,351.79 | \$138.93 | \$135.18 | | |
| K0008 | | CSTM MANUAL WHLCHR/BASE | 041 | E | Y | N | | Y | | | | | | |
| K0010 | | WHEELCHAIR; STANDARD WEIGHT FRAME MOTORI/POWER | 041 | E | | Y | | Y | \$4,204.53 | \$4,091.01 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0011 | | W/C;STANDARD WT MOTORIZED/POWE | 041 | E | | Y | | Y | \$5,056.17 | \$4,919.65 | | | | |
| K0012 | | WHEELCHAIR;LIGH TWEIGHT PORTABLE | 041 | E | | Y | | Y | \$3,207.00 | \$3,120.41 | | | | |
| K0013 | | CUSTOM POWER WHLCHR BASE | 041 | E | Y | N | | Y | | | | | | |
| K0014 | | W/C ; CUSTOM OR NON-CUSTOM, POWER, REHAB OR | 041 | E | Y | Y | | Y | | | | | | |
| K0015 | E | WHEELCHAIR ACCESS;ARMREST, DETACHABLE,NON- ADJUST | 041 | E | | Y | | Y | \$154.57 | \$150.40 | | | | |
| K0015 | M | WHEELCHAIR ACCESS;ARMREST, DETACHABLE,NON- ADJUST | 041 | E | | Y | | Y | \$179.34 | \$174.50 | | | | |
| K0017 | E | DETACHABLE ADJUSTABLE HEIGHT ARMREST, | 041 | E | | Y | | Y | \$43.48 | \$42.31 | | | | |
| K0017 | M | DETACHABLE ADJUSTABLE HEIGHT ARMREST, | 041 | E | | Y | | Y | \$50.45 | \$49.09 | | | | |
| K0018 | E | DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO | 041 | E | | Y | | Y | \$24.28 | \$23.62 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0018 | M | DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO | 041 | E | | Y | | Y | \$28.17 | \$27.41 | | | | |
| K0019 | E | ARM PAD, REPLACEMENT ONLY, EACH | 041 | E | | Y | | Y | \$13.91 | \$13.53 | | | | |
| K0019 | M | ARM PAD, REPLACEMENT ONLY, EACH | 041 | E | | Y | | Y | \$16.14 | \$15.70 | | | | |
| K0020 | | WHEELCHAIR ACCESSORY;ARMREST, FIXED, ADJUST HT, PAIR | 041 | E | | Y | * | Y | \$45.85 | \$44.61 | | | | |
| K0037 | E | HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, | 041 | E | | Y | | Y | \$40.97 | \$39.86 | | | | |
| K0037 | M | HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, | 041 | E | | Y | | Y | \$47.54 | \$46.26 | | | | |
| K0038 | E | WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH | 041 | E | | Y | | Y | \$20.64 | \$20.08 | | | | |
| K0038 | M | WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH | 041 | E | | Y | | Y | \$23.94 | \$23.29 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0039 | E | WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, | 041 | E | | Y | | Y | \$45.83 | \$44.59 | | | | |
| K0039 | M | WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, | 041 | E | | Y | | Y | \$53.18 | \$51.74 | | | | |
| K0040 | E | WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE | 041 | E | | Y | | Y | \$63.53 | \$61.81 | | | | |
| K0040 | M | WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE | 041 | E | | Y | | Y | \$73.70 | \$71.71 | | | | |
| K0041 | E | WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH | 041 | E | | Y | | Y | \$45.02 | \$43.80 | | | | |
| K0041 | M | WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH | 041 | E | | Y | | Y | \$52.24 | \$50.83 | | | | |
| K0042 | E | STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH | 041 | E | | Y | | Y | \$30.99 | \$30.15 | | | | |
| K0042 | M | STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH | 041 | E | | Y | | Y | \$35.96 | \$34.99 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0043 | E | FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT | 041 | E | | Y | | Y | \$16.61 | \$16.16 | | | | |
| K0043 | M | FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT | 041 | E | | Y | | Y | \$19.28 | \$18.76 | | | | |
| K0044 | | FOOTREST, UPPER HANGER BRACKET, RPLCMT ONLY, | 041 | E | Y | Y | | Y | | | | | | |
| K0045 | E | FOOTREST, COMPLETE ASSEMBLY, | 041 | E | | Y | | Y | \$48.17 | \$46.87 | | | | |
| K0045 | M | FOOTREST, COMPLETE ASSEMBLY, | 041 | E | | Y | | Y | \$55.88 | \$54.37 | | | | |
| K0046 | E | ELEVATING LEGREST, LWR EXT TUBE, RPLCMT | 041 | E | | Y | | Y | \$16.61 | \$16.16 | | | | |
| K0046 | M | ELEVATING LEGREST, LWR EXT TUBE, RPLCMT | 041 | E | | Y | | Y | \$19.28 | \$18.76 | | | | |
| K0047 | E | ELEVATING LEGREST UPPER HANG BRCKET, | 041 | E | | Y | | Y | \$64.99 | \$63.24 | | | | |
| K0047 | M | ELEVATING LEGREST UPPER HANG BRACKET, | 041 | E | | Y | | Y | \$75.41 | \$73.37 | | | | |
| K0050 | E | RATCHET ASSEMBLY RPLCMT | 041 | E | | Y | | Y | \$27.62 | \$26.87 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0050 | M | RATCHET ASSEMBLY RPLCMT | 041 | E | | Y | | Y | \$32.05 | \$31.18 | | | | |
| K0051 | E | CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH | 041 | E | | Y | | Y | \$44.71 | \$43.50 | | | | |
| K0051 | M | CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH | 041 | E | | Y | | Y | \$51.87 | \$50.47 | | | | |
| K0052 | E | SWINGAWAY, DETACH FOOTRESTS, | 041 | E | | Y | | Y | \$78.64 | \$76.52 | | | | |
| K0052 | M | SWINGAWAY, DETACH FOOTRESTS, | 041 | E | | Y | | Y | \$91.24 | \$88.78 | | | | |
| K0053 | E | WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, | 041 | E | | Y | | Y | \$86.78 | \$84.44 | | | | |
| K0053 | M | WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, | 041 | E | | Y | | Y | \$100.68 | \$97.96 | | | | |
| K0056 | | WHEELCHAIR OPTION: SPECIAL SEAT-FLOOR | 041 | E | | Y | | Y | \$93.87 | \$91.34 | | | | |
| K0065 | | WHEELCHAIR ACCESSORY; SPOKE PROTECTORS, | 041 | E | | Y | | Y | \$43.88 | \$42.70 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0069 | | REAR WHL ASSY, COMPL,SLD TIRE,SPOKE,MLDED , RPLMT, EA | 041 | N | | Y | | Y | \$98.62 | \$95.96 | | | 2 | 365 |
| K0070 | | WHEELCHAIR ACCESS;REAR WHEEL ASSEMB,W/PNEUM | 041 | N | | Y | | Y | \$180.78 | \$175.90 | | | 2 | 365 |
| K0071 | | FRONT CASTR ASS, COMPL, W PNEUMA TIRE, | 041 | N | | Y | | Y | \$107.83 | \$104.92 | | | 2 | 365 |
| K0072 | | FRONT CASTER ASS, COMPL, W SEMI-PNEUMA TIRE, RPLCMT | 041 | N | | Y | | Y | \$64.91 | \$63.16 | | | 2 | 365 |
| K0073 | | CASTER PIN LOCK EACH | 041 | N | | Y | | Y | \$32.99 | \$32.10 | | | 2 | 365 |
| K0077 | | FRONT CASTER ASS, COMPL W SLD TIRE, RPLCMT | 041 | N | | Y | | Y | \$58.08 | \$56.51 | | | 2 | 365 |
| K0105 | | WHEELCHAIR ACCESSORY; IV HANGER/IV POLE, EACH | 041 | E | | Y | | Y | \$98.14 | \$95.49 | | | | |
| K0108 | | WHEELCHAIR ACCESSORIES, NOT OTHERWISE | 041 | E | Y | Y | | Y | | | | | | |
| K0462 | | TEMP REPLACE FOR PT OWNED EQIPT BEING REPAIR ANY | 041 | R | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0552 | | SUP, EXT. NON-INSULIN INFUS PUMP, SYRINGE | 048 | N | | Y | | Y | \$2.45 | \$2.38 | | | 30 | 30 |
| K0601 | | BAT;REPLACEMENT 1.5 SILVER OXIDE, INFUS/PUMP EXT/P | 048 | N | | Y | | Y | \$1.03 | \$1.00 | | | 9 | 90 |
| K0602 | | BATT;REPLACEMENT 3 VOLT SILVER OXIDE, | 048 | N | | Y | | Y | \$5.98 | \$5.82 | | | 6 | 90 |
| K0603 | | BATT;REPLACEMENT 1.5 VOLT, ALKALINE | 048 | N | | Y | | Y | \$0.54 | \$0.53 | | | 9 | 90 |
| K0604 | | BATT;REPLACEMENT 3.6 VOLT EA LITHIUM, | 048 | N | | Y | | Y | \$5.72 | \$5.57 | | | 6 | 90 |
| K0605 | | BATT;REPLACEMENT 4.5 VOLT EA LITHIUM,INFUS/PUMP EX | 048 | N | | Y | | Y | \$13.72 | \$13.35 | | | 3 | 90 |
| K0606 | | AUTO-EXTERNAL DEFIB W/INTEGRATED | 041 | B | | Y | | Y | \$21,321.10 | \$20,745.43 | \$71.07 | \$69.15 | Daily | |
| K0607 | | REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRI | 048 | N | | Y | | Y | \$182.58 | \$177.65 | | | 1 | 365 |
| K0608 | | REPLMNT GARMENT FOR USE W/ AUTOMATIC EXTER/DEF | 048 | N | | Y | | Y | \$113.94 | \$110.86 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0609 | | REPLACEMENT ELECTRODES FOR USE W/ AUTOMATIC | 048 | Y | | Y | | Y | \$757.72 | \$737.26 | | | | |
| K0669 | | W/C ACC-SEAT/BACK CUSH-DOESN-T MEET | 041 | E | Y | Y | | Y | | | | | | |
| K0733 | | POWER W/C ACCESSORY, 12 TO 24 AMP SEALED LEAD ACID | 041 | N | | Y | | Y | \$29.81 | \$29.00 | | | 2 | 365 |
| K0738 | NR | PORTABLE GAS OXYGEN SYSTEM | 041 | R | | Y | | Y | | | \$48.53 | | 1 | 30 |
| K0739 | | REPAIR OR NONROUTINE SERVICE FOR DME (LABOR 15 MIN) | 041 | Y | Y | Y | | Y | | | | | | |
| K0800 | | POV GROUP ONE STANDARD UP TO 300 LBS | 041 | E | | Y | | Y | \$1,099.80 | \$1,070.10 | \$109.98 | \$107.01 | | |
| K0801 | | POV GROUP ONE HEAVY DUTY 301-450 LBS | 041 | E | | Y | | Y | \$1,773.05 | \$1,725.18 | | | | |
| K0802 | | POV GROUP ONE VERY HEAVY DUTY 451-600 LBS | 041 | E | | Y | | Y | \$2,006.51 | \$1,952.33 | | | | |
| K0806 | | POV GROUP TWO STANDARD UP TO 300 LBS | 041 | E | | Y | | Y | \$1,330.42 | \$1,294.50 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0807 | | POV GROUP TWO HEAVY DUTY 301-450 LBS | 041 | E | | Y | | Y | \$2,018.75 | \$1,964.24 | | | | |
| K0808 | | POV GROUP TWO VERY HEAVY DUTY 451-600 LBS | 041 | E | | Y | | Y | \$3,123.43 | \$3,039.10 | | | | |
| K0812 | | POWER OPERATED VEHICLE NOC | 041 | E | Y | Y | | Y | | | | | | |
| K0813 | | PWC GROUP 1 STANDARD PORTABL SEAT/BACK UP TO | 041 | E | | Y | | Y | \$2,052.21 | \$1,996.80 | | | | |
| K0814 | | PWC GROUP ONE STANDARD PORT CAP CHAIR, | 041 | E | | Y | | Y | \$2,626.83 | \$2,555.91 | | | | |
| K0815 | | PWC GROUP ONE STAND SEAT/BACK WEIGHT CAPACITY UP T | 041 | E | | Y | | Y | \$2,991.36 | \$2,910.59 | | | | |
| K0816 | | PWC GROUP ONE STAND CAPTAINS CHAIR WEIGHT UP TO 30 | 041 | E | | Y | | Y | \$2,864.65 | \$2,787.30 | | | | |
| K0820 | | PWC GROUP TWO STAND PORTA SEAT/BACK WEIGHT UP T | 041 | E | | Y | | Y | \$2,191.89 | \$2,132.71 | | | | |
| K0821 | | PWC GROUP TWO PORTABLE STAND CAP CHAIR UP TO | 041 | E | | Y | | Y | \$2,813.88 | \$2,737.91 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0822 | | PWC GROUP TWO STANDARD SEAT/BACK WEIGHT UP TO 300 | 041 | E | | Y | | Y | \$3,400.64 | \$3,308.82 | | | | |
| K0823 | | PWC GROUP TWO STAND CAPTAIN CHAIR WEIGHT UP | 041 | E | | Y | | Y | \$3,422.92 | \$3,330.50 | | | | |
| K0824 | | PWC GROUP TWO HEAVY DUTY SEAT/BACK WEIGHT 301 TO 4 | 041 | E | | Y | | Y | \$4,119.64 | \$4,008.41 | | | | |
| K0825 | | PWC GROUP TWO HEAVY DUTY CAP CHAIR WEIGHT 301 TO 4 | 041 | E | | Y | | Y | \$3,771.28 | \$3,669.46 | | | | |
| K0826 | | PWC GRP TWO VERY HEAVY DUTY SEAT/BACK WEIGHT 451 | 041 | E | | Y | | Y | \$5,333.28 | \$5,189.28 | | | | |
| K0827 | | PWC GROUP TWO VERY HEAVY DUTY CAPTAINS CHAIR WT 45 | 041 | E | | Y | | Y | \$4,535.03 | \$4,412.58 | | | | |
| K0828 | | PWC GROUP TWO X-HEAVY DUTY SEAT/BACK WT CAPACITY 6 | 041 | E | | Y | | Y | \$5,876.79 | \$5,718.12 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0829 | | PWC GROUP TWO X-HEAVY DUTY CAPTAINS CHAIR WT 601 L | 041 | E | | Y | | Y | \$5,396.54 | \$5,250.83 | | | | |
| K0830 | | PWC GROUP STANDARD SEAT ELEVATOR SEAT/BACK UP TO | 041 | E | Y | Y | | Y | | | | | | |
| K0831 | | PWC GROUP TWO STANDARD SEAT ELEVATOR, CAP CHAIR UP | 041 | E | Y | Y | | Y | | | | | | |
| K0835 | | PWC GROUP TWO SINGLE POWER OPT SEAT/BACK | 041 | E | | Y | | Y | \$3,451.59 | \$3,358.40 | | | | |
| K0836 | | PWC GRP TWO STANDARD SINGLE POWER OPTION, CAP CH | 041 | E | | Y | | Y | \$3,579.33 | \$3,482.69 | | | | |
| K0837 | | PWC GROUP TWO HEAVY DUTY SINGL PWER OPT | 041 | E | | Y | | Y | \$4,119.64 | \$4,008.41 | | | | |
| K0838 | | PWC GROUP TWO HEAVY DUTY SINGL PWER OPT CAP | 041 | E | | Y | | Y | \$3,685.46 | \$3,585.95 | | | | |
| K0839 | | PWC GR TWO VERY HEAVY DUTY SINGLE POW OPT | 041 | E | | Y | | Y | \$5,333.28 | \$5,189.28 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0840 | | PWC GR TWO X-HEAVY DUTY SINGLE POWE OPT ST/BK WT 6 | 041 | E | | Y | | Y | \$8,080.24 | \$7,862.07 | | | | |
| K0841 | | PWC GROUP TWO STAND MULTIPL POW OPT | 041 | E | | Y | | Y | \$3,673.80 | \$3,574.61 | | | | |
| K0842 | | PWC GROUP TWO STAND MULTIPLE POW OPT CAP | 041 | E | | Y | | Y | \$3,673.80 | \$3,574.61 | | | | |
| K0843 | | PWC GRP TWO HEAVY DUTY MULT POW OPT ST/BK | 041 | E | | Y | | Y | \$4,423.26 | \$4,303.83 | | | | |
| K0848 | | PWC GROUP 3 STANDARD SEAT/BACK WT CAPACITY UP TO A | 041 | E | | Y | | Y | \$4,495.46 | \$4,374.08 | | | | |
| K0849 | | PWC GROUP 3 STANDARD, CAPTAINS CHAIR WT CAP UP TO | 041 | E | | Y | | Y | \$4,322.12 | \$4,205.42 | | | | |
| K0850 | | PWC GROUP 3 HEAVY DUTY SEAT/BACK | 041 | E | | Y | | Y | \$5,214.65 | \$5,073.85 | | | | |
| K0851 | | PWC GROUP 3 HEAVY DUTY CAPTANS CHAIR | 041 | E | | Y | | Y | \$5,013.77 | \$4,878.40 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0852 | | PWC GROUP 3 VERY HEAVY DUTY SEAT/BACK WT 451-600 L | 041 | E | | Y | | Y | \$6,025.21 | \$5,862.53 | | | | |
| K0853 | | PWR W/C, GROUP 3 VERY HEAVY DUTY, CAPTAIN, PT | 041 | E | | Y | | Y | \$6,189.34 | \$6,022.23 | | | | |
| K0854 | | PWC GROUP 3 X-HEAVY DUTY SEAT/BACK WEIGHT CAP. 601 | 041 | E | | Y | | Y | \$8,199.53 | \$7,978.14 | | | | |
| K0855 | | PWC GROUP 3 X-HEAVY DUTY CAPTN CHAIR WT | 041 | E | | Y | | Y | \$7,745.69 | \$7,536.56 | | | | |
| K0856 | | PWC GROUP 3 STAND SINGLE POWER OPT | 041 | E | | Y | | Y | \$4,825.40 | \$4,695.11 | | | | |
| K0857 | | PWC GROUP 3 STAND SINGLE PWR OPT | 041 | E | | Y | | Y | \$4,922.12 | \$4,789.22 | | | | |
| K0858 | | PWC GROUP 3 HEAVY DUTY SINGLE POW OPT | 041 | E | | Y | | Y | \$5,986.86 | \$5,825.21 | | | | |
| K0859 | | PWC GROUP 3 HEAVY DUTY SINGLE POW OPT | 041 | E | | Y | | Y | \$5,709.65 | \$5,555.49 | | | | |
| K0860 | | PWC GROUP 3 VERY HEAVY DUTY 1 POW OPT | 041 | E | | Y | | Y | \$8,553.06 | \$8,322.13 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0861 | | PWC GROUP 3 STANDARD MUL OPTS SEAT/BACK WT UP TO 3 | 041 | E | | Y | | Y | \$4,833.20 | \$4,702.70 | | | | |
| K0862 | | PWC GROUP 3 HEAVY DUTY MLT OPT SEAT/BACK WT CAPACI | 041 | E | | Y | | Y | \$5,986.86 | \$5,825.21 | | | | |
| K0863 | | PWC GROUP 3 VERY HEAVY DUTY MLT OPT | 041 | E | | Y | | Y | \$8,553.06 | \$8,322.13 | | | | |
| K0864 | | PWC GROUP 3 X- HEAVY DUTY MLT OPTS SEAT/BACK WT CAP | 041 | E | | Y | | Y | \$10,178.23 | \$9,903.42 | | | | |
| K0868 | | PWC GROUP 4 STANDARD SEAT/BACK WT CAPACITY UP TO 3 | 041 | E | Y | Y | | Y | | | | | | |
| K0869 | | PWC GROUP 4 STANDARD CAPTAINS CHAIR WT CAPACITY UP | 041 | E | Y | Y | | Y | | | | | | |
| K0870 | | PWC GROUP 4 HEAVY DUTY SEAT/BACK WT | 041 | E | Y | Y | | Y | | | | | | |
| K0871 | | PWC GROUP 4 VERY HEAVY DUTY SEAT/BACK WT CAPACITY | 041 | E | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0877 | | PWC GROUP 4 STAND SEAT/BACK SINGLE POW OPT | 041 | E | Y | Y | | Y | | | | | | |
