

Summary of DME Coding Changes between the January DME Fee Schedule ar

Current data extracted on 08/08/2016

New Codes

Opened Codes

A7508 opened effective 8/1/16 to allow providers to bill a specific trache supply code.

E1392 opened as a rental, PA Indicator Y, Max Qty/#of Days 1/26, AO Rental Pricing Segment of \$48.53, effect

Removed Codes

Mod 1 Changes

COS Changes

Hand Price Indicator Changes

K0864 Hand Price Indicator changed chaged to N, with a set price of \$10.170.81, effective 12/31/15

PA Indicator Changes

E1230 PA Indicator changed from B-Rent to Purchase to E-Purchase, effective 12/31/15

K0800 PA Indicator changed from B to E, effective 6/1/16

E0218 PA Indicator changed from PA (N) to PA (Y), Max Qty changed from 1/1095 to 0/000, effective 8/1/16

LTC Indicator Changes

L4631 is a custom item changed From LTC (Y) to LTC (N), effective 06/01/16

Medicare Indicator Changes

Purchase Price Changes

Rental Price Changes

Maximum Quantity Changes

Maximum Days Change

P/Description Changes-Changes made to mimic the correct HCPCS Descriptions

E0159 P/Description updated to include the word "Replacement" effective 6/28/16

and the Current Coding

No new codes added

**See Opened codes changes tab
effective 7/1/16**

No codes were removed

No changes to Mod 1 coding

See COS changes tab

See HP changes tab

See PA changes tab

See LTC changes tab

See Medicare changes tab

See Purchase Price changes tab

See Rental Price changes tab

See MaxQuan changes tab

See Max Days changes tab

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A4212		NON-CORING NEEDLE OR STYLET , W/ OR W/O CATHETER	048	N		Y	Y	\$5.54		15	30
A4213		SYRINGE STERILE 20CC OR GREATER, EACH	048	N		Y	N	\$0.99		100	30
A4216		STERILE WATER SALINE, AND/OR DEXTROSE, 10 ML	048	N		Y	N	\$0.35		120	30
A4217		STERILE WATER/SALINE 500 ML	048	N		Y	Y	\$2.90		4	30
A4220		REFILL KIT FOR IMPLANTABLE INFUSION PUMP	048	Y	Y	Y	Y				
A4221		SUPPLIES, MAINT OF NON-INSULIN DRG INF CATH, PER WK	048	N		Y	N	\$19.80		4	30
A4222		INFUSION SUPPLIES-EXTERNAL INFUSION PUMP, PER CASS	048	N		Y	N	\$21.58		30	30
A4223		INFUSION SUPPLIES NOT USED W/ EXTERNAL INF PUMP,PE	048	Y		Y	N	\$16.19			
A4224		SUPPLIES FOR MAINT OF INSULIN INFUSION CATH, PER WK	048	N		Y	Y	\$17.75		4	30
A4225		SUPPL EXT INSLIN INFUSN PUMP, SYRNGE CART, STRL EA	048	N		Y	Y	\$2.38		30	30
A4230		INFUSION SET/EXTERNAL INSULIN PUMP, NON-NEEDLE CAN	048	N		N	Y	\$12.49		190	365
A4231		INFUSION SET, EXTERNAL INSULIN PUMP, NEEDLE TYPE	048	N		N	Y	\$12.49		190	365
A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STE	048	N		N	N	\$2.38		30	30
A4233		REPLACEMENT BATT OTHER THAN J CELL FOR GLUE MONITO	048	N		Y	Y	\$3.59		2	365
A4234		REPLACEMENT BATTERY, ALKALINE J CELL FOR GLUCOSE M	048	N		Y	Y	\$3.59		2	365
A4235		REPLACEMENT BATT LITHIUM FOR USE W/GLUS MONITOR, E	048	N		Y	Y	\$3.59		2	365
A4236		REPLACEMENT BATT, SILVER OXIDE FOR USE W/ GLUC MON	048	N		Y	Y	\$3.59		2	365
A4265		PARAFFIN PER POUND	048	N		Y	Y	\$2.95		6	30
A4267		CONTRACEPTIVE SUPPLY CONDOM, MALE, EACH	048	N		Y	N	\$0.58		30	30
A4268		CONTRACEPTIVE SUPPLY, CONDOM, FEMALE-EACH	048	N		Y	N	\$3.12		30	30
A4269		CONTRACEPTIVE SUPPLY, SPERMICID (EG FOAM, GEL) EAC	048	N		Y	N	\$1.26		30	30
A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH P	048	N		Y	N	\$3.16		4	30
A4310		INSERTION TRAY;W/O CATHETER,W/O BAG, ACCESS ONLY,	048	N		Y	Y	\$7.06		1	30
A4311		INSERTION TRAY W/O DRAINAGE BAG,WITH FOLEY CATH-LA	048	N		Y	Y	\$13.57		1	30
A4312		INSERTION TRAY W/OUT DRAINAGE BAG W/FOLEY CATH,ALL	048	N		Y	Y	\$16.50		1	30
A4313		INSERTION TRAY W/OUT DRAINAGE BAG, W/ CATH, 3-WAY	048	N		Y	Y	\$16.94		1	30
A4314		INSERTION TRAY WITH DRAINAGE BAG WITH FOLEY CATH-L	048	N		Y	Y	\$23.13		1	30
A4315		INSERTION TRAY W/ DRAINAGE BAG AND FOLEY CATH-ALL	048	N		Y	Y	\$24.14		1	30

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A4316		INSERTION TRAY W/DRAINAGE BAG W/FOLEY CATH, CONT.	048	N		Y	Y	\$25.98		1	30
A4320		IRRIGATION TRAY W/ BULB OR PISTON SYRINGE	048	N		Y	Y	\$4.55		1	30
A4322		IRRIGATION SYRINGE, BULB OR PISTON, EACH	048	N		Y	Y	\$2.58		4	30
A4326		CATH; MALE EXTERNAL, W/ COLLECT, CHAMBER, ANY T	048	N		Y	Y	\$9.49		30	30
A4327		FEMALE URINARY COLLECTION DEVICE, METAL CUP-EACH	048	N		Y	Y	\$40.81		1	30
A4328		FEMALE URINARY COLLECTION DEVICE, POUCH-EACH	048	N		Y	Y	\$9.55		1	30
A4330		PERIANAL FECAL COLLECTION POUCH E/ADHES EACH	048	N		Y	N	\$6.33		30	30
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE W/CON/ADAP/, U	048	N		Y	Y	\$2.90		1	30
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	048	N		Y	Y	\$0.11		200	30
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN A	048	N		Y	Y	\$2.01		8	30
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	048	N		Y	Y	\$4.50		2	30
A4338		INDWELLING CATHETER; FOLEY TYPE, LATEX WITH COATIN	048	N		Y	N	\$10.69		1	30
A4340		INDWELLING CATHETER; SPECIALTY TYPE, COUDE, MUSHRO	048	N		Y	Y	\$20.05		1	30
A4344		INDWELLING CATHETER; FOLEY TYPE, ALL SILICONE	048	N		Y	N	\$12.55		2	30
A4349		CATHETER;MALE EXTERNAL W/O ADHESIVE, DISPOSA	048	N		Y	Y	\$1.49		30	30
A4351		INTERMITTANT URINARY CATH; STRAIGHT TIP, W/WO COAT	048	N		Y	Y	\$1.58		200	30
A4352		INTERMITTANT URINARY CATH; COUDE (CURVED) TIP ANY	048	N		Y	Y	\$2.03		200	30
A4353		INTERMITTENT URINARY CATH, W INSERTION SUPPLIES	048	N		Y	Y	\$6.09		200	30
A4355		3 WAY IRR SET FOR CATHETER	048	N		Y	Y	\$8.32		30	30
A4356		EXTERNAL URETHRAL CLAMP/COMP DEVICE-NOT CAT	048	N		Y	Y	\$39.80		1	90
A4357		BEDSIDE URIN DRAIN BAG, W/WO ANTIREFLX, W/WO T	048	N		Y	Y	\$8.87		2	30
A4358		URINARY DRAINAGE BAG, LEG OR ABD, W/ OR W/O TUBES,	048	N		Y	Y	\$6.06		2	30
A4360		DISP. EXTERNAL URETHRAL CLAMP OR COMP DEVICE WITH	048	N		Y	Y	\$0.47		30	30
A4361		OSTOMY FACE PLATE, EACH	048	N		N	N	\$16.80		1	60
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUAL, EACH	048	N		N	N	\$2.57		20	30
A4363		OSTOMY CLAMP, ANY TYPE, REPLACE ONLY, EACH	048	N		N	Y	\$2.81		3	60
A4364		ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	048	N		N	N	\$2.01		4	30
A4366		OSTOMY VENT, ANY TYPE, EACH	048	N		N	Y	\$1.54		10	30

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A4367		OSTOMY BELT, EACH	048	N		N	Y	\$6.17		1	30
A4368		OSTOMY FILTER, ANY TYPE EACH	048	N		N	Y	\$0.23		30	30
A4369		OSTOMY SKIN BARRIER LIQUID-SPRAY, BRUSH, ETC, PER	048	N		N	Y	\$2.10		2	30
A4371		OSTOMY SKIN BARRIER; POWDER, PER OZ	048	N		N	Y	\$3.18		2	30
A4372		OSTOMY SKIN BARRIER;SOLID 4X4 OR EQUAL BUILT-IN CO	048	N		N	Y	\$3.64		20	30
A4373		OSTOMY BARRIER W/FLANGE, W/CONVEXITY, ANY SIZE	048	N		N	Y	\$5.48		20	30
A4375		OSTOMY POUCH;DRAINABLE W FACEPLATE ATT,PLASTIC	048	N		N	Y	\$15.71		2	30
A4376		OSTOMY POUCH;DRAINABLE WITH FACEPLATE ATTACH,RUB	048	N		N	Y	\$43.52		1	30
A4377		OSTOMY POUCH;DRAINABLE FOR USE ON FACEPLATE, PLAST	048	N		N	Y	\$3.74		10	30
A4378		OSTOMY POUCH;DRAIN FOR USE ON FACEPLATE,RUBBER	048	N		N	Y	\$26.83		4	30
A4379		OSTOMY POUCH,URINARY;WITH FACEPLATE ATTACHE,PLAST	048	N		N	Y	\$13.74		4	30
A4380		OSTOMY POUCH URINARY W/ FACE PLATE ATTAC RUBBER	048	N		N	Y	\$34.14		4	30
A4381		OSTOMY POUCH,URINARY;FOR USE ON FACEPLATE, PLASTIC	048	N		N	Y	\$4.06		10	30
A4382		OSTOMY POUCH,URINARY;FOR USE ON FACEPLATE,HEAVY PL	048	N		N	Y	\$22.52		4	30
A4383		OSTOMY POUCH, URINARY; FOR USE ON FACEPLATE, RUBBE	048	N		N	Y	\$25.78		4	30
A4384		OSTOMY FACEPLATE EQUIVALENT; SILICONE RING EACH	048	N		N	Y	\$8.39		4	30
A4385		OSTOMY BARRIER SOLID 4X4 EXTENDEWEAR W/O CONVEXIT	048	N		N	Y	\$4.44		20	30
A4387		OSTOMY POUCH;CLOSED W/STAND WEAR BARRIER W/CONV	048	N		N	Y	\$3.24		10	30
A4388		OSTOMY POUCH DRAIN W/EXTWEAR BARRIER W/O CONVEX	048	N		N	Y	\$3.80		10	30
A4389		OSTOMY POUCH DRAIN W/STANDWEAR BARR W/CONVEX	048	N		N	Y	\$5.42		30	30
A4390		OSTOMY(1PIECE)EACH POUCH DRAIN W/EXTEND WEAR BAR	048	N		N	Y	\$8.38		10	30
A4391		OSTOMY POUCH,URINARY;W/EXT BARRIER ATTACHED 1	048	N		N	Y	\$6.16		8	30
A4392		OSTOMY POUCH;URINARY;W/STANDWEAR BARRIER W/CON	048	N		N	Y	\$7.48		10	30
A4393		OSTOMY POUCH,URINARY;W/EXTWEAR BARRIER W/CONV	048	N		N	Y	\$8.27		10	60
A4394		OSTOMY DEODORANT FOR POUCH, PER FLUID OZ	048	N		N	Y	\$2.25		4	30
A4395		OSTOMY DEODORANT FOR POUCH,SOLID, PER TABLET	048	N		N	Y	\$0.04		30	30
A4396		OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	048	N		N	Y	\$37.81		4	180
A4397		IRRIGATION SUPPLY; SLEEVE, EACH	048	N		N	Y	\$4.38		4	30

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A4398		OSTOMY IRRIGATION SUPPLY: BAG, EACH	048	N		N	Y	\$12.04		1	90
A4399		OSTOMY IRRIGATION SUPP: CONE/CATHETER, W/WO BRUS	048	N		N	Y	\$11.21		1	90
A4400		OSTOMY IRRIGATION SET	048	N		N	Y	\$40.43		1	90
A4402		LUBRICANT, PER OUNCE	048	N		N	Y	\$1.18		8	30
A4404		OSTOMY RING, EACH	048	N		N	N	\$1.47		10	30
A4405		OSTOMY SKIN BARRIER NON-PECTIN BASED PASTE PER OUN	048	N		N	Y	\$3.10		4	30
A4406		OSTOMY SKIN BARRIER PECTIN BASED PER OUNCE	048	N		N	Y	\$5.24		4	30
A4407		OT SKIN BARR W/FLANGE EX WEAR BUILT IN CONVEX -/= 4X4	048	N		N	Y	\$8.01		10	30
A4408		OST SKIN BARR.W/FLANG EX WEAR BUILT-IN CONVEX >4X4	048	N		N	Y	\$9.02		10	30
A4409		OST SKIN BARR W/FLANGE EX WEAR W/O CONVEX -/= 4X4	048	N		N	Y	\$5.68		10	30
A4410		OST SKIN BARR W/FLANGE EX WEAR W/O CONVEX > 4X4	048	N		N	Y	\$8.26		10	30
A4411		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXT WEAR W/	048	N		N	Y	\$4.44		4	30
A4412		OSTOMY POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE S	048	N		N	Y	\$5.03		20	30
A4413		OST POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE SYST	048	N		N	Y	\$5.03		20	30
A4414		OST SKIN BARR W/FLANG W/O BUILT IN CONVEX -/= 4X4	048	N		N	Y	\$4.50		20	30
A4415		OST SKIN BARR W/FLANGE W/O BUILT IN CONVEX .> 4X4	048	N		N	Y	\$5.49		20	30
A4416		OSTOMY POUCH, CLOSED, W/BARR ATTAC W/FILTER ONE PI	048	N		N	Y	\$2.51		60	30
A4417		OSTOMY POUCH, CLO., W/BARR W/BLT IN CONVEX, W/FILT	048	N		N	Y	\$3.40		60	30
A4418		OSTOMY POUCH, CLOSED, W/OUT BARR ATTACED, W/FILTER	048	N		N	Y	\$1.65		60	30
A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARR W/NON-LOCK F	048	N		N	Y	\$1.59		60	30
A4420		OSTOMY POUCH, CLOSED, FOR USE ON BARR W/LOCK (2 PI	048	N		N	Y	\$1.32		60	30
A4421		OSTOMY SUPPLIES; MISCELLANEOUS	048	Y	Y	N	N				
A4422		OST ABSOR MATERIAL (SHEET/PAD/CRYSTAL PACKET) USE	048	N		N	Y	\$0.11		30	30
A4423		OSTOMY POUCH CLOSED, USE W/BARR W/LOCK FLANG, W/FI	048	N		N	Y	\$1.70		60	30
A4424		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FIL	048	N		N	Y	\$4.34		20	30
A4425		OSTOMY POUCH, DRAINABLE, USE W/BARRIER W/NON-LOCK	048	N		N	Y	\$3.27		20	30
A4426		OSTOMY POUCH, DRAINABLE, USE ON BARRIER W/LOCK FLA	048	N		N	Y	\$2.15		20	30
A4427		OSTOMY POUCH, DRAIN, USE BARRIER W/LOCK FG, W FILTER	048	N		N	Y	\$1.96		20	30

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A4428		OSTOMY POUCH, URINARY, W/EXT WEAR BARRIER ATTA, W/	048	N		N	Y	\$5.95		20	30
A4429		OSTOMY POUCH, URINARY, W/ BARR ATTA W/BUILT IN CON	048	N		N	Y	\$7.55		20	30
A4430		OSTOMY POUCH, URINA, W/EXT WEAR BARR W/CONV/ VAL	048	N		N	Y	\$7.96		20	30
A4431		OSTOMY POUCH, URINARY, W/BARR ATTA/VALUE	048	N		N	Y	\$5.69		20	30
A4432		OSTOMY POUCH, URINARY, USE BARR W/NON-LOCK FG W	048	N		N	Y	\$3.28		20	30
A4433		OSTOMY POUCH, URIN, USE ON BARR W/LOCKING FLANG	048	N		N	Y	\$3.05		20	30
A4434		OSTOMY POUCH, URINARY, USE ON BARR W/LOCK FG VALVE	048	N		N	Y	\$3.43		20	30
A4450		TAPE, NON WATERPROOF, PER 18 SQUARE INCHES	048	N		Y	Y	\$0.08		120	30
A4452		TAPE, WATERPROOF PER 18 SQ. INCHES	048	N		Y	Y	\$0.32		120	30
A4455		OSTOMY ADHESIVE REMOVER OR SOLVENT PER OUNCE	048	N		N	Y	\$1.10		8	90
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	048	N		Y	Y	\$0.20		50	30
A4459	A	MANUAL PUMP OPERATED ENEMA, SYS W BALLOON CATHETER	048	Y		Y	N	\$2,462.03			
A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH	048	N		Y	Y	\$2.86		12	30
A4465		NON-ELASTIC BINDER EXTREMITY	048	N		Y	Y	\$0.87		2	30
A4467		BELT, STRAP, SLEEVE, GARMENT, OR COVERING, ANY TYPE	041	Y	Y	Y	N				
A4481		TRACH, STOMA FILTER ANY TYPE, ANY SIZE, EACH	048	N		Y	Y	\$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	\$9.44		4	30
A4557		LEAD WIRE (EG, APNEA MONITOR) PER PAIR	048	N		Y	N	\$16.40		2	365
A4558		CONDUCTIVE PASTE OR GEL FOR USE WITH TENS/NMES	048	N		Y	Y	\$3.13		1	30
A4561		PESSARY, RUBBER, ANY TYPE	048	N		N	Y	\$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	\$6.95		1	365
A4566		SHOULDER SLING OR VEST DESIGN ABD RESTRAINER WITH/	048	Y	Y	Y	Y				
A4595		TENS NMES STIMULATOR SUPPLIES, 2 LEAD/MONTH	048	N		Y	Y	\$26.35		2	30
A4604		TUBING W/ INTEGRATED HEATING ELEMENT USE WITH POS	041	N		Y	Y	\$55.30		1	180
A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	048	N		Y	N	\$15.96		30	30
A4606		OXYGEN, REPLACEMENT PROBE FOR OXIMETER DEVICE	041	Y	Y	Y	N				

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A4615		CANNULA, NASAL	048	Y		Y	Y	\$1.34		1	30
A4619		FACE TENT	048	Y		Y	Y	\$1.10			
A4623		TRACHEOSTOMY INNER CANNULA	048	N		Y	Y	\$5.09		30	30
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE,OTHER THAN CL	048	N		Y	Y	\$1.95		300	30
A4626		TRACHEOSTOMY CLEANING BRUSH	048	N		Y	Y	\$2.48		2	30
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH	048	N		Y	Y	\$1.79		12	365
A4629		TRACHEOSTOMY CARE KIT FOR ESTABL TRACHEOSTOMY	048	N		Y	Y	\$4.23		30	30
A4630		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS	048	N		Y	Y	\$4.86		1	30
A4635		CRUTCH-UNDERARM PAD, REPLACEMENT, EACH	048	N		Y	Y	\$3.98		2	365
A4636		HANDGRIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y	Y	\$3.85		2	365
A4637		TIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y	Y	\$1.85		4	365
A4640		ALTERNATING PRESSURE PAD REPLACEMENT, PT OWNED	041	N		Y	Y	\$33.28		2	365
A4649		SURGICAL SUPPLIES, MISCELLEANOUS	048	Y	Y	N	N				
A4657		SYRINGE,WITH OR WITHOUT NEEDLE,EACH	048	N		Y	Y	\$0.59		4	30
A4660		BLOOD PRESSURE KIT W/CUFF AND STETHOSCOPE	041	N		Y	N	\$26.90		1	365
A4663		BLOOD PRESSURE CUFF ONLY	041	N		Y	N	\$15.45		1	365
A4670		AUTO BLOOD PRESSURE MONITOR	041	N		Y	N	\$63.37		1	1,825
A4927		GLOVES/NON-STERILE, PER 100	048	N		Y	N	\$7.78		2	30
A4930		GLOVES, STERILE, PER PAIR	048	N		Y	N	\$0.70		60	30
A4931		THERMOMETER, ORAL REUSABLE ANY TYPE EACH	048	N		Y	N	\$1.79		1	365
A4932		THERMOMETER RECTAL REUSABLE ANY TYPE EACH	048	N		Y	N	\$1.79		1	365
A5051		OSTOMY POUCH, CLOSED; W/BARRIER ATTACHED (1 PC)	048	N		N	Y	\$1.90		60	30
A5052		OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1 PC)	048	N		N	Y	\$1.36		60	30
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	048	N		N	Y	\$1.60		60	30
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/FLANGE	048	N		N	Y	\$1.63		60	30
A5055		STOMA CAP	048	N		N	Y	\$1.25		30	30
A5056		OSTOMY POUCH DRAIN W/EXT WEAR BARRIER W FILTER	048	N		Y	Y	\$4.58		20	30
A5057		OSTOMY POUCH DRAINBLE W EXT BARRIER W BLT CONVEXIT	048	N		Y	Y	\$9.44		20	30

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A5061		OSTOMY POUCH, DRAINABLE; W/BARRIER (1 PC) EACH	048	N		N	Y	\$3.22		30	30
A5062		OSTOMY POUCH, DRAINABLE; W/O BARRIER (1 PC)	048	N		N	Y	\$1.83		20	30
A5063		OSTOMY POUCH, DRAINABLE; FOR USE W/BARRIER W/FLANG	048	N		N	Y	\$1.98		20	30
A5071		OSTOMY POUCH, URINARY; W/BARRIER (1 PC)	048	N		N	Y	\$5.50		20	30
A5072		OSTOMY POUCH, URINARY; W/O BARRIER (1 PC)	048	N		N	Y	\$3.13		20	30
A5073		OSTOMY POUCH; URINARY; FOR USE W/BARRIER W/FLANGE	048	N		N	Y	\$2.77		20	30
A5081		STOMA PLUG OR SEAL, ANY TYPE	048	N		N	Y	\$3.02		30	30
A5082		OSTOMY CONTINENT DEVICE, STOMA CATHETER, EACH	048	N		N	Y	\$10.36		1	30
A5093		OSTOMY ACCESSORY, CONVEX INSERT, EACH	048	N		N	Y	\$1.60		10	30
A5105		URINARY SUSPENSORY WITH LEG BAG, WITH OR W/O T	048	N		Y	Y	\$37.28		1	30
A5112		URINARY DRN BAG, LEG/ABD, LATEX, W/WO TUBE, WITH S	048	N		Y	Y	\$31.66		1	30
A5113		LEG STRAP, LATEX, REPLACEMENT ONLY, PER SET	048	N		Y	Y	\$4.30		1	30
A5114		LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER S	048	N		Y	Y	\$6.95		1	30
A5120		SKIN BARRIER, WIPES OR SWABS, EAC	048	N		N	Y	\$0.18		50	30
A5121		OSTOMY SKIN BARRIER; SOLID 6X6 OR EQUAL, EACH	048	N		N	Y	\$6.46		20	30
A5122		OSTOMY SKIN BARRIER; SOLID, 8X8 OR EQUAL, EACH	048	N		N	Y	\$11.21		20	30
A5126		OSTOMY ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD,	048	N		N	Y	\$0.97		20	30
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY, PER 16	048	N		N	Y	\$12.64		1	30
A5200		PERCUTANEOUS CATHETER/TUBE ANCHOR DEVICE ADHESI	048	N		Y	Y	\$10.32		1	30
A5500		DIABETIC ONLY-CUSTOM PREP OF OFF SHELF DEPTH INLAY	041	N		N	Y	\$42.29		2	365
A5501		DIABETIC ONLY,CUSTOM PREP SHOE MOLDED FROM CAST, E	041	N		N	Y	\$147.81		2	365
A5503		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ROLL/RIG	041	N		N	Y	\$24.14		2	365
A5504		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ WEDGES	041	N		N	Y	\$24.14		2	365
A5505		DIABETIC ONLY, MOD OFF SHELF/MOLD SHOE W/METATA	041	N		N	Y	\$24.14		2	365
A5506		DIABETIC ONLY,MOD OFF SHELF/MOLD SHOE W/OFF-SET HE	041	N		N	Y	\$24.14		2	365
A5507		DIABETIC ONLY,NOT OTHERWISE SPECIFIED MODIFICATION	041	N		N	Y	\$24.14		2	365
A5512		DIABETCS ONLY, MUL. INSERT MOLDED W/HEAT, INC ARCH	041	N		N	Y	\$22.15		2	365
A5513		DIABETCS ONLY, MUL. DENT INSERT INCLUD ARCH, CUST	041	N		N	Y	\$33.05		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A5514		DIABETICS ONLY, CAM TECH, 3/16 MAT, 35 DUROMTR>, CUS FB	041	N		N	Y	\$40.76		2	365
A6000		NON-CONTACT WOUND WARM COVER,W/WOUND DEV/CAR	048	Y		N	N	\$109.75			
A6010		COLLAGEN-BASE WOUND FILL,DRY FORM,PER GRAM COLLA	048	N		Y	Y	\$28.00		30	30
A6011		COLLAGEN BASED WOUND FILLER GEL/PASTE PER GRAM COL	048	N		Y	Y	\$2.08		30	30
A6021		COLLAGEN DRESSING, PAD SIZE 16SQ IN OR LESS, EACH,	048	N		Y	Y	\$19.23		30	30
A6022		COLLAGEN DRESSING,PAD MORE THAN 16SQ IN LESS THAN	048	N		Y	Y	\$19.23		30	30
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48SQ IN EACH	048	N		Y	Y	\$174.05		30	30
A6024		COLLAGEN DRESSING WOUND FILLER PER 6 INCHES, STERI	048	N		Y	Y	\$5.66		3	30
A6154		WOUND POUCH, EACH	048	N		Y	Y	\$12.74		30	30
A6196		ALGINATE DRESSING,WOUND COVER,PAD SIZE 16 SQ" LESS	048	N		Y	Y	\$6.72		30	30
A6197		ALGINATE DRESING,WOUND COVER,PAD SZE >16 SQ",<48 S	048	N		Y	Y	\$15.03		30	30
A6198		ALGINATE DRESSING, WOUND COVER,PAD SIZE > 48 SQ",	048	Y	Y	Y	Y				
A6199		ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES, STE	048	N		Y	Y	\$4.60		60	30
A6203		COMPOSITE DRESSING,16 SQ" OR LESS,W/ADHESIVE BORDE	048	N		Y	Y	\$3.06		12	30
A6204		COMPOSITE DRESSING,17 TO 48 SQ" W/ADHESIVE BORDER,	048	N		Y	Y	\$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	\$1.93		4	30
A6207		CONTACT LAYER, 17 TO 48 SQ", EACH DRESSING, STERIL	048	N		Y	Y	\$6.71		4	30
A6208		CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	048	Y	Y	Y	Y				
A6209		FOAM DRES,WOUND COVER 16 SQ"OR LESS,W/O ADHESIV	048	N		Y	Y	\$6.53		12	30
A6210		FOAM DRESS,WOUND COVER,17-48 SQ",W/O ADHESIVE,E	048	N		Y	Y	\$18.21		12	30
A6211		FOAM DRESS,WOUND Cvr MORE THAN 48SQ"W/O ADHES	048	N		Y	Y	\$26.86		12	30
A6212		FOAM DRESS,WOUND COVER,16 SQ" OR LESS,W/ADHESIV	048	N		Y	Y	\$8.87		12	30
A6213		FOAM DRESS,WOUND COVER,17-48 SQ" W/ADHESIVE,EA.	048	N		Y	Y	\$7.09		12	30
A6214		FOAM DRESS,WOUND COVER,MORE THAN 48 SQ"W/ADHESI	048	N		Y	Y	\$9.41		12	30
A6215		FOAM DRESSING, WOUND FILLER, PER GRAM, STERILE	048	Y	Y	Y	Y				
A6216		GAUZE,NON-IMPREGNATED,NON-STERILE 16 SQ"OR < W/O A	048	N		Y	Y	\$0.05		90	30
A6217		GAUZE,NON-IMPREGNATED,NON-STERILE,17-48 SQ",W/O AD	048	N		Y	Y	\$0.11		90	30

