

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A4212		NON-CORING NEEDLE OR STYLET , W/ OR W/O CATHETER	048	N		Y		Y	\$5.92	\$5.76			15	30
A4213		SYRINGE STERILE 20CC OR GREATER, EACH	048	N		Y		N	\$1.06	\$1.03			100	30
A4216		STERILE WATER SALINE, AND/OR DEXTROSE, 10 ML	048	N		Y		N	\$0.37	\$0.36			120	30
A4217		STERILE WATER/SALINE 500 ML	048	N		Y		Y	\$3.10	\$3.02			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	\$21.16	\$20.59			4	30
A4222		INFUSION SUPPLIES-EXTERNAL INFUSION PUMP, PER CASS	048	N		Y		N	\$23.07	\$22.45			30	30
A4223		INFUSION SUPPLIES NOT USED W/ EXTERNAL INF PUMP,PE	048	Y		Y		N	\$17.31	\$16.84				
A4224		SUPPLIES FOR MAINT OF INSULIN INFUSION CATH, PER WK	048	N		Y		Y	\$18.97	\$18.46			4	30
A4225		SUPPL EXT INSLN INFUSN PUMP, SYRNGE CART, STRL EA	048	N		Y		Y	\$2.55	\$2.48			30	30
A4230		INFUSION SET/EXTERNAL INSULIN PUMP, NON-NEEDLE CAN	048	N		N		N	\$13.35	\$12.99			192	365
A4231		INFUSION SET, EXTERNAL INSULIN PUMP, NEEDLE TYPE	048	N		N		N	\$13.35	\$12.99			192	365
A4232		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP, STE	048	N		N		N	\$2.55	\$2.48			30	30
A4233		REPLACEMENT BATT OTHER THAN J CELL FOR GLUE MONITO	048	N		Y		Y	\$3.83	\$3.73			2	365
A4234		REPLACEMENT BATTERY, ALKALINE J CELL FOR GLUCOSE M	048	N		Y		Y	\$3.83	\$3.73			2	365
A4235		REPLACEMENT BATT LITHIUM FOR USE W/GLUS MONITOR, E	048	N		Y		Y	\$3.83	\$3.73			2	365
A4236		REPLACEMENT BATT, SILVER OXIDE FOR USE W/ GLUC MON	048	N		Y		Y	\$3.83	\$3.73			2	365
A4265		PARAFFIN PER POUND	048	N		Y		Y	\$3.15	\$3.06			6	30
A4284		BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH P	048	N		Y		N	\$3.38	\$3.29			4	30
A4287		DISPOSABLE COLLECT STORAGE BAG FOR BRSTMLK ANY SZ, TYPE,EA	048	Y		N		N	\$0.33	\$0.32			120	30

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

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A4310		INSERTION TRAY;W/O CATHETER,W/O BAG, ACCESS ONLY,	048	N		Y		Y	\$7.55	\$7.35			1	30
A4311		INSERTION TRAY W/O DRAINAGE BAG,WITH FOLEY CATH-LA	048	N		Y		Y	\$14.51	\$14.12			1	30
A4312		INSERTION TRAY W/OUT DRAINAGE BAG W/FOLEY CATH,ALL	048	N		Y		Y	\$17.64	\$17.16			1	30
A4313		INSERTION TRAY W/OUT DRAINAGE BAG, W/ CATH, 3-WAY	048	N		Y		Y	\$17.41	\$16.94			1	30
A4314		INSERTION TRAY WITH DRAINAGE BAG WITH FOLEY CATH-L	048	N		Y		Y	\$24.72	\$24.05			1	30
A4315		INSERTION TRAY W/ DRAINAGE BAG AND FOLEY CATH-ALL	048	N		Y		Y	\$25.80	\$25.10			1	30
A4316		INSERTION TRAY W/DRAINAGE BAG W/FOLEY CATH, CONT.	048	N		Y		Y	\$27.77	\$27.02			1	30
A4320		IRRIGATION TRAY W/ BULB OR PISTON SYRINGE	048	N		Y		Y	\$4.87	\$4.74			1	30
A4322		IRRIGATION SYRINGE, BULB OR PISTON, EACH	048	N		Y		Y	\$2.76	\$2.69			4	30
A4326		CATH; MALE EXTERNAL, W/ COLLECT, CHAMBER, ANY T	048	N		Y		Y	\$10.14	\$9.87			30	30
A4327		FEMALE URINARY COLLECTION DEVICE, MEATAL CUP-EACH	048	N		Y		Y	\$41.94	\$40.81			1	30
A4328		FEMALE URINARY COLLECTION DEVICE, POUCH-EACH	048	N		Y		Y	\$10.21	\$9.93			1	30
A4330		PERIANAL FECAL COLLECTION POUCH E/ADHES EACH	048	N		Y		N	\$6.77	\$6.59			30	30