| K0878 | | PWC GROUP 4 STANDARD CAP CHAIR SINGLE POW OPT WT C | 041 | E | Y | Y | | Y | | | | | | |
| K0879 | | PWC GROUP 4 HEAVY DUTY SEAT/BACK SINGLE | 041 | E | Y | Y | | Y | | | | | | |
| K0880 | | PWC GROUP 4 VERY HEAVY DUTY SEAT/BACK 1 POW OPT WT | 041 | E | Y | Y | | Y | | | | | | |
| K0884 | | PWC GROUP 4 STANDARD MLT POW OPTS SEAT/BACK WT UP | 041 | E | Y | Y | | Y | | | | | | |
| K0885 | | PWC GROUP 4 STANDARD MLT POW OPTS CAP CHAIR WT UP | 041 | E | Y | Y | | Y | | | | | | |
| K0886 | | PWC GROUP 4 HEAVY DUTY SEAT/BACK MUL | 041 | E | Y | Y | | Y | | | | | | |
| K0890 | | PWC GROUP 5 PEDIATRIC SINGLE POW OPT SEAT/BACK WT | 041 | E | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| K0891 | | PWC GROUP 5 PEDIATRIC MLT POW OPTS SEAT/BACK WT UP | 041 | E | Y | Y | | Y | | | | | | |
| K0898 | | POWER WHEELCHAIR NOC | 041 | E | Y | Y | | Y | | | | | | |
| K0899 | | POWR MOBLITY DEVICE NOT CODED BY DME PDAC, NOT MEE | 041 | E | Y | Y | | Y | | | | | | |
| K0900 | | CUSTOMIZED DURABLE MEDICAL EQUIP, OTHER THAN W | 041 | Y | Y | Y | | Y | | | | | | |
| K1005 | | DISPOSABLE COLLECT STORAGE BAG FOR BRSTMLK ANY SZ, TYPE,EA | 048 | Y | N | N | | N | \$0.33 | \$0.32 | | | 120 | 30 |
| L0112 | | CRANIAL CERV ORTH,CONG TORTICOLLIS,W/W O SFT INTRFC | 041 | Y | | Y | | Y | \$1,306.28 | \$1,271.01 | | | | |
| L0120 | | CERVICAL,FLEXIBLE, NON-ADJSTABLE,PREFAB ,OTS,FOAM CO | 041 | N | | Y | | N | \$18.89 | \$18.38 | | | 1 | 365 |
| L0130 | | COLLAR; CERVICAL, FLEXIBLE, THERMOPLASTIC, MOLDED | 041 | N | | N | | Y | \$142.47 | \$138.62 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0140 | | COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE | 041 | N | | Y | | Y | \$55.87 | \$54.36 | | | 1 | 365 |
| L0150 | | COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CH | 041 | N | | Y | | Y | \$99.91 | \$97.21 | | | 1 | 365 |
| L0160 | | CERVICAL,SEMI-RIGID,WIRE FRAME OCCIPITAL-MANDIBULA | 041 | N | | Y | | Y | \$111.70 | \$108.68 | | | 1 | 365 |
| L0170 | | CERVICAL, COLLAR, MOLDED TO | 041 | Y | | Y | | Y | \$750.42 | \$730.16 | | | | |
| L0172 | | CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2 PC | 041 | N | | Y | | Y | \$101.21 | \$98.48 | | | 1 | 365 |
| L0174 | | CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2PC, | 041 | N | | Y | | Y | \$259.91 | \$252.89 | | | 1 | 365 |
| L0180 | | COLLAR;CERVICAL, MULTI POST,OCCIP/MAND SUPPORTS,ADJ | 041 | N | | Y | | Y | \$421.08 | \$409.71 | | | 1 | 365 |
| L0190 | | COLLAR;CERVICAL, MULT POST OCC/MAND | 041 | N | | Y | | Y | \$496.61 | \$483.20 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0200 | | COLLAR;CERVICAL, MULT POST OCC/MAN | 041 | N | | Y | | Y | \$576.02 | \$560.47 | | | 1 | 365 |
| L0220 | | RIB BELT; THORACIC, | 041 | N | | N | | Y | \$120.58 | \$117.32 | | | 1 | 365 |
| L0450 | | TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR | 041 | N | | Y | | N | \$122.98 | \$119.66 | | | 1 | 365 |
| L0452 | | TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR | 041 | Y | | N | | Y | \$239.34 | \$232.88 | | | | |
| L0454 | | TLSO FLEX,TRNK SUP,SACRO ABV T9,RGD STAYS/PANL,STR | 041 | N | | Y | | N | \$262.46 | \$255.37 | | | 1 | 365 |
| L0455 | | TLSO FLEX TRNK SPT/SAC JUNCTN TO T9 INC SHLDR | 041 | N | | Y | | Y | \$262.46 | \$255.37 | | | 1 | 365 |
| L0456 | | TLSO,FLEX,TRNK SUP,THORACIC,RG D PST/SFT ANT,SAC- | 041 | Y | | Y | | Y | \$752.65 | \$732.33 | | | | |
| L0457 | | TLSO FLEX TRNK SJ-SS PRE OTS | 041 | Y | | Y | | Y | \$752.65 | \$732.33 | | | | |
| L0458 | | TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P | 041 | Y | | Y | | Y | \$832.38 | \$809.91 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0460 | | TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P | 041 | Y | | Y | | Y | \$759.66 | \$739.15 | | | | |
| L0462 | | TLSO,TRPLNR CON,MOD SEG SPNL SYS,3 RGD PLAS SHLS,P | 041 | Y | | Y | | Y | \$1,165.33 | \$1,133.87 | | | | |
| L0464 | | TLSO,TRPLNR CON,MOD SEG SPNL SYS,4 RGD PLAS SHLS,P | 041 | Y | | Y | | Y | \$1,387.32 | \$1,349.86 | | | | |
| L0466 | | TLSO,SAGITTAL CONT,RGD POST,SFT ANT,RESTR | 041 | N | | Y | | Y | \$287.11 | \$279.36 | | | 1 | 365 |
| L0467 | | TLSO SAGITAL CNTRL PREFAB OTS | 041 | N | | Y | | Y | \$287.11 | \$279.36 | | | 1 | 365 |
| L0468 | | TLSO,SAGITTAL- CORONAL CONT,RGD | 041 | N | | Y | | Y | \$359.82 | \$350.10 | | | 1 | 365 |
| L0469 | | TLSO SAGITAL- CORONAL FLEX ANT PREFAB OTS | 041 | N | | Y | | Y | \$359.82 | \$350.10 | | | 1 | 365 |
| L0470 | | TLSO TRIPLANAR CONTROL RESTRIC TRNK MOTION SAGIT/C | 041 | N | | Y | | Y | \$614.08 | \$597.50 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0472 | | TLSO TRIPLANAR CONTROL HYPEREX RIGID/LATER/FRAM | 041 | N | | Y | | Y | \$377.87 | \$367.67 | | | 1 | 365 |
| L0480 | | TLSO TRIPLANER CONTROL, 1 PIECE RIGID PLAS SHELL | 041 | Y | | N | | Y | \$1,409.72 | \$1,371.66 | | | | |
| L0482 | | TLSO TRIPLANER CONTROL 1 PIECE RIGIN SHELL | 041 | Y | | N | | Y | \$1,574.67 | \$1,532.15 | | | | |
| L0484 | | TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL | 041 | Y | | N | | Y | \$1,700.59 | \$1,654.67 | | | | |
| L0486 | | TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL WITH | 041 | Y | | N | | Y | \$1,909.82 | \$1,858.25 | | | | |
| L0488 | | TLSO,TRIPLANAR CONTROL 1 PIECE RIGID SHELL WITH | 041 | Y | | Y | | Y | \$936.90 | \$911.60 | | | | |
| L0490 | | TLSO SAGITTAL-CORONAL CONDROL 1 PIECE | 041 | Y | | Y | | Y | \$264.01 | \$256.88 | | | | |
| L0491 | | TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEG- | 041 | Y | | Y | | Y | \$716.78 | \$697.43 | | | | |
| L0492 | | TLSO, SAGITAL-CORONAL CONTROL MODULAR SEG- | 041 | N | | N | | Y | \$466.75 | \$454.15 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0621 | | SACROILIAC ORTH,FLEX,PROVIDE PEL-SAC SUPT,STRP-PEN | 041 | N | | Y | | N | \$69.41 | \$67.54 | | | 1 | 365 |
| L0622 | | SACROILIAC ORTHOSIS FLEXIBLE PROVIDE PEL-SAC SUPP | 041 | N | | N | | Y | \$215.18 | \$209.37 | | | 1 | 365 |
| L0623 | | SACROILIAC ORTH,PROVDS PEL-SAC SUPRT,RGD-SEMI PNLS | 041 | Y | Y | Y | | Y | | | | | | |
| L0624 | | SACROILIAC ORTHOSIS RIG/SEMI RIGID PEL-SAG SUPP CU | 041 | Y | Y | N | | Y | | | | | | |
| L0625 | | LUMBAR ORTH,FLEX,POST EXTNDS L-1-L-5,STRPS,PEND AB | 041 | N | | Y | | N | \$44.34 | \$43.14 | | | 1 | 365 |
| L0626 | | LUMBAR ORTH,SAGI-CNTRL,RGD | 041 | N | | Y | | Y | \$72.75 | \$70.79 | | | 1 | 365 |
| L0627 | | LUMBAR ORTH,SAGI-CNTRL,RGD POST | 041 | N | | Y | | Y | \$330.89 | \$321.96 | | | 1 | 365 |
| L0628 | | LUMBAR SACRAL ORTH,FLEX,SACRO TO T9 VERT,STRPS- | 041 | N | | Y | | N | \$100.35 | \$97.64 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0629 | | LUMBAR-SACRAL ORTHOSIS, FLEXIBLE SACRO | 041 | Y | Y | N | | Y | | | | | | |
| L0630 | | LUMBAR SACRAL ORTH,SAGI-CNTRL,RGD POST EXT SACRO T | 041 | N | | Y | | Y | \$130.40 | \$126.88 | | | 1 | 365 |
| L0631 | | LUMBAR-SACRAL ORTH,SAGI-CNTRL,RGD ANT-POST,SACRO T | 041 | Y | Y | Y | | Y | | | | | | |
| L0632 | | LSO SAIT-CORON CONTROL W/RIDIG-ANT-POST PANELS | 041 | Y | Y | N | | Y | | | | | | |
| L0633 | | LSO,SAGI-CNTRL,RGD POST EXT SACRO TO T9 | 041 | N | | Y | | Y | \$275.36 | \$267.93 | | | 1 | 365 |
| L0634 | | LSO SAGITTAL-CORON CONT W/RIGID | 041 | Y | Y | N | | Y | | | | | | |
| L0635 | | LSO SAGITTAL CORON CONT, LUMBAR FLEXION | 041 | N | | Y | | Y | \$932.60 | \$907.42 | | | 1 | 365 |
| L0636 | | LSO SAGITTAL CORON CONT LUMBAR FLEXIBLE | 041 | Y | | N | | Y | \$1,265.38 | \$1,231.21 | | | | |
| L0637 | | LSO,SAGI-CORONAL CNTROL,RGD ANT-POST EXT SACRO | 041 | Y | | Y | | Y | \$1,042.94 | \$1,014.78 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0638 | | LSO SAGITTAL CORONAL CONT RIGID/POST FRAME/PANELS | 041 | Y | | N | | Y | \$1,230.97 | \$1,197.73 | | | | |
| L0639 | | LSO,SAGI-CORONAL,CNTRL,R GD PNL,POST EXT SACRO TO T | 041 | Y | | Y | | Y | \$1,042.94 | \$1,014.78 | | | | |
| L0640 | | LSO EXTEND FROM SACROCO JUNCT TO T-9 CUSTOM | 041 | Y | | N | | Y | \$976.61 | \$950.24 | | | | |
| L0641 | | LO SAGI-CONT RIG PNL 11-15 VERT PREFAB OTS | 041 | N | | Y | | Y | \$62.75 | \$61.06 | | | 1 | 365 |
| L0642 | | LUMBAR ORT SAGI-CONT RIGID ANT POS 11 15 VERT | 041 | N | | Y | | Y | \$330.89 | \$321.96 | | | 1 | 365 |
| L0643 | | LUMBAR-SACRAL SAGI CTR RIG POSSAC JUNCTN T9 | 041 | N | | Y | | Y | \$130.40 | \$126.88 | | | 1 | 365 |
| L0648 | | LUMBAR-SACRAL SAGI ANT POS PANEL SAC T9 | 041 | Y | Y | Y | | Y | | | | | | |
| L0649 | | LSO SAGITAL-CORONAL FLEX ANT PREFAB OTS | 041 | N | | Y | | Y | \$275.36 | \$267.93 | | | 1 | 365 |
| L0650 | | LSO SAGI-CORONAL R ANT-POS PNL SAC JUNCTN T9 PND AB | 041 | N | | Y | | Y | \$275.36 | \$267.93 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0651 | | LSO SAGI-CORONAL R POS PNL POST SAC JCTN TS | 041 | Y | | Y | | Y | \$1,042.94 | \$1,014.78 | | | | |
| L0700 | | CTLSSO;ANT/POST/LAT CONTROL MOLDED TO | 041 | Y | | N | | Y | \$1,858.00 | \$1,807.83 | | | | |
| L0710 | | CTLSSO, ANT-POST-LAT CNTRL, PT | 041 | Y | | N | | Y | \$2,042.45 | \$1,987.30 | | | | |
| L0810 | | CERVICAL HALO PROCEDURE; INCORPORATED INTO JACKET | 041 | Y | | N | | Y | \$2,494.66 | \$2,427.30 | | | | |
| L0820 | | CERVICAL HALO PROCEDURE; INCORP INTO | 041 | Y | | N | | Y | \$1,962.40 | \$1,909.42 | | | | |
| L0830 | | CERVICAL HALO PROCEDURE INCORP INTO | 041 | Y | | N | | Y | \$3,002.74 | \$2,921.67 | | | | |
| L0859 | | ADDITION TO HALO PROCEDURE MRI COMPATIBLE SYS RING | 041 | Y | | Y | | Y | \$1,063.14 | \$1,034.44 | | | | |
| L0861 | | ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTE | 041 | N | | N | | Y | \$163.11 | \$158.71 | | | 1 | 365 |
| L0970 | | TLSSO; CORSET | 041 | N | | Y | | Y | \$76.37 | \$74.31 | | | 1 | 365 |
| L0972 | | LSO; CORSET | 041 | N | | Y | | Y | \$69.50 | \$67.62 | | | 1 | 365 |
| L0974 | | TLSSO; FULL CORSET | 041 | N | | Y | | Y | \$124.88 | \$121.51 | | | 1 | 365 |
| L0976 | | LSO; FULL CORSET | 041 | N | | Y | | Y | \$106.84 | \$103.96 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L0978 | | CRUTCH; AXILLARY EXTENSION | 041 | N | | Y | | Y | \$134.48 | \$130.85 | | | 1 | 365 |
| L0980 | | PERONEAL STRAPS,PREFABRICATED,OFF THE SHELF, PAIR | 041 | N | | Y | * | Y | \$12.22 | \$11.89 | | | 2 | 365 |
| L0982 | | STOCKING SUPPORTER GRIPS,PREFABRICATED,OTS,SET OF 4 | 041 | N | | Y | | Y | \$11.17 | \$10.87 | | | 1 | 365 |
| L0984 | | PROTECTIVE BODY SOCK,PREFABRICATED, OFF THE SHELF, | 041 | N | | Y | | Y | \$48.38 | \$47.07 | | | 2 | 365 |
| L0999 | | SPINAL ORTHOSIS;ADDITION, NOT OTHERWISE SPECIFIED | 041 | Y | Y | Y | | N | | | | | | |
| L1000 | | CTLSO; (MILWAUKEE TYPE), INCLUDES | 041 | Y | | N | | Y | \$1,892.55 | \$1,841.45 | | | | |
| L1001 | | CERVICAL THORACIC LUMBAR ORTHO | 041 | Y | Y | Y | | Y | | | | | | |
| L1005 | | TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PAD,FIT | 041 | Y | | Y | | N | \$2,987.20 | \$2,906.55 | | | | |
| L1010 | | CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, AXILLA SLING | 041 | N | | N | | Y | \$78.10 | \$75.99 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1020 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$100.58 | \$97.86 | | | 1 | 365 |
| L1025 | | CTLSO/SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, | 041 | N | | N | | Y | \$145.10 | \$141.18 | | | 1 | 365 |
| L1030 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$73.08 | \$71.11 | | | 1 | 365 |
| L1040 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$82.75 | \$80.52 | | | 1 | 365 |
| L1050 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$93.65 | \$91.12 | | | 1 | 365 |
| L1060 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$101.08 | \$98.35 | | | 1 | 365 |
| L1070 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$104.71 | \$101.88 | | | 1 | 365 |
| L1080 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$48.84 | \$47.52 | | | 1 | 365 |
| L1085 | | CTLSO/SCOLIOSIS ORTHOSIS;ADDTION,BILATERAL | 041 | N | | N | | Y | \$163.48 | \$159.07 | | | 1 | 365 |
| L1090 | | CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, | 041 | N | | N | | Y | \$93.92 | \$91.38 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1100 | | CTLISO/SCOLIOSIS ORTHOSIS; ADD. RING FLANGE, | 041 | N | | N | | Y | \$177.25 | \$172.46 | | | 1 | 365 |
| L1110 | | CTLISO/SCOLIOSIS; ADD, RING, PLAS, LEATHR, PT | 041 | N | | N | | Y | \$297.19 | \$289.17 | | | 1 | 365 |
| L1120 | | CTLISO/SCOLIOSIS ORTHOSIS;ADDITIO N, COVERS FOR | 041 | N | | N | | Y | \$35.50 | \$34.54 | | | 1 | 365 |
| L1200 | | TLISO; INCLUSIVE OF INITIAL | 041 | Y | | N | | Y | \$1,670.19 | \$1,625.09 | | | | |
| L1210 | | TLISO;ADDITION,LA TERAL-THORACIC EXTENSION | 041 | N | | N | | Y | \$228.35 | \$222.18 | | | 1 | 365 |
| L1220 | | TLISO;ADDITION,AN TERIOR THORACIC EXTENSION | 041 | N | | N | | Y | \$222.26 | \$216.26 | | | 1 | 365 |
| L1230 | | TLISO;ADDITION,MI LWAUKEE TYPE SUPERSTRUCTURE | 041 | N | | N | | Y | \$622.63 | \$605.82 | | | 1 | 365 |
| L1240 | | TLISO;ADDITION,LU MBAR | 041 | N | | N | | Y | \$84.89 | \$82.60 | | | 1 | 365 |
| L1250 | | TLISO; ADDITION, ANTERIOR ASIS | 041 | N | | N | | Y | \$73.81 | \$71.82 | | | 1 | 365 |
| L1260 | | TLISO:ADDITION, ANTERIOR THORACIC | 041 | N | | N | | Y | \$88.03 | \$85.65 | | | 1 | 365 |
| L1270 | | TLISO; ADDITION, ABDOMINAL PAD | 041 | N | | N | | Y | \$77.36 | \$75.27 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1280 | | TLSO; ADDITION, RIB GUSSET (ELASTIC), EACH | 041 | N | | N | | Y | \$81.55 | \$79.35 | | | 1 | 365 |
| L1290 | | TLSO; ADDITION, LATERAL TROCHANTERIC | 041 | N | | N | | Y | \$72.53 | \$70.57 | | | 1 | 365 |
| L1300 | | SCOLIOSIS PROCEDURES; BODY JACKET MOLDED TO | 041 | Y | | N | | Y | \$1,608.54 | \$1,565.11 | | | | |
| L1310 | | SCOLIOSIS PROCEDURES; POST-OP BODY | 041 | Y | | N | | Y | \$1,675.42 | \$1,630.18 | | | | |
| L1499 | | SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED | 041 | Y | Y | N | | N | | | | | | |
| L1600 | | HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA | 041 | N | | Y | | Y | \$120.27 | \$117.02 | | | 1 | 60 |
| L1610 | | HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA | 041 | N | | Y | | Y | \$51.08 | \$49.70 | | | 1 | 30 |