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6218		GAUZE, NON-IMPREGNATED, NON-STERILE >48 SQ" W/O ADHESI	048	Y	Y	Y	Y				
A6219		GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/ ADHESIVE,	048	N		Y	Y	\$0.87		90	30
A6220		GAUZE, NON-IMPREGNATED, 17-48 SQ" W/ADHESIVE, EACH,	048	N		Y	Y	\$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" OR <W/O ADHESIVE,	048	N		Y	Y	\$1.95		30	30
A6223		GAUZE IMPREG. NOT H2O/SALINE 17-48 SQ" W/O ADHESIV	048	N		Y	Y	\$2.10		30	30
A6224		GAUZE, IMPREG. NOT H2O/SALINE, >48 SQ" W/O ADHESIVE,	048	N		Y	Y	\$3.30		30	30
A6228		GAUZE, IMPREGNATED, H2O/SALINE, 16 SQ" OR LESS, W/O A	048	Y	Y	Y	N				
A6229		GAUZE, IMPREGNATED, H2O/SALINE, >16 SQ" <=48 SQ" W/O A	048	N		Y	N	\$3.30		30	30
A6230		GAUZE, IMPREGNATED, H2O/SALINE, >48 SQ" W/O ADHESIVE,	048	N		Y	Y	\$1.72		30	30
A6231		HYDROGEL, IMPREGNATED GAUZE 16SQ IN OR LESS EACH,	048	N		Y	Y	\$4.26		30	30
A6232		HYDROGEL, IMPREGNATED GAUZE 16SQ IN UP TO 48SQ IN E	048	N		Y	Y	\$6.30		30	30
A6234		HYDROCOLLOID DRESSING, 16 SQ" OR LESS" W/O ADHESIVE,	048	N		Y	Y	\$5.98		12	30
A6235		HYDROCOLLOID DRESSING, 17-48 SQ" W/O ADHESIVE, EACH	048	N		Y	Y	\$15.38		12	30
A6236		HYDROCOLLOID DRESS, MORE THAN 48 SQ" W/O ADHESIV	048	N		Y	Y	\$24.93		12	30
A6237		HYDROCOLLOID DRESSING, 16 SQ" OR LESS WITH ADHESIVE	048	N		Y	Y	\$7.24		12	30
A6238		HYDROCOLLOID DRESSING, 17-48 SQ" W/ADHESIVE, EACH	048	N		Y	Y	\$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	\$11.20		12	30
A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER	048	N		Y	Y	\$2.24		12	30
A6242		HYDROGEL DRESSING, 16 SQ" OR LESS, W/O ADHESIVE, EA	048	N		Y	Y	\$5.55		30	30
A6243		HYDROGEL DRESSING, 17-48 SQ" W/O ADHESIVE, EACH, S	048	N		Y	Y	\$11.26		30	30
A6244		HYDROGEL DRESSING, >48SQ" W/O ADHESIVE, EACH, STE	048	N		Y	Y	\$35.92		12	30
A6245		HYDROGEL DRESSING, 16 SQ" OR LESS W/ ADHESIVE, EAC	048	N		Y	Y	\$6.65		12	30
A6246		HYDROGEL DRESSING, 17-48 SQ" W/ ADHESIVE, EACH, S	048	N		Y	Y	\$9.07		12	30
A6247		HYDROGEL DRESSING, >48 SQ", WITH ADHESIVE, EACH, S	048	N		Y	Y	\$21.75		12	30
A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ	048	N		Y	Y	\$14.86		12	30
A6250		SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE	048	Y	Y	Y	N				

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6251		SPECIAL ABSORB DRESSING 16 SQ"OR <,W/O ADHESIVE,EA	048	N		Y	Y	\$1.82		30	30
A6252		SPECIAL ABSORB DRESSING 17-48 SQ" W/O ADHESIVE,EAC	048	N		Y	Y	\$2.98		30	30
A6253		SPECIAL ABSORB DRESSING >48 SQ"WITHOUT ADHESIVE,EA	048	N		Y	Y	\$5.80		30	30
A6254		SPECIAL ABSORB DRESSING 16 SQ"OR< WITH ADHESIVE,EA	048	N		Y	Y	\$1.06		30	30
A6255		SPECIAL ABSORB DESSING 17-48 SQ" W/ADHESIVE, EACH,	048	N		Y	Y	\$2.64		30	30
A6256		SPECIAL ABSORB DRESSING >48 SQ" WITH ADHESIVE, EAC	048	Y	Y	Y	Y				
A6257		TRANSPARENT FILM, 16 SQ" OR LESS, EACH DRESSING, S	048	N		Y	Y	\$1.40		12	30
A6258		TRANSPARENT FILM, 17-48 SQ" EACH, STERILE	048	N		Y	Y	\$3.93		12	30
A6259		TRANSPARENT FILM, MORE THAN 48 SQ", EACH, STERILE	048	N		Y	Y	\$10.00		12	30
A6260		WOUND CLEANSERS, ANY TYPE, ANY SIZE	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, PER GRAM	048	Y	Y	Y	Y				
A6266		GAUZE,IMPREG OTR THN H2O/SALINE,ANY WIDTH,PER LINE	048	N		Y	Y	\$1.75		300	30
A6402		GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/O ADHESI	048	N		Y	Y	\$0.11		200	30
A6403		GAUZE NON-IMPREGNATED 17-48 SQ " W/O ADHESIVE, STE	048	N		Y	Y	\$0.39		100	30
A6404		GAUZE, NON-IMPREGNATED, STERILE, >48 SQ". W/O ADHE	048	Y	Y	Y	Y				
A6407		PACKING STRIPS,NON-IMPREGATED,UP TO 2IN,WIDTH,PER	048	N		Y	Y	\$1.71		100	30
A6410		EYE PAD, STERILE, EACH	048	N		Y	Y	\$0.35		30	30
A6411		EYE PAD, NON-STERILE EACH	048	N		Y	Y	\$0.23		30	30
A6412		EYE PATCH, OCCLUSIVE EACH	048	N		Y	N	\$1.82		4	30
A6441		BANDAGE PAD, NON ELAS/WOVEN/KNITTED,WIDTH 3-5"	048	N		Y	Y	\$0.60		90	30
A6442		CONFORMING BANDAGE, NON-ELASTIC/STERILE WIDTH <3 I	048	N		Y	Y	\$0.20		180	30
A6443		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 3-<5-/	048	N		Y	Y	\$0.25		180	30
A6444		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 5- OR	048	N		Y	Y	\$0.42		180	30
A6445		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, WIDTH	048	N		Y	Y	\$0.29		180	30
A6446		CONFORM BANDAGE-NON-ELASTIC, KNIT/WOVEN, STERIL	048	N		Y	Y	\$0.37		180	30
A6447		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, 5 INS	048	N		Y	Y	\$0.61		180	30
A6448		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, <3 INS PER	048	N		Y	Y	\$1.06		12	30

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6449		LIGHT COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<	048	N		Y	Y	\$1.60		12	30
A6450		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, 5 INS OR >P	048	N		Y	Y	\$0.35		12	30
A6451		MODERATE COMPRESS BANDAGE-ELASTIC, KNIT/WOVEN,	048	N		Y	Y	\$0.35		12	30
A6452		HIGH COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<5	048	N		Y	Y	\$5.40		12	30
A6453		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN, <3-	048	N		Y	Y	\$0.55		12	30
A6454		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN3-<5-	048	N		Y	Y	\$0.70		12	30
A6455		SELF ADHERENT BANDAGE, ELAS/NON/KNIT/WOV, 5 INS OR	048	N		Y	Y	\$1.26		12	30
A6456		ZINC PASTE IMPREG BANDAGE, NON ELAS/KNIT/WOV 3-5 I	048	N		Y	Y	\$1.17		20	30
A6457		TUBULAR DRESSING W/WO ELASTIC, ANY WIDTH, PER LINE	048	N		Y	Y	\$1.04		100	30
A6501		GARMENT BURN COMPRESSION BODY SUIT (HEAD TO FOOT)	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				
A6504		GARMENT BURN COMPRESS GLOVE TO WRIST CUSTOM FAB	041	Y	Y	N	Y				
A6505		GARMENT BURN COMPRESS GLOVE TO ELBOW CUSTOM FAB	041	Y	Y	N	Y				
A6506		GARMENT BURN COMPRESS GLOVE TO AXILLA CUSTOM FA	041	Y	Y	N	Y				
A6507		GARMENT,BURN COMPRESS FOOT TO KNEE LENGTH CUST	041	Y	Y	N	Y				
A6508		GARMENT BURN COMPRESS FOOT TO THIGH LENGTH CUST	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 (PANTY	041	Y	Y	N	Y				
A6512		GARMENT BURN COMPRESS NOT OTHERWISE CLASSIFIED	041	Y	Y	N	Y				
A6513		COMPRESSION BURN MASK, FACE AND/OR NECK, PLAST OR	041	Y	Y	Y	Y				
A6530		GRADIENT COMP STOCKING, BELOW KNEE 18-30 MMHG, EAC	041	N		Y	N	\$16.83		4	180
A6531		GRADIENT COMP STOCK, BELOW KNEE 30-40 MMHG EACH	041	N		Y	N	\$18.50		4	180
A6532		GRADIENT COMP STOCKING, BELOW KNEE, 40-50 MMHG EAC	041	N		Y	N	\$24.64		4	180
A6533		GRADIENT COMP STOCK THIGH LENGTH 18-30 MMHG EAC	041	N		Y	N	\$24.38		4	180
A6534		GRADIENT COMP STOCKING, THIGH LENGTH, 30-40 MMHG E	041	N		Y	N	\$27.26		4	180
A6535		GRADIENT COMP STOCKING, THIGH LENGTH 40-50 MMHG, E	041	N		Y	N	\$39.43		4	180

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6536		GRADIENT COMP STOCK; FULL LENGTH/CHAP STYLE 18-30	041	N		Y	N	\$27.04		4	180
A6537		GRADIENT COMP STOCK; FULL LENGTH/CHAP, STYLE30-40	041	N		Y	N	\$23.88		4	180
A6538		GRADIENT COMP STOCKING; FULL LENGTH/CHAP, 40-50 MM	041	N		Y	N	\$26.64		4	180
A6539		GRADIENT COMP STOCKING; WAIST LENGTH, 18-30 MMHG,	041	N		Y	N	\$29.06		4	180
A6540		GRADIENT COMP STOCKING; WAIST LENGTH, 30-40 MMHG,	041	N		Y	N	\$37.54		4	180
A6541		GRADIENT COMP STOCKING; WAIST LENGTH, 40-50 MMHG,	041	N		Y	N	\$51.05		4	180
A6544		GRADIENT COMPRESSION STOCKING: GARTER BELT	041	N		Y	N	\$23.33		1	60
A6545		GRADIENT COMPRESS WRAP-NON-ELASTIC, BELOW KNEE,	041	N		Y	N	\$81.81		4	365
A6549		GRADIENT COMPRESSION STOCKING/ SLEEVE, NOS	041	Y	Y	N	N				
A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP, EACH P	048	N		Y	N	\$7.77		2	30
A7002		TUBING,USED W/ SUCTION PUMP EACH	048	N		Y	Y	\$3.34		2	30
A7003		ADMIN SET WITH SMALL VOLUME NONFILTER NEBULIZER DI	048	N		Y	N	\$2.13		2	30
A7005		ADMINISTRA SET, PERMANENT W/ SMALL VOLUME NEBU	048	N		Y	Y	\$21.81		2	365
A7006		ADMIN. SET,FILTERED DISPOSABLE,W/SMALL VOLUME NEBU	048	N		Y	Y	\$8.32		1	30
A7007		LARGE VOL NEBULIZER DISPOSABLE UNFILLED, USED W/AE	048	N		Y	N	\$2.38		2	30
A7010		CORRUGATED TUBING DISPOSABLE/LARGE VOL NEBULIZER P	048	N		Y	Y	\$21.57		1	60
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOL NEB PT	048	N		Y	N	\$2.93		4	30
A7013		FILTER,DISPOSABLE;USED W/ AEROSOL COMPRESSOR OR UL	048	N		Y	Y	\$0.65		2	30
A7014		FILTER NON DISPOSABLE USED/AEROSOL COMPRESSOR	048	N		Y	N	\$4.11		1	30
A7015		AEROSOL MASK, USED W/DME NEBULIZER,EACH	048	N		Y	Y	\$1.50		1	30
A7018		SOLUTION;DISTILLED WATER;1000ML EACH USED W/LG VOL	048	N		Y	Y	\$0.36		18	30
A7020		INTERFACE FOR COUGH STIMULATIODEVICE, INCL ALL COM	048	N		Y	Y	\$14.33		2	365
A7025		THERAPY VEST; VEST REPLACEMENT FOR PATIENT OWNED E	041	N		Y	Y	\$397.80		1	1,095
A7026		THERAPY VEST SYSTEM REPLACEMENT HOSE FOR PATIENT O	041	N		Y	Y	\$26.29		2	365
A7027		COMBINATION ORAL/NASAL MASK USE WITH CPAP DEVICE,	041	N		Y	Y	\$170.60		2	365
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL CPAP MASK	041	N		Y	Y	\$45.31		2	365
A7029		NASAL PILLOWS FOR COMBIN ORAL/NASAL CPAP MASK	041	N		Y	Y	\$18.52		3	365
A7030		CPAP/BIPAP; FULL MASK; EACH	041	N		Y	Y	\$172.53		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A7031		CPAP/BIPAP;FACE MASK INTERFACE REPLACEMENT FOR FUL	041	N		Y	Y	\$63.81		1	365
A7032		CPAP/BIPAP;REPLACEMENT CUSHION FOR NASAL DEVICE, E	041	N		Y	Y	\$37.06		2	60
A7033		CPAP/BIPAP; REPLACEMENT PILLOWS FOR NASAL DEVICE,	041	N		Y	Y	\$25.98		2	60
A7034		CPAP/BIPAP;NASAL DEVICE (MASK OR CANNULA) INTERFAC	041	N		Y	Y	\$107.59		1	180
A7035		CPAP/BIPAP;HEADGEAR FOR USE WITH CPAP, EACH	041	N		Y	Y	\$36.35		2	365
A7036		CPAP/BIPAP;CHINSTRAP FO USE WITH CPAP, EACH	041	N		Y	Y	\$14.15		2	365
A7037		CPAP/BIPAP; TUBNG FOR USE WITH CPAP, EACH	041	N		Y	Y	\$37.37		1	180
A7038		CPAP/BIPAP; DISPOSABLE FILTER, FOR USE WITH CPAP,	048	N		Y	Y	\$4.18		2	30
A7039		CPAP/BIPAP; NON-DISPOSABLE FILTER, FOR USE WITH CP	041	N		Y	Y	\$12.79		1	180
A7044		CPAP/BIPAP ORAL INTERFACE FOR USE WITH CPAP EACH	041	N		Y	Y	\$110.58		2	365
A7046		WATER CHAMBER FOR CPAP HUMIDIFIER REPLACE EACH	048	N		Y	Y	\$17.84		1	120
A7047		ORAL INTERFACE USED W RESPIRATORY SUCTION PUMP EAC	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	\$96.06		1	120
A7507		FILTER HOLDER & FILTER W/O ADHESIVE, FOR HEAT/MOIS	048	N		Y	Y	\$2.32		90	30
A7508		TRACH TUBE; HOUS AND INTEGRAT ADHESIVE, TRACH VALVE	048	N		N	Y	\$2.30		90	30
A7520		TRACH/LARY TUBE, NON CUFF PVC, SILICONE OR EQUAL	048	N		Y	Y	\$52.38		2	30
A7521		TRACH/LARY TUBE, CUFFED PVC, SILICONE OR EQUAL, EA	048	N		Y	Y	\$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	\$10.06		2	365
A7524		TRACHEOSTOMY STENT/STUD/BUTTON EACH	048	N		Y	Y	\$70.79		1	90
A7525		TRACHEOSTOMY MASK, EACH	048	N		Y	Y	\$1.26		2	30
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	048	N		Y	Y	\$2.60		30	30
A7527		TRACH/LARYN,TUBE PLUG/STOP,EACH	041	N		Y	N	\$3.28		4	30
A8000		HELMET,PROTECTIVE,SOFT,PREFAB, INCLUDES ALL COMPO/	041	N		Y	N	\$140.26		1	730
A8001		HELMET,PROTECTIVE,HARD,PREFAB,INCLUDES ALL COMPO/A	041	N		Y	N	\$140.26		1	730
A8002		HELMET,PROTECTIVE,SOFT,CUSTOM FABRICATED,INCLUDES	041	Y	Y	Y	N				
A8003		HELMET,PROTECTIVE,HARD,CUSTOM FABRICATED,INCL ALL	041	Y	Y	Y	N				

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
A8004		SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	048	Y	Y	Y	N				
A9900		MISC DME SUPPLY ACCESSORY COMPONENT OF HC	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 AL	048	N		Y	Y	\$5.18		30	30
B4035		ENTERAL FEEDNG SUPPLY KIT PUMP FED PER DAY INCL AL	048	N		Y	N	\$9.87		30	30
B4036		ENTERAL FEEDNG SUPPLY KIT GRAVITY FED PER DAY INC	048	N		Y	N	\$6.76		30	30
B4081		NASOGASTRIC TUBE W/ STYLET, EACH	048	N		Y	Y	\$14.55		1	30
B4082		NASOGASTRIC TUBE W/O STYLET, EACH	048	N		Y	Y	\$11.29		1	30
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STAND, ANY MATERI	048	N		Y	Y	\$30.19		1	30
B4088		GASTROSTO/JEJUNOSTOMY TUBE, LOW-PROFILE,ANY MATE	048	N		Y	Y	\$125.06		4	365
B4100		FOOD THICKENER, ADMINISTERED ORALLY	048	Y	Y	Y	N				
B4149		ENTERAL FORM MANU/BLND NATURAFD W/INTACT NUT,TH	048	Y		Y	N	\$1.32			
B4150		ENTERAL FORMULA:COMPLET W/INTACT NUTRIENTS,100 CAL	048	Y		Y	N	\$0.55			
B4152		ENTERAL FORMULA;CALORIE DENSE>=1.5KCAL, 100 CAL=1	048	Y		Y	N	\$0.47			
B4153		ENTERAL FORM:HYDROLYZED PROTEIN/AMINO ACIDS,100	048	Y		Y	N	\$1.59			
B4154		ENTERAL FORMULA: SPEC.METABOLIC NONINHERIT, 100 CA	048	Y		Y	N	\$1.02			
B4155		ENTERAL FORMULA: INCOMPLETE/MODULAR 100 CAL=1 UNIT	048	Y		Y	N	\$0.79			
B4157		ENTERAL FORMULA-SPEC METABOLIC NEEDS-INHERITED,100	048	Y	Y	Y	Y				
B4158		ENTERAL FORMULA-PEDS-COMPLETE NUTRITION, 100CAL=1U	048	Y		Y	N	\$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, 100C	048	Y	Y	Y	N				
B4161		ENTERAL FORMULA-PEDS-HYDRO/AMINO ACID/PEPTIDE, 100	048	Y	Y	Y	N				
B4162		ENTERAL FORMULA-PEDIATRIC-SPEC METABOLIC NEEDS, 10	048	Y	Y	Y	N				
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	048	N		N	Y	\$20.29		30	30
B9002		ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	041	B		Y	Y	\$750.09	\$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 FIXED W/ TIP, EA	041	N		Y	Y	\$19.28		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0105		CANE, ANY MATERIAL; QUAD OR THREE PRONG, ADJ/FIXED	041	N		Y	Y	\$44.91		1	365
E0110		CRUTCHES-FOREARM; ADJUSTABLE OR FIXED, OTHER MATER	041	N		Y	Y	\$64.11		1	365
E0111		CRUTCH-FOREARM;ADJUSTABLE OR FIXED, OTHER MATERIAL	041	N		Y	Y	\$48.47		1	365
E0112		CRUTCHES-UNDERARM; ADJUSTABLE OR FIXED, WOOD; PAIR	041	N		Y	Y	\$21.95		1	365
E0113		CRUTCH-UNDERARM;ADJUSTABLE OR FIXED, WOOD;EACH	041	N		Y	Y	\$19.24		1	365
E0114		CRUTCHES-UNDERARM;ADJUST OR FIXED;OTHER MATERI	041	N		Y	Y	\$34.27		1	365
E0116		CRUTCH-UNDERARM; ADJ/FIXED, NON-WOOD, W/WO SHOC	041	N		Y	Y	\$25.24		1	365
E0130		WALKER; RIGID PICKUP, ADJUSTABLE/FIXED, EACH	041	N		Y	Y	\$64.24		1	365
E0135		WALKER; FOLDING, ADJUSTABLE OR FIXED HEIGHT	041	N		Y	Y	\$76.68		1	365
E0140		WALKER W/TRUNK SUPPORT, ADJUS/FIXED HGT, ANY TYPE	041	N		Y	Y	\$329.92		1	1,095
E0141		WALKER; RIGID WHEELED AJUST OR FIXED HEIGHT	041	N		Y	Y	\$92.98		1	365
E0143		WALKER; FOLDING, WHEELED, ADJUSTED OR FIXED HEIGHT	041	N		Y	Y	\$109.97		1	365
E0144		WALKER;ENCLOSED FRAME,WHEEL,W/POSTERIOR SEAT, RI	041	N		Y	Y	\$291.26		1	1,095
E0148		WALKER; HEAVY DUTY, W/O WHEELS, RIGID/FOLDING ANY	041	N		Y	Y	\$116.21		1	1,095
E0149		WALKER; HEAVY DUTY, WHEELED RIGID/FOLDING, ANY TYP	041	N		Y	Y	\$204.15		1	1,095
E0153		CRUTCH-FOREARM PLATFORM ATTACHMENT, EACH	041	N		Y	Y	\$53.67		2	365
E0154		WALKER-PLATFORM ATTACHMENT, EACH	041	N		Y	Y	\$52.28		2	365
E0155		WALKER-WHEEL ATTACHMENT FOR PICKUP WALKER, PAIR	041	N		Y	Y	\$23.03		1	365
E0156		WALKER - SEAT ATTACHMENT	041	N		Y	Y	\$19.66		1	365
E0157		WALKER-CRUTCH ATTACHMENT EACH	041	N		Y	Y	\$74.92		2	365
E0158		WALKER-LEG EXTENSIONS PER SET OF FOUR	041	N		Y	Y	\$28.06		1	1,095
E0159		WALKER, WHEELED; BRAKE ATTACHMENT, REPLACEMENT	041	N		Y	Y	\$15.30		2	365
E0160		SITZ BATH, PORTABLE, USED W/OR W/O COMMUNE	041	N		Y	Y	\$30.24		1	365
E0161		SITZ BATH, PORT, USED W/OR W/O COMMUNE W/FAUCE	041	N		Y	Y	\$22.87		1	365
E0163		COMMUNE CHAIR; STATIONARY, OR MOBLE W/FIXED ARMS	041	N		Y	Y	\$120.95		1	365
E0165		COMMUNE CHAIR; STATIONARY, OR MOBLE W/DETACH A	041	N		Y	Y	\$129.98		1	1,095
E0167		COMMUNE ACCESSORY; PAIL OR PAN, REPLACEMENT	041	N		Y	Y	\$8.25		1	365
E0168		COMMUNE CHAIR;EXTRA WIDE AND/OR HD ANY TYP	041	N		Y	Y	\$126.82		1	1,095