A4331		EXTENSION DRAINAGE TUBING, ANY TYPE W/CON/ADAP/, U	048	N		Y		Y	\$3.10	\$3.02			1	30
A4332		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	048	N		Y		Y	\$0.12	\$0.12			200	30
A4333		URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN A	048	N		Y		Y	\$2.15	\$2.09			8	30
A4334		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	048	N		Y		Y	\$4.82	\$4.69			2	30
A4338		INDWELLING CATHETER; FOLEY TYPE, LATEX WITH COATIN	048	N		Y		N	\$11.43	\$11.12			1	30
A4340		INDWELLING CATHETER; SPECIALTY TYPE, COUDE, MUSHRO	048	N		Y		Y	\$21.43	\$20.85			1	30

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A4344		INDWELLING CATHETER; FOLEY TYPE, ALL SILICONE	048	N		Y		N	\$13.42	\$13.06			2	30
A4349		CATHETER;MALE EXTERNAL W/O ADHESIVE, DISPOSA	048	N		Y		Y	\$1.59	\$1.55			30	30
A4351		INTERMITTANT URINARY CATH; STRAIGHT TIP, W/WO COAT	048	N		Y		Y	\$1.69	\$1.64			200	30
A4352		INTERMITTANT URINARY CATH; COUDE (CURVED) TIP ANY	048	N		Y		Y	\$6.82	\$6.64			200	30
A4353		INTERMITTENT URINARY CATH, W INSERTION SUPPLIES	048	N		Y		Y	\$6.51	\$6.33			200	30
A4355		3 WAY IRR SET FOR CATHETER	048	N		Y		Y	\$8.55	\$8.32			30	30
A4356		EXTERNAL URETHRAL CLAMP/COMP DEVICE-NOT CAT	048	N		Y		Y	\$42.54	\$41.39			1	90
A4357		BEDSIDE URIN DRAIN BAG, W/WO ANTIREFLX, W/WO T	048	N		Y		Y	\$9.48	\$9.22			2	30
A4358		URINARY DRAINAGE BAG, LEG OR ABD, W/ OR W/O TUBES,	048	N		Y		Y	\$6.48	\$6.31			2	30
A4360		DISP. EXTERNAL URETHRAL CLAMP OR COMP DEVICE WITH	048	N		Y		Y	\$0.50	\$0.49			30	30
A4361		OSTOMY FACE PLATE, EACH	048	N		N		N	\$17.96	\$17.48			1	60
A4362		SKIN BARRIER; SOLID, 4X4 OR EQUAL, EACH	048	N		N		N	\$2.74	\$2.67			20	30
A4363		OSTOMY CLAMP, ANY TYPE, REPLACE ONLY, EACH	048	N		N		Y	\$3.00	\$2.92			3	60
A4364		ADHESIVE, LIQUID OR EQUAL, ANY TYPE, PER OZ	048	N		N		N	\$2.15	\$2.09			4	30
A4366		OSTOMY VENT, ANY TYPE, EACH	048	N		N		Y	\$1.64	\$1.60			10	30
A4367		OSTOMY BELT, EACH	048	N		N		Y	\$6.59	\$6.41			1	30
A4368		OSTOMY FILTER, ANY TYPE EACH	048	N		N		Y	\$0.24	\$0.23			30	30
A4369		OSTOMY SKIN BARRIER LIQUID-SPRAY, BRUSH, ETC, PER	048	N		N		Y	\$2.24	\$2.18			2	30
A4371		OSTOMY SKIN BARRIER; POWDER, PER OZ	048	N		N		Y	\$3.40	\$3.31			2	30
A4372		OSTOMY SKIN BARRIER;SOLID 4X4 OR EQUAL BUILT-IN CO	048	N		N		Y	\$3.74	\$3.64			20	30
A4373		OSTOMY BARRIER W/FLANGE, W/CONVEXITY, ANY SIZE	048	N		N		Y	\$5.85	\$5.69			20	30
A4375		OSTOMY POUCH;DRAINABLE W FACEPLATE ATT,PLASTIC	048	N		N		Y	\$16.80	\$16.35			2	30
A4376		OSTOMY POUCH;DRAINABLE WITH FACEPLATE ATTACH,RUB	048	N		N		Y	\$46.52	\$45.26			1	30
A4377		OSTOMY POUCH;DRAINABLE FOR USE ON FACEPLATE, PLAST	048	N		N		Y	\$3.99	\$3.88			10	30
A4378		OSTOMY POUCH;DRAIN FOR USE ON FACEPLATE,RUBBER	048	N		N		Y	\$27.57	\$26.83			4	30

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A4379		OSTOMY POUCH, URINARY; WITH FACEPLATE ATTACHE, PLAST	048	N		N		Y	\$14.68	\$14.28			4	30
A4380		OSTOMY POUCH URINARY W/ FACE PLATE ATTAC RUBBER	048	N		N		Y	\$36.49	\$35.50			4	30
A4381		OSTOMY POUCH, URINARY; FOR USE ON FACEPLATE, PLASTIC	048	N		N		Y	\$4.34	\$4.22			10	30