| L1620 | | HIP ORTH,ABD CNTROL JNTS,FLEX,PAVLIK HRNESS,PREFB- | 041 | N | | Y | | Y | \$146.66 | \$142.70 | | | 1 | 365 |
| L1630 | | HO; ABDUCTION CONTROL, SEMI-FLEXIBLE (VON ROSEN TY | 041 | N | | N | | Y | \$197.17 | \$191.85 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1640 | | HO; ABDUCTION CONTROL, STATIC, PELVIC | 041 | N | | N | | Y | \$441.82 | \$429.89 | | | 1 | 365 |
| L1650 | | HO ABDUCTION CONTROL,STATIC,ADJUSTABLE (ILFELD | 041 | N | | Y | | Y | \$230.17 | \$223.96 | | | 1 | 365 |
| L1652 | | HIP ORTHOSIS BILAT THIGH CUFFS ADJ ABD SPREADER | 041 | N | | Y | | Y | \$332.70 | \$323.72 | | | 1 | 365 |
| L1660 | | HO; ABDUCTION CONTROL, STATIC, PLASTIC | 041 | N | | Y | | Y | \$168.67 | \$164.12 | | | 1 | 365 |
| L1680 | | HO;ABDUCTION CONTROL,DYNAMIC,PELVIC CONTROL,ADJ.HI | 041 | Y | | N | | Y | \$1,063.30 | \$1,034.59 | | | | |
| L1685 | | HO; ABDUCTION CONTROL, POST-OP TYPE, CUSTOM | 041 | Y | | N | | Y | \$1,038.05 | \$1,010.02 | | | | |
| L1686 | | HO; ABDUCTION CONTROL, POST-OP TYPE | 041 | Y | | Y | | Y | \$874.53 | \$850.92 | | | | |
| L1690 | | COMBINATION,BILAT,LUMBO-SAC,HIP,FEMUR ORTH ROT,PRF | 041 | Y | | N | | N | \$1,804.80 | \$1,756.07 | | | | |
| L1700 | | LEGG PERTHES ORTHOSIS; TORONTO TYPE | 041 | Y | | N | | Y | \$1,452.08 | \$1,412.87 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1710 | | LEGG PERTHES ORTHOSIS; NEWINGTON TYPE | 041 | Y | | N | | Y | \$1,849.06 | \$1,799.14 | | | | |
| L1720 | | LEGG PERTHES ORTHOSIS; TRILATERAL (TACHDIJAN TYPE) | 041 | Y | | N | | Y | \$1,376.80 | \$1,339.63 | | | | |
| L1730 | | LEGG PERTHES ORTHOSIS; SCOTTISH RITE | 041 | Y | | N | | Y | \$1,162.32 | \$1,130.94 | | | | |
| L1755 | | LEGG PERTHES ORTHOSIS; PATTEN BOTTOM TYPE | 041 | Y | | N | | Y | \$1,671.10 | \$1,625.98 | | | | |
| L1810 | | KNEE ORTH,ELASTIC W-JNTS,PREFABRICATED,CUSTOMIZED | 041 | N | | Y | | Y | \$132.65 | \$129.07 | | | 1 | 365 |
| L1812 | | KNEE ORTH ELASTIC W JOINTS | 041 | N | | Y | | Y | \$35.38 | \$34.42 | | | 1 | 365 |
| L1820 | | KO; ELAS W/CONDYLAR PADS AND JO, W/OUT PAT CONT. | 041 | N | | Y | | Y | \$132.65 | \$129.07 | | | 1 | 365 |
| L1830 | | KNEE ORTHOSIS,IMMOBILIZER,CANVAS LONGITUDINAL,PRE | 041 | N | | Y | | Y | \$30.52 | \$29.70 | | | 1 | 365 |
| L1831 | | KO; LOCKING KNEE JOINT, POSITION ORTHOSIS, PRE-FAB | 041 | N | | Y | | Y | \$274.69 | \$267.27 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1832 | | KNEE ORTH,ADJ JNT,UNICENTRIC/POLYCENTRIC,POSIT | 041 | Y | Y | Y | | Y | | | | | | |
| L1833 | | KO ADJ JNT POS ORT RIGID SPT | 041 | Y | Y | Y | | Y | | | | | | |
| L1834 | | KO; W/O KNEE JOINT, RIGID, MOLDED TO | 041 | Y | | N | | Y | \$677.43 | \$659.14 | | | | |
| L1836 | | KNEE ORTH,RGD,WTHOUT JNTS,INC SFT INTRFCE,PREFAB O | 041 | N | | Y | | Y | \$100.95 | \$98.22 | | | 1 | 365 |
| L1840 | | KO; DEROTATION, MED-LAT, ANTERIOR | 041 | Y | | N | | Y | \$877.70 | \$854.00 | | | | |
| L1843 | | KO,SINGLE UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED- | 041 | Y | Y | Y | | Y | \$837.43 | \$814.82 | | | | |
| L1844 | | KO; SINGLE UPRIGHT THIGH/CALF ADJ | 041 | Y | | N | | Y | \$1,421.28 | \$1,382.91 | | | | |
| L1845 | | KO,DBL UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-LAT | 041 | Y | Y | N | | Y | \$781.81 | \$760.70 | | | | |
| L1846 | | KO; DOUBLE UPRIGHT, MED/LAT/ROT CONTROL, | 041 | Y | | N | | Y | \$1,092.01 | \$1,062.53 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1847 | | KO,DBL UPRGHT W-ADJ JNT,W-INFLTBLE SUPP | 041 | Y | Y | Y | | Y | \$536.82 | \$522.33 | | | | |
| L1848 | | KO DBL UPRIGHT W-ADJ JOINT W INFLAT AIR CHMBR | 041 | Y | Y | Y | | Y | \$536.82 | \$522.33 | | | | |
| L1850 | | KNEE ORTHOSIS,SWEDISH TYPE,PREFABRICAT | 041 | N | | N | | Y | \$203.60 | \$198.10 | | | 1 | 365 |
| L1851 | | KO,SNGL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,RO,PRF | 041 | Y | Y | Y | | Y | | | | | | |
| L1852 | | KO,DBL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,ROT,PR | 041 | Y | Y | Y | | Y | | | | | | |
| L1860 | | KO; MOD OF SUPRACONDYLAR PROSTHETIC SCKT, MOLDED | 041 | Y | | N | | Y | \$1,163.83 | \$1,132.41 | | | | |
| L1900 | | AFO; SPRING WIRE, DORSIFLEXION CALF BAND | 041 | N | | N | | Y | \$266.28 | \$259.09 | | | 1 | 365 |
| L1902 | | ANKLE FOOT ORTHOSIS,ANKLE GAUNTLET,PREFABRICATED,O | 041 | N | | Y | | N | \$37.48 | \$36.47 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1904 | | ANKLE ORTHOSIS,ANKLE GAUNTLET,CUSTOM-FABRICATED | 041 | N | | N | | Y | \$421.28 | \$409.91 | | | 1 | 365 |
| L1906 | | ANKLE FOOT ORTHOSIS,MULTIGAMMENTOUS ANKLE SUPT,PR | 041 | N | | Y | | Y | \$80.36 | \$78.19 | | | 1 | 365 |
| L1907 | | ANKLE ORTH,SUPRAMALLEOLAR W-STRAPS,W-WI/O | 041 | N | | N | 2 | Y | \$525.18 | \$511.00 | | | 1 | 365 |
| L1910 | | AFO; POSTERIOR, SINGLE BAR, CLASP ATTACHTO SHOE | 041 | N | | Y | | Y | \$261.74 | \$254.67 | | | 1 | 365 |
| L1920 | | AFO; SINGLE UPRIGHT W/STATIC OR ADJUSTABLE | 041 | N | | N | | Y | \$383.41 | \$373.06 | | | 1 | 365 |
| L1930 | | AFO; PLASTIC OR OTHER MATERIAL, PREFABRICATED | 041 | N | | Y | | Y | \$235.14 | \$228.79 | | | 2 | 365 |
| L1932 | | AFO,RIGID ANTERIOR TIBIAL SECTION,TOTAL CARBON MAT | 041 | Y | Y | Y | | Y | \$832.84 | \$810.35 | | | | |
| L1940 | | ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CU | 041 | N | | N | 2 | Y | \$454.50 | \$442.23 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L1945 | | AFO; PLASTIC, RIGID ANTERIOR TIBIAL SECTION, | 041 | Y | | N | | Y | \$1,047.63 | \$1,019.34 | | | | |
| L1950 | | AFO; SPIRAL, PLASTIC, CUSTOM- | 041 | Y | | N | | Y | \$717.78 | \$698.40 | | | | |
| L1951 | | AFO; SPIRAL, PLASTIC OR OTHER MATERIAL PRE/FAB | 041 | Y | Y | Y | | Y | \$783.81 | \$762.65 | | | | |
| L1960 | | AFO; PLASTIC, POSTERIOR SOLID ANKLE, MOLDED TO PT | 041 | N | | N | 2 | Y | \$578.55 | \$562.93 | | | 1 | 365 |
| L1970 | | AFO; PLASTIC, W/ANKLE JOINT, MOLDED TO PT | 041 | N | | N | 2 | Y | \$645.98 | \$628.54 | | | 1 | 365 |
| L1971 | | AFO; PLASTIC OR OTHER MATERIAL W/ ANKLE JOINT, | 041 | N | | Y | 2 | Y | \$437.50 | \$425.69 | | | 1 | 365 |
| L1980 | | AFO;SINGLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP | 041 | N | | N | | Y | \$376.84 | \$366.67 | | | 1 | 365 |
| L1990 | | AFO;DOUBLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP | 041 | N | | N | | Y | \$436.15 | \$424.37 | | | 1 | 365 |
| L2000 | | KAFO; SINGLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR | 041 | Y | | N | | Y | \$1,044.07 | \$1,015.88 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2005 | | KAFO,SINGL/DOUBL UPRIGHT,ANY TYPE | 041 | Y | | N | | N | \$3,824.45 | \$3,721.19 | | | | |
| L2010 | | KAFO; SINGLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT, | 041 | Y | | N | | Y | \$814.36 | \$792.37 | | | | |
| L2020 | | KAFO; DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR | 041 | Y | | N | | Y | \$1,028.52 | \$1,000.75 | | | | |
| L2030 | | KAFO; DOUBLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT, | 041 | Y | | N | | Y | \$1,010.96 | \$983.66 | | | | |
| L2034 | | KAFO, FULL PLASTIC, SINGLE UPRIG W/WO FREE | 041 | Y | | N | | Y | \$1,896.00 | \$1,844.81 | | | | |
| L2035 | | KAFO; FULL PLASTIC, STATIC, PREFABRICATED (PEDIATR | 041 | N | | Y | | Y | \$161.69 | \$157.32 | | | 1 | 365 |
| L2036 | | KAFO; FULL PLAS, DOUB UPRIGHT, W/WO FREE KNEE, ANK | 041 | Y | | N | | Y | \$1,730.32 | \$1,683.60 | | | | |
| L2037 | | KAFO; FULL PLAS, SINGLE UPRIGHT, W/WO FREE KNEE, | 041 | Y | | N | | Y | \$1,547.74 | \$1,505.95 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2038 | | KAFO;FULL PLASTIC, W/WO KNEE JOINT,MULTI-AXIS,ANKL | 041 | Y | | N | | Y | \$1,247.70 | \$1,214.01 | | | | |
| L2040 | | HKAFO; TORSION CONTROL, BILATERAL | 041 | N | | N | | Y | \$188.81 | \$183.71 | | | 1 | 365 |
| L2050 | | HKAFO;TORSION CONTROL,BILAT TORSION CABLES,HIP JOI | 041 | N | | N | | Y | \$454.81 | \$442.53 | | | 1 | 365 |
| L2060 | | HKAFO;TORSION CONTROL,BILAT TORSION CABLES,BALL BE | 041 | N | | N | | Y | \$568.88 | \$553.52 | | | 1 | 365 |
| L2070 | | HKAFO; TORSION CONTROL, UNILATERAL ROTATION STRAPS | 041 | N | | N | | Y | \$144.86 | \$140.95 | | | 1 | 365 |
| L2080 | | HKAFO; TORSION CONTROL, UNILATERAL CABLE, HIP JOIN | 041 | N | | N | | Y | \$348.30 | \$338.90 | | | 1 | 365 |
| L2090 | | HKAFO; TORSION CONTROL, UNILATERAL CABLE, BALL BEA | 041 | N | | N | | Y | \$464.06 | \$451.53 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2106 | | AFO; FRACTURE ORTH, TIBIAL FRACTURE, THEROPLASTIC | 041 | Y | | N | | Y | \$735.66 | \$715.80 | | | | |
| L2108 | | ANKLE FOOT ORTH,FRACTURE ORTH,TIBIAL FRACTURE CAST | 041 | Y | | N | | Y | \$1,072.98 | \$1,044.01 | | | | |
| L2112 | | AFO; FRACTURE ORTH, TIBIAL FRACTURE, SOFT | 041 | N | | Y | | Y | \$470.86 | \$458.15 | | | 1 | 365 |
| L2114 | | AFO; FRACTURE ORTH, TIBIAL FRACTURE, SEMI-RIGID | 041 | N | | Y | | Y | \$589.77 | \$573.85 | | | 1 | 365 |
| L2116 | | AFO; FRACTURE ORTH, TIBIAL FRACTURE RIGID | 041 | Y | | Y | | Y | \$719.35 | \$699.93 | | | | |
| L2126 | | KAFO;FRACTURE ORTH,FEMERAL FRACT,THERMOPLA TYPE | 041 | Y | | N | | Y | \$1,191.74 | \$1,159.56 | | | | |
| L2128 | | KAFO, FRACTURE ORTH, FEMORAL FRAC, MOLDED TO | 041 | Y | | N | | Y | \$1,496.42 | \$1,456.02 | | | | |
| L2132 | | KAFO; FRACTURE ORTH, FEMORAL FRAC, SOFT | 041 | Y | | Y | | Y | \$908.30 | \$883.78 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2134 | | KAFO; FRACTURE ORTH, FEMORAL FRAC, SEMI-RIGID | 041 | Y | | Y | | Y | \$1,075.54 | \$1,046.50 | | | | |
| L2136 | | KAFO;FRACTURE ORTH,FEMERAL FRAC, RIGID | 041 | Y | | Y | | Y | \$1,177.03 | \$1,145.25 | | | | |
| L2180 | | LEFO; ADDITION, PLASTIC, SHOE INSERT W/ANKLE | 041 | N | | N | | Y | \$123.74 | \$120.40 | | | 1 | 365 |
| L2182 | | LEFO; ADDITION, DROP LOCK KNEE JOINT | 041 | N | | Y | | Y | \$106.66 | \$103.78 | | | 2 | 365 |
| L2184 | | LEFO; ADDITION, LIMITED MOTION KNEE JOINT | 041 | N | | Y | | Y | \$108.10 | \$105.18 | | | 2 | 365 |
| L2186 | | LEFO; ADDITION, ADJ. MOTION KNEE JOINT, LERMAN | 041 | N | | Y | | Y | \$143.77 | \$139.89 | | | 2 | 365 |
| L2188 | | LEFO;ADDITION,QUADRILATERAL BRIM | 041 | N | | Y | | Y | \$261.36 | \$254.30 | | | 1 | 365 |
| L2190 | | LEFO; ADDITION, WAIST BELT | 041 | N | | Y | | Y | \$79.61 | \$77.46 | | | 1 | 365 |
| L2192 | | LEFO; ADDITION, HIP JOINT, PELVIC BAND/BELT, HIGH | 041 | N | | Y | | Y | \$311.16 | \$302.76 | | | 1 | 365 |
| L2200 | | LE; ADDITION, LIMITED ANKLE MOTION, EACH | 041 | N | | N | | Y | \$46.90 | \$45.63 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2210 | | LE;ADDITION,DORS IFLEXION/PLANTAR FLEXION ASSIST,EA | 041 | N | | N | | Y | \$58.67 | \$57.09 | | | 2 | 365 |
| L2220 | | LE;ADDITION,DORS IFLEXION/PLANTAR FLEXION ASSIST/RE | 041 | N | | N | | Y | \$75.52 | \$73.48 | | | 2 | 365 |
| L2230 | | LE; ADDITION; SPLIT FLAT CALIPER STIRRUPS/PLATE | 041 | N | | N | | Y | \$89.29 | \$86.88 | | | 2 | 365 |
| L2232 | | ADDITION TO LOWER EXT ORT ROCKER BOTTOM | 041 | Y | Y | Y | | N | \$90.67 | \$88.22 | | | | |
| L2240 | | LE; ADDITION, ROUND CALIPER/PLATE | 041 | N | | Y | | Y | \$88.87 | \$86.47 | | | 2 | 365 |
| L2250 | | LE; ADDITION, FOOT PLATE, MOLDED TO PT, | 041 | N | | N | | Y | \$311.76 | \$303.34 | | | 2 | 365 |
| L2260 | | LE; ADDITION, REINFORCED SOLID STIRRUPS, SCOTT- | 041 | N | | N | | Y | \$174.94 | \$170.22 | | | 2 | 365 |
| L2265 | | LE;ADDITION, LONG TONGUE | 041 | N | | Y | | N | \$125.47 | \$122.08 | | | 1 | 365 |
| L2270 | | LE;ADDITION,VARU S/VALGUS CORRECTION "T" | 041 | N | | N | | Y | \$57.53 | \$55.98 | | | 2 | 180 |
| L2275 | | LE;ADDITION VARUS/VALGUS CORRECTION,PLASTIC MODIFI | 041 | N | | N | | Y | \$121.67 | \$118.38 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2280 | | LE; ADDITION, MOLDED INNER | 041 | Y | | Y | | Y | \$526.88 | \$512.65 | | | | |
| L2300 | | LE; ADDITION, ABDUCTION BAR, JOINTED, | 041 | N | | Y | | Y | \$234.97 | \$228.63 | | | 1 | 365 |
| L2310 | | LE; ADDITION, ABDUCTION BAR, STRAIGHT | 041 | N | | Y | | Y | \$107.36 | \$104.46 | | | 1 | 365 |
| L2320 | | LE; ADDITION, NON-MOLDED LACER, CUST-FAB ONLY | 041 | Y | | Y | | Y | \$180.04 | \$175.18 | | | | |
| L2330 | | LE; ADDITION, LACER, MOLDED TO PATIENT, CUST- | 041 | Y | | N | | Y | \$342.67 | \$333.42 | | | | |
| L2335 | | LE; ADDITION, ANTE RIOR SWING BAND | 041 | N | | Y | | Y | \$262.37 | \$255.29 | | | 1 | 365 |
| L2340 | | LE; ADDITION, PRE-TIBIAL SHELL, MOLDED TO | 041 | Y | | N | | Y | \$390.04 | \$379.51 | | | | |
| L2350 | | LE; ADDITION, PROSTHETIC TYPE, (BK) SOCKET, | 041 | Y | | N | | Y | \$777.61 | \$756.61 | | | | |
| L2360 | | LE; ADDITION, EXTENDED STEEL SHANK | 041 | N | | Y | | Y | \$48.13 | \$46.83 | | | 1 | 365 |
| L2370 | | LE; ADDITION, PATTEN BOTTOM | 041 | N | | Y | | Y | \$298.70 | \$290.64 | | | 1 | 365 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2375 | | LE; ADDITION, TORSION CONTROL, ANKLE JOINT AND HAL | 041 | N | | Y | | Y | \$114.84 | \$111.74 | | | 2 | 365 |
| L2380 | | LE; ADDITION, TORSION CONTROL, | 041 | N | | Y | | Y | \$120.45 | \$117.20 | | | 2 | 365 |
| L2385 | | LE; ADDITION, STRAIGHT KNEE JOINT, HEAVY DUTY, EAC | 041 | N | | N | | Y | \$137.15 | \$133.45 | | | 2 | 365 |
| L2387 | | ADD TO LOW EXTREM POLYCEN KNEE JOINT FOR | 041 | N | | N | | Y | \$178.17 | \$173.36 | | | 1 | 365 |
| L2390 | | LE; ADDITION, OFFSET KNEE JOINT, EACH JOINT | 041 | N | | Y | | Y | \$95.54 | \$92.96 | | | 2 | 365 |
| L2395 | | LE; ADDITION, OFFSET KNEE JOINT, HEAVY | 041 | N | | Y | | Y | \$133.55 | \$132.86 | | | 2 | 365 |
| L2397 | | LE; ADDITION, ORTHOSIS, SUSPENSION | 041 | N | | Y | | Y | \$113.92 | \$110.84 | | | 1 | 180 |
| L2405 | | KNEE JOINT; ADDITION, DROP LOCK, EACH | 041 | N | | Y | | Y | \$81.38 | \$79.18 | | | 2 | 365 |
| L2415 | | KNEE JOINT; ADDITION, CAM LOCK, EACH JOINT | 041 | N | | N | | Y | \$113.39 | \$110.33 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2425 | | KNEE JOINT;ADDITION,DISC/DIAL LOCK FOR ADJ KNEE,EA | 041 | N | | Y | | Y | \$133.80 | \$130.19 | | | 2 | 365 |
| L2492 | | KNEE JOINT; ADDITION, LIFT LOOP FOR DROP | 041 | N | | Y | | Y | \$109.47 | \$106.51 | | | 2 | 365 |
| L2500 | | LE; ADDITION, THIGH/GLUTEAL/ISCHIAL WEIGHT | 041 | N | | Y | | Y | \$292.06 | \$284.17 | | | 1 | 365 |