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0175		COMMODE ACCESSORY; FOOTREST, EACH	041	N		Y	Y	\$32.56		2	1,095
E0181		POWERED PRESSURE REDUC MATTRESS OVERLAY/PAD W/P	041	N		Y	Y	\$124.08		1	1,095
E0182		ALTERNATING PRESSURE PAD PUMP, REPLACEMENT	041	N		Y	Y	\$123.11		1	730
E0184		MATTRESS-DRY PRESSURE	041	N		Y	Y	\$144.36		1	730
E0185		MATTRESS PAD; GEL OR GEL-LIKE PAD, STD SIZE	041	N		Y	Y	\$110.45		1	730
E0186		MATTRESS - AIR PRESSURE	041	N		Y	Y	\$157.86		1	730
E0187		MATTRESS-WATER PRESSURE	041	N		Y	Y	\$68.24		1	730
E0188		PAD-SHEEPSKIN-SYNTHETIC	041	N		Y	N	\$17.42		1	60
E0189		PAD-SHEEPSKIN-LAMBS WOOL, ANY SIZE	041	N		Y	N	\$60.44		1	60
E0190		POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZ	041	N		Y	N	\$23.26		1	365
E0191		PROTECTOR-HEEL OR ELBOW; EACH	041	N		Y	Y	\$9.13		4	60
E0193		BED-POWERED AIR FLOTATION (LOW AIR-LOSS THERAPY)	041	B		Y	Y	\$7,306.29	\$730.63		
E0194		BED-AIR FLUIDIZED	041	B		Y	Y	\$28,475.68	\$2,847.56		
E0196		MATTRESS-GEL PRESSURE	041	N		Y	Y	\$284.26		1	730
E0197		PRESSURE PAD; AIR, FOR MATTRESS, STANDARD	041	N		Y	Y	\$98.39		1	730
E0198		PRESSURE PAD;WATER, FOR MATTRESS, STANDARD	041	Y		Y	Y	\$47.20			
E0199		PRESSURE PAD;DRY, FOR MATTRESS, STANDARD	041	N		Y	Y	\$16.46		2	365
E0200		HEAT LAMP WITHOUT STAND	041	N		Y	Y	\$32.00		1	1,095
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	041	R		Y	Y		\$54.61	DAILY	
E0205		HEAT LAMP W/STAND	041	N		Y	Y	\$169.29		1	1,095
E0210		HEATING PAD - STANDARD ELECTRIC	041	N		Y	Y	\$21.56		1	365
E0215		HEATING PAD - MOIST ELECTRIC	041	N		Y	Y	\$40.28		1	365
E0217		WATER CIRCULATING HEAT PAD WITH PUMP	041	Y		Y	Y	\$312.56			
E0218		WATER CIRCULATING COLD PAD WITH PUMP	041	N		Y	Y	\$141.44		1	1,095
E0235		PARAFFIN BATH UNIT PORTABLE	041	Y		Y	Y	\$147.24			
E0236		PUMP FOR WATER CIRCULATING PAD	041	Y		Y	Y	\$400.16			
E0240		BATH/SHOWER,CHAIR W/WITHOUT WHEELS, ANY SIZE	041	N		Y	N	\$105.55		2	730
E0241		RAIL - BATH TUB WALL, EACH	041	N		Y	N	\$13.91		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0242		RAIL - BATH TUB FLOOR BASE, EACH	041	N		Y	N	\$23.80		1	365
E0243		RAIL - TOILET, EACH	041	N		Y	N	\$28.34		2	365
E0244		RAISED TOILET SEAT	041	N		Y	N	\$20.66		1	365
E0245		TUB STOOL OR BENCH	041	N		Y	N	\$37.94		1	365
E0246		RAIL - TRANSFER TUB ATTACHMENT, EACH	041	N		Y	N	\$56.69		1	1,095
E0247		TRANSFER BENCH FOR TUB OR TOILET W/W/O COMMUNE	041	N		Y	N	\$105.55		1	1,095
E0248		TRANS BENCH, HD FOR TUB OR TOILET W/WO COMMUNE	041	N		Y	N	\$407.15		1	1,095
E0249		PAD FOR WATER CIRCULATING HEAT UNIT, REPLACE ONLY	041	N		Y	Y	\$21.20		1	365
E0250		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/MATTRESS	041	B		Y	Y	\$574.50	\$57.45		
E0251		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/O MATTRESS	041	B		Y	Y	\$678.58	\$67.85		
E0255		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS, W/MATTRESS	041	B		Y	Y	\$659.34	\$65.93		
E0256		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS, W/O MATTRE	041	B		Y	Y	\$565.53	\$56.55		
E0260		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y	Y	\$864.01	\$86.40		
E0261		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/O MATTRESS	041	B		Y	Y	\$725.85	\$72.58		
E0265		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y	Y	\$1,008.53	\$100.85		
E0266		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/O MATTRES	041	B		Y	Y	\$1,004.86	\$100.48		
E0271		MATTRESS INNERSPRING	041	N		Y	Y	\$128.91		1	730
E0272		MATTRESS-FOAM RUBBER	041	N		Y	Y	\$93.65		1	730
E0275		BED PAN STANDARD METAL/PLASTIC	041	N		Y	Y	\$11.90		1	365
E0276		BED PAN-FRACTURE- METAL/PLASTIC	041	N		Y	Y	\$3.17		1	365
E0277		MATTRESS-POWERED PRESSURE REDUCING AIR	041	B		Y	Y	\$2,903.16	\$290.31		
E0280		CRADLE-FOR BED-ANY TYPE	041	N		Y	Y	\$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 MAT	041	B		Y	Y	\$2,041.17	\$204.11		
E0303		HOSP. BED,X- HEAVY DUTY X-WD WT CAP 350-600 IB/RAI	041	B		Y	Y	\$2,887.70	\$288.77		
E0304		HOSP. BED,X- HEAVY DUTY X-WD WT >600 IB/SIDE RAILS	041	B		Y	Y	\$3,679.23	\$367.92		
E0305		RAIL-BEDSIDE-HALF LENGTH-EACH	041	N		Y	Y	\$77.13		2	1,095
E0310		RAIL-BEDSIDE-FULL LENGTH-EACH	041	N		Y	Y	\$78.80		2	1,095

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0316		SAFETY ENCLOSURE FRAME/CANOPY USE W/HOSPITAL BED,A	041	Y		Y	Y	\$177.73			
E0325		URINAL-MALE;JUG-TYPE,ANY MATERIAL	041	N		Y	Y	\$7.85		1	180
E0326		URINAL-FEMALE; JUG-TYPE ANY MATERIAL	041	N		Y	Y	\$9.28		1	180
E0328		HOSP BED PEDS, MAN 360 DEGREE ENCL, TOP OF HEAD/RAI	041	Y	Y	Y	Y				
E0329		HOSP BED PEDS ELEC/SEMI 360 DEG, TOP OF HEAD/RAIL	041	Y	Y	Y	Y				
E0371		MATTRESS-NONPOWERED ADVD PRESSURE REDUCING OVE	041	B		Y	Y	\$1,623.33	\$162.33		
E0372		MATTRESS-POWERED AIR OVERLAY FOR MATTRESS	041	B		Y	Y	\$2,060.46	\$206.04		
E0373		MATTRESS-NONPOWERED ADVANCED PRESS REDUC MAT	041	B		Y	Y	\$5,620.07	\$562.01		
E0425	NR	OXYGEN COMPRESSED GAS-STATIONARY	041	Y		Y	Y	\$115.40			
E0431	NR	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER TUBING	041	R		Y	Y		\$27.66	1	30
E0434	NR	OXYGEN-LIQUID,PORT;W/HUMIDIFIER TUBING MASK/CA	041	R		Y	Y		\$27.66	1	30
E0439	NR	OXYGEN-LIQUID,STATIONARY,W/HUMIDIFIER TUBE MASK/	041	R		Y	Y		\$165.50	1	30
E0441	NR	STATIONARY OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPL	048	Y		N	Y	\$72.80		1	30
E0442	NR	STATIONARY OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY	048	Y		N	Y	\$72.80		1	30
E0443	NR	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH SUPPLY=	048	Y		N	Y	\$72.80		1	30
E0444	NR	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH SUPPLY=1	048	Y		N	Y	\$72.80		1	30
E0445		OXIMETER DEVICE FOR MEASURING BLOOD OXY LEVEL NON-	041	B		Y	N	\$547.90	\$54.79		
E0447		PORT OXY CONTENT, LIQUID , 1 MO, AMT REST NIG EXC 4 LPM	048	Y		N	Y		\$84.64	1	30
E0465		HOME VENTILATOR, ANY TYPE, USED, INVASIVE INTERFACE	041	R		Y	Y		\$832.70		
E0466		HOME VENTILATOR, ANY TYPE, USED, NON INVASIVE INTERF	041	R		Y	Y		\$832.70		
E0467		HOME VENT, MULT, PRFM, INC ALL	041	R		Y	Y		\$1,197.64		
E0470		BIPAP WITHOUT BACKUP RATE, USED WITH NONINVASIVE I	041	B		Y	Y	\$2,238.48	\$223.85		
E0471		BIPAP WITH BACKUP RATES, USED W/NONINVASIVE INTERF	041	B		Y	Y	\$3,836.83	\$383.68		
E0472		BIPAP WITH BACKUP RATE, USED WITH INVASIVE INTERFA	041	B		Y	Y	\$3,836.83	\$383.68		
E0480		PERCUSSOR-ELECTRIC OR PNEUMATIC	041	B		Y	Y	\$384.50	\$38.45		
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYS/ACCES	041	B	Y	Y	N				
E0482		COUGH STIMULATING DEVICE,ALTERNATE POSITIVE/NEG AI	041	B		Y	Y	\$3,315.50	\$331.55		
E0483		HIGH FREQ CHEST WALL OSCILATN AIR PLSE GENRATR SYS	041	B		N	Y	\$10,790.82	\$719.38	Rental	15 mo.

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0484		OSCILLARY POSITIVE EXPIR PRESSURE DEVICE, NON-ELEC	041	N		Y	Y	\$33.76		1	365
E0485		ORAL DEVICE/APPL USED TO REDUCE AIRWAY COLL, PRE.	041	Y	Y	Y	N				
E0486		ORAL DEVICE/APPLIANCE USED TO REDUCE AIRWAY COLL,	041	Y	Y	Y	Y				
E0500		IPPB MACHINE-ALL TYPES	041	B		Y	Y	\$957.63	\$95.76		
E0550		HUMIDIFIER,DURABLE FOR EXTENSIVE SUPPLEMENT HUMI	041	B		Y	Y	\$371.69	\$37.17		
E0555		HUMIDIFIER,DURABLE;GLASS/PLASTIC BOTTLE,USE W/REGU	041	N		Y	Y	\$1.71		1	30
E0561		HUMIDIFIER, NON HEATED, USED WITH CPAP OR BIPAP DE	041	B		Y	Y	\$93.34	\$9.33		
E0562		HUMIDIFIER, HEATED, USED WITH POS AIRWAY PRESSURE	041	B		Y	Y	\$260.67	\$26.07		
E0565		COMPRESSOR-AIR POWER SOURCE EQUIPMENT	041	B		Y	Y	\$378.79	\$37.88		
E0570		NEBULIZER W/ COMPRESSOR	041	N		Y	Y	\$94.01		1	1,825
E0574		NEBULIZER;ULTRASONIC SMALL VOLUME	041	Y		Y	Y	\$366.33			
E0575		NEBULIZER; ULTRASONIC, LARGE VOLUME	041	B		Y	Y	\$821.21	\$82.12		
E0580		NEBULIZER,DURABLE,GLASS/AUTOCLAVABLE PLAS,BOTTLE,U	041	Y		Y	Y	\$122.60			
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT.	041	B		Y	Y	\$296.08	\$29.61		
E0601		CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	041	B		Y	Y	\$750.57	\$75.06		
E0602		BREAST PUMP, MANUAL;COMPLETE KIT	041	N		Y	N	\$20.42		1	365
E0603		BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	041	N		Y	N	\$116.51		1	1,825
E0605		VAPORIZER, ROOM TYPE	041	N		Y	Y	\$24.17		1	365
E0606		BOARD-POSTURAL DRAINAGE	041	N		Y	Y	\$251.83		1	1,095
E0610		MONITOR-PACEMAKER;SELF-CONTAIN,W/AUDIBLE/VISIBLE	041	B		Y	Y	\$163.72	\$16.37		
E0615		MONITOR-PACEMAKER;SELF-CONTAINED,W/DIGITAL/VISIBLE	041	B		Y	Y	\$163.72	\$16.37		
E0617		DEFIBRILLATOR;EXTERNAL WITH INTEGRATED ELECTROCARD	041	Y		Y	Y	\$2,780.90			
E0619		MONITOR;APNEA WITH RECORDING FEATURE	041	B		Y	Y	\$2,934.88	\$244.57	Rental	12 mo
E0621		PATIENT LIFT-SLING OR SEAT, CANVAS OR NYLON	041	N		Y	Y	\$51.07		1	365
E0627		SEAT LIFT MECHANISM, ELECTRIC , ANY TYPE	041	Y		Y	Y	\$308.52			
E0629		SEAT LIFT MECHANISM, NON-ELECTRIC , ANY TYPE	041	Y		Y	Y	\$182.89			
E0630		PATIENT LIFT:HYDRAULIC OR MECHANIC,INC SEAT,SLING,	041	B		Y	Y	\$851.23	\$85.12		
E0637		COMB SIT TO STAND SYS,ANY SIZE INC PEDS W/SEAT LIF	041	Y	Y	Y	Y				

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0638		STAND FRAME SYS, ONE POSTION, ANY SIZE, INC PEDS,W	041	Y	Y	Y	Y				
E0641		STANDING FRAME SYSTEM, MULTIPOSITION (E.G. THREE W	041	Y	Y	Y	Y				
E0642		STANDING FRAME SYS, MOBILE, ANY SIZE INCLUDING PED	041	Y	Y	Y	Y				
E0650		PNEUMATIC COMPRESSOR(LYMPHEDEMA)NON-SEGMENTAL	041	B		Y	Y	\$610.23	\$61.02		
E0651		PNEUMATIC COMPRESSOR, SEGMENTAL W/O CALIB	041	B		Y	Y	\$723.31	\$72.33		
E0652		PNEUMATIC COMPRESSOR SEGMENTAL WITH CALIBR	041	B		Y	Y	\$1,731.68	\$173.16		
E0655		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y	Y	\$94.15		1	365
E0656		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, T	041	B		Y	Y	\$554.80	\$55.48		
E0657		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, C	041	Y		Y	Y	\$520.70			
E0660		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y	Y	\$128.85		1	365
E0665		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y	Y	\$119.50		1	365
E0666		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y	Y	\$126.30		1	365
E0667		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS.,FULL L	041	N		Y	Y	\$210.36		1	365
E0668		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS, FULL A	041	N		Y	Y	\$224.34		1	365
E0669		PNEUMATIC APPLIANCE; SEGMENTAL FOR COMPRESS., HALF	041	N		Y	Y	\$151.84		1	365
E0671		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y	Y	\$171.49		1	365
E0672		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y	Y	\$171.49		1	365
E0673		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,HA	041	N		Y	Y	\$171.49		1	365
E0705		TRANSFER DEVICE, ANY TYPE, EACH	041	N		Y	Y	\$40.86		1	365
E0710		RESTRAINTS ANY TYPE	048	N		Y	Y	\$12.68		1	365
E0720		TENS,TWO LEAD, LOCALIZED STIMULATION	041	B		Y	Y	\$123.49	\$12.35		
E0730		TENS,FOUR LEAD,LARGER AREA/MULTIPLE NERVE STIMULAT	041	B		Y	Y	\$273.39	\$27.34		
E0745		NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	041	Y	Y	Y	Y				
E0747		OSTEOGENESIS STIMULATOR, NON INVASIVE, OTHER THAN	041	Y		N	Y	\$2,742.15			
E0748		OSTEOGENESIS STIMULATOR, NON-INVASIVE, SPINAL APPL	041	Y		N	Y	\$3,205.15			
E0760		OSTOGENESIS STIMU, LOW INTENSITY ULTRASOUND N	041	Y		N	Y	\$2,663.42			
E0765		NERVE STIMULATOR W/REPLACEABLE BATTERIES FOR NAUSE	041	Y		Y	Y	\$80.80			
E0766		ELECTRICAL STIMULATION DEVICE FOR CA TRTMNT,W-ACCS	041	Y	Y	Y	Y				

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0776		IV POLE	041	B		Y	Y	\$72.58	\$7.25		
E0779		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	B		Y	Y	\$146.43	\$14.64		
E0780		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	Y		Y	Y	\$9.04			
E0781		INFUSION PUMP,AMBULATORY;ELECTRIC OR BATTERY,WORN	041	B		Y	Y		\$7.70	DAILY	
E0782		INFUSION PUMP,IMPLANTABLE,NON-PROGRAM INCLUDE ALL	041	Y	Y	Y	Y				
E0784		INFUSION PUMP, AMBULATORY; EXTERNAL, INSULIN	041	B		N	Y	\$3,653.08	\$365.30		
E0791		INFUSION PUMP,STATIONARY; PARENTERAL	041	B		Y	Y		\$8.68	DAILY	
E0840		TRACTION FRAME, CERVICAL; ATTACHED TO HEADBOARD	041	N		Y	Y	\$54.33		1	1,095
E0850		TRACTION STAND, CERVICAL; FREE STANDING	041	N		Y	Y	\$52.36		1	1,095
E0860		TRACTION EQUIPMENT,CERVIAL; OVER DOOR	041	N		Y	Y	\$28.57		1	1,095
E0870		TRACTION FRAME,EXTREMITY;ATTACHED TO FOOTBOARD	041	N		Y	Y	\$65.45		1	1,095
E0880		TRACTION STAND,EXTREMITY;FREE STANDING	041	N		Y	Y	\$78.86		1	1,095
E0890		TRACTION FRAME,PELVIC;ATTACHED TO FOOTBOARD	041	N		Y	Y	\$105.04		1	1,095
E0900		TRACTION STAND,PELVIC;FREE STANDING	041	N		Y	Y	\$87.89		1	1,095
E0910		TRAPEZE BARS;ATTACHED TO BED	041	B		Y	Y	\$164.02	\$16.40		
E0911		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, ATT	041	B		Y	Y	\$455.94	\$45.59		
E0912		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, FRE	041	B		Y	Y	\$1,046.97	\$104.69		
E0920		FRACTURE FRAME;ATTACHED TO BED,INCLUDES WEIGHTS	041	B		Y	Y	\$352.67	\$35.26		
E0930		FRACTURE FRAME;FREE STANDING, INCLUDES WEIGHTS	041	B		Y	Y	\$365.75	\$36.58		
E0935		CONT PASSIVE MOTION DEVICE KNEE ONLY DLY UP TO 21	041	R		Y	Y		\$8.69	DAILY	21
E0936		CONTINUOUS PASSIVE MOTION EXC DEVICE, OTHER THAN K	041	R		Y	N		\$65.39	1	30
E0940		TRAPEZE BAR;FREE STANDING,COMPLETE SET	041	N		Y	Y	\$148.69		1	1,095
E0942		TRACTION ACCESSORY, CERVICAL HEAD HARNESS/HALTER	041	N		Y	Y	\$14.12		1	365
E0944		TRACTION ACCESSORY; PELVIC BELT/HARNESS/BOOT	041	N		Y	Y	\$21.78		1	365
E0947		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX PELVIC TRA	041	B		Y	Y	\$449.70	\$44.96		
E0948		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX CERVICAL T	041	B		Y	Y	\$434.97	\$43.50		
E0950	E	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y	Y	\$86.04			
E0950	M	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y	Y	\$99.83			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0951	E	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y	Y	\$15.20			
E0951	M	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y	Y	\$17.63			
E0952	E	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y	N	\$14.53			
E0952	M	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y	N	\$16.85			
E0953		W/C ACC,LAT TGH KNEE SPT, ANYTYPE INC FXD MNT HDWR EA	041	Y		N	Y	\$69.47			
E0954		W/C ACC,FT BX, ANY TYPE, INC ATCHMNT & MNT HRDWR EA FT	041	Y		N	Y	\$46.83			
E0955	E	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y	Y	\$167.35			
E0955	M	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y	Y	\$194.16			
E0956	E	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y	Y	\$81.60			
E0956	M	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y	Y	\$94.67			
E0957	E	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y	Y	\$114.17			
E0957	M	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y	Y	\$132.46			
E0958		WHEELCHAIR ACCES: CONVERT MAN W/C TO ONE ARM-DR	041	E		Y	Y	\$418.98			
E0959		WHLCHR ACC-AMPUTEE ADAPTER, EACH	041	E		Y	N	\$36.09			
E0960	E	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y	Y	\$75.31			
E0960	M	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y	Y	\$87.47			
E0961		WHLCHR ACC-BRAKE LOCK EXTENSION, EACH	041	E		Y	Y	\$28.57			
E0966		WHLCHR ACC-HEADREST EXTENSION	041	E		Y	Y	\$67.30			
E0967		MAN W/C ACC;HAND RIMS W/PROJECT, ANY , RPLCMT EA	041	E		Y	Y	\$63.08			
E0969		NARROWING DEVICE, WHEELCHAIR	041	E		N	Y	\$150.27			
E0970		NO. 2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	041	E	Y	Y	Y				
E0971		MANUAL WHEELCHAIR ACC-ANTI-TIPPING DEVICE, EACH	041	E		Y	Y	\$41.67			
E0973	E	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y	Y	\$95.17			
E0973	M	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y	Y	\$117.46			
E0974		WHLCHR ACC-ANTI-ROLLBACK DEVICE, EACH	041	E		Y	N	\$64.00			
E0978	E	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y	Y	\$35.34			
E0978	M	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y	Y	\$41.01			
E0980		WHLCHR ACC-SAFETY VEST	041	E		Y	Y	\$31.75			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0981		W/C ACCESS, SEAT UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y	Y	\$43.49			
E0982	E	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y	Y	\$36.25			
E0982	M	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y	Y	\$42.06			
E0983		MANUAL W/C ACC,PWR ADD-ON TO CONVERT MAN TO MOT	041	E		Y	Y	\$2,400.24			
E0984		MAN W/C ACCESS, POWER ADD-ON TO CONVERT TO POWE	041	E		Y	Y	\$1,559.60			
E0985		W/C ACCESS, SEAT LIFT MECHANISM	041	E		Y	Y	\$194.80			
E0986		MAN WHEELCHAIR ACCESSORY,PUSH RIM,ACTIVATED,PWR	041	E		Y	Y	\$4,671.37			
E0988		MANUAL WHEELCHAIR ACCESSORY LEVER ACTIVATED WHEEL	041	E		Y	Y	\$2,940.87			
E0990	E	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y	Y	\$86.40			
E0990	M	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y	Y	\$100.25			
E0992		WHEELCHAIR ACCESSORY, SOLID SEAT INSERT, MANUAL W/	041	E		Y	Y	\$91.00			
E0994		WHLCHR ACC-ARMREST,EACH	041	E		Y	Y	\$16.91			
E0995		WHLCHR ACC-CALF REST/PAD RPLCMT ONLY, EACH	041	E		Y	Y	\$25.16			
E1002		W/C ACCESS, POWER SEATING SYSTEM TILT ONLY	041	E		Y	Y	\$3,354.97			
E1003		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/O	041	E		Y	Y	\$3,634.82			
E1004		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/M	041	E		Y	Y	\$4,675.99			
E1005		W/C ACCESS, POWER SEAT/SYS, RECLINE ONLY, W/SHEAR	041	E		Y	Y	\$4,362.45			
E1006		W/C ACC-POWER SEAT SYS, COMB TILT/RECLINE W/O SHEA	041	E		Y	Y	\$5,343.59			
E1007		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/ME	041	E		Y	Y	\$7,235.42			
E1008		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/PO	041	E		Y	Y	\$7,236.07			
E1009		W/C ACCESS, ADD TO POWER SEAT/SYS, MECH/ELR, INCLU	041	E	Y	Y	Y				
E1010		W/C ACCESS; ADDITION TO POW/SEATING SYS LEG REST,	041	E		Y	Y	\$946.75			
E1011		W/C MODIFICATION TO PEDS W/C WIDTH ADJUST PACKAGE	041	E	Y	Y	Y				
E1012		W/C ACSSRY, CTR MOUNT PWR ELEVATE	041	E	Y	Y	Y				
E1014		W/C RECLINING BACK, ADDITION TO PEDIATRIC SIZE W/C	041	E		Y	Y	\$350.67			
E1015		W/C SHOCK ABSORBOR FOR MANUAL W/C EACH	041	E		Y	Y	\$110.15			
E1016	E	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y	Y	\$108.69			
E1016	M	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y	Y	\$126.11			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E1017		W/C SHOCK ABSORBER HD FOR HD AND XHD W/C M	041	E	Y	Y	Y				
E1018		W/C SHOCK ABSORBER HD FOR HD AND XHD W/C P	041	E	Y	Y	Y				
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY T	041	E		Y	Y	\$201.48			
E1020	M	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY T	041	E		Y	Y	\$233.76			
E1028	E	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y	Y	\$170.96			
E1028	M	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y	Y	\$198.36			
E1029		W/C ACCESSORY,VENTILATOR TRAY, FIXED	041	E		Y	Y	\$305.87			
E1030		W/C ACCESSORY,VENTILATOR TRAY,GIMBALED	041	E		Y	Y	\$964.53			
E1037		W/C; TRANSPORT CHAIR, PEDIATRIC SIZE	041	B		Y	Y	\$1,190.73	\$119.07		
E1161		W/C MANUAL ADULT SIZE W/C INCLUDES TILT-IN-SPACE	041	B		Y	Y	\$2,272.28			
E1225		WHEELCHAIR ACCESSORY; SEMI-RECLINING BACK, >15DEG.	041	B		Y	Y	\$434.07			
E1226		WHEELCHAIR ACCESSORY;MANUAL FULLY RECLINING BACK,>	041	B		Y	N	\$524.01			
E1227	E	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N	Y	\$266.23			
E1227	M	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N	Y	\$283.23			
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	041	E		Y	Y	\$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	\$1,900.52			
E1231		W/C PEDIATRIC SIZE TILT-IN-SPACE,RIGID,ADJ SEATING	041	B	Y	Y	N				
E1232		W/C PEDIATRIC SIZE TILT-IN-SPACE,FOLDING, ADJ SEAT	041	B		Y	Y	\$2,053.62	\$205.36		
E1233		W/C PEDIATRIC SIZE TILT-IN-SPACE, RIGID, ADJ, W/OU	041	B		Y	Y	\$2,127.88	\$212.75		
E1234		W/C,PEDIATRIC SIZE,TILT-IN-SPACE,FOLDING,ADJ, W/OU	041	B		Y	Y	\$1,852.48	\$185.24		
E1235		W/C PEDIATRIC SIZE RIGID WITH SEATING SYSTEM ADJUS	041	B		Y	Y	\$1,783.78	\$178.37		
E1236		W/C PEDIATRIC SIZE FOLDING WITH SEATING SYSTEM ADJ	041	B		Y	Y	\$1,573.76	\$157.37		
E1237		W/C PEDIATRIC SIZE, ADJUSTABLE WITHOUT SEATING SYS	041	B		Y	Y	\$1,587.51	\$158.75		
E1238		W/C PEDIATRIC SIZE ADJUSTABLE WITHOUT SEATING SYST	041	B		Y	Y	\$1,573.76	\$157.37		
E1300		WHIRLPOOL;OVER TUB TYPE, PORTABLE	041	Y		Y	N	\$153.43			
E1352		OXYGEN ACCESORY,FLOW REGULATR CAPABLE OF POS INSPI	041	Y	Y	Y	Y				
E1353		REGULATOR	041	Y		Y	Y	\$80.53		1	1,095