A4382		OSTOMY POUCH, URINARY; FOR USE ON FACEPLATE, HEAVY PL	048	N		N		Y	\$24.07	\$23.42			4	30
A4383		OSTOMY POUCH, URINARY; FOR USE ON FACEPLATE, RUBBE	048	N		N		Y	\$27.56	\$26.82			4	30
A4384		OSTOMY FACEPLATE EQUIVALENT; SILICONE RING EACH	048	N		N		Y	\$8.96	\$8.72			4	30
A4385		OSTOMY BARRIER SOLID 4X4 EXTENDEWEAR W/O CONVEXIT	048	N		N		Y	\$4.74	\$4.61			20	30
A4387		OSTOMY POUCH; CLOSED W/STAND WEAR BARRIER W/CONV	048	N		N		Y	\$3.46	\$3.37			10	30
A4388		OSTOMY POUCH DRAIN W/EXTWEAR BARRIER W/O CONVEX	048	N		N		Y	\$4.07	\$3.96			10	30
A4389		OSTOMY POUCH DRAIN W/STANDWEAR BARR W/CONVEX	048	N		N		Y	\$5.79	\$5.63			30	30
A4390		OSTOMY(1PIECE)EACH POUCH DRAIN W/EXTEND WEAR BAR	048	N		N		Y	\$8.95	\$8.71			10	30
A4391		OSTOMY POUCH, URINARY; W/EXT BARRIER ATTACHED 1	048	N		N		Y	\$6.58	\$6.40			8	30
A4392		OSTOMY POUCH; URINARY; W/STANDWEAR BARRIER W/CON	048	N		N		Y	\$8.00	\$7.78			10	30
A4393		OSTOMY POUCH, URINARY; W/EXTWEAR BARRIER W/CONV	048	N		N		Y	\$8.84	\$8.60			10	60
A4394		OSTOMY DEODORANT FOR POUCH, PER FLUID OZ	048	N		N		Y	\$2.40	\$2.34			4	30
A4395		OSTOMY DEODORANT FOR POUCH, SOLID, PER TABLET	048	N		N		Y	\$0.04	\$0.04			30	30
A4396		OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	048	N		N		Y	\$40.41	\$39.32			4	180
A4397		IRRIGATION SUPPLY; SLEEVE, EACH	048	N		N		Y	\$4.68	\$4.55			4	30
A4398		OSTOMY IRRIGATION SUPPLY: BAG, EACH	048	N		N		Y	\$12.86	\$12.51			1	90
A4399		OSTOMY IRRIGATION SUPP: CONE/CATHETER, W/WO BRUS	048	N		N		Y	\$11.98	\$11.66			1	90

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A4400		OSTOMY IRRIGATION SET	048	N		N		Y	\$43.21	\$42.04			1	90
A4402		LUBRICANT, PER OUNCE	048	N		N		Y	\$1.26	\$1.23			8	30
A4404		OSTOMY RING, EACH	048	N		N		N	\$1.57	\$1.53			10	30
A4405		OSTOMY SKIN BARRIER NON-PECTIN BASED PASTE PER OUN	048	N		N		Y	\$3.32	\$3.23			4	30
A4406		OSTOMY SKIN BARRIER PECTIN BASED PER OUNCE	048	N		N		Y	\$5.61	\$5.46			4	30
A4407		OT SKIN BARR W/FLANGE EX WEAR BUILT IN CONVEX -/= 4X4	048	N		N		Y	\$8.56	\$8.33			10	30
A4408		OST SKIN BARR.W/FLANG EX WEAR BUILT-IN CONVEX >4X4	048	N		N		Y	\$9.64	\$9.38			10	30
A4409		OST SKIN BARR W/FLANGE EX WEAR W/O CONVEX -/= 4X4	048	N		N		Y	\$6.07	\$5.91			10	30
A4410		OST SKIN BARR W/FLANGE EX WEAR W/O CONVEX > 4X4	048	N		N		Y	\$8.83	\$8.59			10	30
A4411		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXT WEAR W/	048	N		N		Y	\$4.74	\$4.61			4	30
A4412		OSTOMY POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE S	048	N		N		Y	\$5.37	\$5.23			20	30
A4413		OST POUCH DRAINABLE HIGH OUTPUT USE W/2 PIECE SYST	048	N		N		Y	\$5.37	\$5.23			20	30
A4414		OST SKIN BARR W/FLANG W/O BUILT IN CONVEX -/= 4X4	048	N		N		Y	\$4.82	\$4.69			20	30
A4415		OST SKIN BARR W/FLANGE W/O BUILT IN CONVEX .> 4X4	048	N		N		Y	\$5.86	\$5.70			20	30
A4416		OSTOMY POUCH, CLOSED, W/BARR ATTAC W/FILTER ONE PI	048	N		N		Y	\$2.68	\$2.61			60	30
A4417		OSTOMY POUCH, CLO., W/BARR W/BLT IN CONVEX, W/FILT	048	N		N		Y	\$3.63	\$3.53			60	30
A4418		OSTOMY POUCH, CLOSED, W/OUT BARR ATTACED, W/FILTER	048	N		N		Y	\$1.77	\$1.72			60	30