| L2510 | | LE ADDITION,THIGH/WEIGHT BEARING QUADRILATERAL | 041 | Y | | N | | Y | \$752.73 | \$732.41 | | | | |
| L2520 | | LE; ADDITION, THIGH/WEIGHT BEARING, QUAD BRIM, CUS | 041 | Y | | N | | Y | \$501.66 | \$488.12 | | | | |
| L2525 | | LE; ADDITION, THIGH/WT BEAR, ISCHIAL CONT MOLDED T | 041 | Y | | N | | Y | \$1,063.79 | \$1,035.07 | | | | |
| L2526 | | LE; ADDITION, THIGH/WT BEARING, ISCHIAL | 041 | Y | | N | | Y | \$597.74 | \$581.60 | | | | |
| L2530 | | LE; ADDITION, THIGH/WEIGHT BEARING, LACER, NON-MOL | 041 | N | | Y | | Y | \$223.84 | \$217.80 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2540 | | LE; ADDITION, THIGH/WEIGHT BEARING, LACER, MOLDED | 041 | N | | N | | Y | \$423.54 | \$412.10 | | | 1 | 365 |
| L2550 | | LE; ADDITION, THIGH/WEIGHT BEARING, HIGH ROLL CUFF | 041 | N | | Y | | Y | \$317.57 | \$309.00 | | | 1 | 365 |
| L2570 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS | 041 | N | | Y | | Y | \$415.67 | \$404.45 | | | 1 | 365 |
| L2580 | | LE; ADDITION, PELVIC CONTROL, PELVIC SLING | 041 | N | | Y | | Y | \$405.02 | \$394.08 | | | 1 | 365 |
| L2600 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS | 041 | N | | Y | | Y | \$199.06 | \$193.69 | | | 2 | 365 |
| L2610 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, | 041 | N | | Y | | Y | \$219.96 | \$214.02 | | | 2 | 365 |
| L2620 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, HEAVY | 041 | N | | Y | | Y | \$233.34 | \$227.04 | | | 2 | 365 |
| L2622 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, | 041 | N | | Y | | Y | \$296.99 | \$288.97 | | | 2 | 365 |
| L2624 | | LE; ADDITION, PELVIC CONTROL, HIP JOINT, ADJ- | 041 | N | | Y | | Y | \$364.17 | \$354.34 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2627 | | LE ADDITION, PELVIC CONTROL, PLASTIC | 041 | Y | | N | | Y | \$1,994.71 | \$1,940.85 | | | | |
| L2628 | | LE ADDITION, PELVIC CONTROL, METAL | 041 | Y | | Y | | Y | \$1,462.08 | \$1,422.60 | | | | |
| L2630 | | LE; ADDITION, PELVIC CONTROL, BAND/BELT, UNILATERA | 041 | N | | Y | | Y | \$216.10 | \$210.27 | | | 1 | 365 |
| L2640 | | LE: ADDITION, PELVIC CONTROL, BAND/BELT, BILATERAL | 041 | N | | Y | | Y | \$293.28 | \$285.36 | | | 1 | 365 |
| L2650 | | LE; ADDITION, PELVIC/THORACIC CONTROL, GLUTEAL PAD | 041 | N | | Y | | Y | \$129.15 | \$125.66 | | | 1 | 365 |
| L2660 | | LE; ADDITION, THORACIC CONTROL, | 041 | N | | Y | | Y | \$167.23 | \$162.71 | | | 1 | 365 |
| L2670 | | LE; ADDITION, THORACIC CONTROL, | 041 | N | | Y | | Y | \$148.86 | \$144.84 | | | 1 | 365 |
| L2680 | | LE; ADDITION, THORACIC CONTROL, LATERAL | 041 | N | | Y | | Y | \$136.57 | \$132.88 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2750 | | LEO; ADDITION, PLATING CHROME/NICKEL, PER BAR | 041 | N | | Y | | Y | \$72.95 | \$70.98 | | | 2 | 365 |
| L2760 | | LEO; ADDITION, EXTENSION, PER EXTENSION, PER | 041 | N | | Y | | Y | \$53.03 | \$51.60 | | | 2 | 365 |
| L2785 | | LEO; ADDITION, DROP LOCK | 041 | N | | Y | | Y | \$27.66 | \$26.91 | | | 2 | 365 |
| L2795 | | LEO; ADDITION, KNEE CONTROL, FULL KNEE CAP | 041 | N | | Y | | Y | \$76.55 | \$74.48 | | | 2 | 365 |
| L2800 | | LEO; ADDITION; KNEE CONTROL, KNEE CAP, | 041 | N | | Y | | Y | \$94.00 | \$91.46 | | | 2 | 365 |
| L2810 | | LEO; ADDITION; KNEE CONTROL, CONDYLAR PAD | 041 | N | | Y | | Y | \$76.23 | \$74.17 | | | 2 | 365 |
| L2820 | | LEO; ADDITION, SOFT INTERFACE FOR MOLDED | 041 | N | | N | | Y | \$75.79 | \$73.74 | | | 2 | 365 |
| L2830 | | LEO; ADDITION, SOFT INTERFACE FOR MOLDED | 041 | N | | N | | Y | \$81.99 | \$79.78 | | | 2 | 365 |
| L2840 | | LEO; TIBIAL LENGTH SOCK, FRACTURE OR | 041 | N | | Y | | Y | \$40.26 | \$39.17 | | | 3 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L2850 | | LEO;ADDITION, FEMORAL LENGTH SOCK, FRACTURE OR EQU | 041 | N | | Y | | Y | \$56.46 | \$54.94 | | | 3 | 180 |
| L2861 | | TORSION MECHANISM KNEE/ANKLE | 041 | Y | Y | N | | Y | | | | | | |
| L2999 | | LEO;NOT OTHERWISE | 041 | Y | Y | Y | | N | | | | | | |
| L3000 | | FOOT,INSERT; REMOVABLE,"UCB" TYPE, BERKELEY | 041 | N | | N | | N | \$293.19 | \$285.27 | | | 2 | 365 |
| L3001 | | FOOT,INSERT: REMOVABLE,SPENC O,MOLDED TO PT, | 041 | N | | N | | N | \$123.46 | \$120.13 | | | 2 | 365 |
| L3002 | | FOOT,INSERT;REM OV,PLASTAZOTE OR EQUAL,MOLDED T | 041 | N | | N | | N | \$150.74 | \$146.67 | | | 2 | 365 |
| L3003 | | FOOT,INSERT;REM OVABLE,SILICONE GEL,MOLDED TO PT,EA | 041 | N | | N | | N | \$162.61 | \$158.22 | | | 2 | 365 |
| L3010 | | FOOT,INSERT;REM OVABLE,LONGITUD INAL ARCH SPT,MO | 041 | N | | N | | Y | \$162.61 | \$158.22 | | | 2 | 365 |
| L3030 | | FOOT,INSERT;REM OV,FORMED TO PATIENT FOOT, | 041 | N | | N | | N | \$71.22 | \$69.30 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3031 | | FOOT, INSERT/PLATE, REMOVABLE, ADD | 041 | Y | | Y | | Y | \$114.31 | \$111.22 | | | | |
| L3040 | | FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED, LONGITUDINAL | 041 | N | | Y | | N | \$43.94 | \$42.75 | | | 2 | 365 |
| L3050 | | FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,METATARSAL,E | 041 | N | | Y | | N | \$43.94 | \$42.75 | | | 2 | 365 |
| L3060 | | FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED, LONG/META,EA | 041 | N | | Y | | N | \$68.84 | \$66.98 | | | 2 | 365 |
| L3070 | | FOOT,ARCH SUPPORT;NON REMOV, LONGITUDINAL,ATTAC | 041 | N | | Y | | Y | \$29.68 | \$28.88 | | | 2 | 365 |
| L3080 | | FOOT,ARCH SUPPORT;NON REMOV,METATARSAL,ATTACHE | 041 | N | | Y | | Y | \$29.68 | \$28.88 | | | 2 | 365 |
| L3090 | | FOOT,ARCH SUPPORT;NON REMOV, LONG/META, ATTACHED | 041 | N | | Y | | Y | \$38.00 | \$36.97 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3100 | | HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED, | 041 | N | | Y | | N | \$15.16 | \$14.75 | | | 2 | 365 |
| L3140 | | FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES | 041 | N | | N | | Y | \$83.09 | \$80.85 | | | 1 | 120 |
| L3150 | | FOOT, ABDUCTION ROTATION BAR, W/O SHOES | 041 | N | | Y | | Y | \$75.99 | \$73.94 | | | 1 | 120 |
| L3170 | | FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, PR | 041 | N | | Y | | N | \$29.14 | \$28.35 | | | 2 | 365 |
| L3201 | | ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, I | 041 | N | | N | | N | \$45.34 | \$44.12 | | | 2 | 90 |
| L3202 | | ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, C | 041 | N | | N | | N | \$55.89 | \$54.38 | | | 2 | 150 |
| L3203 | | ORTHO SHOE; OXFORD W/SUPINATOR OR PRONATOR, J | 041 | N | | N | | N | \$68.40 | \$66.55 | | | 2 | 150 |
| L3204 | | ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR, | 041 | N | | N | | N | \$48.52 | \$47.21 | | | 2 | 90 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3206 | | ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR, | 041 | N | | N | | N | \$55.97 | \$54.46 | | | 2 | 150 |
| L3207 | | ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR, | 041 | N | | N | | N | \$72.83 | \$70.86 | | | 2 | 150 |
| L3208 | | SURGICAL BOOT EACH INFANT | 041 | N | | N | | N | \$26.09 | \$25.39 | | | 2 | 150 |
| L3209 | | SURGICAL BOOT EACH-CHILD | 041 | N | | N | | N | \$37.60 | \$36.58 | | | 2 | 150 |
| L3211 | | SURGICAL BOOT EACH-JUNIOR | 041 | N | | N | | N | \$58.28 | \$56.71 | | | 2 | 150 |
| L3212 | | BENESCH BOOT PAIR-INFANT | 041 | N | | N | * | N | \$63.92 | \$62.19 | | | 2 | 150 |
| L3213 | | BENESCH BOOT PAIR-CHILD | 041 | N | | N | * | N | \$66.74 | \$64.94 | | | 2 | 150 |
| L3214 | | BENESCH BOOT PAIR-JUNIOR | 041 | N | | N | * | N | \$75.20 | \$73.17 | | | 2 | 150 |
| L3215 | | ORTHOPEDIC SHOE;LADIES,OXFORD, EACH | 041 | N | | N | | N | \$46.05 | \$44.81 | | | 2 | 365 |
| L3216 | | ORTHOPEDIC SHOES; LADIES DEPTH INLAY, EACH | 041 | N | | N | | N | \$78.49 | \$76.37 | | | 2 | 365 |
| L3217 | | ORTHOPEDIC SHOES; LADIES, HIGH TOP, DEPTH | 041 | N | | N | | N | \$82.25 | \$80.03 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3219 | | ORTHOPEdic SHOE;MENS,OXFORD, EACH | 041 | N | | N | | N | \$50.29 | \$48.93 | | | 2 | 365 |
| L3221 | | ORTHOPEdic SHOES; MENS, DEPTH INLAY EACH | 041 | N | | N | | N | \$81.78 | \$79.57 | | | 2 | 365 |
| L3222 | | ORTHOPEdic SHOES; HIGHTOP, DEPTH INLAY, EACH | 041 | N | | N | | N | \$82.25 | \$80.03 | | | 2 | 365 |
| L3224 | | ORTHO FOOTWR, WOMAN SHOE, OXFORD, USED AS PART O | 041 | N | | N | | Y | \$63.07 | \$61.37 | | | 2 | 365 |
| L3225 | | ORTHO FOOTWEAR, MAN'S SHOE, OXFORD, USED AS PART O | 041 | N | | N | | Y | \$68.89 | \$67.03 | | | 2 | 365 |
| L3230 | | ORTHOPEdic SHOES; CUSTOM, DEPTH INLAY, EACH | 041 | Y | | N | | Y | \$286.70 | \$278.96 | | | | |
| L3250 | | ORTHO SHOES; CUSTOM MOLDED,REMOVABLE INNER MO | 041 | Y | | N | | Y | \$164.83 | \$160.38 | | | | |
| L3257 | | ORTHOPEdic SHOE; SPLIT SIZE | 041 | N | | N | | N | \$31.96 | \$31.10 | | | 1 | 365 |
| L3260 | | SURGICAL BOOT/SHOE EACH | 041 | N | | Y | | N | \$64.39 | \$62.65 | | | 1 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3300 | | LIFT, ELEVATION: HEEL, TAPERED TO METATARSALS, PER | 041 | N | | N | | N | \$48.68 | \$47.37 | | | 3 | 365 |
| L3310 | | LIFT, ELEVATION; HEEL & SOLE, NEOPRENE, PER | 041 | N | | N | | N | \$75.99 | \$73.94 | | | 3 | 365 |
| L3320 | | LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH | 041 | N | | N | | N | \$60.31 | \$58.68 | | | 3 | 365 |
| L3330 | | LIFT, ELEVATION; METAL EXTENSION (SKATE) | 041 | N | | N | | N | \$528.20 | \$513.94 | | | 1 | 365 |
| L3332 | | LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO | 041 | N | | N | | N | \$68.84 | \$66.98 | | | 3 | 365 |
| L3334 | | LIFT, ELEVATION; HEEL, PER INCH | 041 | N | | N | | N | \$35.59 | \$34.63 | | | 3 | 365 |
| L3340 | | WEDGE, HEEL; | 041 | N | | N | | N | \$79.56 | \$77.41 | | | 3 | 365 |
| L3350 | | WEDGE, HEEL | 041 | N | | N | | N | \$21.35 | \$20.77 | | | 3 | 365 |
| L3360 | | WEDGE, SOLE; OUTSIDE SOLE | 041 | N | | N | | N | \$33.23 | \$32.33 | | | 3 | 365 |
| L3370 | | WEDGE, SOLE; BETWEEN SOLE | 041 | N | | N | | N | \$46.30 | \$45.05 | | | 3 | 365 |
| L3380 | | WEDGE, CLUBFOOT | 041 | N | | N | | Y | \$46.30 | \$45.05 | | | 3 | 365 |
| L3390 | | WEDGE, OUTFLARE | 041 | N | | N | | N | \$46.30 | \$45.05 | | | 3 | 365 |
| L3400 | | WEDGE, METATARSAL BAR; | 041 | N | | N | | N | \$38.00 | \$36.97 | | | 3 | 365 |
| L3410 | | WEDGE, METATARSAL BAR; | 041 | N | | N | | N | \$86.64 | \$84.30 | | | 3 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3420 | | WEDGE, HEEL/FULL SOLE; BETWEEN | 041 | N | | N | | N | \$51.05 | \$49.67 | | | 3 | 365 |
| L3430 | | HEEL; COUNTER, PLASTIC | 041 | N | | N | | N | \$149.57 | \$145.53 | | | 3 | 365 |
| L3440 | | HEEL; COUNTER, LEATHER | 041 | N | | N | | N | \$71.22 | \$69.30 | | | 3 | 365 |
| L3450 | | HEEL; SACH CUSHION TYPE | 041 | N | | N | | N | \$98.50 | \$95.84 | | | 3 | 365 |
| L3455 | | HEEL; NEW LEATHER, | 041 | N | | N | | Y | \$38.00 | \$36.97 | | | 3 | 365 |
| L3460 | | HEEL; NEW RUBBER, | 041 | N | | N | | Y | \$32.07 | \$31.20 | | | 3 | 365 |
| L3465 | | HEEL; THOMAS WITH WEDGE | 041 | N | | N | | N | \$54.64 | \$53.16 | | | 3 | 365 |
| L3470 | | HEEL; THOMAS EXTENDED TO BALL | 041 | N | | N | | N | \$58.15 | \$56.58 | | | 3 | 365 |
| L3485 | | HEEL; PAD, REMOVABLE FOR SPUR | 041 | N | | N | | N | \$19.10 | \$18.58 | | | 3 | 365 |
| L3520 | | ORTHO SHOE ADDITION; INSOLE, FELT COVERED W/ LEATH | 041 | N | | N | | N | \$29.68 | \$28.88 | | | 3 | 365 |
| L3530 | | ORTHO SHOE ADDITION; SOLE, HALF | 041 | N | | N | | Y | \$29.68 | \$28.88 | | | 3 | 365 |
| L3540 | | ORTHO SHOE ADDITION; SOLE, | 041 | N | | N | | Y | \$47.48 | \$46.20 | | | 3 | 365 |

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3550 | | ORTHO SHOE ADDITION; TOE TAP STANDARD | 041 | N | | N | | N | \$8.34 | \$8.11 | | | 3 | 365 |
| L3560 | | ORTHO SHOE ADDITION; TOE TAP HORSESHOE | 041 | N | | N | | N | \$21.35 | \$20.77 | | | 3 | 365 |
| L3570 | | ORTHO SHOE ADDITION;SPECIAL EXT. TO INSTEP(LEATHER | 041 | N | | N | | N | \$79.56 | \$77.41 | | | 3 | 365 |
| L3580 | | ORTHO SHOE ADDITION; CONVERT INSTEP-VELCRO CLOSURE | 041 | N | | N | | N | \$60.54 | \$58.91 | | | 2 | 365 |
| L3590 | | ORTHO SHOE ADDITION; CONVERT FIRM COUNTER TO SOFT | 041 | N | | N | | N | \$49.86 | \$48.51 | | | 3 | 365 |
| L3595 | | ORTHO SHOE ADDITION; MARCH BAR | 041 | N | | N | | N | \$39.16 | \$38.10 | | | 3 | 365 |
| L3600 | | ORTHOSIS, TRANSFER; CALIPER PLATE, EXISTING | 041 | N | | N | | Y | \$71.22 | \$69.30 | | | 1 | 365 |
| L3649 | | ORTHOPEDIC SHOE; MOD, ADD, TRANSFER NOT | 041 | Y | Y | N | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3650 | | SHOULDER ORTH,FIGURE OF 8 DSGN ABD RESTRNR,PREFB,O | 041 | N | | Y | | Y | \$37.66 | \$36.64 | | | 1 | 365 |
| L3670 | | SHLDER ORTH,ACROMIO-CLAVICULAR,CANVAS-WEBB,PREFB | 041 | N | | Y | | Y | \$27.10 | \$26.37 | | | 1 | 365 |
| L3675 | | SHLDER ORTH,VEST TYPE ABD RESTRNR,CANVAS WEBB OR | 041 | N | | Y | | Y | \$120.87 | \$117.61 | | | 1 | 365 |
| L3677 | | SHOULDER ORTH,JNT DSGN,WO-JNTS,INC | 041 | Y | Y | Y | | N | | | | | | |
| L3678 | | SHOULDER ORTH W-O JNTS SOFT INTRFACE PREFAB | 041 | Y | Y | Y | | Y | | | | | | |
| L3710 | | ELBOW ORTH, ELASTIC W-METAL JOINTS, | 041 | N | | Y | | Y | \$121.29 | \$118.02 | | | 1 | 365 |
| L3720 | | EO;DBLE UPRIGHT W/FOREARM/ARM CUFFS, FREE | 041 | N | | N | | Y | \$580.37 | \$564.70 | | | 1 | 365 |
| L3730 | | EO; DBLE UPRIGHT W/FOREARM/ARM CUFFS, EXTEN/FLEX | 041 | Y | | N | | Y | \$769.81 | \$749.03 | | | | |
| L3740 | | EO; DBLE UPRIGHT W/FOREARM/ARM CUFF, ADJ LOCK W/ | 041 | Y | | N | | Y | \$912.67 | \$888.03 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3760 | | EO;W/ADJ LOCK JOINTS PREFAB CUSTOM BY IND W/EXPERTISE | 041 | Y | Y | N | | Y | \$424.80 | \$413.33 | | | | |
| L3761 | | ELBOW ORTHOSIS, W/ADJ POS LOCK JOINT,PREFAB,OFF SHELF | 041 | N | | Y | | Y | \$424.80 | \$413.33 | | | 1 | 365 |
| L3762 | | ELBOW ORTH,RGD,WO-JOINTS,INC SOFT INTERFACE,PREFAB | 041 | N | | Y | | Y | \$91.33 | \$88.86 | | | 1 | 365 |
| L3763 | | EWHO, RIGID W/OUT JOINTS, MAY INC INTER- | 041 | Y | Y | N | | Y | \$635.64 | \$618.48 | | | | |
| L3806 | | WRIST HAND FINGER ORTHOSIS,ONE/M | 041 | Y | Y | Y | | Y | \$385.83 | \$375.41 | | | | |
| L3807 | | WRIST HAND FINGER ORTH,WO JNTS,PREFAB-CUSTOMIZED | 041 | N | | Y | | Y | \$212.39 | \$206.66 | | | 1 | 365 |