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E1372		HUMIDIFIER ACCESSORY: EXTERNAL HEATER	041	N		Y	Y	\$221.26		1	1,095
E1390	NR	OXYGEN CONCENTRAT,SINGL PORT,DELIVER 85% OR>OXYG	041	R		N	Y		\$165.50	1	30
E1392	NR	PORTABLE GAS OXYGEN SYSTEM	041	R		Y	Y		\$37.33	1	30
E1399		DURABLE MEDICAL EQUIPMENT, NEC	041	Y	Y	N	N				
E1639		SCALE, EACH	041	Y		Y	Y	\$23.34			
E1700		JAW MOTION REHABILITATION SYSTEM	041	B		Y	Y	\$331.17	\$33.11		
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	041	B		N	Y	\$1,114.86	\$111.49		
E1801		STATIC PROGRESIV STRETCH ELBO DEV EXT/FLEX W/WO RA	041	B		N	Y	\$573.49	\$57.35		
E1802		DYNAMIC ADJ-FOREARM PRONATION/SUPINA DEV W/SOF	041	B		N	Y	\$2,988.98	\$298.90		
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	041	B		N	Y	\$1,149.79	\$114.98		
E1806		STATIC PROGRESIV STRETCH WRIST DEV EXT/FLEX, W/WO	041	B		Y	Y	\$320.70	\$32.07		
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	041	B		N	Y	\$1,133.74	\$113.37		
E1811		STATIC PROGRESSV STRETCH KNEE DEV EXT/FLEX,W/WO RA	041	B		Y	Y	\$582.44	\$58.24		
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	041	B		N	Y	\$1,149.79	\$114.98		
E1816		STATIC PROGRESSV STRETCH ANKLE DEV EXT/FLEX,W/WO RA	041	B		Y	Y	\$324.88	\$32.49		
E1818		STATIC PROGRESSIVE STRETCH FOREARM PRO/SUP DEVICE,	041	B		N	Y	\$1,265.87	\$126.59		
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	041	B		N	Y	\$1,149.79	\$114.98		
E1840		DYNAMIC ADJUST SHOULDER FLEXION/ABDUCTION/ROTA	041	B		N	Y	\$3,483.05	\$348.30		
E1841		STATIC PROGRESS STRETCH SHLDER DEVICE W/WO RANGE	041	B		N	Y	\$4,350.38	\$435.04		
E2000		GASTRIC SUCTION PUMP,HOME-MOD,PORTOR STATIONA	041	R		Y	Y		\$27.65		
E2201		MANUAL W/C ACCESS,NON-STANDARD SEAT FRAME 20-<2	041	E		Y	Y	\$358.01			
E2202		MANUAL W/C ACCESSORY , NON-STAND FRAME 24- 27 INCH	041	E		Y	Y	\$455.19			
E2203		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH,20-<22	041	E		Y	Y	\$460.05			
E2204		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH, 22-25	041	E		Y	Y	\$781.15			
E2205		MANUAL W/C ACCES,HANDRIM W/O PROJECTIONS,ANY TYPE	041	E		Y	Y	\$31.37			
E2206		MANUAL W/C ACCESS,WHEEL LK ASSM,COMPLETE,RPLCMT,EA	041	E		Y	Y	\$39.07			
E2207		W/C ACCESSORY, CRUTCH AND CANE HOLDER, EACH	041	E		Y	Y	\$41.63			
E2208	E	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y	Y	\$98.32			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2208	M	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y	Y	\$98.32			
E2209	E	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y	Y	\$88.70			
E2209	M	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y	Y	\$102.91			
E2210	E	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y	Y	\$5.42			
E2210	M	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y	Y	\$6.30			
E2211		MANUAL W/C ACCESSORY, PNEUMATIC PROPULSION TIRE, A	041	N		Y	Y	\$35.40		2	365
E2212		MANUAL W/C ACCESSORY TUBE FOR PNEU PROPULSION TIRE	041	N		Y	Y	\$5.65		2	365
E2213		MANUAL W/C ACCESSORY INSERT FOR PNEU PRO (REMO) TI	041	N		Y	Y	\$29.20		2	365
E2214		MANUAL W/C ACCESSORY, PNEUMATIC CASTER TIRE ANY SI	041	N		Y	Y	\$29.39		2	365
E2215		MANUAL W/C ACCESS TUBE FOR PNEU CASTER TIRE, ANY S	041	N		Y	Y	\$9.23		2	365
E2216		MANUAL W/C ACCESSORY, FOAM FILLED PRO-TIRE, ANY SI	041	N		Y	Y	\$51.52		2	365
E2217		MANUAL W/C ACCESSORY, FOAM FILLED CASTER TIRE, ANY	041	N		Y	Y	\$38.64		2	365
E2218		MANUAL W/C ACCESSORY, FOAM PRO-TIRE ANY SIZE EACH	041	N		Y	Y	\$68.12		2	365
E2219		MANUAL W/C ACCESSORY, FOAMCASTER TIRE, ANY SIZE, E	041	N		Y	Y	\$40.18		2	365
E2220		MAN W/C ACC, SOLID RUB/PLAS,PRO TIRE, ANY SZ, RPLCMT	041	N		Y	Y	\$27.39		2	365
E2221		MAN W/C ACC,SOLID RUB/PLAS CTR TIRE,RMV, RPLCMT, ANY	041	N		Y	Y	\$24.54		2	365
E2222		MAN W/C ACC,SOLD RUB PLAS CSTR TIRE,INT WHL ANY, RPLC	041	N		Y	Y	\$20.21		2	365
E2224		MAN W/C ACC, PROPUL WHL EXCLDE TIRE ANY SZ, RPLCMNT	041	N		Y	Y	\$80.05		2	365
E2225		MAN W/C ACC-CASTER WHEEL EXCLUDE TIRE-ANY SIZE-REP	041	N		Y	Y	\$16.71		2	365
E2226		MANUAL W/C ACCES CASTER FORK ANY SIZE REPLACMENT O	041	N		Y	Y	\$36.41		2	365
E2227		MAN WHEELCHAIR ACCES, GEAR REDUCTION DRIVE WHEE	041	E		Y	Y	\$1,506.91			
E2228		MAN WHEELCHAIR ACESS,WHEEL BRAKING SYSTM/LOCK C	041	E		Y	Y	\$899.14			
E2230		MANUAL WHEELCHAIR ACCES, MANUAL STANDING SYSTEM	041	E	Y	Y	Y				
E2231		MAN W/C ACC-SOLID SEAT SUPPORT BASE-REPLACES SLING	041	E		Y	Y	\$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 ATTACH	041	E	Y	Y	N				
E2294		SEAT.CONTOURED,FOR PEDS W/C INCLUDES FIXED ATTACH	041	E	Y	Y	N				

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2295		MAN W/C ACCES,PEDI SIZE W/C DYNA FRAME,ALLOW MU	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	\$968.65			
E2311		POWER W/C ACCES, ELECTRO W/C CONTROLS TWO MOTO	041	E		Y	Y	\$1,961.06			
E2312	E	POW W/C ACES,HAND/CHIN CONT INTERFA,MINI-PRO-REMO	041	E		Y	Y	\$1,936.76			
E2312	M	RPLCMNT; PWR W/C ACCES,HAND/CHIN CONT INTRFCE,PRO	041	E		Y	Y	\$2,470.13			
E2313		POW W/C ACCES HARNESS FOR UPRDE TO EXP/CONT,INCL	041	E		Y	Y	\$307.56			
E2321	E	POWER W/C ACES, HAND CONTROL, INTERFACE, REMOTE JO	041	E		Y	Y	\$1,315.35			
E2321	M	REPLMNT; PWR W/C ACES, HAND CTRL, INTERFACE, REMTE	041	E		Y	Y	\$2,142.55			
E2322	E	POWER W/C ACCESS, HAND CONTROL INTERFACE, MULTI/ME	041	E		Y	Y	\$1,167.41			
E2322	M	REPLCMT; PWR W/C ACC, HAND CTRL INTERFACE, MULTI/ME	041	E		Y	Y	\$2,268.92			
E2323		POWER W/C ACCESS, SPECIALTY JOYSTICK HAND CONTROL,	041	E		Y	N	\$57.24			
E2324		POWER W/C ACCESS, CHIN CP FOR CHIN CONTROL INTERFA	041	E		Y	Y	\$36.27			
E2325		POWER W/C ACCESS, SIP AND PUFF INTERFACE, COMPLETE	041	E		Y	Y	\$1,114.81			
E2326		POWER W/C ACCESS, BREATH TUBE KIT FOR SIP AND PUFF	041	E		Y	Y	\$287.34			
E2327	E	POWER W/C ACCES, HEAD CONTROL INTERFACE, MECH, PRO	041	E		Y	Y	\$2,162.35			
E2327	M	REPLMNT; PWR W/C ACCES, HE CONTRL INTRFCE, MECH, PRO	041	E		Y	Y	\$3,285.14			
E2328		POWER W/C ACCES, HEAD OR EXTREM CTRL INTERFACE,	041	E		Y	Y	\$4,101.67			
E2329		POWER W/C ACCES, HEAD CONTROL INTERFACE, CONTACT S	041	E		Y	Y	\$1,461.88			
E2330		POWER W/C ACCES, HEAD CONT/INTERFACE, SWITCH MECH,	041	E		Y	Y	\$2,832.57			
E2331		POWER W/C ACCES, ATTENDANT CONTROL, PROPOR, COMPLE	041	E	Y	Y	N				
E2340		POWER W/C ACCESSORY,NONSTAND SEAT FRAME WIDTH,2	041	E		Y	Y	\$344.15			
E2341		POWER W/C ACCESS,NONSTANDARD SEAT FRAME WIDTH 2	041	E		Y	Y	\$516.26			
E2342		POWER W/C ACCESS,NONSTANDARD FRAME DEPTH,20 OR	041	E		Y	Y	\$430.22			
E2343		POWER W/C ACCESS,NONSTANDARD FRAME DEPTH,22-25	041	E		Y	Y	\$688.36			
E2351		PWR W/C ACC,ELEC INTRFCE TO SPEECH GNRTNG USNG PWR	041	E		Y	Y	\$578.27			
E2359		POWER WHEELCHAIR ACCESSORY GRP34 SEALED LEAD ACID	041	N		Y	Y	\$171.07		2	365
E2360		POWER W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTER	041	N		Y	Y	\$91.71		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2361		POWER W/C ACCES, 22 NF SEALED LEAD ACID BATTERY, E	041	N		Y	Y	\$133.93		2	365
E2362		POWER W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BAT	041	N		Y	Y	\$88.34		2	365
E2363		POWER W/C ACCES, GROUP 24 SEALE LEAD ACID BATTERY,	041	N		Y	Y	\$178.63		2	365
E2364		POWER W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY,	041	N		Y	Y	\$91.71		2	365
E2365		POWER W/C ACCES, U-1 SEALED LEA ACID BATTERY, EACH	041	N		Y	Y	\$107.72		2	365
E2366		POWER W/C ACCES, BATT/CHARGER SINGLE MODE, USE W/O	041	N		Y	Y	\$215.04		2	365
E2368		POWER W/C COMPONENT,MOTOR REPLACEMENT ONLY	041	E		Y	N	\$496.09			
E2369	E	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y	N	\$372.44			
E2369	M	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y	N	\$432.10			
E2370	E	PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION	041	E		Y	N	\$664.54			
E2370	M	PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION	041	E		Y	N	\$771.01			
E2371		POWER W/C ACCES GROUP 27 SEALE LEAD ACID BATT E.G.	041	N		Y	Y	\$144.76		2	365
E2372		POWER W/C ACCESS GRP 27 NON-SEAL LEAD ACID BATT EA	041	N		Y	Y	\$89.79		2	365
E2373	E	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y	Y	\$675.11			
E2373	M	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y	Y	\$1,041.58			
E2374		POWER W/C ACC,HAND OR CHIN CONTROL STAND REMOTE	041	E		Y	Y	\$442.02			
E2375		PWR W/C ACCESS,NON EXPANDABLE CONTROLLER, ALL HA	041	E		Y	Y	\$709.01			
E2376		POWER W/C ACCESS,EXPAND CONTROL,INCLUD HARDW,R	041	E		Y	Y	\$1,111.04			
E2377		POWER W/C ACCESS, EXPANDABLE CONTROL, ALL HARDW, U	041	E		Y	Y	\$402.04			
E2378		PWR WHEELCHAIR COMPONENT ACUATOR REPLAC ONLY	041	E		Y	Y	\$511.76			
E2381		POWER W/C ACCESS, PNEU DRIVE WHEEL TIRE, ANY SIZE	041	N		Y	Y	\$73.16		2	365
E2382		POWER W/C ACCESS,TUBE FOR PNEU DRIVE TIRE,ANY SIZE	041	N		Y	Y	\$19.95		2	365
E2383		POWER W/C ACCESS,INSERT FOR PNEU DRIVE TIRE ANY TY	041	N		Y	Y	\$145.85		2	365
E2384		POWER W/C ACCESS,PNEU CASTER TIRE, ANY SIZE,REPLAC	041	N		Y	Y	\$77.71		2	365
E2385		POWER W/C ACCESS,TUBE FOR PNEU CASTER TIRE ANY SIZ	041	N		Y	Y	\$47.54		2	365
E2386		POWER W/C ACCESS FOAM FILLED DRIVE WHEEL, ANY SIZE	041	N		Y	Y	\$144.55		2	365
E2387		POWER W/C ACCESS, FOAM FILLED CASTER TIRE, ANY SIZ	041	N		Y	Y	\$62.36		2	365
E2388		POWER W/C ACCESS, FOAM DRIVE WHEEL TIRE, ANY SIZE,	041	N		Y	Y	\$48.40		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2389		POWER W/C ACCESS FOAM CASTER TIRE, ANY SIZE, EACH	041	N		Y	Y	\$26.28		2	365
E2390		POWER W/C ACCESS, SOLID (R/P) DRIVE TIRE, ANY SIZE	041	N		Y	Y	\$41.09		2	365
E2391		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE EACH	041	N		Y	Y	\$19.69		2	365
E2392		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE W/INTERG	041	N		Y	Y	\$51.74		2	365
E2394		POWER W/C ACCESS, DRIVE WHEEL EXCLUDES TIRE, ANY S	041	N		Y	Y	\$73.70		2	365
E2395		POWER W/C ACCESS, CASTER WHEEL EXCLUDES TIRE,ANY S	041	N		Y	Y	\$52.39		2	365
E2396		POWER W/C ACCESS, CASTER FORK, ANY SIZE, EACH	041	N		Y	Y	\$63.88		2	365
E2397		POW W/C ACCES, LITHION-BASED BATTERY, EACH	041	N		Y	Y	\$397.71		2	365
E2402		NEG. PRESS WOUND THERAPY, PUMP ELECTRICAL, STATION	041	R		N	Y		\$82.71	DAILY	
E2500		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR, LESS TH	041	Y		N	Y	\$357.67			
E2502		SPEECH GENERATING DEVICE, DIGI PRE-RECOR/MESS>8 MI	041	Y		N	Y	\$1,093.70			
E2504		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS >20	041	Y		N	Y	\$1,442.74			
E2506		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS>40	041	Y		N	Y	\$2,529.80			
E2508		SPEECH GENERATI DEVICE, SYNTH REQUIR/MESS/FORMU/	041	Y		N	Y	\$3,271.24			
E2510		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERM	041	Y	Y	N	Y				
E2511		SPEECH GENERATING SOFTWARE PROG FOR PERSONAL CO	041	Y	Y	N	Y				
E2512		SPEECH GENERATING DEVICE ACCESS MOUNTING SYSTEM	041	Y	Y	N	Y				
E2599		SPEECH GENERATING DEVICE, ACCESSORY NOT OTHERWISE	041	Y	Y	N	N				
E2601	E	GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY DE	041	E		Y	N	\$58.74			
E2601	M	GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY DE	041	E		Y	N	\$98.84			
E2602	E	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y	N	\$98.84			
E2602	M	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y	N	\$114.67			
E2603	E	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y	N	\$125.48			
E2603	M	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y	N	\$145.58			
E2604	E	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y	N	\$155.95			
E2604	M	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y	N	\$180.94			
E2605	E	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y	N	\$222.80			
E2605	M	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y	N	\$258.50			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2606	E	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y	N	\$347.59			
E2606	M	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y	N	\$403.29			
E2607	E	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y	N	\$239.91			
E2607	M	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y	N	\$278.36			
E2608	E	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y	N	\$288.12			
E2608	M	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y	N	\$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	\$258.55			
E2611	M	GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A	041	E		Y	N	\$299.97			
E2612	E	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y	N	\$349.75			
E2612	M	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y	N	\$405.79			
E2613	E	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y	N	\$325.33			
E2613	M	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y	N	\$377.46			
E2614	E	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y	N	\$450.23			
E2614	M	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y	N	\$522.36			
E2615	E	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y	N	\$374.40			
E2615	M	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y	N	\$434.87			
E2616	E	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y	N	\$503.21			
E2616	M	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y	N	\$584.45			
E2617		CUST FAB W/C BACK CUSHION,ANY SIZE INCLUD ANY TYPE	041	E	Y	N	N				
E2619	E	REPLACEMENT COVER FOR W/C SEAT OR BACK CUSHION EAC	041	E		Y	N	\$42.47			
E2619	M	REPLACEMENT COVER FOR W/C SEAT OR BACK CUSHION EAC	041	E		Y	N	\$49.29			
E2620	E	POSITION W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y	N	\$453.35			
E2620	M	POSITIOG W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y	N	\$525.98			
E2621	E	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y	N	\$475.75			
E2621	M	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y	N	\$551.97			
E2622	E	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y	Y	\$274.09			
E2622	M	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y	Y	\$318.01			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2623	E	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y	Y	\$348.77			
E2623	M	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y	Y	\$404.65			
E2624	E	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y	Y	\$276.34			
E2624	M	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y	Y	\$320.62			
E2625	E	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y	Y	\$349.83			
E2625	M	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y	Y	\$405.88			
E2626		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y	Y	\$610.20			
E2627		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y	Y	\$827.63			
E2628		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/BAL	041	E		Y	Y	\$733.52			
E2629		W/C ACESS SHOLDR/ELBOW SUPPRT ATTACH>W/C FRICTION	041	E		Y	Y	\$928.25			
E2630		W/C ACC-SHLDR/ELBOW MOB ARM SUPP-MONOSUSP/SLING	041	E		Y	Y	\$649.13			
E2631		W/C ACC-ADDITION TO MOBILE ARM SUPP-ELEVATING PROX	041	E		Y	Y	\$259.66			
E2632		W/C ACC-ADDITION TO MOBILE ARM SUPP-OFFSET/LATERAL	041	E		Y	Y	\$165.11			
E2633		WHEELCHAIR ACESY ADD MOBLE ARM SUPP SUPINATOR	041	E		Y	Y	\$140.04			
E8000		GAIT TRAINER PEDS SIZE POSTERISUPPORT INC ALL ACCE	041	Y	Y	Y	N				
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	\$477.98	\$47.79		
K0002		WHEELCHAIR; STANDARD HEMI (LOW SEAT)	041	B		Y	Y	\$673.64	\$67.36		
K0003		WHEELCHAIR;LIGHTWEIGHT	041	B		Y	Y	\$735.58	\$73.55		
K0004		WHEELCHAIR; HIGH STRENGTH LIGHTWEIGHT	041	B		Y	Y	\$868.20	\$86.82		
K0005		WHEELCHAIR; ULTRA LIGHTWEIGHT	041	E		Y	Y	\$1,775.46			
K0006		WHEELCHAIR; HEAVY DUTY	041	B		Y	Y	\$976.48	\$97.65		
K0007		WHEELCHAIR;EXTRA HEAVY DUTY	041	B		Y	Y	\$1,351.79	\$135.17		
K0008		CSTM MANUAL WHLCHR/BASE	041	E	Y	N	Y				
K0010		WHEELCHAIR; STANDARD WEIGHT FRAME MOTORI/POWER	041	E		Y	Y	\$4,091.01			
K0011		W/C;STANDARD WT MOTORIZED/POWER W/PROGRAMMA	041	E		Y	Y	\$4,919.65			
K0012		WHEELCHAIR;LIGHTWEIGHT PORTABLE MOTORIZED/POWER	041	E		Y	Y	\$3,120.41			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$150.40			
K0015	M	WHEELCHAIR ACCESS;ARMREST,DETACHABLE,NON-ADJUST	041	E		Y	Y	\$174.50			
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y	Y	\$42.31			
K0017	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y	Y	\$49.09			
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y	Y	\$23.62			
K0018	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y	Y	\$27.41			
K0019	E	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y	Y	\$13.53			
K0019	M	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y	Y	\$15.70			
K0020		WHEELCHAIR ACCESSORY;ARMREST,FIXED, ADJUSTABLE HEI	041	E		Y	Y	\$44.61			
K0037	E	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y	Y	\$39.86			
K0037	M	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y	Y	\$46.26			
K0038	E	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y	Y	\$20.08			
K0038	M	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y	Y	\$23.29			
K0039	E	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y	Y	\$44.59			
K0039	M	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y	Y	\$51.74			
K0040	E	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y	Y	\$61.81			
K0040	M	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y	Y	\$71.71			
K0041	E	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y	Y	\$43.80			
K0041	M	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y	Y	\$50.83			
K0042	E	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y	Y	\$30.15			
K0042	M	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y	Y	\$34.99			
K0043	E	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y	Y	\$16.16			
K0043	M	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y	Y	\$18.76			
K0044		FOOTREST, UPPER HANGER BRACKET, RPLCMT ONLY, EACH	041	E	Y	Y	Y				
K0045	E	FOOTREST, COMPLETE ASSEMBLY, RPLCMT ONLY, EACH	041	E		Y	Y	\$46.87			
K0045	M	FOOTREST, COMPLETE ASSEMBLY, RPLCMT ONLY, EACH	041	E		Y	Y	\$54.37			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0046	E	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y	Y	\$16.16			
K0046	M	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y	Y	\$18.76			
K0047	E	ELEVATING LEGREST UPPER HANG BRCKET, RPLCMT, EA	041	E		Y	Y	\$63.24			
K0047	M	ELEVATING LEGREST UPPER HANG BRACKET, RPLCMT, EA	041	E		Y	Y	\$73.37			
K0050	E	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y	Y	\$26.87			
K0050	M	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y	Y	\$31.18			
K0051	E	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y	Y	\$43.50			
K0051	M	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y	Y	\$50.47			
K0052	E	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y	Y	\$76.52			
K0052	M	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y	Y	\$88.78			
K0053	E	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y	Y	\$84.44			
K0053	M	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y	Y	\$97.96			
K0056		WHEELCHAIR OPTION: SPECIAL SEAT-FLOOR HEIGHT FOR M	041	E		Y	Y	\$91.34			
K0065		WHEELCHAIR ACCESSORY; SPOKE PROTECTORS, EACH	041	E		Y	Y	\$42.70			
K0069		REAR WHL ASSY, COMPL,SLD TIRE,SPOKE,MLDED, RPLMT, EA	041	N		Y	Y	\$95.96		2	365
K0070		WHEELCHAIR ACCESS;REAR WHEEL ASSEMB,W/PNEUMATIC	041	N		Y	Y	\$175.90		2	365
K0071		FRONT CASTR ASS, COMPL, W PNEUMA TIRE, RPLCMT, EA	041	N		Y	Y	\$104.92		2	365
K0072		FRONT CASTER ASS, COMPL, W SEMI-PNEUMA TIRE, RPLCMT	041	N		Y	Y	\$63.16		2	365
K0073		CASTER PIN LOCK EACH	041	N		Y	Y	\$32.10		2	365
K0077		FRONT CASTER ASS, COMPL W SLD TIRE, RPLCMT ONLY, EACH	041	N		Y	Y	\$56.52		2	365
K0105		WHEELCHAIR ACCESSORY; IV HANGER/IV POLE, EACH	041	E		Y	Y	\$95.49			
K0108		WHEELCHAIR ACCESSORIES, NOT OTHERWISE SPECIFIED	041	E	Y	Y	Y				
K0462		TEMP REPLACE FOR PT OWNED EQIPT BEING REPAIR ANY TYPE	041	R	Y	Y	Y				
K0552		SUP, EXT. NON-INSLIN INFUS PUMP, SYRINGE TYPE,STRL	048	N		Y	Y	\$2.38		30	30
K0601		BAT;REPLACEMENT 1.5 SILVER OXIDE, INFUS/PUMP EXT/P	048	N		Y	Y	\$1.00		9	90
K0602		BATT;REPLACEMENT 3 VOLT SILVE OXIDE, INFUS/PUMP EX	048	N		Y	Y	\$5.82		6	90
K0603		BATT;REPLACEMENT 1.5 VOLT, ALKALINE INFUS/PUMP EXT	048	N		Y	Y	\$0.53		9	90
K0604		BATT;REPLACEMENT 3.6 VOLT EA LITHIUM, INFUS/PUMP	048	N		Y	Y	\$5.57		6	90