A4419		OSTOMY POUCH, CLOSED, FOR USE ON BARR W/NON-LOCK F	048	N		N		Y	\$1.70	\$1.65			60	30
A4420		OSTOMY POUCH, CLOSED, FOR USE ON BARR W/LOCK (2 PI	048	N		N		Y	\$1.36	\$1.32			60	30
A4421		OSTOMY SUPPLIES; MISCELLANEOUS	048	Y	Y	N		N						

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A4422		OST ABSOR MATERIAL (SHEET/PAD/CRYSTAL PACKET) USE	048	N		N		Y	\$0.12	\$0.12			30	30
A4423		OSTOMY POUCH CLOSED, USE W/BARR W/LOCK FLANG, W/FI	048	N		N		Y	\$1.82	\$1.77			60	30
A4424		OSTOMY POUCH, DRAINABLE, W/BARRIER ATTACHED, W/FIL	048	N		N		Y	\$4.64	\$4.51			20	30
A4425		OSTOMY POUCH, DRAINABLE, USE W/BARRIER W/NON-LOCK	048	N		N		Y	\$3.49	\$3.40			20	30
A4426		OSTOMY POUCH, DRAINABLE, USE ON BARRIER W/LOCK FLA	048	N		N		Y	\$2.60	\$2.53			20	30
A4427		OSTOMY POUCH, DRAIN, USE BARRIER W/LOCK FG, W FILTER	048	N		N		Y	\$2.09	\$2.03			20	30
A4428		OSTOMY POUCH, URINARY, W/EXT WEAR BARRIER ATTA, W/	048	N		N		Y	\$6.35	\$6.18			20	30
A4429		OSTOMY POUCH, URINARY, W/ BARR ATTA W/BUILT IN CON	048	N		N		Y	\$7.76	\$7.55			20	30
A4430		OSTOMY POUCH, URINA, W/EXT WEAR BARR W/CONV/ VAL	048	N		N		Y	\$8.51	\$8.28			20	30
A4431		OSTOMY POUCH, URINARY, W/BARR ATTA/VALUE	048	N		N		Y	\$5.85	\$5.69			20	30
A4432		OSTOMY POUCH, URINARY, USE BARR W/NON-LOCK FG W	048	N		N		Y	\$3.50	\$3.41			20	30
A4433		OSTOMY POUCH, URIN, USE ON BARR W/LOCKING FLANG	048	N		N		Y	\$3.26	\$3.17			20	30
A4434		OSTOMY POUCH, URINARY, USE ON BARR W/LOCK FG VALVE	048	N		N		Y	\$3.67	\$3.57			20	30
A4450		TAPE, NON WATERPROOF, PER 18 SQUARE INCHES	048	N		Y		Y	\$0.09	\$0.09			120	30
A4452		TAPE, WATERPROOF PER 18 SQ. INCHES	048	N		Y		Y	\$0.34	\$0.33			120	30
A4453	A	RECTAL CATH W/WO BALLOON FOR USE W/ ANY TYPE TAI SYS, EACH	048	Y		Y		Y	\$25.83	\$25.13			90	90
A4455		OSTOMY ADHESIVE REMOVER OR SOLVENT PER OUNCE	048	N		N		Y	\$1.17	\$1.14			8	90
A4456		ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	048	N		Y		Y	\$0.22	\$0.21			50	30
A4459	A	MANUAL TAI SYS W/WATER RESERVOIR, PUMP, ACC, WITHOUT CATHETER	048	Y		Y		Y	\$205.65	\$200.10			1	90

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A4463		SURGICAL DRESSING HOLDER, REUSABLE, EACH	048	N		Y		Y	\$3.05	\$2.97			12	30
A4465		NON-ELASTIC BINDER EXTREMITY	048	N		Y		Y	\$0.93	\$0.90			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	\$0.36	\$0.35			30	30
A4555		ELECTRODE-TRANDUCER, USE W-ELEC STIM DEVICE FOR CA	048	Y	Y	Y		Y						
A4556		ELECTRODES,(E.G., APNEA MONITOR) PER PAIR	048	N		Y	*	Y	\$10.09	\$9.82			4	30
A4557		LEAD WIRE (EG, APNEA MONITOR) PER PAIR	048	N		Y	*	N	\$17.53	\$17.06			2	365
A4558		CONDUCTIVE PASTE OR GEL FOR USE WITH TENS/NMES	048	N		Y		Y	\$3.35	\$3.26			1	30
A4561		PESSARY, RUBBER, ANY TYPE	048	N		N		Y	\$32.74	\$31.86			1	365
A4563		RECTAL CNTRL SYS FOR VAGINAL INSRTN, PUMP, SUPPLY, EA	041	N		N		Y	\$120.07	\$116.83			1	180
A4565		SLINGS	048	N		Y		N	\$7.42	\$7.22			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	\$28.16	\$27.40			2	30
A4604		TUBING W/ INTEGRATED HEATING ELEMENT USE WITH POS	041	N		Y		Y	\$59.10	\$57.50			1	180