| L3808 | | WRIST HAND FINGER ORTHOSIS,RIG | 041 | Y | Y | N | | Y | \$302.57 | \$294.40 | | | | |
| L3809 | | WRIST HAND FINGER ORTH W-O JNT PREFAB OTS | 041 | N | | Y | | Y | \$113.10 | \$110.05 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3891 | | ADD TO UPR EXTRMTY JNT,WRIST/ELBOW, | 041 | Y | Y | N | | Y | | | | | | |
| L3900 | | WHFO; WRIST OR FINGER DRIVEN, DYNAMIC FLEXOR HINGE | 041 | Y | | N | | Y | \$1,375.99 | \$1,338.84 | | | | |
| L3901 | | WHFO; CABLE DRIVEN, DYNAMIC FLEXOR HINGE | 041 | Y | | N | | Y | \$1,803.29 | \$1,754.60 | | | | |
| L3906 | | WHO; W/O JOINTS, INCLUDES SOFT INTERFACE, | 041 | Y | | N | | Y | \$430.46 | \$418.84 | | | | |
| L3908 | | WRIST HAND ORTHOSIS,WRIST EXT CNTL COCK-UP, NON-MO | 041 | N | | Y | | Y | \$26.84 | \$26.12 | | | 2 | 365 |
| L3912 | | HAND FINGER ORTH,FLEXION GLOVE W-ELASTIC FNGR CNTR | 041 | N | | Y | | Y | \$68.52 | \$66.67 | | | 1 | 365 |
| L3915 | | WHO,INC NONTORSION JNTS,ELAS BNDS-TURNBKLS-SFT INT | 041 | Y | Y | Y | | Y | \$451.52 | \$439.33 | | | | |
| L3916 | | WHO INCL 1 OR > NONTORSION JOINT ELTC BAND | 041 | Y | Y | Y | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3917 | | HAND ORTH,METACARPA L FRAC ORTH,PREFAB- | 041 | N | | Y | | Y | \$89.70 | \$87.28 | | | 1 | 365 |
| L3918 | | HAND ORTH METACARPAL FX OTS PREFAB OTS | 041 | N | | Y | | Y | \$89.70 | \$87.28 | | | 1 | 365 |
| L3923 | | HFO,WITHOUT JOINTS,INC SOFT INTERFACE AND STRAPS,P | 041 | N | | Y | | N | \$82.05 | \$79.83 | | | 1 | 365 |
| L3924 | | HAND FNGR ORT WO JOINT PREFAB | 041 | N | | Y | | Y | \$26.80 | \$26.08 | | | 1 | 365 |
| L3925 | | FINGER ORTH,PIP-DIP-NONTORSION JNT- | 041 | N | | Y | | Y | \$48.46 | \$47.15 | | | 1 | 365 |
| L3927 | | FINGER ORTH,PIP-DIP,WO-JNT-SPRING,EXT-FLEXION,INC | 041 | N | | Y | | Y | \$25.83 | \$25.13 | | | 1 | 365 |
| L3929 | | HFO,INC NONTORSION,TRN BKLS,ELAS BNDS-SPRNGS-SFT IN | 041 | N | | Y | | Y | \$77.58 | \$75.49 | | | 1 | 365 |
| L3930 | | HAND FNGR ORTHOSIS W>1 NONTRSNJNT SOFT INTERFACE | 041 | N | | Y | | Y | \$67.38 | \$65.56 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L3931 | | WRST HD/FING ORT,INC NON TOR JTS,BUCK,SPGS, ARE FA | 041 | N | | Y | | Y | \$177.10 | \$172.32 | | | 1 | 365 |
| L3933 | | FINGER ORTHOSIS,WO-JOINTS,INC SOFT INTRFCE,CUSTM F | 041 | Y | | N | | Y | \$181.24 | \$176.35 | | | | |
| L3960 | | SEWHO;ABDUCTION POSITIONING, AIRPLANE DESIGN | 041 | Y | | Y | | Y | \$677.46 | \$659.17 | | | | |
| L3962 | | SEWHO;ABDUCTION POSITIONING, ERBS PALSEY | 041 | N | | Y | | Y | \$612.72 | \$596.18 | | | 1 | 365 |
| L3980 | | UE; FRACTURE ORTHOSIS,HUMER | 041 | N | | Y | | Y | \$328.60 | \$319.73 | | | 1 | 365 |
| L3981 | | UPPER EXTREMITY FX,ORTHOSIS,HUMERAL,PREFAB,WITH | 041 | Y | Y | Y | | Y | \$854.97 | \$831.89 | | | | |
| L3982 | | UE; FRACTURE ORTHOSIS, RADIUS/ULNAR | 041 | N | | Y | | Y | \$333.67 | \$324.66 | | | 1 | 365 |
| L3984 | | UE; FRACTURE ORTHOSIS, WRIST | 041 | N | | Y | | Y | \$293.93 | \$285.99 | | | 1 | 365 |
| L3995 | | UE; ADDITION, SOCK, FRACTURE OR EQUAL, EACH | 041 | N | | Y | | Y | \$26.71 | \$25.99 | | | 2 | 180 |
| L3999 | | UPPER LIMB ORTHOSIS; NOT OTHERWISE | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L4000 | | REPLACE GIRDLE FOR SPINAL | 041 | Y | | Y | | Y | \$1,233.29 | \$1,199.99 | | | | |
| L4002 | | REPLACEMENT STRAP,ANY ORT,INCLUDES ALL COMPONENTS | 041 | Y | Y | Y | | N | | | | | | |
| L4010 | | REPLACE TRILATERAL | 041 | Y | | Y | | Y | \$749.62 | \$729.38 | | | | |
| L4030 | | REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED | 041 | Y | | N | | Y | \$574.24 | \$556.79 | | | | |
| L4040 | | REPLACE MOLDED THIGH LACER, CUS-FAB ONLY | 041 | Y | | N | | Y | \$387.53 | \$377.07 | | | | |
| L4045 | | REPLACE THIGH LACER NON-MOLDED, CUST- | 041 | N | | N | | Y | \$286.27 | \$278.54 | | | 1 | 365 |
| L4050 | | REPLACE MOLDED CALF LACER, CUST-FAB ONLY | 041 | Y | | N | | Y | \$383.82 | \$373.46 | | | | |
| L4055 | | REPLACE NON-MOLDED CLAF LACER, CUST-FAB, | 041 | N | | N | | Y | \$233.30 | \$227.00 | | | 1 | 365 |
| L4060 | | REPLACE HIGH ROLL CUFF | 041 | N | | Y | | Y | \$303.27 | \$295.08 | | | 1 | 365 |
| L4070 | | REPLACE PROXIMAL & DISTAL UPRIGHT | 041 | N | | Y | | Y | \$245.60 | \$238.97 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L4080 | | REPLACE METAL BANDS KAFO, PROXIMAL THIGH | 041 | N | | Y | | Y | \$92.72 | \$90.22 | | | 2 | 365 |
| L4090 | | REPLACE METAL BANDS KAFO - AFO, CALF OR DISTAL THI | 041 | N | | N | | Y | \$78.88 | \$76.75 | | | 2 | 365 |
| L4110 | | REPLACE LEATHER CUFF KAFO - AFO, CALF OR DISTAL TH | 041 | N | | N | | Y | \$74.01 | \$72.01 | | | 2 | 365 |
| L4130 | | REPLACE PRETIBIAL SHELL | 041 | N | | Y | | Y | \$447.35 | \$435.27 | | | 1 | 365 |
| L4210 | | REPAIR OF ORTHOTIC DEVICE,REPAIR OR | 041 | Y | Y | Y | | Y | | | | | | |
| L4350 | | ANKLE CNTRL ORTHO,STIRUP,RIG D,INC INTRFCE-PNEUM-GE | 041 | N | | Y | | Y | \$31.84 | \$30.98 | | | 1 | 365 |
| L4360 | | WALK BOOT,PNEUM-VACUMN W-WO | 041 | N | | Y | | Y | \$241.64 | \$235.12 | | | 1 | 365 |
| L4361 | | WALKING BOOT PNEM AND/OR VACUUM W OR WO JOINTS | 041 | N | | Y | | Y | \$114.90 | \$111.80 | | | 1 | 365 |
| L4370 | | PNEUMATIC FULL LEG SPLINT, PREFABRICATED | 041 | N | | Y | | Y | \$103.66 | \$100.86 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L4386 | | WALK BOOT, NON-PNEU, W-WO JNTS/INTRFCE MAT, PREFAB | 041 | N | | Y | | Y | \$147.98 | \$143.98 | | | 1 | 365 |
| L4387 | | WALK BOOT NON-PNEU W OR WO JOINTS W OR WO INTRF | 041 | N | | Y | | Y | \$119.99 | \$116.75 | | | 1 | 365 |
| L4396 | | STATIC OR DYNAMIC AFO, W/SFT INTRFCE, ADJ | 041 | N | | Y | | Y | \$156.63 | \$152.40 | | | 1 | 365 |
| L4397 | | STATIC OR DYNM AFO INCL SOFT INTRAF C ADJ | 041 | N | | Y | | Y | \$126.99 | \$123.56 | | | 1 | 365 |
| L4398 | | FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE PREF | 041 | N | | Y | | Y | \$58.47 | \$56.89 | | | 1 | 365 |
| L4631 | | ANKL FT ORT, WALK BOOT VARUS/VALGUS | 041 | Y | | N | | Y | \$1,375.85 | \$1,338.70 | | | | |
| L5000 | | PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE | 041 | N | | N | | Y | \$535.94 | \$521.47 | | | 1 | 365 |
| L5010 | | PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, W/TOE F | 041 | Y | | N | | Y | \$1,497.47 | \$1,457.04 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5020 | | PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGH | 041 | Y | | N | | Y | \$2,346.05 | \$2,282.71 | | | | |
| L5050 | | ANKLE, SYMES, MOLDED SOCKET, SACH FOOT | 041 | Y | | N | | Y | \$2,562.33 | \$2,493.15 | | | | |
| L5060 | | ANKLE, SYMES METAL FRAME, MOLDED, LE | 041 | Y | | N | | Y | \$3,158.61 | \$3,073.33 | | | | |
| L5100 | | BK; MOLDED SOCKET, SHIN, | 041 | Y | | N | | Y | \$2,551.36 | \$2,482.47 | | | | |
| L5105 | | BK; PLASTIC SOCKET, JOINTS/THIGH | 041 | Y | | N | | Y | \$3,600.53 | \$3,503.32 | | | | |
| L5150 | | KNEE DISARTICULATION; MOLDED SOCKET, EXTERNAL KNEE J | 041 | Y | | N | | Y | \$4,002.93 | \$3,894.85 | | | | |
| L5160 | | KNEE DISARTICULATION; MOLDED SOCKET, BENT KNEE CON | 041 | Y | | N | | Y | \$4,395.02 | \$4,276.35 | | | | |
| L5200 | | AK; MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KN | 041 | Y | | N | | Y | \$3,399.22 | \$3,307.44 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5210 | | AK; SHORT PROSTH, NO KNEE/ANKLE JOINT, | 041 | Y | | N | | Y | \$2,698.99 | \$2,626.12 | | | | |
| L5220 | | AK;SHORT PROTH NO KNEE JOINTS,W/ARTICULATED ANKEL/ | 041 | Y | | N | | Y | \$2,973.12 | \$2,892.85 | | | | |
| L5230 | | ABV KNEE,PROXIMLA FEMRL FOCL | 041 | Y | | N | | Y | \$4,459.22 | \$4,338.82 | | | | |
| L5250 | | HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, | 041 | Y | | N | | Y | \$5,228.56 | \$5,087.39 | | | | |
| L5270 | | HIP DISARTICULATION; TILT TABLE TYPE, MOLDED SOCKE | 041 | Y | | N | | Y | \$5,825.63 | \$5,668.34 | | | | |
| L5280 | | HEMIPELVECTOMY; CANADIAN TYPE, MOLDED SOCKET, SING | 041 | Y | | N | | Y | \$5,662.72 | \$5,509.83 | | | | |
| L5301 | | BELOW-KNEE,MOLD SOCKET,SHIN,EACH | 041 | Y | | N | | Y | \$2,505.38 | \$2,437.73 | | | | |
| L5312 | | KNEE DISARTICULTN,MLD SOCKET,SNGL AXIS,PYLON,SACH | 041 | Y | | Y | | Y | \$3,947.40 | \$3,840.82 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5321 | | ABOVE KNEE,MOLDED,END OSKELETAL SYSTEM, SINGLE | 041 | Y | | N | | Y | \$3,340.84 | \$3,250.64 | | | | |
| L5331 | | HIP DISARTICULATION, CANADIAN TYPE,ENDOSKELETAL SYS | 041 | Y | | N | | Y | \$4,893.13 | \$4,761.02 | | | | |
| L5341 | | HEMIPELVECTOMY, CANADIAN TYPE,ENDOSKELETAL SYSTEM | 041 | Y | | Y | | N | \$5,201.32 | \$5,060.88 | | | | |
| L5400 | | EARLY FITTING; BK, INITIAL DRESSING W/ONE CAST CHA | 041 | Y | | N | | Y | \$1,491.96 | \$1,451.68 | | | | |
| L5410 | | IMDT POST SURG,APP RGD DRSG,W/FIT,ALGN, SUSP,BLW KN | 041 | Y | | N | | Y | \$412.19 | \$401.06 | | | | |
| L5420 | | EARLY FITTING;AK OR KNEE DISART,INITIAL | 041 | Y | | N | | Y | \$1,884.28 | \$1,833.40 | | | | |
| L5450 | | EARLY FITTING; BK, NON-WEIGHT BEARING RIGID DRESSI | 041 | N | | N | | Y | \$442.27 | \$430.33 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5460 | | EARLY FITTING; AK, NON-WEIGHT BEARING RIGID DRESSI | 041 | N | | N | | Y | \$580.07 | \$564.41 | | | 1 | 365 |
| L5500 | | BK."PTB" TYPE SOCKET;INITIA, NON ALIGNABLE | 041 | Y | | N | | Y | \$1,379.01 | \$1,341.78 | | | | |
| L5505 | | AK-KNEE DISARTICULATION,I SCHIAL LEVEL SOCKET, NON | 041 | Y | | N | | Y | \$1,939.89 | \$1,887.51 | | | | |
| L5510 | | PREPARATORY;BK" PTB"TYPE SOCKET,PLASTER SOCKET, MOL | 041 | Y | | N | | Y | \$1,646.76 | \$1,602.30 | | | | |
| L5520 | | PRP,BLW KNEE PTB SOCKT,NON-ALGN SYS,PYLN,NO | 041 | Y | | N | | Y | \$1,476.13 | \$1,436.27 | | | | |
| L5530 | | PREP;BK-"PTB" TYPE SOCKET,THERMOPL | 041 | Y | | N | | Y | \$1,940.47 | \$1,888.08 | | | | |
| L5535 | | PREPARATORY;BK "PTB" TYPE, SOCKET, | 041 | Y | | N | | Y | \$1,808.93 | \$1,760.09 | | | | |
| L5540 | | PREPARATORY;BK-PTB-TYPE SOCKET,LAMINATE D SOCKET, M | 041 | N | | N | | Y | \$1,915.92 | \$1,864.19 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5560 | | PREP;AK-KNEE DISART.PLASTER SOCKET,MOLDED TO PT | 041 | Y | | N | | Y | \$2,183.08 | \$2,124.14 | | | | |
| L5570 | | PREP;AK-KNEE DISART.THERMOPLASTIC/EQUAL,DIRECT FOR | 041 | Y | | N | | Y | \$2,118.76 | \$2,061.55 | | | | |
| L5580 | | PREPARATORY;AK-KNEE DISART., THERMOPLASTIC/EQUAL, | 041 | Y | | N | | Y | \$2,629.68 | \$2,558.68 | | | | |
| L5585 | | PREPARATORY; AK-KNEE DISART, PREFABRICATED ADJUSTA | 041 | Y | | N | | Y | \$3,079.58 | \$2,996.43 | | | | |
| L5590 | | PREP,AK-KNEE DISART,ISCHI SOCKT,NONALGN,PYLN,NO CO | 041 | Y | | N | | Y | \$2,741.71 | \$2,667.68 | | | | |
| L5595 | | PREPARATORY; HEMIPELVECTOMY -HIP DISART,THERMOPL | 041 | Y | | N | | Y | \$4,284.59 | \$4,168.91 | | | | |
| L5600 | | PREP;HEMIPELVECTOMY-HIP DISART,LAMINATED,MO | 041 | Y | | N | | Y | \$4,876.49 | \$4,744.82 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5610 | | LE; ADDITION, AK, HYDRACADENCE SYSTEM | 041 | Y | | N | | Y | \$2,351.90 | \$2,288.40 | | | | |
| L5611 | | LE; ADDITION, AK-KNEE DISART 4-BAR LINK, FRICTION | 041 | Y | | N | | Y | \$1,497.96 | \$1,457.51 | | | | |
| L5616 | | LE;ADDITION, AK,UNIVERSAL MULTIPLEX SYSTEM,FRICTIO | 041 | Y | | N | | Y | \$1,373.87 | \$1,336.78 | | | | |
| L5618 | | LE; ADDITION, TEST SOCKET, SYMES | 041 | N | | N | | Y | \$312.46 | \$304.02 | | | 1 | 365 |
| L5620 | | LE; ADDITION, TEST SOCKET, BK | 041 | N | | N | 2 | Y | \$277.22 | \$269.74 | | | 1 | 365 |
| L5622 | | LE; ADDITION, TEST SOCKET, KNEE DISARTICULATION | 041 | N | | N | | Y | \$373.49 | \$363.41 | | | 1 | 365 |
| L5624 | | LE; ADDITION, TEST SOCKET, AK | 041 | N | | N | 2 | Y | \$373.34 | \$363.26 | | | 1 | 365 |
| L5626 | | LE; ADDITION, TEST SOCKET, HIP DISARTICULATION | 041 | N | | N | | N | \$591.05 | \$575.09 | | | 1 | 365 |
| L5628 | | LE; ADDITION, TEST SOCKET, HEMIPELVECTOMY | 041 | N | | N | | Y | \$598.52 | \$582.36 | | | 1 | 365 |
| L5629 | | LE; ADDITION, BK, ACRYLIC SOCKET | 041 | N | | N | | Y | \$295.48 | \$287.50 | | | 1 | 365 |
| L5630 | | LE; ADDITION, SYMES TYPE, EXPANDABLE WALL | 041 | N | | N | | Y | \$513.39 | \$499.53 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5631 | | LE; ADDITION, AK OR KNEE DISARTICULATION, ACRYLIC | 041 | N | | N | | Y | \$408.51 | \$397.48 | | | 1 | 365 |
| L5632 | | LE;ADDITION, SYMES TYPE, "PTB" BRIM DESIGN | 041 | N | | N | | Y | \$251.79 | \$244.99 | | | 1 | 365 |
| L5634 | | LE;ADDITION, SYMES TYPE,POSTERIOR | 041 | N | | N | | Y | \$314.88 | \$306.38 | | | 1 | 365 |
| L5636 | | LE;ADDITION, SYMES TYPE, MEDIAL OPENING | 041 | N | | N | | Y | \$240.68 | \$234.18 | | | 1 | 365 |
| L5637 | | LE; ADDITION, BK, TOTAL CONTACT | 041 | N | | N | | Y | \$358.13 | \$348.46 | | | 1 | 365 |
| L5638 | | LE; ADDITION, BK, LEATHER SOCKET | 041 | N | | N | | Y | \$603.30 | \$587.01 | | | 1 | 365 |
| L5639 | | LE; ADDITION, BK, WOOD SOCKET | 041 | Y | | N | | Y | \$1,042.40 | \$1,014.26 | | | | |
| L5640 | | LE; ADDITION, KNEE DISARTICULATION, | 041 | Y | | N | | Y | \$685.18 | \$666.68 | | | | |
| L5642 | | LE; ADDITION, AK, LEATHER SOCKET | 041 | N | | N | | Y | \$635.13 | \$617.98 | | | 1 | 365 |
| L5643 | | LE;ADDITION,HIP DISARTICULATION, FLEXIBLE | 041 | Y | | N | | Y | \$1,873.31 | \$1,822.73 | | | | |
| L5644 | | LE; ADDITION, AK, WOOD SOCKET | 041 | N | | N | | Y | \$549.14 | \$534.31 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5645 | | LE; ADDITION, BK, FLEXIBLE INNER SOCKET, EXTERNAL | 041 | Y | | N | | Y | \$911.00 | \$886.40 | | | | |
| L5646 | | LE; ADDITION, BK, FLUID, GEL CUSHION SOCKET | 041 | N | | N | | Y | \$442.06 | \$430.12 | | | 1 | 365 |
| L5647 | | LE; ADDITION, BK, SUCTION SOCKET | 041 | Y | | N | | Y | \$739.57 | \$719.60 | | | | |
| L5648 | | LE; ADDITION, AK, AIR FLUID, GEL, CUSHION SOCKET | 041 | Y | | N | | Y | \$682.15 | \$663.73 | | | | |
| L5649 | | LE; ADDITION, ISCHIAL CONTAINMENT/NA | 041 | Y | | N | | N | \$2,292.07 | \$2,230.18 | | | | |
| L5650 | | LE; ADDITION, AK OR KNEE DISARTICULATION, TOTAL CO | 041 | N | | N | | Y | \$453.88 | \$441.63 | | | 1 | 365 |