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0605		BATT;REPLACEMENT 4.5 VOLT EA LITHIUM,INFUS/PUMP EX	048	N		Y	Y	\$13.35		3	90
K0606		AUTO-EXTERNAL DEFIB W/INTEGRATED ECG ANALYSIS, GAR	041	B		Y	Y	\$20,745.43	\$69.15	Daily	
K0607		REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRI	048	N		Y	Y	\$177.65		1	365
K0608		REPLMNT GARMENT FOR USE W/ AUTOMATIC EXTER/DEF	048	N		Y	Y	\$110.86		1	365
K0609		REPLACEMENT ELECTRODES FOR USE W/ AUTOMATIC EXTER/	048	Y		Y	Y	\$737.26			
K0669		W/C ACC-SEAT/BACK CUSH-DOESN-T MEET DMEPDAC COD	041	E	Y	Y	Y				
K0733		POWER W/C ACCESSORY, 12 TO 24 AMP SEALED LEAD ACID	041	N		Y	Y	\$29.01		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	\$1,070.07	\$107.01		
K0801		POV GROUP ONE HEAVY DUTY 301-450 LBS	041	E		Y	Y	\$1,725.18			
K0802		POV GROUP ONE VERY HEAVY DUTY 451-600 LBS	041	E		Y	Y	\$1,952.33			
K0806		POV GROUP TWO STANDARD UP TO 300 LBS	041	E		Y	Y	\$1,294.50			
K0807		POV GROUP TWO HEAVY DUTY 301-450 LBS	041	E		Y	Y	\$1,964.24			
K0808		POV GROUP TWO VERY HEAVY DUTY 451-600 LBS	041	E		Y	Y	\$3,039.10			
K0812		POWER OPERATED VEHICLE NOC	041	E	Y	Y	Y				
K0813		PWC GROUP 1 STANDARD PORTABL SEAT/BACK UP TO AND I	041	E		Y	Y	\$1,996.80			
K0814		PWC GROUP ONE STANDARD PORT CAP CHAIR, WEIGHT UP T	041	E		Y	Y	\$2,555.91			
K0815		PWC GROUP ONE STAND SEAT/BACK WEIGHT CAPACITY UP T	041	E		Y	Y	\$2,910.59			
K0816		PWC GROUP ONE STAND CAPTAINS CHAIR WEIGHT UP TO 30	041	E		Y	Y	\$2,787.30			
K0820		PWC GROUP TWO STAND PORTA SEAT/BACK WEIGHT UP T	041	E		Y	Y	\$2,132.71			
K0821		PWC GROUP TWO PORTABLE STAND CAP CHAIR UP TO 300 L	041	E		Y	Y	\$2,737.91			
K0822		PWC GROUP TWO STANDARD SEAT/BACK WEIGHT UP TO 300	041	E		Y	Y	\$3,308.82			
K0823		PWC GROUP TWO STAND CAPTAIN CHAIR WEIGHT UP TO	041	E		Y	Y	\$3,330.50			
K0824		PWC GROUP TWO HEAVY DUTY SEAT/BACK WEIGHT 301 TO 4	041	E		Y	Y	\$4,008.41			
K0825		PWC GROUP TWO HEAVY DUTY CAP CHAIR WEIGHT 301 TO 4	041	E		Y	Y	\$3,669.46			
K0826		PWC GRP TWO VERY HEAVY DUTY SEAT/BACK WEIGHT 451	041	E		Y	Y	\$5,189.28			
K0827		PWC GROUP TWO VERY HEAVY DUTY CAPTAINS CHAIR WT 45	041	E		Y	Y	\$4,412.58			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0828		PWC GROUP TWO X-HEAVY DUTY SEAT/BACK WT CAPACITY 6	041	E		Y	Y	\$5,718.12			
K0829		PWC GROUP TWO X-HEAVY DUTY CAPTAINS CHAIR WT 601 L	041	E		Y	Y	\$5,250.83			
K0830		PWC GROUP STANDARD SEAT ELEVATOR SEAT/BACK UP TO 3	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 WT UP TO	041	E		Y	Y	\$3,358.40			
K0836		PWC GRP TWO STANDARD SINGLE POWER OPTION, CAP CH	041	E		Y	Y	\$3,482.69			
K0837		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT SEAT/BACK	041	E		Y	Y	\$4,008.41			
K0838		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT CAP CHAIR	041	E		Y	Y	\$3,585.95			
K0839		PWC GR TWO VERY HEAVY DUTY SINGLE POW OPT ST/BK 45	041	E		Y	Y	\$5,189.28			
K0840		PWC GR TWO X-HEAVY DUTY SINGLE POWE OPT ST/BK WT 6	041	E		Y	Y	\$7,862.07			
K0841		PWC GROUP TWO STAND MULTIPL POW OPT SEAT/BACK U	041	E		Y	Y	\$3,574.61			
K0842		PWC GROUP TWO STAND MULTIPLE POW OPT CAP CHAIR	041	E		Y	Y	\$3,574.61			
K0843		PWC GRP TWO HEAVY DUTY MULT POW OPT ST/BK WT 301	041	E		Y	Y	\$4,303.83			
K0848		PWC GROUP 3 STANDARD SEAT/BACK WT CAPACITY UP TO A	041	E		Y	Y	\$4,374.08			
K0849		PWC GROUP 3 STANDARD, CAPTAINS CHAIR WT CAP UP TO	041	E		Y	Y	\$4,205.42			
K0850		PWC GROUP 3 HEAVY DUTY SEAT/BACK WEIGHT 301-450 LB	041	E		Y	Y	\$5,073.85			
K0851		PWC GROUP 3 HEAVY DUTY CAPTANS CHAIR WT CAPACITY 3	041	E		Y	Y	\$4,878.40			
K0852		PWC GROUP 3 VERY HEAVY DUTY SEAT/BACK WT 451-600 L	041	E		Y	Y	\$5,862.53			
K0853		PWR W/C, GROUP 3 VERY HEAVY DUTY, CAPTAIN, PT WT 4	041	E		Y	Y	\$6,022.23			
K0854		PWC GROUP 3 X-HEAVY DUTY SEAT/BACK WEIGHT CAP. 601	041	E		Y	Y	\$7,978.14			
K0855		PWC GROUP 3 X-HEAVY DUTY CAPTN CHAIR WT CAPAC 601	041	E		Y	Y	\$7,536.56			
K0856		PWC GROUP 3 STAND SINGLE POWER OPT SEAT/BACK WT CA	041	E		Y	Y	\$4,695.11			
K0857		PWC GROUP 3 STAND SINGLE PWR OPT CAP/CHAIR WEIGH	041	E		Y	Y	\$4,789.22			
K0858		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT WEIGHT 301-4	041	E		Y	Y	\$5,825.21			
K0859		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT CAP/CHAIR WT	041	E		Y	Y	\$5,555.49			
K0860		PWC GROUP 3 VERY HEAVY DUTY 1 POW OPT SEAT/BACK 45	041	E		Y	Y	\$8,322.13			
K0861		PWC GROUP 3 STANDARD MUL OPTS SEAT/BACK WT UP TO 3	041	E		Y	Y	\$4,702.70			
K0862		PWC GROUP 3 HEAVY DUTY MLT OPT SEAT/BACK WT CAPACI	041	E		Y	Y	\$5,825.21			

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

LTC Y: covered by LTC
**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0863		PWC GROUP 3 VERY HEAVY DUTY MLT OPT SEAT/BACK WT 4	041	E		Y	Y	\$8,322.13			
K0864		PWC GROUP 3 X-HEAVY DUTY MLT OPTS SEAT/BACK WT CAP	041	E		Y	Y	\$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 CAPACITY 301-4	041	E	Y	Y	Y				
K0871		PWC GROUP 4 VERY HEAVY DUTY SEAT/BACK WT CAPACITY	041	E	Y	Y	Y				
K0877		PWC GROUP 4 STAND SEAT/BACK SINGLE POW OPT WT U	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 POW OPT WT	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 POW OPTS WT 3	041	E	Y	Y	Y				
K0890		PWC GROUP 5 PEDIATRIC SINGLE POW OPT SEAT/BACK WT	041	E	Y	Y	Y				
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 MOBILITY 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				
L0112		CRANIAL CERV ORTH,CONG TORTICOLLIS,W/WO SFT INTRFC	041	Y		Y	Y	\$1,030.56			
L0120		CERVICAL,FLEXIBLE,NON-ADJUSTABLE,PREFAB,OTS,FOAM CO	041	N		Y	N	\$18.38		1	365
L0130		COLLAR; CERVICAL, FLEXIBLE, THERMOPLASTIC, MOLDED	041	N		N	Y	\$106.14		1	365
L0140		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE PLASTIC	041	N		Y	Y	\$41.62		1	365
L0150		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CH	041	N		Y	Y	\$74.43		1	365
L0160		CERVICAL,SEMI-RIGID,WIRE FRAME OCCIPITAL-MANDIBULA	041	N		Y	Y	\$108.68		1	365
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT	041	Y		Y	Y	\$559.09			
L0172		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2 PC	041	N		Y	Y	\$98.48		1	365
L0174		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2PC,	041	N		Y	Y	\$193.64		1	365
L0180		COLLAR;CERVICAL,MULTI POST,OCCIP/MAND SUPPORTS,ADJ	041	N		Y	Y	\$313.73		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0190		COLLAR;CERVICAL,MULT POST OCC/MAND SUPPORT;ADJ.CER	041	N		Y	Y	\$369.98		1	365
L0200		COLLAR;CERVICAL,MULT POST OCC/MAN SUPPORT,ADJ BARS	041	N		Y	Y	\$429.15		1	365
L0220		RIB BELT; THORACIC, CUSTOM FABRICATED	041	N		N	Y	\$95.13		1	365
L0450		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	N		Y	N	\$119.66		1	365
L0452		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	Y		N	Y	\$232.88			
L0454		TLSO FLEX,TRNK SUP,SACRO ABV T9,RGD STAYS/PANL,STR	041	N		Y	N	\$255.37		1	365
L0455		TLSO FLEX TRNK SPT/SAC JUNCTN TO T9 INC SHLDR STRP	041	N		Y	Y	\$255.37		1	365
L0456		TLSO,FLEX,TRNK SUP,THORACIC,RGD PST/SFT ANT,SAC-SC	041	Y		Y	Y	\$732.33			
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	041	Y		Y	Y	\$732.33			
L0458		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y	Y	\$656.69			
L0460		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y	Y	\$739.15			
L0462		TLSO,TRPLNR CON,MOD SEG SPNL SYS,3 RGD PLAS SHLS,P	041	Y		Y	Y	\$540.08			
L0464		TLSO,TRPLNR CON,MOD SEG SPNL SYS,4 RGD PLAS SHLS,P	041	Y		Y	Y	\$1,094.50			
L0466		TLSO,SAGITTAL CONT,RGD POST,SFT ANT,RESTR TRNK<MOT	041	N		Y	Y	\$279.36		1	365
L0467		TLSO SAGITAL CNTRL PREFAB OTS	041	N		Y	Y	\$279.36		1	365
L0468		TLSO,SAGITTAL-CORONAL CONT,RGD POST,FLEX ANT,RESTR	041	N		Y	Y	\$350.10		1	365
L0469		TLSO SAGITAL-CORONAL FLEX ANT PREFAB OTS	041	N		Y	Y	\$350.10		1	365
L0470		TLSO TRIPLANAR CONTROL RESTRIC TRNK MOTION SAGIT/C	041	N		Y	Y	\$484.45		1	365
L0472		TLSO TRIPLANAR CONTROL HYPEREX RIGID/LATER/FRAME,	041	N		Y	Y	\$298.10		1	365
L0480		TLSO TRIPLANER CONTROL, 1 PIECE RIGID PLAS SHELL W	041	Y		N	Y	\$1,112.17			
L0482		TLSO TRIPLANER CONTROL 1 PIECE RIGIN SHELL W/OUT L	041	Y		N	Y	\$1,242.30			
L0484		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL W/OUT L	041	Y		N	Y	\$879.27			
L0486		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL WITH LI	041	Y		N	Y	\$1,378.89			
L0488		TLSO,TRIPLANAR CONTROL 1 PIECE RIGID SHELL WITH LI	041	Y		Y	Y	\$739.15			
L0490		TLSO SAGITTAL-CORONAL CONDROL 1 PIECE RIGID W/OVER	041	Y		Y	Y	\$950.48			
L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEG-SPINAL	041	Y		Y	Y	\$565.50			
L0492		TLSO, SAGITAL-CORONAL CONTROL MODULAR SEG-SPINAL 3	041	N		N	Y	\$368.22		1	365
L0621		SACROILIAC ORTH,FLEX,PROVIDE PEL-SAC SUPT,STRP-PEN	041	N		Y	N	\$67.54		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0622		SACROILIAC ORTHOSIS FLEXIBLE PROVIDE PEL-SAC SUPP	041	N		N	Y	\$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	\$43.14		1	365
L0626		LUMBAR ORTH,SAGI-CNTRL,RGD POST,EXT L1 TO L5 VERT,	041	N		Y	Y	\$61.06		1	365
L0627		LUMBAR ORTH,SAGI-CNTRL,RGD POST ANT,EXT L1 TO L5 V	041	N		Y	Y	\$321.96		1	365
L0628		LUMBAR SACRAL ORTH,FLEX,SACRO TO T9 VERT,STRPS-STA	041	N		Y	N	\$97.64		1	365
L0629		LUMBAR-SACRAL ORTHOSIS, FLEXIBLE SACRO JUN-T9 CUST	041	Y	Y	N	Y				
L0630		LUMBAR SACRAL ORTH,SAGI-CNTRL,RGD POST EXT SACRO T	041	N		Y	Y	\$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 C.F	041	Y	Y	N	Y				
L0633		LSO,SAGI-CNTRL,RGD POST EXT SACRO TO T9 VERT,RGD L	041	N		Y	Y	\$267.93		1	365
L0634		LSO SAGITTAL-CORON CONT W/RIGID POSTERIOR CUSTOM P	041	Y	Y	N	Y				
L0635		LSO SAGITTAL CORON CONT, LUMBAR FLEXION PREFAB INC	041	N		Y	Y	\$295.90		1	365
L0636		LSO SAGITTAL CORON CONT LUMBAR FLEXIBLE CUSTOM FAB	041	Y		N	Y	\$1,062.00			
L0637		LSO,SAGI-CORONAL CNTROL,RGD ANT-POST EXT SACRO TO	041	N		Y	Y	\$267.93		1	365
L0638		LSO SAGITTAL CORONAL CONT RIGID/POST FRAME/PANELS	041	Y		N	Y	\$1,033.14			
L0639		LSO,SAGI-CORONAL,CNTRL,RGD PNL,POST EXT SACRO TO T	041	Y		Y	Y	\$1,014.78			
L0640		LSO EXTEND FROM SACROCO JUNCT TO T-9 CUSTOM FAB IN	041	Y		N	Y	\$819.66			
L0641		LO SAGI-CONT RIG PNL 11-15 VERT PREFAB OTS	041	N		Y	Y	\$61.06		1	365
L0642		LUMBAR ORT SAGI-CONT RIGID ANT POS 11 15 VERT PREF	041	N		Y	Y	\$321.96		1	365
L0643		LUMBAR-SACRAL SAGI CTR RIG POSSAC JNCTN T9 PEND AB	041	N		Y	Y	\$126.88		1	365
L0648		LUMBAR-SACRAL SAGI ANT POS PANEL SAC T9 PEND AB PR	041	Y	Y	Y	Y				
L0649		LSO SAGITAL-CORONAL FLEX ANT PREFAB OTS	041	N		Y	Y	\$267.93		1	365
L0650		LSO SAGI-CORONAL R ANT-POS PNL SAC JNCTN T9 PND AB	041	N		Y	Y	\$267.93		1	365
L0651		LSO SAGI-CORONAL R POS PNL POST SAC JCTN TS PNDLM	041	Y		Y	Y	\$1,014.78			
L0700		CTL SO;ANT/POST/LAT CONTROL MOLDED TO PATIENT	041	Y		N	Y	\$1,384.30			
L0710		CTL SO, ANT-POS-LAT CNTRL, PT MOLDED	041	Y		N	Y	\$1,521.72			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0810		CERVICAL HALO PROCEDURE; INCORPORATED INTO JACKET	041	Y		N	Y	\$1,858.63			
L0820		CERVICAL HALO PROCEDURE; INCORP INTO PLASTER	041	Y		N	Y	\$1,462.07			
L0830		CERVICAL HALO PROCEDURE INCORP INTO MILWAUKE	041	Y		N	Y	\$2,237.20			
L0859		ADDITION TO HALO PROCEDURE MRI COMPATIBLE SYS RING	041	Y		Y	Y	\$792.08			
L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTE	041	N		N	Y	\$158.71		1	365
L0970		TLSO; CORSET FRONT	041	N		Y	Y	\$74.31		1	365
L0972		LSO; CORSET FRONT	041	N		Y	Y	\$67.62		1	365
L0974		TLSO; FULL CORSET	041	N		Y	Y	\$121.51		1	365
L0976		LSO; FULL CORSET	041	N		Y	Y	\$103.96		1	365
L0978		CRUTCH; AXILLARY EXTENSION	041	N		Y	Y	\$130.85		1	365
L0980		PERONEAL STRAPS,PREFABRICATED,OFF THE SHELF, PAIR	041	N		Y	Y	\$11.89		2	365
L0982		STOCKING SUPPORTER GRIPS,PREFABRICATED,OTS,SET OF	041	N		Y	Y	\$10.87		1	365
L0984		PROTECTIVE BODY SOCK,PREFABRICATED, OFF THE SHELF,	041	N		Y	Y	\$47.07		2	365
L0999		SPINAL ORTHOSIS;ADDITION, NOT OTHERWISE SPECIFIED	041	Y	Y	Y	N				
L1000		CTLSO; (MILWAUKEE TYPE), INCLUDES INITIAL ORTHOSIS	041	Y		N	Y	\$1,410.05			
L1001		CERVICAL THORACIC LUMBAR ORTHO IMMOBILIZER,INFANT	041	Y	Y	Y	Y				
L1005		TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PAD,FIT	041	Y		Y	N	\$2,356.70			
L1010		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, AXILLA SLING	041	N		N	Y	\$58.18		1	365
L1020		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, KYPHOSIS PAD	041	N		N	Y	\$74.93		1	365
L1025		CTLSO/SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING	041	N		N	Y	\$108.09		1	365
L1030		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR BOLSTER	041	N		N	Y	\$54.43		1	365
L1040		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR/LUMBAR	041	N		N	Y	\$61.65		1	365
L1050		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, STERNAL PAD	041	N		N	Y	\$69.76		1	365
L1060		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, THORACIC PAD	041	N		N	Y	\$75.30		1	365
L1070		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, TRAPEZE SLING	041	N		N	Y	\$78.01		1	365
L1080		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, OUTRIGGER	041	N		N	Y	\$36.37		1	365
L1085		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION,BILATERAL OUTRIGG	041	N		N	Y	\$121.79		1	365
L1090		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR SLING	041	N		N	Y	\$69.98		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1100		CTLSO/SCOLIOSIS ORTHOSIS; ADD. RING FLANGE, PLASTI	041	N		N	Y	\$132.05		1	365
L1110		CTLSO/SCOLIOSIS; ADD, RING, PLAS, LEATHR, PT MOLDED	041	N		N	Y	\$221.41		1	365
L1120		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, COVERS FOR UPRI	041	N		N	Y	\$26.44		1	365
L1200		TLSO; INCLUSIVE OF INITIAL ORTHOSIS	041	Y		N	Y	\$1,244.37			
L1210		TLSO;ADDITION,LATERAL-THORACIC EXTENSION	041	N		N	Y	\$170.12		1	365
L1220		TLSO;ADDITION,ANTERIOR THORACIC EXTENSION	041	N		N	Y	\$165.59		1	365
L1230		TLSO;ADDITION,MILWAUKEE TYPE SUPERSTRUCTURE	041	N		N	Y	\$463.90		1	365
L1240		TLSO;ADDITION,LUMBAR DEROTATION PAD	041	N		N	Y	\$63.24		1	365
L1250		TLSO; ADDITION, ANTERIOR ASIS PAD	041	N		N	Y	\$54.97		1	365
L1260		TLSO:ADDITION, ANTERIOR THORACIC DEROTATION PAD	041	N		N	Y	\$65.58		1	365
L1270		TLSO; ADDITION, ABDOMINAL PAD	041	N		N	Y	\$57.68		1	365
L1280		TLSO; ADDITION, RIB GUSSET (ELASTIC), EACH	041	N		N	Y	\$60.73		1	365
L1290		TLSO; ADDITION, LATERAL TROCHANTERIC PAD	041	N		N	Y	\$54.02		1	365
L1300		SCOLIOSIS PROCEDURES; BODY JACKET MOLDED TO PATIEN	041	Y		N	Y	\$1,198.45			
L1310		SCOLIOSIS PROCEDURES; POST-OP BODY JACKET	041	Y		N	Y	\$1,248.29			
L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	041	Y	Y	N	N				
L1600		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA W-COVR,PREFB-C	041	N		Y	Y	\$89.60		1	60
L1610		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA COVR ONLY,PREF	041	N		Y	Y	\$38.05		1	30
L1620		HIP ORTH,ABD CNTRL JNTS,FLEX,PAVLIK HRNESS,PREFB-	041	N		Y	Y	\$109.26		1	365
L1630		HO; ABDUCTION CONTROL, SEMI-FLEXIBLE (VON ROSEN TY	041	N		N	Y	\$146.90		1	365
L1640		HO; ABDUCTION CONTROL, STATIC, PELVIC BAND/SPREAD	041	N		N	Y	\$329.16		1	365
L1650		HO ABDUCTION CONTROL,STATIC,ADJUSTABLE (ILFELD TYP	041	N		Y	Y	\$171.48		1	365
L1652		HIP ORTHOSIS BILAT THIGH CUFFS ADJ ABD SPREADER BA	041	N		Y	Y	\$262.47		1	365
L1660		HO; ABDUCTION CONTROL, STATIC, PLASTIC	041	N		Y	Y	\$125.65		1	365
L1680		HO;ABDUCTION CONTROL,DYNAMIC,PELVIC CONTROL,ADJ.HI	041	Y		N	Y	\$792.21			
L1685		HO; ABDUCTION CONTROL, POST-OP TYPE, CUSTOM FABRIC	041	Y		N	Y	\$773.39			
L1686		HO; ABDUCTION CONTROL, POST-OP TYPE	041	Y		Y	Y	\$651.58			
L1690		COMBINATION,BILAT,LUMBO-SAC,HIP,FEMUR ORTH ROT,PRF	041	Y		N	N	\$1,344.66			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1700		LEGG PERTHES ORTHOSIS; TORONTO TYPE	041	Y		N	Y	\$1,081.86			
L1710		LEGG PERTHES ORTHOSIS; NEWINGTON TYPE	041	Y		N	Y	\$1,377.65			
L1720		LEGG PERTHES ORTHOSIS; TRILATERAL (TACHDIJAN TYPE)	041	Y		N	Y	\$1,025.79			
L1730		LEGG PERTHES ORTHOSIS; SCOTTISH RITE TYPE	041	Y		N	Y	\$865.99			
L1755		LEGG PERTHES ORTHOSIS; PATTEN BOTTOM TYPE	041	Y		N	Y	\$1,245.05			
L1810		KNEE ORTH,ELASTIC W-JNTS,PREFABRICATED,CUSTOMIZED	041	N		Y	Y	\$34.42		1	365
L1812		KNEE ORTH ELASTIC W JOINTS PREFAB OTS	041	N		Y	Y	\$34.42		1	365
L1820		KO; ELAS W/CONDYLAR PADS AND JO, W/OUT PAT CONT. P	041	N		Y	Y	\$47.24		1	365
L1830		KNEE ORTHOSIS,IMMOBILIZER,CANVAS LONGITUDINAL,PREF	041	N		Y	Y	\$29.70		1	365
L1831		KO; LOCKING KNEE JOINT, POSITION ORTHOSIS, PRE-FAB	041	N		Y	Y	\$216.72		1	365
L1832		KNEE ORTH,ADJ JNT,UNICENTRIC/POLYCENTRIC,POSITNL,P	041	Y	Y	Y	Y				
L1833		KO ADJ JNT POS ORT RIGID SPT PREFAB OTS	041	Y	Y	Y	Y				
L1834		KO; W/O KNEE JOINT, RIGID, MOLDED TO PATIENT	041	Y		N	Y	\$504.71			
L1836		KNEE ORTH,RGD,WITHOUT JNTS,INC SFT INTRFCE,PREFAB O	041	N		Y	Y	\$98.22		1	365
L1840		KO; DEROTATION, MED-LAT, ANTERIOR LIGAMENT, CUSTOM	041	Y		N	Y	\$653.93			
L1843		KO,SINGLE UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-	041	Y	Y	Y	Y				
L1844		KO; SINGLE UPRIGHT THIGH/CALF ADJ FLEX/EXT ST. UNI	041	Y		N	Y	\$1,121.30			
L1845		KO,DBL UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-LAT	041	Y	Y	N	Y				
L1846		KO; DOUBLE UPRIGHT, MED/LAT/ROT CONTROL, CUSTOM FA	041	Y		N	Y	\$779.78			
L1847		KO,DBL UPRGHT W-ADJ JNT,W-INFLTBLE SUPP CHMBR,PREF	041	Y	Y	Y	Y				
L1848		KO DBL UPRIGHT W-ADJ JOINT W INFLAT AIR CHMBR PREF	041	Y	Y	Y	Y				
L1850		KNEE ORTHOSIS,SWEDISH TYPE,PREFABRICATED,OFF THE S	041	N		N	Y	\$198.10		1	365
L1851		KO,SNGL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,RO,PRFB,OTS	041	Y	Y	Y	Y				
L1852		KO,DBL UPRT,THIGH CLF,ADJFLXN/EXTJNT,MED/LAT,ROT,PRFB,OTS	041	Y	Y	Y	Y				
L1860		KO; MOD OF SUPRACONDYLAR PROSTHETIC SCKT, MOLDED	041	Y		N	Y	\$867.10			
L1900		AFO; SPRING WIRE, DORSIFLEXION CALF BAND	041	N		N	Y	\$198.38		1	365
L1902		ANKLE FOOT ORTHOSIS,ANKLE GAUNTLET,PREFABRICATED,O	041	N		Y	N	\$36.47		1	365
L1904		ANKLE ORTHOSIS,ANKLE GAUNTLET,CUSTOM-FABRICATED	041	N		N	Y	\$313.87		1	365