A4605		TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	048	N		Y		N	\$17.06	\$16.60			30	30
A4606		OXYGEN, REPLACEMENT PROBE FOR OXIMETER DEVICE	041	Y	Y	Y		N						
A4615		CANNULA, NASAL	048	Y		Y		Y	\$1.43	\$1.39			1	30
A4619		FACE TENT	048	Y		Y		Y	\$1.13	\$1.10				
A4623		TRACHEOSTOMY INNER CANNULA	048	N		Y		Y	\$5.44	\$5.29			30	30
A4624		TRACHEAL SUCTION CATHETER, ANY TYPE, OTHER THAN CL	048	N		Y		Y	\$2.08	\$2.02			300	30
A4626		TRACHEOSTOMY CLEANING BRUSH	048	N		Y		Y	\$2.65	\$2.58			2	30
A4628		OROPHARYNGEAL SUCTION CATHETER, EACH	048	N		Y		Y	\$1.91	\$1.86			12	365
A4629		TRACHEOSTOMY CARE KIT FOR ESTABL TRACHEOSTOMY	048	N		Y		Y	\$4.52	\$4.40			30	30
A4630		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS	048	N		Y		Y	\$5.19	\$5.05			1	30
A4635		CRUTCH-UNDERARM PAD, REPLACEMENT, EACH	048	N		Y		Y	\$4.25	\$4.14			2	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A4636		HANDGRIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y		Y	\$3.96	\$3.85			2	365
A4637		TIP-CANE CRUTCH OR WALKER, REPLACEMENT, EACH	048	N		Y		Y	\$1.98	\$1.93			4	365
A4640		ALTERNATING PRESSURE PAD REPLACEMENT, PT OWNED	041	N		Y		Y	\$35.57	\$34.61			2	365
A4649		SURGICAL SUPPLIES, MISCELLANEOUS	048	Y	Y	N		N						
A4657		SYRINGE, WITH OR WITHOUT NEEDLE, EACH	048	N		Y		Y	\$0.63	\$0.61			4	30
A4660		BLOOD PRESSURE KIT W/CUFF AND STETHOSCOPE	041	N		Y		N	\$28.76	\$27.98			1	365
A4663		BLOOD PRESSURE CUFF ONLY	041	N		Y		N	\$16.52	\$16.07			1	365
A4670		AUTO BLOOD PRESSURE MONITOR	041	N		Y		N	\$67.74	\$65.91			1	1,825
A4927		GLOVES/NON-STERILE, PER 100	048	N		Y		N	\$8.00	\$7.78			2	30
A4930		GLOVES, STERILE, PER PAIR	048	N		Y	*	N	\$0.72	\$0.70			60	30
A4931		THERMOMETER, ORAL REUSABLE ANY TYPE EACH	048	N		Y		N	\$1.91	\$1.86			1	365
A4932		THERMOMETER RECTAL REUSABLE ANY TYPE EACH	048	N		Y		N	\$1.91	\$1.86			1	365
A5051		OSTOMY POUCH, CLOSED; W/BARRIER ATTACHED (1 PC)	048	N		N		Y	\$2.03	\$1.98			60	30
A5052		OSTOMY POUCH, CLOSED; W/O BARRIER ATTACHED (1 PC)	048	N		N		Y	\$1.45	\$1.41			60	30
A5053		OSTOMY POUCH, CLOSED; FOR USE ON FACEPLATE	048	N		N		Y	\$1.64	\$1.60			60	30
A5054		OSTOMY POUCH, CLOSED; FOR USE ON BARRIER W/FLANGE	048	N		N		Y	\$1.75	\$1.70			60	30
A5055		STOMA CAP	048	N		N		Y	\$1.34	\$1.30			30	30
A5056		OSTOMY POUCH DRAIN W/EXT WEAR BARRIER W FILTER	048	N		Y		Y	\$4.90	\$4.77			20	30
A5057		OSTOMY POUCH DRAINBLE W EXT BARRIER W BLT CONVEXIT	048	N		Y		Y	\$10.09	\$9.82			20	30
A5061		OSTOMY POUCH, DRAINABLE; W/BARRIER (1 PC) EACH	048	N		N		Y	\$3.44	\$3.35			30	30
A5062		OSTOMY POUCH, DRAINABLE; W/O BARRIER (1 PC)	048	N		N		Y	\$1.95	\$1.90			20	30
A5063		OSTOMY POUCH, DRAINABLE; FOR USE W/BARRIER W/FLANG	048	N		N		Y	\$2.12	\$2.06			20	30
A5071		OSTOMY POUCH, URINARY; W/BARRIER (1 PC)	048	N		N		Y	\$5.87	\$5.71			20	30
A5072		OSTOMY POUCH, URINARY; W/O BARRIER (1 PC)	048	N		N		Y	\$3.35	\$3.26			20	30
A5073		OSTOMY POUCH; URINARY; FOR USE W/BARRIER W/FLANGE	048	N		N		Y	\$2.96	\$2.88			20	30
A5081		STOMA PLUG OR SEAL, ANY TYPE	048	N		N		Y	\$3.23	\$3.14			30	30