| L5651 | | LE; ADDITION, AK, FLEXIBLE INNER SOCKET, EXTERNAL | 041 | Y | | N | | Y | \$1,329.83 | \$1,293.92 | | | | |
| L5652 | | LE; ADDITION, AK OR KNEE DISARTICULATION, SUCTION | 041 | N | | N | | Y | \$405.35 | \$394.41 | | | 1 | 365 |
| L5653 | | LE; ADDITION, KNEE DISARTICULATION, | 041 | N | | N | | Y | \$632.46 | \$615.38 | | | 1 | 365 |
| L5654 | | LE; ADDITION, SOCKET INSERT, | 041 | N | | N | | Y | \$366.63 | \$356.73 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5655 | | LE; ADDITION, SOCKET INSERT, BK | 041 | N | | N | | Y | \$264.72 | \$257.57 | | | 1 | 365 |
| L5656 | | LE; ADDITION, SOCKET INSERT, KNEE | 041 | N | | N | | Y | \$402.16 | \$391.30 | | | 1 | 365 |
| L5658 | | LE; ADDITION, SOCKET INSERT, AK | 041 | N | | N | | Y | \$424.49 | \$413.03 | | | 1 | 365 |
| L5665 | | LE; ADDITION, BK, MULTI- | 041 | N | | N | | Y | \$541.46 | \$526.84 | | | 1 | 365 |
| L5666 | | LE ADDITION,BK,CUFF | 041 | N | | N | | Y | \$71.70 | \$69.76 | | | 1 | 365 |
| L5668 | | LE; ADDITION, BK, MOLDED DISTAL CUSHION | 041 | N | | N | | Y | \$106.80 | \$103.92 | | | 1 | 365 |
| L5670 | | LE; ADDITION, BK, MOLDED SUPRACONDYLAR SUSPENSION | 041 | N | | N | | Y | \$252.28 | \$245.47 | | | 1 | 365 |
| L5671 | | ADD/LOWER EXTREMITY,BELOW /ABOVE KNEE | 041 | Y | | N | | Y | \$462.47 | \$449.98 | | | | |
| L5672 | | LE; ADDITION, BK, REMOVABLE MEDIAL BRIM | 041 | N | | N | | Y | \$333.85 | \$324.84 | | | 1 | 365 |
| L5673 | | ADD TO LOW/EXT. ABV/BELOW KNE CUT/FAB FROM | 041 | N | | N | 2 | Y | \$734.99 | \$715.15 | | | 1 | 365 |
| L5676 | | LE; ADDITION, BK, KNEE JOINTS, SINGLE AXIS, PAIR | 041 | N | | N | * | Y | \$336.91 | \$327.81 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5677 | | LE; ADDITION, BK, KNEE JOINTS, POLYCENTRIC, PAIR | 041 | N | | N | * | Y | \$515.99 | \$502.06 | | | 1 | 365 |
| L5678 | | LE; ADDITION, BK, JOINT COVERS, | 041 | N | | N | * | Y | \$36.92 | \$35.92 | | | 1 | 365 |
| L5679 | | ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB | 041 | Y | | N | | Y | \$612.49 | \$595.95 | | | | |
| L5680 | | LE; ADDITION, BK, THIGH LACER, NON-MOLDED | 041 | N | | N | | Y | \$282.99 | \$275.35 | | | 1 | 365 |
| L5681 | | ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB, | 041 | Y | | N | | Y | \$1,230.09 | \$1,196.88 | | | | |
| L5682 | | LE; ADDITION, BK, THIGH LACER, GLUTEAL/ISCHIAL, | 041 | Y | | N | | Y | \$581.45 | \$565.75 | | | | |
| L5683 | | ADD TO LOW/EXT OTHER THAN CONG/ATYP, AMPUTEE, W/W | 041 | Y | | N | | Y | \$1,230.09 | \$1,196.88 | | | | |
| L5684 | | LE; ADDITION, BK, FORK STRAP | 041 | N | | N | | Y | \$44.75 | \$43.54 | | | 1 | 365 |
| L5685 | | ADDITION TO LOWER EXT.PROS.BELOW | 041 | N | | Y | 2 | N | \$119.80 | \$116.57 | | | 1 | 365 |
| L5686 | | LE; ADDITION, BK, BACK CHECK (EXTENSION CONTROL) | 041 | N | | N | | Y | \$53.82 | \$52.37 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5688 | | LE; ADDITION, BK, WAIST BELT, WEBBING | 041 | N | | N | | Y | \$57.17 | \$55.63 | | | 1 | 365 |
| L5690 | | LE; ADDITION, BK, WAIST BELT, PADDED AND | 041 | N | | N | | Y | \$116.69 | \$113.54 | | | 1 | 365 |
| L5692 | | LE; ADDITION, AK, PELVIC CONTROL BELT, LIGHT | 041 | N | | N | | Y | \$123.55 | \$120.21 | | | 1 | 365 |
| L5694 | | LE; ADDITION, AK, PELVIC CONTROL BELT, PADDED AND | 041 | N | | N | | Y | \$168.67 | \$164.12 | | | 1 | 365 |
| L5695 | | LE; ADDITION, AK, PELVIC CONTROL, SLEEVE SUSPENSION, N | 041 | N | | N | | Y | \$151.63 | \$147.54 | | | 1 | 365 |
| L5696 | | LE; ADDITION, AK; KNEE DISARTICULATION, PELVIC JOI | 041 | N | | N | | Y | \$183.16 | \$178.21 | | | 1 | 365 |
| L5697 | | LE; ADDITION, AK- KNEE DISARTICULATION, PELVIC BAND | 041 | N | | N | | Y | \$86.98 | \$84.63 | | | 1 | 365 |
| L5698 | | LE; ADDITION, AK- KNEE DISARTICULATION, SILESIA BA | 041 | N | | N | | Y | \$111.58 | \$108.57 | | | 1 | 365 |
| L5699 | | LE; ALL PROSTHESES, | 041 | N | | N | | Y | \$146.02 | \$142.08 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5700 | | REPLACEMENT; SOCKET, BK, MOLDED TO | 041 | Y | | N | | Y | \$2,868.37 | \$2,790.92 | | | | |
| L5701 | | REPLACEMENT; SOCKET, AK-KNEE DISART W/ATTACH PLATE | 041 | Y | | N | | Y | \$3,558.48 | \$3,462.40 | | | | |
| L5702 | | REPLACEMENT, SOCKET,HIP DISART W/HIP | 041 | Y | | N | | Y | \$4,484.91 | \$4,363.82 | | | | |
| L5704 | | PROTECTIVE COVER, CUSTOM SHAPED, BELOW | 041 | Y | | N | | Y | \$584.84 | \$569.05 | | | | |
| L5705 | | PROTECTIVE COVER, CUSTOM SHAPED, ABOVE | 041 | Y | | N | | Y | \$1,072.24 | \$1,043.29 | | | | |
| L5706 | | PROTECTIVE COVER, CUSTOM SHAPED, KNEE | 041 | Y | | N | | Y | \$1,045.84 | \$1,017.60 | | | | |
| L5707 | | PROTECTIVE COVER, CUSTOM SHAPED,HIP | 041 | Y | | N | | Y | \$1,405.12 | \$1,367.18 | | | | |
| L5710 | | EXOSKELETAL KNEE-SHIN; ADDITION, SINGLE AXIS, | 041 | N | | N | | Y | \$334.39 | \$325.36 | | | 1 | 365 |
| L5711 | | EXOSKELETAL KNEE-SHIN;ADD SINGLE AXIS,MANUAL | 041 | N | | N | | Y | \$561.21 | \$546.06 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5712 | | EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS, FRICTION SWI | 041 | N | | N | | Y | \$400.62 | \$389.80 | | | 1 | 365 |
| L5714 | | EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,VARIABLE FRI | 041 | N | | N | | Y | \$407.64 | \$396.63 | | | 1 | 365 |
| L5716 | | EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,MECHANICAL | 041 | Y | | N | | Y | \$806.04 | \$784.28 | | | | |
| L5718 | | EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC, FRICTION SWI | 041 | Y | | N | | Y | \$861.90 | \$838.63 | | | | |
| L5722 | | EXOSKELETAL KNEE-SHIN; ADD, PNEUMATIC SWING, FRICT | 041 | Y | | N | | Y | \$1,048.13 | \$1,019.83 | | | | |
| L5724 | | EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FLUID SWI | 041 | Y | | N | | Y | \$1,615.52 | \$1,571.90 | | | | |
| L5726 | | EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,EXTERNAL JOI | 041 | Y | | N | | Y | \$1,923.35 | \$1,871.42 | | | | |
| L5780 | | EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATIC | 041 | Y | | N | | Y | \$1,240.97 | \$1,207.46 | | | | |
| L5785 | | EXOSKELETAL BK;ADD, ULTRA-LIGHT MATERIAL | 041 | N | | N | | Y | \$483.05 | \$470.01 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5790 | | EXOSKELETAL AK;ADD,ULTRA-LIGHT MATERIAL | 041 | Y | | N | | Y | \$697.17 | \$678.35 | | | | |
| L5795 | | EXOSKELETAL HIP DISARTICULATION; ADD,ULTRA-LIGHT | 041 | Y | | N | | Y | \$998.25 | \$971.30 | | | | |
| L5810 | | ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, | 041 | N | | N | | Y | \$531.87 | \$517.51 | | | 1 | 365 |
| L5811 | | ENDOSKELETAL KNEE-SHIN;ADD,SINGLE | 041 | Y | | N | | Y | \$733.97 | \$714.15 | | | | |
| L5812 | | ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, | 041 | N | | N | | Y | \$552.34 | \$537.43 | | | 1 | 365 |
| L5816 | | ENDOSKELETAL KNEE-SHIN; ADD, POLYCENTRIC, MECHANIC | 041 | Y | | N | | Y | \$790.70 | \$769.35 | | | | |
| L5818 | | ENDOSKELETAL KNEE-SHIN;ADD,POLYCEN | 041 | Y | | N | | Y | \$892.85 | \$868.74 | | | | |
| L5822 | | ENDOSKELETAL KNEE-SHIN;ADD,SINGLE | 041 | Y | | N | | Y | \$1,637.91 | \$1,593.69 | | | | |
| L5824 | | ENDOSKELETAL KNEE-SHIN;ADD, SINGLE AXIS,FLUID | 041 | Y | | N | | Y | \$1,548.31 | \$1,506.51 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5828 | | ENDOSKELETAL KNEE SHIN; ADD, SINGLE AXIS, FLUID | 041 | Y | | N | | Y | \$2,755.60 | \$2,681.20 | | | | |
| L5830 | | ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, | 041 | Y | | N | | Y | \$1,858.00 | \$1,807.83 | | | | |
| L5840 | | ENDOSKELETAL KNEE-SHIN;ADD,MULTIAX | 041 | Y | | N | | Y | \$3,646.76 | \$3,548.30 | | | | |
| L5850 | | ENDOSKELETAL AK-KNEE DISART; ADD, KNEE EXTENSION A | 041 | N | | N | | Y | \$118.94 | \$115.73 | | | 1 | 365 |
| L5855 | | ENDOSKELETAL HIP DISART; ADD, MECHANICAL HIP EXTEN | 041 | N | | N | | Y | \$287.14 | \$279.39 | | | 1 | 365 |
| L5910 | | ENDOSKELETAL BK; ADD, ALIGNABLE SYSTEM | 041 | N | | N | | Y | \$336.73 | \$327.64 | | | 1 | 365 |
| L5920 | | ENDOSKELETAL AK-HIP DISART; ADD, ALIGNABLE SYSTEM | 041 | N | | N | | Y | \$493.32 | \$480.00 | | | 1 | 365 |
| L5925 | | ENDOSKELETAL AK, KNEE/HIP DISART; ADD, MANUAL | 041 | N | | N | | Y | \$312.40 | \$303.97 | | | 1 | 365 |
| L5940 | | ADD,ENDO SYS,BLW KNEE,ULTRA LGT | 041 | N | | N | | Y | \$466.37 | \$453.78 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5950 | | ADDN,ENDO SYS, AK KNEE,ULTRA LGT | 041 | Y | | N | | Y | \$723.34 | \$703.81 | | | | |
| L5960 | | ENDOSKELETAL HIP DISART;ADD,ULTRA-LIGHT MATERIAL | 041 | Y | | N | | Y | \$1,081.58 | \$1,052.38 | | | | |
| L5961 | | ADDITION ENDOSKEL SYS POLY HIP JT PNEU | 041 | Y | Y | Y | | Y | \$4,463.65 | \$4,343.13 | | | | |
| L5962 | | ADDITION ENDOSKELETAL, BELOW K NEE, FLEX PROTECT. | 041 | N | | N | | Y | \$546.49 | \$531.73 | | | 1 | 365 |
| L5966 | | ADDITION ENDOSKEL HIP DISARTIC ULATION, | 041 | Y | | N | | Y | \$1,350.36 | \$1,313.90 | | | | |
| L5969 | | ADDL ENDOSKETAL AK-FT W-MOTOR | 041 | Y | Y | Y | | Y | | | | | | |
| L5970 | | LE PROSTHESIS; FOOT, EXTERNAL KEEL, SACH FOOT | 041 | N | | N | | Y | \$203.13 | \$197.65 | | | 1 | 365 |
| L5972 | | LE PROSTHESIS;FLEXIBLE KEEL FOOT | 041 | N | | N | | Y | \$370.03 | \$360.04 | | | 1 | 365 |
| L5974 | | LE PROSTHESIS; FOOT, SINGLE AXIS ANKLE/FOOT | 041 | N | | N | | Y | \$216.67 | \$210.82 | | | 1 | 365 |
| L5976 | | LE PROSTHESIS; ENERGY STORING FOOT | 041 | N | | N | | Y | \$549.56 | \$534.72 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L5978 | | LE PROSTHESIS; FOOT, MULTIAXIAL ANKLE/FOOT | 041 | N | | N | | Y | \$291.20 | \$283.34 | | | 1 | 365 |
| L5981 | | PROSTHESIS; FLEX WALK SYSTEM OR EQUAL | 041 | Y | | N | | Y | \$3,190.84 | \$3,104.69 | | | | |
| L5982 | | LE PROTHESIS; EXOSKELETAL, AXIAL ROTATION | 041 | N | | N | | Y | \$599.42 | \$583.24 | | | 1 | 365 |
| L5984 | | LE PROSETHESIS;END OSKELETAL, AXIAL ROTATION UNIT | 041 | N | | N | | Y | \$601.29 | \$585.06 | | | 1 | 365 |
| L5986 | | LE PROSTHESIS; MULTI-AXIAL ROTATION UNIT | 041 | Y | | N | | Y | \$725.32 | \$705.74 | | | | |
| L5999 | | LE PROSTHESIS; NOT OTHERWISE | 041 | Y | Y | N | | N | | | | | | |
| L6000 | | PARTIAL HAND, THUMB | 041 | Y | | N | | Y | \$1,647.11 | \$1,602.64 | | | | |
| L6010 | | PARTIAL HAND, LITTLE AND/OR RING FINGER | 041 | Y | | N | | Y | \$1,832.96 | \$1,783.47 | | | | |
| L6020 | | PARTIAL HAND; NO FINGER | 041 | Y | | N | | Y | \$1,708.94 | \$1,662.80 | | | | |
| L6050 | | WRIST DISART;MOLDED SOCKET,FLEXIBLE ELBOW HINGES,T | 041 | Y | | N | | Y | \$2,324.50 | \$2,261.74 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6055 | | WRIST DISART;MOLDED SOCKET W/EXPANDABLE INTERFACE, | 041 | Y | | N | | Y | \$2,965.03 | \$2,884.97 | | | | |
| L6100 | | BELOW ELBOW;MOLD SOCKET,FLEXIBLE | 041 | Y | | N | | Y | \$2,352.33 | \$2,288.82 | | | | |
| L6110 | | BELOW ELBOW; MOLDED SOCKET | 041 | Y | | N | | Y | \$2,488.60 | \$2,421.41 | | | | |
| L6120 | | BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STEP | 041 | Y | | N | | Y | \$2,814.62 | \$2,738.63 | | | | |
| L6130 | | BELOW ELBOW;MOLDED DOUBLE WALL SPLIT | 041 | Y | | N | | Y | \$2,969.48 | \$2,889.30 | | | | |
| L6200 | | ELBOW DISART; MOLDED SOCKET, OUTSIDE LOCKING HINGE | 041 | Y | | N | | Y | \$3,058.91 | \$2,976.32 | | | | |
| L6205 | | ELBOW DISART; MOLD SOCKET W/EXPANDABLE INTERFACE | 041 | Y | | N | | Y | \$4,219.70 | \$4,105.77 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6250 | | ABOVE ELBOW;MOLDE DOUBLE WALL SOCKET;INTERNAL LOC | 041 | Y | | N | | Y | \$3,009.43 | \$2,928.18 | | | | |
| L6300 | | SHOULDER DISART; MOLD SOCKET, SHOULDER BULKHEAD, | 041 | Y | | N | | Y | \$4,150.84 | \$4,038.77 | | | | |
| L6310 | | SHOULDER DISART;PASSIVE RESTORATION (COMPLETE PROS | 041 | Y | | N | | Y | \$3,761.83 | \$3,660.26 | | | | |
| L6320 | | SHOULDER DISART; PASSIVE RESTORATION(SHO ULDER CAP | 041 | Y | | N | | Y | \$1,960.55 | \$1,907.62 | | | | |
| L6350 | | INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BU | 041 | Y | | N | | Y | \$4,548.04 | \$4,425.24 | | | | |
| L6360 | | INTERSCAPULAR THORACIC;PASSIVE RESTORATION (COMP P | 041 | Y | | N | | Y | \$3,948.49 | \$3,841.88 | | | | |
| L6370 | | INTERSCAPULAR THORACIC;PASSIVE RESTOR SHOULDER | 041 | Y | | N | | Y | \$2,289.85 | \$2,228.02 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6380 | | IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS, CAST,WRST | 041 | Y | | N | | Y | \$1,324.39 | \$1,288.63 | | | | |
| L6382 | | IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS, CAST,ELB | 041 | Y | | N | | Y | \$1,576.63 | \$1,534.06 | | | | |
| L6384 | | IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS, CAST,SHLD | 041 | Y | | N | | Y | \$1,994.52 | \$1,940.67 | | | | |
| L6388 | | IMMEDIATE POST SURGICAL;APPL OF RIGID DRESSING | 041 | N | | N | | Y | \$481.48 | \$468.48 | | | 1 | 365 |
| L6400 | | BELOW ELBOW;MOLD SOCKET,ENDOSKEL | 041 | Y | | N | | Y | \$2,544.62 | \$2,475.92 | | | | |
| L6450 | | ELBOW DISART; MOLDED SOCKET, ENDOSKELETAL SYSTEM | 041 | Y | | N | | Y | \$3,325.69 | \$3,235.90 | | | | |
| L6500 | | ABOVE ELBOW; MOLDED SOCKET, ENDOSKELETAL SYSTEM | 041 | Y | | N | | Y | \$3,265.75 | \$3,177.57 | | | | |
| L6550 | | SHOULDER DISART; MOLDED SOCKET, ENDOSKELETAL | 041 | Y | | N | | Y | \$4,229.83 | \$4,115.62 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6570 | | INTERSCAPULAR THORACIC;MOLDED SOCKET, ENDOSKELETAL | 041 | Y | | N | | Y | \$4,722.04 | \$4,594.54 | | | | |
| L6582 | | PREPARATORY;WRIST DISART/BELOW ELBOW,FLEXIBLE | 041 | Y | | N | | Y | \$1,585.65 | \$1,542.84 | | | | |
| L6586 | | PREP,EB DIS/ABVEB,SGL WALL SOC,FRIC WRST,LCK EB,F | 041 | Y | | N | | Y | \$2,092.14 | \$2,035.65 | | | | |
| L6590 | | PREP; SHOULDER DISART/INTERSCAPULAR THORACI | 041 | Y | | N | | Y | \$2,903.98 | \$2,825.57 | | | | |
| L6600 | | UE;ADDITION,POLYCENTRIC | 041 | N | | N | * | Y | \$212.11 | \$206.38 | | | 1 | 365 |
| L6605 | | UE;ADDITION,SINGLE PIVOT | 041 | N | | N | * | Y | \$218.32 | \$212.43 | | | 1 | 365 |
| L6610 | | UE;ADDITION,FLEXIBLE METAL | 041 | N | | N | * | Y | \$206.39 | \$200.82 | | | 1 | 365 |
| L6615 | | UE;ADDITION,DISCONNECT LOCKING WRIST UNIT | 041 | N | | N | | Y | \$200.35 | \$194.94 | | | 1 | 365 |