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L1906		ANKLE FOOT ORTHOSIS,MULTIGAMENTOUS ANKLE SUPT,PR	041	N		Y	Y	\$78.19		1	365
L1907		ANKLE ORTH,SUPRAMALLEOLAR W-STRAPS,W-WI/O INTRF	041	N		N	Y	\$414.32		1	365
L1910		AFO; POSTERIOR, SINGLE BAR, CLASP ATTACHTO SHOE CO	041	N		Y	Y	\$194.98		1	365
L1920		AFO; SINGLE UPRIGHT W/STATIC OR ADJUSTABLE STOP	041	N		N	Y	\$285.65		1	365
L1930		AFO; PLASTIC OR OTHER MATERIAL, PREFABRICATED INCL	041	N		Y	Y	\$60.06		2	365
L1932		AFO,RIGID ANTERIOR TIBIAL SECTION,TOTAL CARBON MAT	041	Y	Y	Y	Y				
L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CU	041	N		N	Y	\$338.60		1	365
L1945		AFO; PLASTIC, RIGID ANTERIOR TIBIAL SECTION, MOLDE	041	Y		N	Y	\$780.52			
L1950		AFO; SPIRAL, PLASTIC, CUSTOM-FABRICATED	041	Y		N	Y	\$534.77			
L1951		AFO; SPIRAL, PLASTIC OR OTHER MATERIAL PRE/FAB INC	041	Y	Y	Y	Y				
L1960		AFO; PLASTIC, POSTERIOR SOLID ANKLE, MOLDED TO PT	041	N		N	Y	\$431.02		1	365
L1970		AFO; PLASTIC, W/ANKLE JOINT, MOLDED TO PT	041	N		N	Y	\$481.28		1	365
L1971		AFO; PLASTIC OR OTHER MATERIAL W/ ANKLE JOINT, PRE	041	N		Y	Y	\$345.13		1	365
L1980		AFO;SINGLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP	041	N		N	Y	\$280.78		1	365
L1990		AFO;DOUBLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP	041	N		N	Y	\$324.95		1	365
L2000		KAFO; SINGLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N	Y	\$777.88			
L2005		KAFO,SINGL/DOUBL UPRIGHT,ANY TYPE ACTIVATN;W/ANKL	041	Y		N	N	\$2,650.50			
L2010		KAFO; SINGLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N	Y	\$606.73			
L2020		KAFO; DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N	Y	\$766.30			
L2030		KAFO; DOUBLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N	Y	\$753.20			
L2034		KAFO, FULL PLASTIC, SINGLE UPRIG W/WO FREE MOTION	041	Y		N	Y	\$1,636.38			
L2035		KAFO; FULL PLASTIC, STATIC, PREFABRICATED (PEDIATR	041	N		Y	Y	\$115.85		1	365
L2036		KAFO; FULL PLAS, DOUB UPRIGHT, W/WO FREE KNEE, ANK	041	Y		N	Y	\$1,289.17			
L2037		KAFO; FULL PLAS, SINGLE UPRIGHT, W/WO FREE KNEE,	041	Y		N	Y	\$1,153.14			
L2038		KAFO;FULL PLASTIC, W/WO KNEE JOINT,MULTI-AXIS,ANKL	041	Y		N	Y	\$929.59			
L2040		HKAFO; TORSION CONTROL, BILATERAL ROTATION STRAPS	041	N		N	Y	\$140.67		1	365
L2050		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,HIP JOI	041	N		N	Y	\$338.86		1	365
L2060		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,BALL BE	041	N		N	Y	\$423.82		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2070		HKAFO; TORSION CONTROL, UNILATERAL ROTATION STRAPS	041	N		N	Y	\$107.92		1	365
L2080		HKAFO; TORSION CONTROL, UNILATERAL CABLE, HIP JOIN	041	N		N	Y	\$259.50		1	365
L2090		HKAFO; TORSION CONTROL, UNILATERAL CABLE, BALL BEA	041	N		N	Y	\$345.75		1	365
L2106		AFO; FRACTURE ORTH, TIBIAL FRACTURE, THEROPLASTIC	041	Y		N	Y	\$548.10			
L2108		ANKLE FOOT ORTH,FRACTURE ORTH,TIBIAL FRACTURE CAST	041	Y		N	Y	\$799.43			
L2112		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SOFT	041	N		Y	Y	\$350.81		1	365
L2114		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SEMI-RIGID	041	N		Y	Y	\$439.40		1	365
L2116		AFO; FRACTURE ORTH, TIBIAL FRACTURE RIGID	041	Y		Y	Y	\$535.96			
L2126		KAFO;FRACTURE ORTH,FEMERAL FRACT,THERMOPLA TYPE	041	Y		N	Y	\$887.92			
L2128		KAFO, FRACTURE ORTH, FEMORAL FRAC, MOLDED TO PT	041	Y		N	Y	\$1,126.05			
L2132		KAFO; FRACTURE ORTH, FEMORAL FRAC, SOFT	041	Y		Y	Y	\$676.73			
L2134		KAFO; FRACTURE ORTH, FEMORAL FRAC, SEMI-RIGID	041	Y		Y	Y	\$493.26			
L2136		KAFO;FRACTURE ORTH,FEMERAL FRAC, RIGID	041	Y		Y	Y	\$743.97			
L2180		LEFO; ADDITION, PLASTIC, SHOE INSERT W/ANKLE JOINT	041	N		N	Y	\$92.17		1	365
L2182		LEFO; ADDITION, DROP LOCK KNEE JOINT	041	N		Y	Y	\$79.45		2	365
L2184		LEFO; ADDITION, LIMITED MOTION KNEE JOINT	041	N		Y	Y	\$80.54		2	365
L2186		LEFO; ADDITION, ADJ. MOTION KNEE JOINT, LERMAN TYP	041	N		Y	Y	\$107.12		2	365
L2188		LEFO;ADDITION,QUADRILATERAL BRIM	041	N		Y	Y	\$194.73		1	365
L2190		LEFO; ADDITION, WAIST BELT	041	N		Y	Y	\$59.31		1	365
L2192		LEFO; ADDITION, HIP JOINT, PELVIC BAND/BELT, HIGH	041	N		Y	Y	\$231.82		1	365
L2200		LE; ADDITION, LIMITED ANKLE MOTION, EACH JOINT	041	N		N	Y	\$34.93		2	365
L2210		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST,EA	041	N		N	Y	\$43.70		2	365
L2220		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST/RE	041	N		N	Y	\$56.25		2	365
L2230		LE; ADDITION; SPLIT FLAT CALIPER STIRRUPS/PLATE AT	041	N		N	Y	\$66.51		2	365
L2232		ADDITION TO LOWER EXT ORT ROCKER BOTTOM FOR CUS FA	041	Y	Y	Y	N				
L2240		LE; ADDITION, ROUND CALIPER/PLATE ATTACHMENT	041	N		Y	Y	\$66.18		2	365
L2250		LE; ADDITION, FOOT PLATE, MOLDED TO PT, STIRRUP AT	041	N		N	Y	\$232.26		2	365
L2260		LE; ADDITION, REINFORCED SOLID STIRRUPS, SCOTT-CRA	041	N		N	Y	\$130.33		2	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2265		LE;ADDITION, LONG TONGUE STIRRUP	041	N		Y	N	\$93.45		1	365
L2270		LE;ADDITION,VARUS/VALGUS CORRECTION "T" STRAP,MALL	041	N		N	Y	\$42.85		2	180
L2275		LE;ADDITION VARUS/VALGUS CORRECTION,PLASTIC MODIFI	041	N		N	Y	\$64.16		2	365
L2280		LE; ADDITION, MOLDED INNER BOOT	041	Y		Y	Y	\$392.55			
L2300		LE; ADDITION, ABDUCTION BAR, JOINTED, ADJUSTABLE	041	N		Y	Y	\$175.05		1	365
L2310		LE; ADDITION, ABDUCTION BAR, STRAIGHT	041	N		Y	Y	\$79.99		1	365
L2320		LE; ADDITION, NON-MOLDED LACER, CUST-FAB ONLY	041	Y		Y	Y	\$134.12			
L2330		LE; ADDITION, LACER, MOLDED TO PATIENT, CUST-FAB O	041	Y		N	Y	\$255.31			
L2335		LE;ADDITION,ANTERIOR SWING BAND	041	N		Y	Y	\$195.47		1	365
L2340		LE; ADDITION, PRE-TIBIAL SHELL, MOLDED TO PATIENT	041	Y		N	Y	\$290.59			
L2350		LE; ADDITION, PROSTHETIC TYPE, (BK) SOCKET, MOLDED	041	Y		N	Y	\$579.35			
L2360		LE; ADDITION, EXTENDED STEEL SHANK	041	N		Y	Y	\$35.86		1	365
L2370		LE; ADDITION, PATTEN BOTTOM	041	N		Y	Y	\$222.54		1	365
L2375		LE; ADDITION, TORSION CONTROL, ANKLE JOINT AND HAL	041	N		Y	Y	\$85.55		2	365
L2380		LE; ADDITION, TORSION CONTROL, STRAIGHT KNEE JOINT	041	N		Y	Y	\$89.73		2	365
L2385		LE; ADDITION, STRAIGHT KNEE JOINT, HEAVY DUTY, EAC	041	N		N	Y	\$102.17		2	365
L2387		ADD TO LOW EXTREM POLYGEN KNEE JOINT FOR C/F KAFO	041	N		N	Y	\$158.10		1	365
L2390		LE; ADDITION, OFFSET KNEE JOINT, EACH JOINT	041	N		Y	Y	\$71.17		2	365
L2395		LE; ADDITION, OFFSET KNEE JOINT, HEAVY DUTY, EACH	041	N		Y	Y	\$101.72		2	365
L2397		LE; ADDITION, ORTHOSIS, SUSPENSION SLEEVE	041	N		Y	Y	\$85.73		1	180
L2405		KNEE JOINT; ADDITION, DROP LOCK, EACH	041	N		Y	Y	\$44.12		2	365
L2415		KNEE JOINT; ADDITION, CAM LOCK, EACH JOINT	041	N		N	Y	\$84.48		2	365
L2425		KNEE JOINT;ADDITION,DISC/DIAL LOCK FOR ADJ KNEE,EA	041	N		Y	Y	\$99.68		2	365
L2492		KNEE JOINT; ADDITION, LIFT LOOP FOR DROP LOCK RING	041	N		Y	Y	\$81.95		2	365
L2500		LE; ADDITION, THIGH/GLUTEAL/ISCHIAL WEIGHT BEARING	041	N		Y	Y	\$217.60		1	365
L2510		LE ADDITION,THIGH/WEIGHT BEARING QUADRILATERAL BRI	041	Y		N	Y	\$560.82			
L2520		LE; ADDITION, THIGH/WEIGHT BEARING, QUAD BRIM, CUS	041	Y		N	Y	\$373.75			
L2525		LE; ADDITION, THIGH/WT BEAR, ISCHIAL CONT MOLDED T	041	Y		N	Y	\$792.58			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2526		LE; ADDITION, THIGH/WT BEARING, ISCHIAL CONT CUSTO	041	Y		N	Y	\$445.34			
L2530		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, NON-MOL	041	N		Y	Y	\$166.76		1	365
L2540		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, MOLDED	041	N		N	Y	\$315.54		1	365
L2550		LE; ADDITION, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	041	N		Y	Y	\$236.59		1	365
L2570		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS TY	041	N		Y	Y	\$309.69		1	365
L2580		LE; ADDITION, PELVIC CONTROL, PELVIC SLING	041	N		Y	Y	\$301.76		1	365
L2600		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS TY	041	N		Y	Y	\$148.30		2	365
L2610		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS/TH	041	N		Y	Y	\$163.87		2	365
L2620		LE; ADDITION, PELVIC CONTROL, HIP JOINT, HEAVY DUT	041	N		Y	Y	\$173.85		2	365
L2622		LE; ADDITION, PELVIC CONTROL, HIP JOINT, ADJUSTABL	041	N		Y	Y	\$221.27		2	365
L2624		LE; ADDITION, PELVIC CONTROL, HIP JOINT, ADJ-FLEXION/E	041	N		Y	Y	\$271.31		1	365
L2627		LE ADDITION, PELVIC CONTROL, PLASTIC RECIP HIP JOINT	041	Y		N	Y	\$1,486.16			
L2628		LE ADDITION, PELVIC CONTROL, METAL FRAME, RECIP HIP J	041	Y		Y	Y	\$1,089.32			
L2630		LE; ADDITION, PELVIC CONTROL, BAND/BELT, UNILATERA	041	N		Y	Y	\$160.99		1	365
L2640		LE: ADDITION, PELVIC CONTROL, BAND/BELT, BILATERAL	041	N		Y	Y	\$218.50		1	365
L2650		LE; ADDITION, PELVIC/THORACIC CONTROL, GLUTEAL PAD	041	N		Y	Y	\$96.22		1	365
L2660		LE; ADDITION, THORACIC CONTROL, THORACIC BAND	041	N		Y	Y	\$124.59		1	365
L2670		LE; ADDITION, THORACIC CONTROL, PARASPINAL UPRIGHT	041	N		Y	Y	\$110.90		1	365
L2680		LE; ADDITION, THORACIC CONTROL, LATERAL SUPPORT UP	041	N		Y	Y	\$101.75		1	365
L2750		LEO; ADDITION, PLATING CHROME/NICKEL, PER BAR	041	N		Y	Y	\$54.34		2	365
L2760		LEO; ADDITION, EXTENSION, PER EXTENSION, PER BAR	041	N		Y	Y	\$39.49		2	365
L2785		LEO; ADDITION, DROP LOCK RETAINER, EACH	041	N		Y	Y	\$20.60		2	365
L2795		LEO; ADDITION, KNEE CONTROL, FULL KNEE CAP	041	N		Y	Y	\$57.00		2	365
L2800		LEO; ADDITION; KNEE CONTROL, KNEE CAP, MEDIAL/LATE	041	N		Y	Y	\$70.04		2	365
L2810		LEO; ADDITION; KNEE CONTROL, CONDYLAR PAD	041	N		Y	Y	\$56.77		2	365
L2820		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N	Y	\$56.45		2	365
L2830		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N	Y	\$61.08		2	365
L2840		LEO; TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	041	N		Y	Y	\$29.99		3	180

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2850		LEO;ADDITION, FEMORAL LENGTH SOCK, FRACTURE OR EQU	041	N		Y	Y	\$42.06		3	180
L2861		TORSION MECHANISM KNEE/ANKLE	041	Y	Y	N	Y				
L2999		LEO;NOT OTHERWISE SPECIFIED	041	Y	Y	Y	N				
L3000		FOOT,INSERT; REMOVABLE,"UCB"TYPE, BERKELEY SHELL,M	041	N		N	N	\$110.32		2	365
L3001		FOOT,INSERT: REMOVABLE,SPENCO,MOLDED TO PT, EACH	041	N		N	N	\$58.08		2	365
L3002		FOOT,INSERT;REMOV,PLASTAZOTE OR EQUAL,MOLDED T	041	N		N	N	\$107.24		2	365
L3003		FOOT,INSERT;REMOVABLE,SILICONE GEL,MOLDED TO PT,EA	041	N		N	N	\$43.85		2	365
L3010		FOOT,INSERT;REMOVABLE,LONGITUDINAL ARCH SPT,MO	041	N		N	Y	\$107.24		2	365
L3030		FOOT,INSERT;REMOV,FORMED TO PATIENT FOOT, EACH	041	N		N	N	\$22.09		2	365
L3031		FOOT, INSERT/PLATE, REMOVABLE, ADD TO LOWER EXT/OR	041	Y	Y	Y	Y				
L3040		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,LONGITUDINAL	041	N		Y	N	\$30.48		2	365
L3050		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,METATARSAL,E	041	N		Y	N	\$16.89		2	365
L3060		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,LONG/META,EA	041	N		Y	N	\$50.57		2	365
L3070		FOOT,ARCH SUPPORT;NON REMOV,LONGITUDINAL,ATTAC	041	N		Y	Y	\$21.80		2	365
L3080		FOOT,ARCH SUPPORT;NON REMOV,METATARSAL,ATTACHE	041	N		Y	Y	\$21.80		2	365
L3090		FOOT,ARCH SUPPORT;NON REMOV,LONG/META,ATTACHED	041	N		Y	Y	\$27.90		2	365
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED,	041	N		Y	N	\$14.75		2	365
L3140		FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	041	N		N	Y	\$61.03		1	120
L3150		FOOT, ABDUCTION ROTATION BAR, W/O SHOES	041	N		Y	Y	\$55.79		1	120
L3170		FOOT,PLASTIC, SILICONE OR EQUAL,HEEL STABILIZER,PR	041	N		Y	N	\$28.35		2	365
L3201		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, I	041	N		N	N	\$44.12		2	90
L3202		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, C	041	N		N	N	\$54.38		2	150
L3203		ORTHO SHOE; OXFORD W/SUPINATOR OR PRONATOR, J	041	N		N	N	\$66.55		2	150
L3204		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N	N	\$47.21		2	90
L3206		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N	N	\$54.46		2	150
L3207		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N	N	\$70.86		2	150
L3208		SURGICAL BOOT EACH INFANT	041	N		N	N	\$25.39		2	150
L3209		SURGICAL BOOT EACH-CHILD	041	N		N	N	\$36.58		2	150

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3211		SURGICAL BOOT EACH-JUNIOR	041	N		N	N	\$56.71		2	150
L3212		BENESCH BOOT PAIR-INFANT	041	N		N	N	\$62.19		2	150
L3213		BENESCH BOOT PAIR-CHILD	041	N		N	N	\$64.94		2	150
L3214		BENESCH BOOT PAIR-JUNIOR	041	N		N	N	\$73.17		2	150
L3215		ORTHOPEDIC SHOE;LADIES,OXFORD, EACH	041	N		N	N	\$44.81		2	365
L3216		ORTHOPEDIC SHOES; LADIES DEPTH INLAY, EACH	041	N		N	N	\$76.37		2	365
L3217		ORTHOPEDIC SHOES; LADIES, HIGH TOP, DEPTH INLAY, E	041	N		N	N	\$80.03		2	365
L3219		ORTHOPEDIC SHOE;MENS,OXFORD, EACH	041	N		N	N	\$48.93		2	365
L3221		ORTHOPEDIC SHOES; MENS, DEPTH INLAY EACH	041	N		N	N	\$79.57		2	365
L3222		ORTHOPEDIC SHOES; HIGHTOP, DEPTH INLAY, EACH	041	N		N	N	\$80.03		2	365
L3224		ORTHO FOOTWR, WOMAN SHOE, OXFORD, USED AS PART O	041	N		N	Y	\$44.81		2	365
L3225		ORTHO FOOTWEAR, MAN'S SHOE, OXFORD, USED AS PART O	041	N		N	Y	\$48.93		2	365
L3230		ORTHOPEDIC SHOES; CUSTOM, DEPTH INLAY, EACH	041	Y		N	Y	\$278.96			
L3250		ORTHO SHOES; CUSTOM MOLDED,REMOVABLE INNER MO	041	Y		N	Y	\$160.38			
L3257		ORTHOPEDIC SHOE; SPLIT SIZE CHARGE	041	N		N	N	\$31.10		1	365
L3260		SURGICAL BOOT/SHOE EACH	041	N		Y	N	\$62.65		1	180
L3300		LIFT, ELEVATION: HEEL, TAPERED TO METATARSALS, PER	041	N		N	N	\$35.75		3	365
L3310		LIFT, ELEVATION; HEEL & SOLE, NEOPRENE, PER INCH	041	N		N	N	\$45.55		3	365
L3320		LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH	041	N		N	N	\$58.68		3	365
L3330		LIFT, ELEVATION; METAL EXTENSION (SKATE)	041	N		N	N	\$327.89		1	365
L3332		LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO 1/2 I	041	N		N	N	\$24.69		3	365
L3334		LIFT, ELEVATION; HEEL, PER INCH	041	N		N	N	\$26.14		3	365
L3340		WEDGE, HEEL; SACH	041	N		N	N	\$43.44		3	365
L3350		WEDGE, HEEL	041	N		N	N	\$15.69		3	365
L3360		WEDGE, SOLE; OUTSIDE SOLE	041	N		N	N	\$24.40		3	365
L3370		WEDGE, SOLE; BETWEEN SOLE	041	N		N	N	\$34.00		3	365
L3380		WEDGE, CLUBFOOT	041	N		N	Y	\$34.00		3	365
L3390		WEDGE, OUTFLARE	041	N		N	N	\$29.73		3	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3400		WEDGE, METATARSAL BAR; ROCKER	041	N		N	N	\$27.90		3	365
L3410		WEDGE, METATARSAL BAR; BETWEEN SOLE	041	N		N	N	\$50.30		3	365
L3420		WEDGE, HEEL/FULL SOLE; BETWEEN SOLE	041	N		N	N	\$37.50		3	365
L3430		HEEL; COUNTER, PLASTIC REINFORCED	041	N		N	N	\$73.17		3	365
L3440		HEEL; COUNTER, LEATHER REINFORCED	041	N		N	N	\$52.31		3	365
L3450		HEEL; SACH CUSHION TYPE	041	N		N	N	\$43.44		3	365
L3455		HEEL; NEW LEATHER, STANDARD	041	N		N	Y	\$23.36		3	365
L3460		HEEL; NEW RUBBER, STANDARD	041	N		N	Y	\$18.75		3	365
L3465		HEEL; THOMAS WITH WEDGE	041	N		N	N	\$25.15		3	365
L3470		HEEL; THOMAS EXTENDED TO BALL	041	N		N	N	\$42.07		3	365
L3485		HEEL; PAD, REMOVABLE FOR SPUR	041	N		N	N	\$18.58		3	365
L3520		ORTHO SHOE ADDITION; INSOLE, FELT COVERED W/ LEATH	041	N		N	N	\$21.80		3	365
L3530		ORTHO SHOE ADDITION; SOLE, HALF	041	N		N	Y	\$21.80		3	365
L3540		ORTHO SHOE ADDITION; SOLE, FULL	041	N		N	Y	\$34.88		3	365
L3550		ORTHO SHOE ADDITION; TOE TAP STANDARD	041	N		N	N	\$6.10		3	365
L3560		ORTHO SHOE ADDITION; TOE TAP HORSESHOE	041	N		N	N	\$10.98		3	365
L3570		ORTHO SHOE ADDITION;SPECIAL EXT. TO INSTEP(LEATHER	041	N		N	N	\$58.41		3	365
L3580		ORTHO SHOE ADDITION; CONVERT INSTEP-VELCRO CLOSURE	041	N		N	N	\$35.81		2	365
L3590		ORTHO SHOE ADDITION; CONVERT FIRM COUNTER TO SOFT	041	N		N	N	\$36.61		3	365
L3595		ORTHO SHOE ADDITION; MARCH BAR	041	N		N	N	\$28.77		3	365
L3600		ORTHOSIS, TRANSFER; CALIPER PLATE, EXISTING	041	N		N	Y	\$52.31		1	365
L3649		ORTHOPEDIC SHOE; MOD, ADD, TRANSFER NOT OTHERWISE	041	Y	Y	N	Y				
L3650		SHOULDER ORTH,FIGURE OF 8 DSGN ABD RESTRNR,PREFB,O	041	N		Y	Y	\$36.64		1	365
L3670		SHLDER ORTH,ACROMIO-CLAVICULAR,CANVAS-WEBB,PREFB	041	N		Y	Y	\$26.37		1	365
L3675		SHLDER ORTH,VEST TYPE ABD RESTRNR,CANVAS WEBB OR	041	N		Y	Y	\$117.61		1	365
L3677		SHOULDER ORTH,JNT DSGN,WO-JNTS,INC INTRFCE-STRAPS,	041	Y	Y	Y	N				
L3678		SHOULDER ORTH W-O JNTS SOFT INTRFACE PREFAB OTS	041	Y	Y	Y	Y				
L3710		ELBOW ORTH, ELASTIC W-METAL JOINTS, PREFABRICATED,	041	N		Y	Y	\$82.69		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3720		EO;DBLE UPRIGHT W/FOREARM/ARM CUFFS, FREE MOTION	041	N		N	Y	\$432.38		1	365
L3730		EO; DBLE UPRIGHT W/FOREARM/ARM CUFFS, EXTEN/FLEX	041	Y		N	Y	\$573.54			
L3740		EO; DBLE UPRIGHT W/FOREARM/ARM CUFF, ADJ LOCK W/	041	Y		N	Y	\$679.98			
L3760		EO;W/ADJ LOCK JOINTS PREFAB CUSTOM BY IND W/EXPERTISE	041	Y	Y	N	Y				
L3761		ELBOW ORTHOSIS, W/ADJ POS LOCK JOINT,PREFAB,OFF SHELF	041	N		Y	Y	\$76.19		1	365
L3762		ELBOW ORTH,RGD,WO-JOINTS,INC SOFT INTERFACE,PREFAB	041	N		Y	Y	\$72.05		1	365
L3763		EWHO, RIGID W/OUT JOINTS, MAY INC INTER-FACE/STRAP	041	Y	Y	N	Y				
L3806		WRIST HAND FINGER ORTHOSIS,ONE/MORE NONTORSION	041	Y	Y	Y	Y				
L3807		WRIST HAND FINGER ORTH,WO JNTS,PREFAB-CUSTOMIZED	041	N		Y	Y	\$110.05		1	365
L3808		WRIST HAND FINGER ORTHOSIS,RIG WITHOUT JTS,INCL ST	041	Y	Y	N	Y				
L3809		WRIST HAND FINGER ORTH W-O JNT PREFAB OTS	041	N		Y	Y	\$110.05		1	365
L3891		ADD TO UPR EXTRMITY JNT,WRIST/ELBOW,CONC ADJ TORSN	041	Y	Y	N	Y				
L3900		WHFO; WRIST OR FINGER DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N	Y	\$1,025.17			
L3901		WHFO; CABLE DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N	Y	\$1,343.56			
L3906		WHO; W/O JOINTS, INCLUDES SOFT INTERFACE, STRAPS,	041	Y		N	Y	\$320.70			
L3908		WRIST HAND ORTHOSIS,WRIST EXT CNTL COCK-UP,NON-MO	041	N		Y	Y	\$26.12		2	365
L3912		HAND FINGER ORTH,FLEXION GLOVE W-ELASTIC FNGR CNTR	041	N		Y	Y	\$66.67		1	365
L3915		WHO,INC NONTORSION JNTS,ELAS BNDS-TURNBKLS-SFT INT	041	Y	Y	Y	Y				
L3916		WHO INCL 1 OR > NONTORSION JOINT ELTC BAND PREFAB	041	Y	Y	Y	Y				
L3917		HAND ORTH,METACARPAL FRAC ORTH,PREFAB-CUSTO	041	N		Y	Y	\$70.76		1	365
L3918		HAND ORTH METACARPAL FX OTS PREFAB OTS	041	N		Y	Y	\$70.76		1	365
L3923		HFO,WITHOUT JOINTS,INC SOFT INTERFACE AND STRAPS,P	041	N		Y	N	\$26.08		1	365
L3924		HAND FNGR ORT WO JOINT PREFAB OTS	041	N		Y	Y	\$26.08		1	365
L3925		FINGER ORTH,PIP-DIP-NONTORSION JNT-SPRNG,EXTFLEXIO	041	N		Y	Y	\$47.15		1	365
L3927		FINGER ORTH,PIP-DIP,WO-JNT-SPRING,EXT-FLEXION,INC	041	N		Y	Y	\$25.13		1	365
L3929		HFO,INC NONTORSION,TRNBKLS,ELAS BNDS-SPRNGS-SFT IN	041	N		Y	Y	\$65.56		1	365
L3930		HAND FNGR ORTHOSIS W>1 NONTRSNJNT SOFT INTERFACE	041	N		Y	Y	\$65.56		1	365
L3931		WRST HD/FING ORT,INC NON TOR JTS,BUCK,SPGS, ARE FA	041	N		Y	Y	\$149.66		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3933		FINGER ORTHOSIS,WO-JOINTS,INC SOFT INTRFCE,CUSTM F	041	Y		N	Y	\$107.03			
L3960		SEWHO;ABDUCTION POSITIONING, AIRPLANE DESIGN	041	Y		Y	Y	\$504.72			
L3962		SEWHO;ABDUCTION POSITIONING, ERBS PALSEY DESIGN	041	N		Y	Y	\$456.50		1	365
L3980		UE; FRACTURE ORTHOSIS,HUMERAL	041	N		Y	Y	\$244.82		1	365
L3981		UPPER EXTREMITY FX,ORTHOSIS,HUMERAL,PREFAB,WITH SH	041	Y	Y	Y	Y				
L3982		UE; FRACTURE ORTHOSIS, RADIUS/ULNAR	041	N		Y	Y	\$104.01		1	365
L3984		UE; FRACTURE ORTHOSIS, WRIST	041	N		Y	Y	\$218.98		1	365
L3995		UE; ADDITION, SOCK, FRACTURE OR EQUAL, EACH	041	N		Y	Y	\$25.99		2	180
L3999		UPPER LIMB ORTHOSIS; NOT OTHERWISE SPECIFIED	041	Y	Y	Y	Y				
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS	041	Y		Y	Y	\$918.87			
L4002		REPLACEMENT STRAP,ANY ORT,INCLUDES ALL COMPONENTS	041	Y	Y	Y	N				
L4010		REPLACE TRILATERAL SOCKET BRIM	041	Y		Y	Y	\$558.51			
L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	041	Y		N	Y	\$426.36			
L4040		REPLACE MOLDED THIGH LACER, CUS-FAB ONLY	041	Y		N	Y	\$288.74			
L4045		REPLACE THIGH LACER NON-MOLDED, CUST-FAB ONLY	041	N		N	Y	\$213.27		1	365
L4050		REPLACE MOLDED CALF LACER, CUST-FAB ONLY	041	Y		N	Y	\$285.95			
L4055		REPLACE NON-MOLDED CLAF LACER, CUST-FAB, ONLY	041	N		N	Y	\$173.81		1	365
L4060		REPLACE HIGH ROLL CUFF	041	N		Y	Y	\$225.93		1	365
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	041	N		Y	Y	\$182.97		1	365
L4080		REPLACE METAL BANDS KAFO, PROXIMAL THIGH	041	N		Y	Y	\$69.06		2	365
L4090		REPLACE METAL BANDS KAFO - AFO, CALF OR DISTAL THI	041	N		N	Y	\$59.12		2	365
L4110		REPLACE LEATHER CUFF KAFO - AFO, CALF OR DISTAL TH	041	N		N	Y	\$55.14		2	365
L4130		REPLACE PRETIBIAL SHELL	041	N		Y	Y	\$333.28		1	365
L4210		REPAIR OF ORTHOTIC DEVICE,REPAIR OR REPLACE MINOR	041	Y	Y	Y	Y				
L4350		ANKLE CNTRL ORTHO,STIRUP,RIGD,INC INTRFCE-PNEUM-GE	041	N		Y	Y	\$30.98		1	365
L4360		WALK BOOT,PNEUM-VACUMN W-WO JNTS-PREFAB AND CUS	041	N		Y	Y	\$111.80		1	365
L4361		WALKING BOOT PNEM AND/OR VACUUM W OR WO JOINTS	041	N		Y	Y	\$111.80		1	365
L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED	041	N		Y	Y	\$100.86		1	365