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A5082		OSTOMY CONTINENT DEVICE, STOMA CATHETER, EACH	048	N		N		Y	\$11.08	\$10.78			1	30
A5093		OSTOMY ACCESSORY, CONVEX INSERT, EACH	048	N		N		Y	\$1.71	\$1.66			10	30
A5105		URINARY SUSPENSOR WITH LEG BAG, WITH OR W/O T	048	N		Y		Y	\$39.84	\$38.76			1	30
A5112		URINARY DRN BAG, LEG/ABD, LATEX, W/WO TUBE, WITH S	048	N		Y		Y	\$33.84	\$32.93			1	30
A5113		LEG STRAP, LATEX, REPLACEMENT ONLY, PER SET	048	N		Y		Y	\$4.42	\$4.30			1	30
A5114		LEG STRAP, FOAM OR FABRIC, REPLACEMENT ONLY, PER S	048	N		Y		Y	\$7.42	\$7.22			1	30
A5120		SKIN BARRIER, WIPES OR SWABS, EAC	048	N		N		Y	\$0.20	\$0.19			50	30
A5121		OSTOMY SKIN BARRIER; SOLID 6X6 OR EQUAL, EACH	048	N		N		Y	\$6.91	\$6.72			20	30
A5122		OSTOMY SKIN BARRIER; SOLID, 8X8 OR EQUAL, EACH	048	N		N		Y	\$11.98	\$11.66			20	30
A5126		OSTOMY ADHESIVE OR NON-ADHESIVE DISK OR FOAM PAD,	048	N		N		Y	\$1.04	\$1.01			20	30
A5131		APPLIANCE CLEANER, INCONTINENCE AND OSTOMY, PER 16	048	N		N		Y	\$13.51	\$13.15			1	30
A5200		PERCUTANEOUS CATHETER/TUBE ANCHOR DEVICE ADHESI	048	N		Y		Y	\$11.03	\$10.73			1	30
A5500		DIABETIC ONLY-CUSTOM PREP OF OFF SHELF DEPTH INLAY	041	N		N		Y	\$76.58	\$74.51			2	365
A5501		DIABETIC ONLY,CUSTOM PREP SHOE MOLDED FROM CAST, E	041	N		N		Y	\$229.71	\$223.51			2	365
A5503		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ROLL/RIG	041	N		N		Y	\$35.43	\$34.47			2	365
A5504		DIABETIC ONLY-MOD-OFF SHELF/MOLD SHOE W/ WEDGES	041	N		N		Y	\$35.43	\$34.47			2	365
A5505		DIABETIC ONLY, MOD OFF SHELF/MOLD SHOE W/METATA	041	N		N		Y	\$35.43	\$34.47			2	365
A5506		DIABETIC ONLY,MOD OFF SHELF/MOLD SHOE W/OFF-SET HE	041	N		N		Y	\$35.43	\$34.47			2	365
A5507		DIABETIC ONLY,NOT OTHERWISE SPECIFIED MODIFICATION	041	N		N		Y	\$25.81	\$25.11			2	365
A5512		DIABETCS ONLY, MUL. INSERT MOLDED W/HEAT, INC ARCH	041	N		N		Y	\$31.23	\$30.39			2	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A5513		DIABETCS ONLY, MUL. DENT INSERT INCLUD ARCH, CUST	041	N		N		Y	\$46.62	\$45.36			2	365
A5514		DIABETICS ONLY, CAM TECH, 3/16 MAT, 35 DUROMTR>, CUS FB	041	N		N		Y	\$44.82	\$43.61			2	365
A6000		NON-CONTACT WOUND WARM COVER,W/WOUND DEV/CAR	048	Y		N		N	\$117.31	\$114.14				
A6010		COLLAGEN-BASE WOUND FILL,DRY FORM,PER GRAM COLLA	048	N		Y		Y	\$29.93	\$29.12			30	30
A6011		COLLAGEN BASED WOUND FILLER GEL/PASTE PER GRAM COL	048	N		Y		Y	\$2.22	\$2.16			30	30
A6021		COLLAGEN DRESSING, PAD SIZE 16SQ IN OR LESS, EACH,	048	N		Y		Y	\$20.55	\$20.00			30	30
A6022		COLLAGEN DRESSING,PAD MORE THAN 16SQ IN LESS THAN	048	N		Y		Y	\$20.55	\$20.00			30	30
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48SQ IN EACH	048	N		Y		Y	\$186.04	\$181.02			30	30
A6024		COLLAGEN DRESSING WOUND FILLER PER 6 INCHES, STERI	048	N		Y		Y	\$6.05	\$5.89			3	30
A6154		WOUND POUCH, EACH	048	N		Y		Y	\$13.61	\$13.24			30	30
A6196		ALGINATE DRESSING,WOUND COVER,PAD SIZE 16 SQ" LESS	048	N		Y		Y	\$7.19	\$7.00			30	30
A6197		ALGINATE DRESING,WOUND COVER,PAD SZE >16 SQ",<48 S	048	N		Y		Y	\$16.07	\$15.64			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	\$4.92	\$4.79			60	30