| L6616 | | UE;ADDITION,ADD DISCONNECT INSERTFOR LOCKING WRIST | 041 | N | | N | | Y | \$60.32 | \$58.69 | | | 1 | 365 |
| L6620 | | UPPER EXTREMITY ADDN,FLEXION/EXT WRIST UNIT W/WO | 041 | N | | N | | Y | \$350.24 | \$340.78 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6623 | | UPPER EXTREMITY ADDN,SPRING ASSISTD ROTATN WRIST W | 041 | Y | | N | | Y | \$667.19 | \$649.18 | | | | |
| L6625 | | UE;ADDITION,ROTATION WRIST UNIT W/ CABLE LOCK | 041 | N | | N | | Y | \$494.48 | \$481.13 | | | 1 | 365 |
| L6628 | | UE; ADDITN, QUICK DISCONNECT HOOK ADAPTER | 041 | N | | N | | Y | \$532.26 | \$517.89 | | | 1 | 365 |
| L6629 | | UE; ADDITN, QUICK DISCONNECT LAMINATION | 041 | N | | N | | Y | \$181.37 | \$176.47 | | | 1 | 365 |
| L6630 | | UE; ADDITN, STAINLESS STEEL, ANY WRIST | 041 | N | | N | | Y | \$267.17 | \$259.96 | | | 1 | 365 |
| L6632 | | UE; ADDITN, LATEX SUSPENSION SLEEVE, EACH | 041 | N | | N | | Y | \$60.41 | \$58.78 | | | 1 | 180 |
| L6635 | | UE; ADDITN, LIFT ASSIST FOR ELBOW | 041 | N | | N | | Y | \$193.10 | \$187.89 | | | 1 | 365 |
| L6637 | | UE; ADDITN, NUDGE CONTROL ELBOW LOCK | 041 | N | | N | | Y | \$378.04 | \$367.83 | | | 1 | 365 |
| L6640 | | UE; ADDITN, SHOULDER ABDUCTION JOINT, PAIR | 041 | N | | N | * | Y | \$314.85 | \$306.35 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6641 | | UE; ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE | 041 | N | | N | | Y | \$183.33 | \$178.38 | | | 1 | 365 |
| L6642 | | UE; ADDITN, EXCURSION AMPLIFIER, LEVER TYPE | 041 | N | | N | | Y | \$269.56 | \$262.28 | | | 1 | 365 |
| L6645 | | UE; ADDITN, SHOULDER FLEXION- ABDUCTION JOINT, | 041 | N | | N | | Y | \$340.49 | \$331.30 | | | 1 | 365 |
| L6650 | | UE; ADDITN, SHOULDER UNIVERSAL JOINT, EACH | 041 | N | | N | | Y | \$369.30 | \$359.33 | | | 1 | 365 |
| L6655 | | UE; ADDITN, STANDARD CONTROL CABLE, | 041 | N | | N | | Y | \$71.64 | \$69.71 | | | 1 | 365 |
| L6665 | | UE; ADDITN, TEFLON OR EQUAL, CABLE LINING | 041 | N | | N | | Y | \$42.82 | \$41.66 | | | 1 | 365 |
| L6670 | | UE; ADDITN, HOOK TO HAND, CABLE ADAPTOR | 041 | N | | N | | Y | \$44.59 | \$43.39 | | | 1 | 365 |
| L6672 | | UE; ADDITN, HARNESS, CHEST OR SHOULDER, SADDLE TYP | 041 | N | | N | | Y | \$204.62 | \$199.10 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6675 | | UE; ADDITN, HARNESS, FIGURE "8", SINGLE CABLE | 041 | N | | N | | Y | \$111.66 | \$108.65 | | | 1 | 365 |
| L6676 | | UE; ADDITN, HARNESS, FIGURE "8" DUAL CABLE | 041 | N | | N | | Y | \$116.82 | \$113.67 | | | 1 | 365 |
| L6680 | | UE; ADDITN, TEST SOCKET, WRIST DISART OR BELOW | 041 | N | | N | | Y | \$287.61 | \$279.84 | | | 1 | 365 |
| L6682 | | UE; ADDITN, TEST SOCKET, ELBOW DISART OR ABOVE | 041 | N | | N | | Y | \$318.00 | \$309.41 | | | 1 | 365 |
| L6684 | | UE; ADDITN, TEST SOCKET, SHOULDER | 041 | N | | N | | Y | \$432.10 | \$420.43 | | | 1 | 365 |
| L6686 | | UE; ADDITN, SUCTION SOCKET | 041 | N | | N | | Y | \$641.19 | \$623.88 | | | 1 | 365 |
| L6687 | | UE; ADDITN, FRAME TYPE SOCKET, BELOW | 041 | N | | N | | Y | \$536.28 | \$521.80 | | | 1 | 365 |
| L6688 | | UE; ADDITN, FRAME TYPE SOCKET, | 041 | N | | N | | Y | \$593.53 | \$577.50 | | | 1 | 365 |
| L6690 | | UE; ADDITN, FRAME TYPE SOCKET, INTERSCAPULAR- | 041 | Y | | N | | Y | \$832.83 | \$810.34 | | | | |
| L6691 | | UE; ADDITN, REMOVABLE INSERT, EACH | 041 | N | | N | | Y | \$328.74 | \$319.86 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6692 | | UE; ADDITN, SILICONE GEL INSERT OR EQUAL, | 041 | N | | N | | Y | \$598.07 | \$581.92 | | | 1 | 365 |
| L6694 | | ADD TO UPPER EXT PROS BELOW/ABOVE | 041 | Y | | Y | | Y | \$734.99 | \$715.15 | | | | |
| L6695 | | ADD TO UPPER EXT PROS BELOW/ABOVE | 041 | Y | | Y | | Y | \$612.49 | \$595.95 | | | | |
| L6696 | | ADD TO UPPER EXT PROS W/WO LOCKING MECH | 041 | Y | Y | Y | | N | \$1,230.09 | \$1,196.88 | | | | |
| L6697 | | ADD TO UPPER EXT OTHER THAN CONG ORATYP,CUSTOM,I | 041 | Y | Y | Y | | N | \$1,230.09 | \$1,196.88 | | | | |
| L6698 | | ADD TO UPPER EXT PROS BELOW / ABOVE ELBOW | 041 | N | | Y | | Y | \$462.47 | \$449.98 | | | 1 | 365 |
| L6706 | | TERMINAL DEVICE,HOOK,MEC HAICAL VOLUNTARY | 041 | N | | Y | | Y | \$391.81 | \$381.23 | | | 1 | 365 |
| L6707 | | TERMINAL DEVICE,HOOK,MEC ANICAL VOLUNTARY | 041 | Y | Y | Y | | Y | \$1,385.99 | \$1,348.57 | | | | |
| L6708 | | TERMINAL DEVICE,HAND,MEC H VOLUNTARY OPENING, | 041 | Y | | Y | | Y | \$916.19 | \$891.45 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6709 | | TERMINAL DEVICE,HAND,MECHANIC VOLUNTARY CLOSING, A | 041 | Y | Y | Y | | Y | \$1,300.32 | \$1,265.21 | | | | |
| L6711 | | TERMINAL DEVICE HOOK,MECH,VOL OPEN,ANY MATERIAL, AN | 041 | Y | | Y | | Y | \$628.70 | \$611.73 | | | | |
| L6712 | | TERMINAL DEVICE,HOOK,MECH. VOLCLOS, ANY MAT LINER/ | 041 | Y | Y | Y | | Y | \$1,157.60 | \$1,126.34 | | | | |
| L6713 | | TERMINAL DEVICE,HAND, MECH. VOL. OPENING ANY | 041 | Y | Y | Y | | Y | \$1,460.95 | \$1,421.50 | | | | |
| L6714 | | TERMINAL DEVICE,HAND,MECH VOL CLOSING ANY MATERIAL | 041 | Y | Y | Y | | N | \$1,237.42 | \$1,204.01 | | | | |
| L6721 | | TERMINAL DEVICE HOOK OR HAND HD,MECH,VOL OPEN ANY | 041 | Y | Y | Y | | Y | \$2,199.43 | \$2,140.05 | | | | |
| L6722 | | TERMINAL DEVICE,HOOK OR HAND HD, MECH VOL CLOSING | 041 | Y | Y | Y | | Y | \$1,896.04 | \$1,844.85 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L6805 | | TERMINAL DEVICE; MODIFIER WRIST FLEXION UNIT | 041 | N | | N | | Y | \$358.66 | \$348.98 | | | 1 | 365 |
| L6810 | | TERMINAL DEVICE; PRECISION PINCH DEVICE | 041 | N | | N | | Y | \$190.67 | \$185.52 | | | 1 | 365 |
| L6890 | | TERMINAL DEVICE; GLOVE FOR ABOVE HANDS, ANY TYPE, | 041 | N | | N | | Y | \$186.77 | \$181.73 | | | 1 | 365 |
| L6895 | | CUSTOM GLOVE FOR TERMINAL DEVICE, ANY | 041 | Y | | N | | Y | \$624.50 | \$607.64 | | | | |
| L6900 | | HAND RESTORATION PARTIAL HAND;W/GLOVE,T | 041 | Y | | N | | Y | \$1,813.52 | \$1,764.55 | | | | |
| L6905 | | HAND RESTORATION PARTIAL HAND; | 041 | Y | | N | | Y | \$1,794.88 | \$1,746.42 | | | | |
| L6910 | | HAND RESTOR PARTIAL HAND; W/GLOVE, NO FINGERS | 041 | Y | | N | | Y | \$1,764.48 | \$1,716.84 | | | | |
| L6915 | | HAND RESTOR; REPLACEMENT GLOVE FOR ABOVE | 041 | Y | | N | | Y | \$580.52 | \$564.85 | | | | |
| L7259 | | ELECTRONIC WRIST ROTATOR ANY | 041 | Y | | Y | | Y | \$803.70 | \$782.00 | | | 1 | 365 |
| L7499 | | UE PROSTHESIS; NOT OTHERWISE | 041 | Y | Y | N | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L7510 | | REPAIR OF PROSTH DEVICE REPAIR OR REPLACE MINOR | 041 | Y | Y | N | | Y | | | | | | |
| L7700 | | GASKET/SEAL, FOR USE W/PROS SOCKET INSRT,ANY | 041 | Y | | N | | Y | \$139.91 | \$136.13 | | | | |
| L8000 | | BREAST PROSTHESIS;MAST ECTOMY BRA | 041 | N | | N | | Y | \$30.32 | \$29.50 | | | 3 | 180 |
| L8001 | | BREAST PROSTHE,MASTECT O BRA,W/PROSTHE FORM,UNILA | 041 | N | | N | | Y | \$94.08 | \$91.54 | | | 2 | 365 |
| L8002 | | BREAST PROSTHE,MASTECT O BRA,W/PROSTHESI | 041 | N | | N | | Y | \$123.73 | \$120.39 | | | 2 | 365 |
| L8010 | | BREAST PROSTHESIS;MAST ECTOMY SLEEVE | 041 | N | | N | | N | \$43.18 | \$42.01 | | | 1 | 180 |
| L8015 | | BREAST PROSTHESIS;EXTER NAL GARMENT W/MASTECTO FO | 041 | N | | N | | Y | \$25.69 | \$25.00 | | | 2 | 180 |
| L8020 | | BREAST PROSTHESIS;MAST ECTOMY FORM | 041 | N | | N | | Y | \$161.90 | \$157.53 | | | 2 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8030 | | BREAST PROSTHESIS;SILICONE OR EQUAL WITHOUT INT AD | 041 | N | | N | | Y | \$250.28 | \$243.52 | | | 1 | 730 |
| L8031 | | BREAST PROSTHESIS, SILICONE OR EQUAL WITH | 041 | N | | N | | Y | \$298.07 | \$290.02 | | | 1 | 730 |
| L8039 | | BREAST PROSTHESIS;NOT OTHERWISE | 041 | Y | Y | N | | Y | | | | | | |
| L8040 | | NASAL PROSTHESIS, BY | 041 | Y | | N | | Y | \$2,114.20 | \$2,057.12 | | | | |
| L8041 | | MIDFACIAL PROSTHESIS, BY NONPHYSICIAN | 041 | Y | | N | | Y | \$2,548.08 | \$2,479.28 | | | | |
| L8042 | | ORBITAL PROTHESIS, BY | 041 | Y | | N | | Y | \$3,139.44 | \$3,054.68 | | | | |
| L8042 | | ORBITAL PROTHESIS, BY NONPHYSICIAN, | 041 | Y | | N | | Y | \$2,982.49 | \$2,901.96 | | | | |
| L8042 | | ORBITAL PROTHESIS, BY NONPHYSICIAN, | 041 | Y | | N | | Y | \$1,255.81 | \$1,221.90 | | | | |
| L8043 | | UPPER FACIAL PROTHESIS, BY NONPHYSICIAN | 041 | Y | | N | | Y | \$3,206.58 | \$3,120.00 | | | | |
| L8044 | | HEMI-FACIAL PROTHESIS, BY NONPHYSICIAN | 041 | Y | | N | | Y | \$3,550.15 | \$3,454.30 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8045 | | AURICULAR PROTHESIS, BY NONPHYSICIAN | 041 | Y | | N | | Y | \$2,780.00 | \$2,704.94 | | | | |
| L8046 | | PARTIAL FACIAL PROTHESIS BY NONPHYSICIAN | 041 | Y | | N | | Y | \$2,290.42 | \$2,228.58 | | | | |
| L8047 | | NASAL SEPTAL PROTHESIS BY NONPHYSICIAN | 041 | Y | | N | | Y | \$1,173.84 | \$1,142.15 | | | | |
| L8048 | | UNSPECIFIED MAXILLOFACIAL PROTHESIS,VIA REPORT BY | 041 | Y | Y | N | | N | | | | | | |
| L8049 | | REPAIR/MOD OF MAXILLOFACIAL PROSTHESIS, LABOR IS M | 041 | Y | Y | N | | N | | | | | | |
| L8300 | | TRUSS; SINGLE W/ STANDARD PAD | 041 | N | | Y | | Y | \$78.43 | \$76.31 | | | 1 | 180 |
| L8310 | | TRUSS; DOUBLE W/STANDARD PAD | 041 | N | | Y | | Y | \$138.95 | \$135.20 | | | 1 | 180 |
| L8320 | | TRUSS; ADDITION TO STANDARD PAD, WATER PAD | 041 | N | | Y | | Y | \$44.15 | \$42.96 | | | 1 | 180 |
| L8330 | | TRUSS; ADDITION TO STANDARD PAD, SCROTAL PAD | 041 | N | | Y | | Y | \$45.91 | \$44.67 | | | 1 | 180 |
| L8400 | | PROSTHETIC SHEATH; BK, EACH | 041 | N | | N | | Y | \$11.20 | \$10.90 | | | 6 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8410 | | PROSTHETIC SHEATH; AK, EACH | 041 | N | | N | | Y | \$14.74 | \$14.34 | | | 6 | 180 |
| L8415 | | PROSTHETIC SHEATH; UPPER | 041 | N | | N | | Y | \$15.26 | \$14.85 | | | 6 | 180 |
| L8420 | | PROSTHETIC SOCK; MULTIPLE PLY, BK, EACH | 041 | N | | N | | Y | \$14.94 | \$14.54 | | | 6 | 180 |
| L8430 | | PROSTHETIC SOCK; MULTIPLE PLY, AK, EACH | 041 | N | | N | | Y | \$16.90 | \$16.44 | | | 6 | 180 |
| L8435 | | PROSTHETIC SOCK; MULTIPLE PLY, UPPER LIMB, EACH | 041 | N | | N | | Y | \$16.06 | \$15.63 | | | 6 | 180 |
| L8440 | | PROSTHETIC SHRINKER; BK, | 041 | N | | N | | Y | \$33.37 | \$32.47 | | | 2 | 180 |
| L8460 | | PROSTHETIC SHRINKER; AK, | 041 | N | | N | | Y | \$47.45 | \$46.17 | | | 2 | 180 |
| L8465 | | PROSTHETIC SHRINKER; UPPER LIMB | 041 | N | | N | | Y | \$43.86 | \$42.68 | | | 2 | 180 |
| L8470 | | PROSTHETIC SOCK; SINGLE PLY, FITTING, BK, EACH | 041 | N | | N | | Y | \$4.75 | \$4.62 | | | 6 | 180 |
| L8480 | | PROSTHETIC SOCK; SINGLE PLY, FITTING, AK, EACH | 041 | N | | N | | Y | \$6.55 | \$6.37 | | | 6 | 180 |
| L8485 | | PROSTHETIC SOCK; SINGLE PLY, FITTING, UPPER | 041 | N | | N | | Y | \$8.81 | \$8.57 | | | 6 | 180 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8499 | | PROSTHETIC SERVICES; UNLISTED PROCEDURE FOR | 041 | Y | Y | N | | Y | | | | | | |
| L8500 | | ARTIFICIAL LARYNX; ANY TYPE | 041 | N | | N | | Y | \$471.20 | \$458.48 | | | 1 | 365 |
| L8501 | | TRACHEOSTOMY SPEAKING VALVE | 041 | N | | N | | Y | \$80.01 | \$77.85 | | | 1 | 120 |
| L8505 | | ARTIFICIAL LARYNX REPLACE BATTERY/ACCESSORY, ANY TY | 048 | Y | Y | Y | | N | | | | | | |
| L8507 | | TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIE | 041 | N | | Y | | Y | \$31.76 | \$30.90 | | | 1 | 30 |
| L8509 | | TRACHEO-ESOPHAGEAL VOICE PROSTHE, INSERT | 041 | N | | Y | | Y | \$82.80 | \$80.56 | | | 1 | 90 |
| L8615 | | HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPL DEVIC | 041 | N | | Y | | N | \$341.97 | \$332.74 | | | 1 | 120 |
| L8616 | | MICROPHONE FOR USE WITH COCHLEAR | 041 | N | | Y | | N | \$79.65 | \$77.50 | | | 1 | 120 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8617 | | TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DE | 041 | N | | Y | | N | \$69.57 | \$67.69 | | | 1 | 120 |
| L8618 | | TRANS CABLE FOR COCHLEAR AUDIT OSSEOINTEGRATED RPMT | 041 | N | | Y | | N | \$19.88 | \$19.34 | | | 2 | 30 |
| L8619 | | COCHLEAR IMPLANT EXTERNAL SPEECH | 041 | Y | | N | | Y | \$7,168.09 | \$6,974.55 | | | | |
| L8621 | | ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEV | 048 | N | | Y | | N | \$0.47 | \$0.46 | | | 60 | 30 |
| L8622 | | ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEV | 048 | N | | Y | | N | \$0.25 | \$0.24 | | | 60 | 30 |
| L8623 | | LITHIUM ION BATT FOR USE W/CID (OTHER THAN EAR | 048 | N | | Y | | Y | \$49.05 | \$47.73 | | | 4 | 180 |
| L8624 | | LITH ION BATT CID/ADTRY OSEOINTEGR SPCH PROC EAR LVL EA | 048 | N | | Y | | Y | \$122.28 | \$118.98 | | | 4 | 180 |
| L8625 | | EXT RECHAR SYS FOR BATT USE W/CID/ADTRY OSEOINGRTD, EA | 041 | Y | Y | N | | Y | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8627 | | COCHLEAR IMPLANT, EX. SPEECH PRO | 041 | Y | | Y | | Y | \$6,084.12 | \$5,919.85 | | | | |
| L8628 | | COCHLEAR IMPLANT, EXT. CONTROLLER, | 041 | Y | | Y | | Y | \$1,083.96 | \$1,054.69 | | | | |
| L8629 | | TRANSMITTING COIL AND CABLE INTEGRATED FOR USE W/ | 041 | N | | Y | | Y | \$152.70 | \$148.58 | | | 1 | 120 |
| L8684 | | RADIOFREQ TRANS EXTRNL USE W/IMP SAC RT NEUROSM | 041 | Y | | Y | | Y | \$641.15 | \$623.84 | | | | |
| L8689 | | EXTRNL RECHARG SYS FOR INTRNALIMPLNTBL E NEUROSTI | 041 | Y | | Y | | Y | \$1,471.02 | \$1,431.30 | | | | |
| L8691 | | AUD OSEOINTEGTED DEV EXT SOND EXC | 041 | Y | | Y | | Y | \$1,468.56 | \$1,428.91 | | | | |
| L8692 | | AUDITORY OSSEOINTEGRATED DEVICE,EXT,SOUND PROCES B | 041 | Y | | Y | | Y | \$2,274.02 | \$2,212.62 | | | | |
| L8694 | | AUDITO OSSEOINTEGRAT DEVICE,TRANSD/AC TUAT,RPLMT EA | 041 | Y | | Y | | Y | \$805.46 | \$783.72 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| L8695 | | EXTERNAL RECHARGING SYS. FOR EXTERNAL IMPLA NEUROS | 041 | N | | Y | | Y | \$14.22 | \$13.84 | | | 1 | 365 |
| L8696 | | ANTENNA,EXTERN FOR USE WITH,IMPLANTABLE STIMULAT | 041 | Y | Y | Y | | Y | | | | | | |
| L9900 | | ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY OR | 048 | Y | Y | Y | | N | | | | | | |
| Q0477 | | PWR MOD CABLE USE W/ELE OR ELEC/PNEU VENT | 041 | Y | | N | | Y | \$76.52 | \$74.45 | | | | |
| Q0478 | | PWR ADAPTER FOR USE WITH ELEC/ELEC/PNEUMATIC VAD | 041 | Y | Y | Y | | Y | | | | | | |