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L4386		WALK BOOT, NON-PNEU, W-WO JNTS/INTRFCE MAT, PREFAB	041	N		Y	Y	\$116.75		1	365
L4387		WALK BOOT NON-PNEU W OR WO JOINTS W OR WO INTRF	041	N		Y	Y	\$116.75		1	365
L4396		STATIC OR DYNAMIC AFO, W/SFT INTRFCE, ADJ FIT, PREFAB	041	N		Y	Y	\$123.56		1	365
L4397		STATIC OR DYNM AFO INCL SOFT INTRAFCE ADJ PREFAB OT	041	N		Y	Y	\$123.56		1	365
L4398		FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE PREF	041	N		Y	Y	\$56.89		1	365
L4631		ANKL FT ORT, WALK BOOT VARUS/VALGUS CORR ROC BOT AN	041	Y		N	Y	\$816.30			
L5000		PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE	041	N		N	Y	\$224.17		1	365
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, W/TOE F	041	Y		N	Y	\$960.35			
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGH	041	Y		N	Y	\$1,747.93			
L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	041	Y		N	Y	\$1,909.07			
L5060		ANKLE, SYMES METAL FRAME, MOLDED, LEATHER SOCKET, ART	041	Y		N	Y	\$2,353.33			
L5100		BK; MOLDED SOCKET, SHIN, SACH FOOT	041	Y		N	Y	\$1,900.90			
L5105		BK; PLASTIC SOCKET, JOINTS/THIGH LACER, SACH FOOT	041	Y		N	Y	\$2,682.58			
L5150		KNEE DISARTICULATION; MOLDED SOCKET, EXTERNAL KNEE J	041	Y		N	Y	\$2,982.40			
L5160		KNEE DISARTICULATION; MOLDED SOCKET, BENT KNEE CON	041	Y		N	Y	\$3,274.51			
L5200		AK; MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KN	041	Y		N	Y	\$2,532.60			
L5210		AK; SHORT PROSTH, NO KNEE/ANKLE JOINT, W/FOOT BLOC	041	Y		N	Y	\$2,010.88			
L5220		AK; SHORT PROTH NO KNEE JOINTS, W/ARTICULATED ANKEL/	041	Y		N	Y	\$2,215.12			
L5230		ABV KNEE, PROXIMLA FEMRL FOCL DEF, CON FRCTN KNEE, SH	041	Y		N	Y	\$3,322.37			
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET,	041	Y		N	Y	\$3,895.55			
L5270		HIP DISARTICULATION; TILT TABLE TYPE, MOLDED SOCKE	041	Y		N	Y	\$4,340.42			
L5280		HEMIPELVECTOMY; CANADIAN TYPE, MOLDED SOCKET, SING	041	Y		N	Y	\$4,219.02			
L5301		BELOW-KNEE, MOLD SOCKET, SHIN, EACH FOOT, ENDOSKELET	041	Y		N	Y	\$1,955.07			
L5312		KNEE DISARTICULTN, MLD SOCKET, SNGL AXIS, PYLON, SACH	041	Y		Y	Y	\$3,583.11			
L5321		ABOVE KNEE, MOLDED, ENDOSKELETAL SYSTEM, SINGLE AXIS	041	Y		N	Y	\$2,607.55			
L5331		HIP DISARTICULATION, CANADIAN TYPE, ENDOSKELETAL SYS	041	Y		N	Y	\$3,818.35			
L5341		HEMIPELVECTOMY, CANADIAN TYPE, ENDOSKELETAL SYSTEM	041	Y		Y	N	\$4,103.49			
L5400		EARLY FITTING; BK, INITIAL DRESSING W/ONE CAST CHA	041	Y		N	Y	\$1,111.58			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5410		IMDT POST SURG,APP RGD DRSG,W/FIT,ALGN,SUSP,BLW KN	041	Y		N	Y	\$121.64			
L5420		EARLY FITTING;AK OR KNEE DISART,INITIAL DRESSING W	041	Y		N	Y	\$1,403.89			
L5450		EARLY FITTING; BK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N	Y	\$329.52		1	365
L5460		EARLY FITTING; AK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N	Y	\$432.18		1	365
L5500		BK."PTB" TYPE SOCKET;INITIA, NON ALIGNABLE SYSTEM-	041	Y		N	Y	\$1,027.43			
L5505		AK-KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET, NON	041	Y		N	Y	\$1,445.31			
L5510		PREPARATORY;BK"PTB"TYPE SOCKET,PLASTER SOCKET, MOL	041	Y		N	Y	\$1,226.94			
L5520		PRP,BLW KNEE PTB SOCKT,NON-ALGN SYS,PYLN,NO CVR,SA	041	Y		N	Y	\$1,099.80			
L5530		PREP;BK-"PTB" TYPE SOCKET,THERMOPLASTIC/EQUAL,MOLD	041	Y		N	Y	\$1,445.73			
L5535		PREPARATORY;BK "PTB" TYPE, SOCKET, PREFABRICATED,	041	Y		N	Y	\$1,347.73			
L5540		PREPARATORY;BK-PTB-TYPE SOCKET,LAMINATED SOCKET, M	041	N		N	Y	\$1,427.46		1	365
L5560		PREP;AK-KNEE DISART.PLASTER SOCKET,MOLDED TO PT	041	Y		N	Y	\$1,626.52			
L5570		PREP;AK-KNEE DISART.THERMOPLASTIC/EQUAL,DIRECT FOR	041	Y		N	Y	\$1,578.59			
L5580		PREPARATORY;AK-KNEE DISART., THERMOPLASTIC/EQUAL,	041	Y		N	Y	\$1,959.24			
L5585		PREPARATORY; AK-KNEE DISART, PREFABRICATED ADJUSTA	041	Y		N	Y	\$2,294.46			
L5590		PREP,AK-KNEE DISART,ISCHI SOCKT,NONALGN,PYLN,NO CO	041	Y		N	Y	\$2,042.73			
L5595		PREPARATORY; HEMIPELVECTOMY -HIP DISART,THERMOPLAS	041	Y		N	Y	\$3,192.25			
L5600		PREP;HEMIPELVECTOMY-HIP DISART,LAMINATED,MO	041	Y		N	Y	\$3,633.24			
L5610		LE; ADDITION, AK, HYDRACADENCE SYSTEM	041	Y		N	Y	\$1,752.29			
L5611		LE; ADDITION, AK-KNEE DISART 4-BAR LINK, FRICTION	041	Y		N	Y	\$1,116.06			
L5616		LE;ADDITION, AK,UNIVERSAL MULTIPLEX SYSTEM,FRICTIO	041	Y		N	Y	\$1,023.61			
L5618		LE; ADDITION, TEST SOCKET, SYMES	041	N		N	Y	\$232.78		1	365
L5620		LE; ADDITION, TEST SOCKET, BK	041	N		N	Y	\$206.55		1	365
L5622		LE; ADDITION, TEST SOCKET, KNEE DISARTICULATION	041	N		N	Y	\$278.25		1	365
L5624		LE; ADDITION, TEST SOCKET, AK	041	N		N	Y	\$278.17		1	365
L5626		LE; ADDITION, TEST SOCKET, HIP DISARTICULATION	041	N		N	N	\$440.36		1	365
L5628		LE; ADDITION, TEST SOCKET, HEMIPELVECTOMY	041	N		N	Y	\$445.93		1	365
L5629		LE; ADDITION, BK, ACRYLIC SOCKET	041	N		N	Y	\$220.13		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5630		LE; ADDITION, SYMES TYPE, EXPANDABLE WALL SOCKET	041	N		N	Y	\$382.49		1	365
L5631		LE; ADDITION, AK OR KNEE DISARTICULATION, ACRYLIC	041	N		N	Y	\$304.35		1	365
L5632		LE;ADDITION, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	041	N		N	Y	\$187.57		1	365
L5634		LE;ADDITION, SYMES TYPE,POSTERIOR OPENING SOCKET,	041	N		N	Y	\$234.60		1	365
L5636		LE;ADDITION, SYMES TYPE, MEDIAL OPENING SOCKET	041	N		N	Y	\$179.30		1	365
L5637		LE; ADDITION, BK, TOTAL CONTACT	041	N		N	Y	\$266.82		1	365
L5638		LE; ADDITION, BK, LEATHER SOCKET	041	N		N	Y	\$449.49		1	365
L5639		LE; ADDITION, BK, WOOD SOCKET	041	Y		N	Y	\$776.64			
L5640		LE; ADDITION, KNEE DISARTICULATION, LEATHER SOCKET	041	Y		N	Y	\$510.50			
L5642		LE; ADDITION, AK, LEATHER SOCKET	041	N		N	Y	\$473.21		1	365
L5643		LE;ADDITION,HIP DISARTICULATION,FLEXIBLE SOCKET,EX	041	Y		N	Y	\$1,395.73			
L5644		LE; ADDITION, AK, WOOD SOCKET	041	N		N	Y	\$409.14		1	365
L5645		LE; ADDITION, BK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N	Y	\$678.73			
L5646		LE; ADDITION, BK, FLUID, GEL CUSHION SOCKET	041	N		N	Y	\$430.12		1	365
L5647		LE;ADDITION, BK, SUCTION SOCKET	041	Y		N	Y	\$551.01			
L5648		LE; ADDITION, AK, AIR FLUID, GEL, CUSHION SOCKET	041	Y		N	Y	\$508.23			
L5649		LE; ADDITION, ISCHIAL CONTAINMENT/NARROW M-L SOCKE	041	Y		N	N	\$1,808.28			
L5650		LE; ADDITION, AK OR KNEE DISARTICULATION, TOTAL CO	041	N		N	Y	\$338.16		1	365
L5651		LE; ADDITION, AK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N	Y	\$990.81			
L5652		LE; ADDITION, AK OR KNEE DISARTICULATION, SUCTION	041	N		N	Y	\$302.00		1	365
L5653		LE; ADDITION, KNEE DISARTICULATION, EXPANDABLE WAL	041	N		N	Y	\$471.18		1	365
L5654		LE; ADDITION, SOCKET INSERT, SYMES	041	N		N	Y	\$273.14		1	365
L5655		LE; ADDITION, SOCKET INSERT, BK	041	N		N	Y	\$197.23		1	365
L5656		LE; ADDITION, SOCKET INSERT, KNEE DISARTICULATION	041	N		N	Y	\$299.63		1	365
L5658		LE; ADDITION, SOCKET INSERT, AK	041	N		N	Y	\$316.27		1	365
L5665		LE; ADDITION, BK, MULTI-DUROMETER	041	N		N	Y	\$403.43		1	365
L5666		LE ADDITION,BK,CUFF SUSPENSION	041	N		N	Y	\$53.41		1	365
L5668		LE; ADDITION, BK, MOLDED DISTAL CUSHION	041	N		N	Y	\$79.57		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5670		LE; ADDITION, BK, MOLDED SUPRACONDYLAR SUSPENSION	041	N		N	Y	\$187.95		1	365
L5671		ADD/LOWER EXTREMITY,BELOW/ABOVE KNEE SUSP.LOC	041	Y		N	Y	\$360.87			
L5672		LE; ADDITION, BK, REMOVABLE MEDIAL BRIM SUSPENSION	041	N		N	Y	\$248.73		1	365
L5673		ADD TO LOW/EXT. ABV/BELOW KNE CUT/FAB FROM EXI/M	041	N		N	Y	\$484.06		1	365
L5676		LE; ADDITION, BK, KNEE JOINTS, SINGLE AXIS, PAIR	041	N		N	Y	\$251.01		1	365
L5677		LE; ADDITION, BK, KNEE JOINTS, POLYCENTRIC, PAIR	041	N		N	Y	\$384.44		1	365
L5678		LE; ADDITION, BK, JOINT COVERS, PAIR	041	N		N	Y	\$27.50		1	365
L5679		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB FROM EXI/M	041	Y		N	Y	\$421.46			
L5680		LE; ADDITION, BK, THIGH LACER, NON-MOLDED	041	N		N	Y	\$210.83		1	365
L5681		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB, CONG/ATYP	041	Y		N	Y	\$603.50			
L5682		LE; ADDITION, BK, THIGH LACER, GLUTEAL/ISCHIAL, MO	041	Y		N	Y	\$433.21			
L5683		ADD TO LOW/EXT OTHER THAN CONG/ATYP, AMPUTEE, W/W	041	Y		N	Y	\$613.17			
L5684		LE; ADDITION, BK, FORK STRAP	041	N		N	Y	\$33.33		1	365
L5685		ADDITION TO LOWER EXT.PROS.BELOW KNEE SUP/SEAL SLE	041	N		Y	N	\$94.50		1	365
L5686		LE; ADDITION, BK,BACK CHECK (EXTENSION CONTROL)	041	N		N	Y	\$40.09		1	365
L5688		LE; ADDITION, BK, WAIST BELT, WEBBING	041	N		N	Y	\$42.58		1	365
L5690		LE; ADDITION, BK, WAIST BELT, PADDED AND LINED	041	N		N	Y	\$86.92		1	365
L5692		LE; ADDITION, AK, PELVIC CONTROL BELT, LIGHT	041	N		N	Y	\$92.05		1	365
L5694		LE; ADDITION, AK, PELVIC CONTROL BELT, PADDED AND	041	N		N	Y	\$125.66		1	365
L5695		LE; ADDITION,AK,PELVIC CONTROL,SLEEVE SUSPENSION,N	041	N		N	Y	\$112.96		1	365
L5696		LE; ADDITION, AK; KNEE DISARTICULATION, PELVIC JOI	041	N		N	Y	\$136.46		1	365
L5697		LE; ADDITION, AK-KNEE DISARTICULATION, PELVIC BAND	041	N		N	Y	\$64.80		1	365
L5698		LE; ADDITION, AK-KNEE DISARTICULATION, SILESIA BA	041	N		N	Y	\$83.12		1	365
L5699		LE; ALL PROSTHESES, SHOULDER HARNESS	041	N		N	Y	\$142.08		1	365
L5700		REPLACEMENT; SOCKET, BK, MOLDED TO PATIENT	041	Y		N	Y	\$2,137.10			
L5701		REPLACEMENT; SOCKET, AK-KNEE DISART W/ATTACH PLATE	041	Y		N	Y	\$2,651.26			
L5702		REPLACEMENT, SOCKET,HIP DISART W/HIP JOINT,MOLDED	041	Y		N	Y	\$3,341.51			
L5704		PROTECTIVE COVER, CUSTOM SHAPED, BELOW KNEE	041	Y		N	Y	\$456.39			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5705		PROTECTIVE COVER, CUSTOM SHAPED, ABOVE KNEE	041	Y		N	Y	\$836.71			
L5706		PROTECTIVE COVER, CUSTOM SHAPED, KNEE DISARTICULAT	041	Y		N	Y	\$816.11			
L5707		PROTECTIVE COVER, CUSTOM SHAPED,HIP DISARTICULATIO	041	Y		N	Y	\$1,096.45			
L5710		EXOSKELETAL KNEE-SHIN; ADDITION, SINGLE AXIS, MANU	041	N		N	Y	\$249.14		1	365
L5711		EXOSKELETAL KNEE-SHIN;ADD SINGLE AXIS,MANUAL LOCK,	041	N		N	Y	\$418.13		1	365
L5712		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,FRICTION SWI	041	N		N	Y	\$298.48		1	365
L5714		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,VARIABLE FRI	041	N		N	Y	\$303.70		1	365
L5716		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,MECHANICAL S	041	Y		N	Y	\$600.54			
L5718		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICTION SWI	041	Y		N	Y	\$642.17			
L5722		EXOSKELETAL KNEE-SHIN; ADD, PNEUMATIC SWING, FRICT	041	Y		N	Y	\$780.91			
L5724		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FLUID SWI	041	Y		N	Y	\$1,203.65			
L5726		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,EXTERNAL JOI	041	Y		N	Y	\$1,433.00			
L5780		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATIC	041	Y		N	Y	\$924.59			
L5785		EXOSKELETAL BK;ADD, ULTRA-LIGHT MATERIAL	041	N		N	Y	\$359.89		1	365
L5790		EXOSKELETAL AK;ADD,ULTA-LIGHT MATERIAL	041	Y		N	Y	\$519.43			
L5795		EXOSKELETAL HIP DISARTICULATION;ADD,ULTRA-LIGHT MA	041	Y		N	Y	\$743.74			
L5810		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, MANUAL L	041	N		N	Y	\$396.27		1	365
L5811		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,MANUAL LOCK	041	Y		N	Y	\$546.85			
L5812		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FRICTION	041	N		N	Y	\$411.50		1	365
L5816		ENDOSKELETAL KNEE-SHIN; ADD, POLYCENTRIC, MECHANIC	041	Y		N	Y	\$589.10			
L5818		ENDOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICTION SW	041	Y		N	Y	\$665.22			
L5822		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,PNEUMATIC S	041	Y		N	Y	\$1,220.32			
L5824		ENDOSKELETAL KNEE-SHIN;ADD, SINGLE AXIS,FLUID SWIN	041	Y		N	Y	\$1,153.56			
L5828		ENDOSKELETAL KNEE SHIN; ADD, SINGLE AXIS, FLUID SW	041	Y		N	Y	\$2,053.05			
L5830		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATI	041	Y		N	Y	\$1,384.30			
L5840		ENDOSKELETAL KNEE-SHIN;ADD,MULTIAXIAL,PNEUMATIC CO	041	Y		N	Y	\$2,717.03			
L5850		ENDOSKELETAL AK-KNEE DISART; ADD, KNEE EXTENSION A	041	N		N	Y	\$88.61		1	365
L5855		ENDOSKELETAL HIP DISART; ADD, MECHANICAL HIP EXTEN	041	N		N	Y	\$213.92		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5910		ENDOSKELETAL BK; ADD, ALIGNABLE SYSTEM	041	N		N	Y	\$250.88		1	365
L5920		ENDOSKELETAL AK-HIP DISART; ADD, ALIGNABLE SYSTEM	041	N		N	Y	\$367.53		1	365
L5925		ENDOSKELETAL AK, KNEE/HIP DISART; ADD, MANUAL LOCK	041	N		N	Y	\$232.75		1	365
L5940		ADD,ENDO SYS,BLW KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	N		N	Y	\$347.46		1	365
L5950		ADDN,ENDO SYS, AK KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	Y		N	Y	\$538.93			
L5960		ENDOSKELETAL HIP DISART;ADD,ULTRA-LIGHT MATERIAL	041	Y		N	Y	\$805.82			
L5961		ADDITION ENDOSKEL SYS POLY HIP JT PNEU OR HYD CONT	041	Y	Y	Y	Y				
L5962		ADDITION ENDOSKELETAL, BELOW K NEE, FLEX PROTECT.	041	N		N	Y	\$426.45		1	365
L5966		ADDITION ENDOSKEL HIP DISARTIC ULATION, FLEX PROTE	041	Y		N	Y	\$1,053.74			
L5969		ADDL ENDOSKETAL AK-FT W-MOTOR	041	Y	Y	Y	Y				
L5970		LE PROSTHESIS; FOOT, EXTERNAL KEEL, SACH FOOT	041	N		N	Y	\$151.35		1	365
L5972		LE PROTHESIS;FLEXIBLE KEEL FOOT	041	N		N	Y	\$275.68		1	365
L5974		LE PROSTHESIS; FOOT, SINGLE AXIS ANKLE/FOOT	041	N		N	Y	\$161.42		1	365
L5976		LE PROSTHESIS; ENERGY STORING FOOT	041	N		N	Y	\$409.44		1	365
L5978		LE PROSTHESIS; FOOT, MULTIAXIAL ANKLE/FOOT	041	N		N	Y	\$216.97		1	365
L5981		PROSTHESIS; FLEX WALK SYSTEM OR EQUAL	041	Y		N	Y	\$2,377.37			
L5982		LE PROTHESIS; EXOSKELETAL, AXIAL ROTATION UNIT	041	N		N	Y	\$446.60		1	365
L5984		LE PROSETHESIS;ENDOSKELETAL, AXIAL ROTATION UNIT	041	N		N	Y	\$447.99		1	365
L5986		LE PROSTHESIS; MULTI-AXIAL ROTATION UNIT	041	Y		N	Y	\$540.38			
L5999		LE PROSTHESIS; NOT OTHERWISE SPECIFIED	041	Y	Y	N	N				
L6000		PARTIAL HAND, THUMB REMAINING	041	Y		N	Y	\$1,227.18			
L6010		PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	041	Y		N	Y	\$1,365.65			
L6020		PARTIAL HAND; NO FINGER REMAINING	041	Y		N	Y	\$1,273.25			
L6050		WRIST DISART;MOLDED SOCKET,FLEXIBLE ELBOW HINGES,T	041	Y		N	Y	\$1,731.87			
L6055		WRIST DISART;MOLDED SOCKET W/EXPANDABLE INTERFACE,	041	Y		N	Y	\$2,209.09			
L6100		BELOW ELBOW;MOLD SOCKET,FLEXIBLE ELBOW HINGES,TR	041	Y		N	Y	\$1,752.60			
L6110		BELOW ELBOW; MOLDED SOCKET	041	Y		N	Y	\$1,854.12			
L6120		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STEP U	041	Y		N	Y	\$2,097.03			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6130		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STUMP	041	Y		N	Y	\$2,212.43			
L6200		ELBOW DISART; MOLDED SOCKET, OUTSIDE LOCKING HINGE	041	Y		N	Y	\$2,279.05			
L6205		ELBOW DISART; MOLD SOCKET W/EXPANDABLE INTERFACE	041	Y		N	Y	\$3,143.92			
L6250		ABOVE ELBOW;MOLDE DOUBLE WALL SOCKET;INTERNAL LOC	041	Y		N	Y	\$2,242.19			
L6300		SHOULDER DISART; MOLD SOCKET, SHOULDER BULKHEAD,	041	Y		N	Y	\$3,092.60			
L6310		SHOULDER DISART;PASSIVE RESTORATION (COMPLETE PROS	041	Y		N	Y	\$2,802.76			
L6320		SHOULDER DISART; PASSIVE RESTORATION(SHOULDER CAP	041	Y		N	Y	\$1,460.73			
L6350		INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BU	041	Y		N	Y	\$3,388.52			
L6360		INTERSCAPULAR THORACIC;PASSIVE RESTORATION (COMP P	041	Y		N	Y	\$2,941.84			
L6370		INTERSCAPULAR THORACIC;PASSIVE RESTOR SHOULDER	041	Y		N	Y	\$1,706.07			
L6380		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,WRST	041	Y		N	Y	\$986.72			
L6382		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,ELB	041	Y		N	Y	\$1,174.66			
L6384		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,SHLD	041	Y		N	Y	\$1,486.00			
L6388		IMMEDIATE POST SURGICAL;APPL OF RIGID DRESSING ONL	041	N		N	Y	\$358.72		1	365
L6400		BELOW ELBOW;MOLD SOCKET,ENDOSKELETAL SYSTEM W/TI	041	Y		N	Y	\$1,895.87			
L6450		ELBOW DISART; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N	Y	\$2,477.83			
L6500		ABOVE ELBOW; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N	Y	\$2,433.16			
L6550		SHOULDER DISART; MOLDED SOCKET, ENDOSKELETAL SYSTE	041	Y		N	Y	\$3,151.44			
L6570		INTERSCAPULAR THORACIC;MOLDED SOCKET, ENDOSKELETAL	041	Y		N	Y	\$3,518.17			
L6582		PREPARATORY;WRIST DISART/BELOW ELBOW,FLEXIBLE ELBO	041	Y		N	Y	\$1,181.40			
L6586		PREP,EB DIS/ABV EB,SGL WALL SOC,FRIC WRST,LCK EB,F	041	Y		N	Y	\$1,558.76			
L6590		PREP; SHOULDER DISART/INTERSCAPULAR THORACI	041	Y		N	Y	\$2,163.61			
L6600		UE;ADDITION,POLYCENTRIC HINGE,PAIR	041	N		N	Y	\$158.04		1	365
L6605		UE;ADDITION,SINGLE PIVOT HINGE,PAIR	041	N		N	Y	\$162.66		1	365
L6610		UE;ADDITION,FLEXIBLE METAL HINGE,PAIR	041	N		N	Y	\$153.76		1	365
L6615		UE;ADDITION,DISCONNECT LOCKING WRIST UNIT	041	N		N	Y	\$149.25		1	365
L6616		UE;ADDITION,ADD DISCONNECT INSERTFOR LOCKING WRIST	041	N		N	Y	\$44.92		1	365
L6620		UPPER EXTREMITY ADDN,FLEXION/EXT WRIST UNIT W/WO F	041	N		N	Y	\$260.94		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6623		UPPER EXTREMITY ADDN,SPRING ASSISTD ROTATN WRIST W	041	Y		N	Y	\$497.09			
L6625		UE;ADDITION,ROTATION WRIST UNIT W/ CABLE LOCK	041	N		N	Y	\$368.42		1	365
L6628		UE; ADDITN, QUICK DISCONNECT HOOK ADAPTER	041	N		N	Y	\$396.55		1	365
L6629		UE; ADDITN, QUICK DISCONNECT LAMINATION COLLAR	041	N		N	Y	\$135.12		1	365
L6630		UE; ADDITN, STAINLESS STEEL, ANY WRIST	041	N		N	Y	\$199.06		1	365
L6632		UE; ADDITN, LATEX SUSPENSION SLEEVE, EACH	041	N		N	Y	\$45.08		1	180
L6635		UE; ADDITN, LIFT ASSIST FOR ELBOW	041	N		N	Y	\$143.88		1	365
L6637		UE; ADDITN, NUDGE CONTROL ELBOW LOCK	041	N		N	Y	\$281.67		1	365
L6640		UE; ADDITN, SHOULDER ABDUCTION JOINT, PAIR	041	N		N	Y	\$234.58		1	365
L6641		UE; ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	041	N		N	Y	\$136.59		1	365
L6642		UE; ADDITN, EXCURSION AMPLIFIER, LEVER TYPE	041	N		N	Y	\$200.83		1	365
L6645		UE; ADDITN, SHOULDER FLEXION-ABDUCTION JOINT, EACH	041	N		N	Y	\$253.68		1	365
L6650		UE; ADDITN, SHOULDER UNIVERSAL JOINT, EACH	041	N		N	Y	\$275.14		1	365
L6655		UE; ADDITN, STANDARD CONTROL CABLE, EXTRA	041	N		N	Y	\$53.35		1	365
L6665		UE; ADDITN, TEFLON OR EQUAL, CABLE LINING	041	N		N	Y	\$31.89		1	365
L6670		UE; ADDITN, HOOK TO HAND, CABLE ADAPTOR	041	N		N	Y	\$33.22		1	365
L6672		UE; ADDITN, HARNESS, CHEST OR SHOULDER, SADDLE TYP	041	N		N	Y	\$152.45		1	365
L6675		UE; ADDITN, HARNESS, FIGURE "8", SINGLE CABLE DESI	041	N		N	Y	\$83.18		1	365
L6676		UE; ADDITN, HARNESS, FIGURE "8" DUAL CABLE DESIGN	041	N		N	Y	\$87.02		1	365
L6680		UE; ADDITN, TEST SOCKET, WRIST DISART OR BELOW ELB	041	N		N	Y	\$214.28		1	365
L6682		UE; ADDITN, TEST SOCKET, ELBOW DISART OR ABOVE ELB	041	N		N	Y	\$236.91		1	365
L6684		UE; ADDITN, TEST SOCKET, SHOULDER DISART/INTERSCAP	041	N		N	Y	\$321.94		1	365
L6686		UE; ADDITN, SUCTION SOCKET	041	N		N	Y	\$477.71		1	365
L6687		UE; ADDITN, FRAME TYPE SOCKET, BELOW ELBOW/WRIST D	041	N		N	Y	\$399.55		1	365
L6688		UE; ADDITN, FRAME TYPE SOCKET, SHOULDER DESART	041	N		N	Y	\$442.20		1	365
L6690		UE; ADDITN, FRAME TYPE SOCKET, INTERSCAPULAR-THORA	041	Y		N	Y	\$620.50			
L6691		UE; ADDITN, REMOVABLE INSERT, EACH	041	N		N	Y	\$244.91		1	365
L6692		UE; ADDITN, SILICONE GEL INSERT OR EQUAL, EACH	041	N		N	Y	\$445.59		1	365