A6203		COMPOSITE DRESSING,16 SQ" OR LESS,W/ADHESIVE BORDE	048	N		Y		Y	\$3.28	\$3.19			12	30
A6204		COMPOSITE DRESSING,17 TO 48 SQ" W/ADHESIVE BORDER,	048	N		Y		Y	\$6.09	\$5.93			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	\$2.06	\$2.00			4	30
A6207		CONTACT LAYER, 17 TO 48 SQ", EACH DRESSING, STERIL	048	N		Y		Y	\$7.18	\$6.99			4	30
A6208		CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	048	Y	Y	Y		Y						

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6209		FOAM DRES,WOUND COVER 16 SQ"OR LESS,W/O ADHESIV	048	N		Y		Y	\$6.97	\$6.78			12	30
A6210		FOAM DRESS,WOUND COVER,17-48 SQ",W/O ADHESIVE,E	048	N		Y		Y	\$19.47	\$18.94			12	30
A6211		FOAM DRESS,WOUND Cvr MORE THAN 48SQ"W/O ADHES	048	N		Y		Y	\$28.71	\$27.93			12	30
A6212		FOAM DRESS,WOUND COVER,16 SQ" OR LESS,W/ADHESIV	048	N		Y		Y	\$9.48	\$9.22			12	30
A6213		FOAM DRESS,WOUND COVER,17-48 SQ" W/ADHESIVE,EA.	048	N		Y		Y	\$7.58	\$7.38			12	30
A6214		FOAM DRESS,WOUND COVER,MORE THAN 48 SQ"W/ADHESI	048	N		Y		Y	\$10.06	\$9.79			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	\$0.05			90	30
A6217		GAUZE,NON-IMPREGNATED,NON-STERILE,17-48 SQ",W/O AD	048	N		Y		Y	\$0.12	\$0.12			90	30
A6218		GAUZE,NON-IMPREGNAT,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	\$0.93	\$0.90			90	30
A6220		GAUZE,NON-IMPREGNATED,17-48 SQ" W/ADHESIVE, EACH,	048	N		Y		Y	\$2.40	\$2.34			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	\$2.08	\$2.02			30	30
A6223		GAUZE IMPREG. NOT H2O/SALINE 17-48 SQ" W/O ADHESIV	048	N		Y		Y	\$2.24	\$2.18			30	30
A6224		GAUZE,IMPREG. NOT H2O/SALINE,>48 SQ" W/O ADHESIVE,	048	N		Y		Y	\$3.52	\$3.42			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	\$3.52	\$3.42			30	30

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6230		GAUZE,IMPREGNATED,H2O/SALINE,>48 SQ" W/O ADHESIVE,	048	N		Y		Y	\$1.84	\$1.79			30	30
A6231		HYDROGEL, IMPREGNATED GAUZE 16SQ IN OR LESS EACH,	048	N		Y		Y	\$4.55	\$4.43			30	30
A6232		HYDROGEL,IMPREGNATED GAUZE 16SQ IN UP TO 48SQ IN E	048	N		Y		Y	\$6.73	\$6.55			30	30
A6234		HYDROCOLLOID DRESSING,16 SQ"OR LESS" W/O ADHESIVE,	048	N		Y		Y	\$6.40	\$6.23			12	30
A6235		HYDROCOLLOID DRESSING,17-48 SQ" W/O ADHESIVE, EACH	048	N		Y		Y	\$16.44	\$16.00			12	30
A6236		HYDROCOLLOID DRESS,MORE THAN 48 SQ" W/O ADHESIV	048	N		Y		Y	\$26.64	\$25.92			12	30
A6237		HYDROCOLLOID DRESSING,16 SQ" OR LESS WITH ADHESIVE	048	N		Y		Y	\$7.73	\$7.52			12	30
A6238		HYDROCOLLOID DRESSING, 17-48 SQ " W/ADHESIVE, EACH	048	N		Y		Y	\$22.28	\$21.68			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	\$11.97	\$11.65			12	30
A6241		HYDROCOLLOID DRESSING, WOUND FILLER,DRY FORM, PER	048	N		Y		Y	\$2.39	\$2.33			12	30
A6242		HYDROGEL DRESSING, 16 SQ " OR LESS,W/O ADHESIVE,EA	048	N		Y		Y	\$5.93	\$5.77			30	30
A6243		HYDROGEL DRESSING, 17-48 SQ" W/O ADHESIVE, EACH, S	048	N		Y		Y	\$12.03	\$11.71			30	30
A6244		HYDROGEL DRESSING, >48SQ " W/O ADHESIVE, EACH, STE	048	N		Y		Y	\$36.92	\$35.92			12	30
A6245		HYDROGEL DRESSING, 16 SQ " OR LESS W/ ADHESIVE,EAC	048	N		Y		Y	\$7.10	\$6.91			12	30