| Q0479 | | POWER MODULE FOR USE WITH ELEC/ELEC/PNEU VAD REPLA | 041 | Y | Y | Y | | Y | | | | | | |
| Q0480 | | DRIVER FOR USE/W PNEUMATIC ASSIST DEVICE | 041 | Y | | Y | | Y | \$76,806.64 | \$74,732.86 | | | | |
| Q0481 | | MICROPROCESSOR CONTROL UNIT USE WITH ELEC. VAD | 041 | Y | | Y | | Y | \$12,391.87 | \$12,057.29 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| Q0482 | | MICROPROCESSOR CNTL UNIT FOR USE W ELEC/PNEU VA | 041 | Y | | Y | | Y | \$3,881.35 | \$3,776.55 | | | | |
| Q0483 | | MONITOR/DISPLAY MODULE FOR USE WITH ELEC VAD | 041 | Y | | Y | | Y | \$15,989.47 | \$15,557.75 | | | | |
| Q0484 | | MONITOR/DISPLAY MODULE FOR USE WITH ELEC/PNEU | 041 | Y | | Y | | Y | \$3,105.10 | \$3,021.26 | | | | |
| Q0485 | | MONITOR CONTROL CABLE FOR USE WITH | 041 | N | | Y | | Y | \$299.81 | \$291.72 | | | 1 | 365 |
| Q0486 | | MONITOR CONTROL CABLE FOR USE W | 041 | N | | Y | | Y | \$249.51 | \$242.77 | | | 1 | 365 |
| Q0487 | | LEADS (PNEU/ELEC) FOR USE WITH ANY TYPE ELEC/PNEU | 041 | N | | Y | | Y | \$291.10 | \$283.24 | | | 1 | 365 |
| Q0488 | | POWER PACK BASE FOR USE WITH ELECTRIC VAD REPLACEM | 041 | Y | Y | Y | | Y | | | | | | |
| Q0489 | | POWER PACK BASE FOR USE WITH ELEC/PNEU VAD REPLACE | 041 | Y | | Y | | Y | \$13,862.00 | \$13,487.73 | | | | |
| Q0490 | | EMERGENCY PWR SOURCE FOR USE WITH ELEC VAD | 041 | Y | | Y | | Y | \$599.61 | \$583.42 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| Q0491 | | EMERGENCY POWER SOURCE FOR USE WITH | 041 | Y | | Y | | Y | \$942.63 | \$917.18 | | | | |
| Q0492 | | EMERGENCY POW/SUPPLY CABLE FOR USE WITH ELEC VAD R | 041 | N | | Y | | Y | \$75.95 | \$73.90 | | | 1 | 365 |
| Q0493 | | EMERGENCY POWER SUPPLY CABLE FOR USE W | 041 | N | | Y | | Y | \$216.48 | \$210.64 | | | 1 | 365 |
| Q0494 | | EMERGENCY HAND PUMP FOR USE W/ELECTRIC/PNEU VAD | 041 | N | | Y | | Y | \$182.96 | \$178.02 | | | 1 | 365 |
| Q0495 | | BATTERY/POWER PACK CHARGER FOR USE W ELEC | 041 | Y | | Y | | Y | \$3,562.17 | \$3,465.99 | | | | |
| Q0496 | | BATTERY FOR USE WITH ELEC OR ELEC/PNEU VAD, NOT LI | 041 | Y | | Y | | Y | \$1,278.54 | \$1,244.02 | | | | |
| Q0497 | | BATTERY CLIPS FOR USE W ELEC OR ELEC/PNEU VAD | 041 | N | | Y | | Y | \$399.23 | \$388.45 | | | 1 | 365 |
| Q0498 | | HOLSTER FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC | 041 | N | | Y | | Y | \$438.04 | \$426.21 | | | 1 | 365 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| Q0499 | | BELT/VEST/BAG FOR USE W/ ELEC OR ELEC/PNEU VAD | 041 | N | | Y | | Y | \$142.32 | \$138.48 | | | 1 | 365 |
| Q0500 | | FILTERS FOR USE WITH ELEC OR ELEC/PNEU VAD | 041 | N | | Y | | Y | \$26.04 | \$25.34 | | | 1 | 365 |
| Q0501 | | SHOWER COVER FOR USE WITH ELEC OR | 041 | N | | Y | | Y | \$435.50 | \$423.74 | | | 1 | 365 |
| Q0502 | | MOBILITY CART FOR PNEUMATIC VAD REPLACEMENT | 041 | Y | | Y | | Y | \$554.49 | \$539.52 | | | | |
| Q0503 | | BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH | 041 | Y | | Y | | Y | \$1,108.95 | \$1,079.01 | | | | |
| Q0504 | | POWER ADAPTER FOR PNEUMATIC VAD REPLACE ONLY | 041 | Y | | Y | | Y | \$585.17 | \$569.37 | | | | |
| Q0506 | | BATTERY,LITHIUM-ION FOR USE WITH ELEC/PNEU VAD | 048 | Y | | Y | | Y | \$772.25 | \$751.40 | | | | |
| Q0508 | | MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH IMP | 041 | Y | Y | Y | | Y | | | | | | |
| S1040 | | HELMET CRANIAL REMOLDING ORTHOSIS INCLUDES FITTING | 041 | Y | | Y | | N | \$1,403.97 | \$1,366.06 | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| S5498 | | HOME INFUSION THRPY,CATH CARE/ADMN SVS/PROF PHAR | 048 | N | | Y | | N | \$11.89 | \$11.57 | | | 10 | 30 |
| S5501 | | HOME INFUS THRPY,CATH CARE/COMP>1 LUMEN,W/ADM | 048 | N | | Y | | N | \$39.90 | \$38.82 | | | 4 | 30 |
| S8185 | | FLUTTER DEVICE | 041 | N | | Y | | N | \$47.31 | \$46.03 | | | 1 | 180 |
| S8189 | | TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED | 048 | Y | Y | Y | | N | | | | | | |
| S8210 | | MUCUS TRAP | 048 | N | | Y | | N | \$5.02 | \$4.88 | | | 2 | 30 |
| S8270 | | ENURESIS ALARM USING AUD. BUZZER OR | 041 | Y | Y | Y | | N | | | | | | |
| S8420 | | GRADIENT PRESSURE AID (SLEEVE AND | 041 | Y | Y | N | | N | | | | | | |
| S8421 | | GRADIENT PRESSURE AID (SLEEVE AND | 041 | N | | Y | | N | \$68.65 | \$66.80 | | | 2 | 180 |
| S8422 | | GRADIENT PRESSURE AID (SLEEVE) CUSTOM | 041 | Y | Y | N | | N | | | | | | |
| S8423 | | GRADIENT PRESSURE AID (SLEEVE) CUSTOM | 041 | Y | Y | N | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| S8424 | | GRADIENT PRESSURE AID (SLEEVE) READY | 041 | N | | Y | | N | \$45.87 | \$44.63 | | | 2 | 180 |
| S8425 | | GRADIENT PRESSURE AID (GLOVE) MEDIUM | 041 | Y | Y | N | | N | | | | | | |
| S8426 | | GRADIENT PRESSURE AID (GLOVE) HEAVY | 041 | Y | Y | N | | N | | | | | | |
| S8427 | | GRADIENT PRESSURE AID (GLOVE) READY | 041 | N | | Y | | N | \$29.31 | \$28.52 | | | 2 | 180 |
| S8428 | | GRADIENT PRESSURE AID GAUNTLET READY | 041 | N | | Y | | N | \$45.70 | \$44.47 | | | 2 | 180 |
| S8999 | | RESUCITATION BAG USE FOR VENT PATIENTS DURING CAST | 041 | Y | | Y | | N | \$156.37 | \$152.15 | | | | |
| S9001 | | HOME UTERINE MONITOR | 041 | R | | N | | N | | | \$112.42 | \$109.38 | 30 | 30 |
| S9211 | | HOME MGT GESTATNL HYPERTSN W/ADMN,PROF | 041 | R | | N | | N | | | \$112.42 | \$109.38 | 30 | 30 |
| S9435 | | MEDICAL FOODS FOR INBORN ERRORS OF | 048 | Y | | Y | | N | \$250.00 | \$243.25 | | | 1 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|---|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| S9500 | | HOME INF THRPY,ANTI-BIOTIC-VIRAL-FUNGAL,ADMN/PR | 048 | N | | Y | | N | \$9.16 | \$8.91 | | | 30 | 30 |
| T2101 | | HUMAN BREAST MILK PROCESSING, STORAGE, DISTRIBUTION | 048 | Y | | Y | | N | \$4.50 | \$4.38 | | | | |
| T4521 | | ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,SMA | 048 | N | | Y | | N | \$0.49 | \$0.48 | | | 200 | 30 |
| T4522 | | ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER MEDIUM | 048 | N | | Y | | N | \$0.60 | \$0.58 | | | 200 | 30 |
| T4523 | | ADULT SIZED DISP INCONT PRODT BRIEF/DIAPER, | 048 | N | | Y | | N | \$0.67 | \$0.65 | | | 200 | 30 |
| T4524 | | ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,EXTR | 048 | N | | Y | | N | \$0.88 | \$0.86 | | | 200 | 30 |
| T4525 | | ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O | 048 | N | | Y | | N | \$0.63 | \$0.61 | | | 200 | 30 |
| T4526 | | ADULT SIZED DISP INCONT PRODT PROTEC UNDER/PULL-ON | 048 | N | | Y | | N | \$0.78 | \$0.76 | | | 200 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| T4527 | | ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O | 048 | N | | Y | | N | \$0.78 | \$0.76 | | | 200 | 30 |
| T4528 | | ADULT SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON | 048 | N | | Y | | N | \$0.97 | \$0.94 | | | 200 | 30 |
| T4529 | | PEDS SIZED DISP INCONT PRODT BRIEF/DIAPER SM/MED S | 048 | N | | Y | | N | \$0.54 | \$0.53 | | | 200 | 30 |
| T4530 | | PEDS SIZED DISP INCONT PRODT,BRIEF/DIAPER,LARGE SI | 048 | N | | Y | | N | \$0.67 | \$0.65 | | | 200 | 30 |
| T4531 | | PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON | 048 | N | | Y | | N | \$0.56 | \$0.54 | | | 200 | 30 |
| T4532 | | PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON, | 048 | N | | Y | | N | \$0.56 | \$0.54 | | | 200 | 30 |
| T4533 | | YOUTH SIZED DISP INCONT PRODT, BRIEF/DIAPER,EAC | 048 | N | | Y | | N | \$0.49 | \$0.48 | | | 200 | 30 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| T4534 | | YOUTH SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O | 048 | N | | Y | | N | \$0.56 | \$0.54 | | | 200 | 30 |
| T4535 | | DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT,INCON | 048 | N | | Y | | N | \$0.43 | \$0.42 | | | 120 | 30 |
| T4541 | | INCONTINENCE PROD,DISPOSABLE UNDERPAD,LARGE | 048 | N | | Y | | N | \$0.49 | \$0.48 | | | 150 | 30 |
| T4543 | | ADULT SIZED DISP INCONT PRODT,PROTEC BRIEF-DIAPER | 048 | N | | Y | | N | \$1.50 | \$1.46 | | | 200 | 30 |
| T4544 | | ADULT SIZED DISP INCONTINENCE PRODUCT,PULL-ON,ABO | 048 | N | | Y | | N | \$1.50 | \$1.46 | | | 200 | 30 |
| V5014 | | HEARING AID; REPAIR/MODIFICATION OF A HEARING | 041 | N | | N | | N | \$752.00 | \$731.70 | | | 2 | 365 |
| V5030 | NR | HEARING AID MON, BODY WORN, AIR COND | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5040 | NR | HEARING AID,MON,BODY WORN BONE COND | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5050 | NR | HEARING AID,MON IN THE EAR | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--------------------------------|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| V5060 | NR | HEARING AID,MON,BEHIND THE EAR | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5095 | NR | SEMI-IMPLANTABLE MIDDLE EAR | 041 | Y | Y | N | | N | | | | | | |
| V5120 | NR | BINAURAL, BODY | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5130 | NR | BINAURAL, IN THE EAR | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5140 | NR | BINAURAL, BEHIND THE EAR | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5160 | | DISPENSING FEE, BINAURAL | 041 | N | | N | | N | \$349.68 | \$340.24 | | | 1 | 1,095 |
| V5171 | NR | HEARING AID, MONAURAL, ITE | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5172 | NR | HEARING AID, MONAURAL, ITC | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5181 | NR | HEARING AID, MONAURAL, BTE | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5190 | NR | HEARING AID,CROS,GLASSES | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5200 | | DISPENSING FEE | 041 | N | | N | | N | \$349.68 | \$340.24 | | | 1 | 1,095 |
| V5211 | NR | HEARING AID, BINAURAL, ITE/ITE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5212 | NR | HEARING AID BINAURAL ITE/ITC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5213 | NR | HEARING AID BINAURAL ITE/BTE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5214 | NR | HEARING AID BINAURAL ITC/ITC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| V5215 | NR | HEARING AID BINAURAL ITC/BTE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5221 | NR | HEARING AID BINAURAL BTE/BTE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5230 | NR | HEARING AID,BICROS,GLASSE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5240 | | DISPENSING FEE BICROS | 041 | N | | N | | N | \$349.68 | \$340.24 | | | 1 | 1,095 |
| V5241 | | HEARING AID; DISPENSING FEE, MON HEARING AID ANY T | 041 | N | | N | | N | \$217.14 | \$211.28 | | | 1 | 1,095 |
| V5242 | NR | HEARING AID, ANALOG, MON, COMPLETELY IN THE EAR CA | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5243 | NR | HEARING AID, ANALOG, MON, IN THE EAR CANAL | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5244 | NR | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONA, | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5245 | NR | HEARING AID DIGITALLY PROGRAMMABLE, ANTALOG, MON, | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5246 | NR | HEARING AID DIGITALLY PROGRAM | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| V5247 | NR | HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MON, B | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5248 | NR | HEARING AID, ANALOG, BINAURAL, CIC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5249 | NR | HEARING AID, ANALOG, BINAURAL, ITC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5250 | NR | HEARING AID, DIGITALLY PROGRAM | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5251 | NR | HEARING AID, DIGITALLY PROGRAM | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5252 | NR | HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5253 | NR | HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5254 | NR | HEARING AID DIGITAL, | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5255 | NR | HEARING AID DIGITALLY, MON, | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5256 | NR | HEARING AID, DIGITAL, MON, ITE | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| V5257 | NR | HEARING AID DIGITAL, MON, BTE | 041 | N | | N | | N | \$376.00 | | | | 1 | 1,095 |
| V5258 | NR | HEARING AID, DIGITAL, CIC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5259 | NR | HEARING AID, DIGITAL, BINAURAL, ITC | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5260 | NR | HEARING AID, DIGITAL, BINAURAL, ITE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5261 | NR | HEARING AID, DIGITAL, BINAURAL, BTE | 041 | N | | N | | N | \$752.00 | | | | 1 | 1,095 |
| V5264 | | HEARING AID; EAR MOLD/INSERT, NOT DISPOSABLE, | 041 | N | | N | | N | \$37.26 | \$36.25 | | | 2 | 365 |
| V5266 | | HEARING AID; BATTERY FOR USE IN HEARING DEVICE | 048 | N | | Y | | N | \$1.56 | \$1.52 | | | 16 | 60 |
| V5267 | | HEARING AID, SUPPLIES/ACCESSORIES | 041 | Y | Y | N | | N | | | | | | |
| V5281 | | AST LISTEN DVC PRSL FMDM MONO 1 RCVR TRNSMTTR | 041 | Y | Y | Y | | N | | | | | | |
| V5282 | | AST LISTENING DVC PRSL FMDM BI2 RECVR TRANSMITTR M | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair

| HCPCS | Note | Description | COS | PA Req | H/P | LTC | Pair | Medicare Covered** | Purchase Price | 2.7% Reduced Purchase Price | Rent Price | 2.7% Reduced Rent Price | Max Qty | Max Days |
|-------|------|--|-----|--------|-----|-----|------|--------------------|----------------|-----------------------------|------------|-------------------------|---------|----------|
| V5283 | | AST LISTENING DVC PRSL FMDM NECK LOOP INDUCTION | 041 | Y | Y | Y | | N | | | | | | |
| V5284 | | AST LISTENING DVC PRSL FMDM EAR LEVEL RECEIVER | 041 | Y | Y | Y | | N | | | | | | |
| V5285 | | AST LISTENING DVC PRSL FMDM DIRECT AUDIO | 041 | Y | Y | Y | | N | | | | | | |
| V5286 | | AST LISTENING DVC PRSL BLUE TOOTH FMDM RECEIVER | 041 | Y | Y | Y | | N | | | | | | |
| V5287 | | AST LISTENING DVC PRSL FMDM RECEIVER NOS | 041 | Y | Y | Y | | N | | | | | | |
| V5288 | | AST LISTENING DVC PRSL FMDM TRANSMITTER ASSTV LIST | 041 | Y | Y | Y | | N | | | | | | |
| V5289 | | AST LISTENING DVC PRSL FMDM ADPT BOOT COUPLNG | 041 | Y | Y | Y | | N | | | | | | |
| V5290 | | AST LISTENING DVC TRANSMITTER MIC ANY TYPE | 041 | Y | Y | Y | | N | | | | | | |

Refer to the DME Key for more information.
All prices are reduced by 2.7% unless noted.
* Denotes Pair