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6694		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y	Y	\$652.15			
L6695		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y	Y	\$543.47			
L6696		ADD TO UPPER EXT PROS W/WO LOCKING MECH INITIAL ON	041	Y	Y	Y	N				
L6697		ADD TO UPPER EXT OTHER THAN CONG ORATYP,CUSTOM,INT	041	Y	Y	Y	N				
L6698		ADD TO UPPER EXT PROS BELOW / ABOVE ELBOW LOCK MEC	041	N		Y	Y	\$410.35		1	365
L6706		TERMINAL DEVICE,HOOK,MECHAICAL VOLUNTARY OPENING	041	N		Y	Y	\$347.66		1	365
L6707		TERMINAL DEVICE,HOOK,MECANICAL VOLUNTARY CLOSING,A	041	Y	Y	Y	Y				
L6708		TERMINAL DEVICE,HAND,MECH VOLUNTARY OPENING,	041	Y		Y	Y	\$812.96			
L6709		TERMINAL DEVICE,HAND,MECHANIC VOLUNTARY CLOSING, A	041	Y	Y	Y	Y				
L6711		TERMINAL DEVICE HOOK,MECH,VOL OPEN,ANY MATERAL, AN	041	Y		Y	Y	\$557.85			
L6712		TERMINAL DEVICE,HOOK,MECH. VOLCLOS, ANY MAT LINER/	041	Y	Y	Y	Y				
L6713		TERMINAL DEVICE,HAND, MECH. VOL. OPENING ANY MATER	041	Y	Y	Y	Y				
L6714		TERMINAL DEVICE,HAND,MECH VOL CLOSING ANY MATERIAL	041	Y	Y	Y	N				
L6721		TERMINAL DEVICE HOOK OR HAND HD,MECH,VOL OPEN ANY	041	Y	Y	Y	Y				
L6722		TERMINAL DEVICE,HOOK OR HAND HD, MECH VOL CLOSING	041	Y	Y	Y	Y				
L6805		TERMINAL DEVICE; MODIFIER WRIST FLEXION UNIT	041	N		N	Y	\$267.21		1	365
L6810		TERMINAL DEVICE; PRECISION PINCH DEVICE	041	N		N	Y	\$142.05		1	365
L6890		TERMINAL DEVICE; GLOVE FOR ABOVE HANDS, ANY TYPE,	041	N		N	Y	\$139.15		1	365
L6895		CUSTOM GLOVE FOR TERMINAL DEVICE, ANY MATERIAL	041	Y		N	Y	\$465.27			
L6900		HAND RESTORATION PARTIAL HAND;W/GLOVE,THUMB/FINGER	041	Y		N	Y	\$1,351.17			
L6905		HAND RESTORATION PARTIAL HAND; W/GLOVE, MULTIPLE F	041	Y		N	Y	\$1,337.27			
L6910		HAND RESTOR PARTIAL HAND; W/GLOVE, NO FINGERS	041	Y		N	Y	\$1,314.62			
L6915		HAND RESTOR; REPLACEMENT GLOVE FOR ABOVE HAND	041	Y		N	Y	\$564.85			
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	041	Y		Y	Y	\$782.00		1	365
L7499		UE PROSTHESIS; NOT OTHERWISE SPECIFIED	041	Y	Y	N	N				
L7510		REPAIR OF PROSTH DEVICE REPAIR OR REPLACE MINOR	041	Y	Y	N	Y				
L7700		GASKET/SEAL, FOR USE W/PROS SOCKET INSRT,ANY TYPE,EA	041	Y		N	Y	\$133.08			
L8000		BREAST PROSTHESIS;MASTECTOMY BRA	041	N		N	Y	\$29.50		3	180

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8001		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,UNILA	041	N		N	Y	\$91.54		2	365
L8002		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	Y	\$120.39		2	365
L8010		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	N	\$42.01		1	180
L8015		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	Y	\$25.00		2	180
L8020		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	Y	\$157.53		2	365
L8030		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	Y	\$243.52		1	730
L8031		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	N		N	Y	\$290.02		1	730
L8039		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,BI	041	Y	Y	N	Y				
L8040		NASAL PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$2,057.12			
L8041		MIDFACIAL PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$2,479.28			
L8042		ORBITAL PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$2,785.70			
L8043		UPPER FACIAL PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$3,120.00			
L8044		HEMI-FACIAL PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$3,454.30			
L8045		AURICULAR PROSTHE, BY NONPHYSICIAN	041	Y		N	Y	\$2,704.94			
L8046		PARTIAL FACIAL PROSTHE BY NONPHYSICIAN	041	Y		N	Y	\$2,228.58			
L8047		NASAL SEPTAL PROSTHE BY NONPHYSICIAN	041	Y		N	Y	\$1,142.15			
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHE,VIA REPORT BY	041	Y	Y	N	Y				
L8049		REPAIR/MOD OF MAXILLOFACIAL PROSTHE, LABOR IS M	041	Y	Y	N	Y				
L8300		TRUSS; SINGLE W/ STANDARD PAD	041	N		Y	Y	\$58.42		1	180
L8310		TRUSS; DOUBLE W/STANDARD PAD	041	N		Y	Y	\$103.52		1	180
L8320		TRUSS; ADDITION TO STANDARD PAD, WATER PAD	041	N		Y	Y	\$42.96		1	180
L8330		TRUSS; ADDITION TO STANDARD PAD, SCROTAL PAD	041	N		Y	Y	\$34.19		1	180
L8400		PROSTHETIC SHEATH; BK, EACH	041	N		N	Y	\$10.90		6	180
L8410		PROSTHETIC SHEATH; AK, EACH	041	N		N	Y	\$14.34		6	180
L8415		PROSTHETIC SHEATH; UPPER LIMB, EACH	041	N		N	Y	\$14.85		6	180
L8420		PROSTHETIC SOCK; MULTIPLE PLY, BK, EACH	041	N		N	Y	\$14.54		6	180
L8430		PROSTHETIC SOCK; MULTIPLE PLY, AK, EACH	041	N		N	Y	\$16.44		6	180
L8435		PROSTHETIC SOCK; MULTIPLE PLY, UPPER LIMB, EACH	041	N		N	Y	\$15.63		6	180

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8440		PROSTHETIC SHRINKER; BK, EACH	041	N		N	Y	\$32.47		2	180
L8460		PROSTHETIC SHRINKER; AK, EACH	041	N		N	Y	\$46.17		2	180
L8465		PROSTHETIC SHRINKER; UPPER LIMB	041	N		N	Y	\$42.68		2	180
L8470		PROSTHETIC SOCK; SINGLE PLY, FITTING, BK, EACH	041	N		N	Y	\$4.62		6	180
L8480		PROSTHETIC SOCK; SINGLE PLY, FITTING, AK, EACH	041	N		N	Y	\$6.37		6	180
L8485		PROSTHETIC SOCK; SINGLE PLY, FITTING, UPPER LIMB,	041	N		N	Y	\$8.57		6	180
L8499		PROSTHETIC SERVICES; UNLISTED PROCEDURE FOR MISC.	041	Y	Y	N	Y				
L8500		ARTIFICIAL LARYNX; ANY TYPE	041	N		N	Y	\$458.48		1	365
L8501		TRACHEOSTOMY SPEAKING VALVE	041	N		N	Y	\$77.85		1	120
L8505		ARTIFICIAL LARYNX REPLACE BATTERY/ACCESSORY,ANY TY	048	Y	Y	Y	N				
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS,PATIENT INSERT	041	N		Y	Y	\$30.90		1	30
L8509		TRACHEO-ESOPHAGEAL VOICE PROSTHE,INSERT BY PROVIDE	041	N		Y	Y	\$80.56		1	90
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPL DEVIC	041	N		Y	N	\$332.74		1	120
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE RE	041	N		Y	N	\$77.50		1	120
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DE	041	N		Y	N	\$67.69		1	120
L8618		TRANS CABLE FOR COCHLEAR AUDIT OSSEOINTEGRATED RPMT	041	N		Y	N	\$19.34		2	30
L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR & CONTR	041	Y		N	Y	\$6,974.55			
L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y	N	\$0.46		60	30
L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y	N	\$0.24		60	30
L8623		LITHIUM ION BATT FOR USE W/CID (OTHER THAN EAR LEV	048	N		Y	Y	\$47.73		4	180
L8624		LITH ION BATT CID/ADTRY OSEOINTEGR SPCH PROC EAR LVL EA	048	N		Y	Y	\$118.98		4	180
L8625		EXT RECHAR SYS FOR BATT USE W/CID/ADTRY OSEOINGRTD, EA	041	Y	Y	N	Y				
L8627		COCHLEAR IMPLANT, EX. SPEECH PRO COMPONENT, REPLAC	041	Y		Y	Y	\$5,919.85			
L8628		COCHLEAR IMPLANT, EXT. CONTROLLER, REPLACEMENT	041	Y		Y	Y	\$1,054.69			
L8629		TRANSMITTING COIL AND CABLE INTEGRATED FOR USE W/	041	N		Y	Y	\$148.58		1	120
L8684		RADIOFREQ TRANS EXTRNL USE W/IMP SAC RT NEUROSM RE	041	Y		Y	Y	\$623.84			
L8689		EXTRNL RECHARG SYS FOR INTRNALIMPLNTBLE NEUROSTI	041	Y		Y	Y	\$1,431.30			
L8691		AUD OSEOINTEGRATED DEV EXT SOND EXC TRNS/ACT RPMT EA	041	Y		Y	Y	\$1,428.91			

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Medicare Covered**	2.7% Reduced Purchase Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8692		AUDITORY OSSEOINTEGRATED DEVICE,EXT,SOUND PROCES B	041	Y		Y	Y	\$2,212.62			
L8694		AUDITO OSSEOINTEGRAT DEVICE,TRANSD/ACTUAT,RPLMT EA	041	Y		Y	Y	\$783.72			
L8695		EXTERNAL RECHARGING SYS. FOR EXTERNAL IMPLA NEUROS	041	N		Y	Y	\$13.84		1	365
L8696		ANTENNA,EXTERN FOR USE WITH,IMPLANTABLE STIMULAT	041	Y	Y	Y	Y				
L9900		ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY OR COMPO	048	Y	Y	Y	N				
Q0477		PWR MOD CABLE USE W/ELE OR ELEC/PNEU VENT RPLCMT	041	Y		N	Y	\$74.46			
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 REPLACEME	041	Y		Y	Y	\$74,732.86			
Q0481		MICROPROCESSOR CONTROL UNIT USE WITH ELEC. VAD DEV	041	Y		Y	Y	\$12,057.29			
Q0482		MICROPROCESSOR CNTL UNIT FOR USE W ELEC/PNEU VA	041	Y		Y	Y	\$3,776.55			
Q0483		MONITOR/DISPLAY MODULE FOR USE WITH ELEC VAD REPLA	041	Y		Y	Y	\$15,557.75			
Q0484		MONITOR/DISPLAY MODULE FOR USE WITH ELEC/PNEU VAD	041	Y		Y	Y	\$3,021.26			
Q0485		MONITOR CONTROL CABLE FOR USE WITH ELEC VAD REPLAC	041	N		Y	Y	\$291.72		1	365
Q0486		MONITOR CONTROL CABLE FOR USE W ELEC/PNEU VAD REPL	041	N		Y	Y	\$242.77		1	365
Q0487		LEADS (PNEU/ELEC) FOR USE WITH ANY TYPE ELEC/PNEU	041	N		Y	Y	\$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	\$13,487.73			
Q0490		EMERGENCY PWR SOURCE FOR USE WITH ELEC VAD REPLA	041	Y		Y	Y	\$583.42			
Q0491		EMERGENCY POWER SOURCE FOR USE WITH ELEC/PNEU VAD	041	Y		Y	Y	\$917.18			
Q0492		EMERGENCY POW/SUPPLY CABLE FOR USE WITH ELEC VAD R	041	N		Y	Y	\$73.90		1	365
Q0493		EMERGENCY POWER SUPPLY CABLE FOR USE W ELEC/PNEU V	041	N		Y	Y	\$210.64		1	365
Q0494		EMERGENCY HAND PUMP FOR USE W/ELECTRIC/PNEU VAD	041	N		Y	Y	\$178.02		1	365
Q0495		BATTERY/POWER PACK CHARGER FOR USE W ELEC OR ELEC/	041	Y		Y	Y	\$3,465.99			
Q0496		BATTERY FOR USE WITH ELEC OR ELEC/PNEU VAD, NOT LI	041	Y		Y	Y	\$1,244.02			
Q0497		BATTERY CLIPS FOR USE W ELEC OR ELEC/PNEU VAD REPL	041	N		Y	Y	\$388.45		1	365
Q0498		HOLSTER FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y	Y	\$426.21		1	365
Q0499		BELT/VEST/BAG FOR USE W/ ELEC OR ELEC/PNEU VAD REP	041	N		Y	Y	\$138.48		1	365

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Q0500		FILTERS FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y	Y	\$25.34		1	365
Q0501		SHOWER COVER FOR USE WITH ELEC OR ELEC/PNEU VAD RE	041	N		Y	Y	\$423.74		1	365
Q0502		MOBILITY CART FOR PNEUMATIC VAD REPLACEMENT ONLY	041	Y		Y	Y	\$539.52			
Q0503		BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	041	Y		Y	Y	\$1,079.01			
Q0504		POWER ADAPTER FOR PNEUMATIC VAD REPLACE ONLY V	041	Y		Y	Y	\$569.37			
Q0506		BATTERY,LITHIUM-ION FOR USE WITH ELEC/PNEU VAD REP	048	Y		Y	Y	\$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	\$1,366.06			
S5498		HOME INFUSION THRPY,CATH CARE/ADMN SVS/PROF PHAR	048	N		Y	N	\$11.57		10	30
S5501		HOME INFUS THRPY,CATH CARE/COMP>1 LUMEN,W/ADM	048	N		Y	N	\$38.82		4	30
S8185		FLUTTER DEVICE	041	N		Y	N	\$46.03		1	180
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	048	Y	Y	Y	N				
S8210		MUCUS TRAP	048	N		Y	N	\$4.88		2	30
S8270		ENURESIS ALARM USING AUD. BUZZER OR VIBRATION DEVI	041	Y	Y	Y	N				
S8420		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATIO	041	Y	Y	N	N				
S8421		GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINAT)	041	N		Y	N	\$66.80		2	180
S8422		GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, MEDIUM	041	Y	Y	N	N				
S8423		GRADIENT PRESSURE AID (SLEEVE) CUSTOM MADE, HEAVY	041	Y	Y	N	N				
S8424		GRADIENT PRESSURE AID (SLEEVE) READY MADE	041	N		Y	N	\$44.63		2	180
S8425		GRADIENT PRESSURE AID (GLOVE) MEDIUM WEIGHT, CUSTO	041	Y	Y	N	N				
S8426		GRADIENT PRESSURE AID (GLOVE) HEAVY WEIGHT, CUSTOM	041	Y	Y	N	N				
S8427		GRADIENT PRESSURE AID (GLOVE) READY MADE	041	N		Y	N	\$28.52		2	180
S8428		GRADIENT PRESSURE AID GAUNTLET READY MADE	041	N		Y	N	\$44.47		2	180
S8999		RESUCITATION BAG USE FOR VENT PATIENTS DURING CAST	041	Y		Y	N	\$152.15			
S9001		HOME UTERINE MONITOR	041	R		N	N		\$109.38	30	30
S9211		HOME MGT GESTATNL HYPERTSN W/ADMN,PROF PHARM	041	R		N	N		\$109.38	30	30
S9500		HOME INF THRPY,ANTI-BIOTIC-VIRAL-FUNGAL,ADMN/PROF	048	N		Y	N	\$8.91		30	30
T4521		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,SMALL,	048	N		Y	N	\$0.48		200	30

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T4522		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER MEDIUM	048	N		Y	N	\$0.58		200	30
T4523		ADULT SIZED DISP INCONT PRODT BRIEF/DIAPER, LARGE,	048	N		Y	N	\$0.65		200	30
T4524		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,EXTRA	048	N		Y	N	\$0.86		200	30
T4525		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y	N	\$0.61		200	30
T4526		ADULT SIZED DISP INCONT PRODT PROTEC UNDER/PULL-ON	048	N		Y	N	\$0.76		200	30
T4527		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y	N	\$0.76		200	30
T4528		ADULT SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y	N	\$0.94		200	30
T4529		PEDS SIZED DISP INCONT PRODT BRIEF/DIAPER SM/MED S	048	N		Y	N	\$0.53		200	30
T4530		PEDS SIZED DISP INCONT PRODT,BRIEF/DIAPER,LARGE SI	048	N		Y	N	\$0.65		200	30
T4531		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y	N	\$0.54		200	30
T4532		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON,	048	N		Y	N	\$0.54		200	30
T4533		YOUTH SIZED DISP INCONT PRODT, BRIEF/DIAPER,EACH	048	N		Y	N	\$0.48		200	30
T4534		YOUTH SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y	N	\$0.54		200	30
T4535		DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT,INCON	048	N		Y	N	\$0.42		120	30
T4541		INCONTINENCE PROD,DISPOSABLE UNDERPAD,LARGE SIZ	048	N		Y	N	\$0.48		150	30
T4543		ADULT SIZED DISP INCONT PRODT,PROTEC BRIEF-DIAPER	048	N		Y	N	\$1.46		200	30
T4544		ADULT SIZED DISP INCONTINENCE PRODUCT,PULL-ON,ABO	048	N		Y	N	\$1.46		200	30
V5014		HEARING AID; REPAIR/MODIFICATION OF A HEARING AID	041	N		N	N	\$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
V5060	NR	HEARING AID,MON,BEHIND THE EAR	041	N		N	N	\$376.00		1	1,095
V5095	NR	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	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	\$340.24		1	1,095
V5171	NR	HEARING AID, MONAURAL, ITE	041	N		N	N	\$376.00		1	1,095

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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 CROS	041	N		N	N	\$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
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,GLASSES	041	N		N	N	\$752.00		1	1,095
V5240		DISPENSING FEE BICROS	041	N		N	N	\$340.24		1	1,095
V5241		HEARING AID; DISPENSING FEE, MON HEARING AID ANY T	041	N		N	N	\$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 ANALOG, MONA, I	041	N		N	N	\$376.00		1	1,095
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 ANALOG, BINAUR	041	N		N	N	\$752.00		1	1,095
V5251	NR	HEARING AID, DIGITALLY PROGRAM ANALOG, BINAUR	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	\$725.00		1	1,095
V5254	NR	HEARING AID DIGITAL, MONAURAL, CIC	041	N		N	N	\$376.00		1	1,095
V5255	NR	HEARING AID DIGITALLY, MON, ITC	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

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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, ANY	041	N		N	N	\$36.25		2	365
V5266		HEARING AID; BATTERY FOR USE IN HEARING DEVICE	048	N		Y	N	\$1.52		16	60
V5267		HEARING AID, SUPPLIES/ACCESSORIES	041	Y	Y	N	N				
V5281		AST LISTEN DVC PRSL FMDM MONO 1 RCVR TRNSMTTR M	041	Y	Y	Y	N				
V5282		AST LISTENING DVC PRSL FMDM BI2 RECVR TRANSMITTR M	041	Y	Y	Y	N				
V5283		AST LISTENING DVC PRSL FMDM NECK LOOP INDUCTION RE	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 INPUT REC	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 DEVC	041	Y	Y	Y	N				
V5290		AST LISTENING DVC TRANSMITTER MIC ANY TYPE	041	Y	Y	Y	N				
V5336		REPAIR/MOD OF AUGMENTATIVE COMMUNICATIVE	041	Y	Y	N	N				