A6246		HYDROGEL DRESSING, 17-48 SQ " W/ ADHESIVE, EACH, S	048	N		Y		Y	\$9.69	\$9.43			12	30
A6247		HYDROGEL DRESSING, >48 SQ", WITH ADHESIVE, EACH, S	048	N		Y		Y	\$23.24	\$22.61			12	30
A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OZ	048	N		Y		Y	\$15.88	\$15.45			12	30
A6250		SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, ANY TYPE	048	Y	Y	Y		N						

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6251		SPECIAL ABSORB DRESSING 16 SQ"OR <,W/O ADHESIVE,EA	048	N		Y		Y	\$1.94	\$1.89			30	30
A6252		SPECIAL ABSORB DRESSING 17-48 SQ" W/O ADHESIVE,EAC	048	N		Y		Y	\$3.18	\$3.09			30	30
A6253		SPECIAL ABSORB DRESSING >48 SQ"WITHOUT ADHESIVE,EA	048	N		Y		Y	\$6.19	\$6.02			30	30
A6254		SPECIAL ABSORB DRESSING 16 SQ"OR< WITH ADHESIVE,EA	048	N		Y		Y	\$1.13	\$1.10			30	30
A6255		SPECIAL ABSORB DESSING 17-48 SQ" W/ADHESIVE, EACH,	048	N		Y		Y	\$2.82	\$2.74			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	\$1.50	\$1.46			12	30
A6258		TRANSPARENT FILM, 17-48 SQ" EACH, STERILE	048	N		Y		Y	\$4.20	\$4.09			12	30
A6259		TRANSPARENT FILM, MORE THAN 48 SQ", EACH, STERILE	048	N		Y		Y	\$10.69	\$10.40			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	\$1.87	\$1.82			300	30
A6402		GAUZE, NON-IMPREGNATED, 16 SQ" OR LESS, W/O ADHESI	048	N		Y		Y	\$0.12	\$0.12			200	30
A6403		GAUZE NON-IMPREGNATED 17-48 SQ " W/O ADHESIVE, STE	048	N		Y		Y	\$0.42	\$0.41			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	\$1.83	\$1.78			100	30
A6410		EYE PAD, STERILE, EACH	048	N		Y		Y	\$0.36	\$0.35			30	30
A6411		EYE PAD, NON-STERILE EACH	048	N		Y		Y	\$0.25	\$0.24			30	30
A6412		EYE PATCH, OCCLUSIVE EACH	048	N		Y		N	\$1.87	\$1.82			4	30
A6441		BANDAGE PAD, NON ELAS/WOVEN/KNITTED,WIDTH 3-5"	048	N		Y		Y	\$0.64	\$0.62			90	30
A6442		CONFORMING BANDAGE, NON-ELASTIC/STERILE WIDTH <3 I	048	N		Y		Y	\$0.22	\$0.21			180	30

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6443		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 3-<5/-	048	N		Y		Y	\$0.27	\$0.26			180	30
A6444		CONFORMING BANDAGE-NON-ELASTIC, KNIT/WOVEN, 5- OR	048	N		Y		Y	\$0.45	\$0.44			180	30
A6445		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, WIDTH	048	N		Y		Y	\$0.31	\$0.30			180	30
A6446		CONFORM BANDAGE-NON-ELASTIC, KNIT/WOVEN, STERIL	048	N		Y		Y	\$0.40	\$0.39			180	30
A6447		CONFORM BANDAGE, NON/ELAS/KNITT/WOV,STER, 5 INS	048	N		Y		Y	\$0.65	\$0.63			180	30
A6448		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, <3 INS PER	048	N		Y		Y	\$1.13	\$1.10			12	30
A6449		LIGHT COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<	048	N		Y		Y	\$1.71	\$1.66			12	30
A6450		LT COMPRESSION BANDAGE, ELAS/KNIT/WOV, 5 INS OR >P	048	N		Y		Y	\$0.37	\$0.36			12	30
A6451		MODERATE COMPRESS BANDAGE-ELASTIC, KNIT/WOVEN,	048	N		Y		Y	\$0.37	\$0.36			12	30
A6452		HIGH COMPRESSION BANDAGE-ELASTIC, KNIT/WOVEN, 3-<5	048	N		Y		Y	\$5.77	\$5.61			12	30
A6453		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN, <3-	048	N		Y		Y	\$0.59	\$0.57			12	30
A6454		SELF-ADHERENT BANDAGE-ELASTIC, NON-KNIT/WOVEN3-<5-	048	N		Y		Y	\$0.75	\$0.73			12	30
A6455		SELF ADHERENT BANDAGE, ELAS/NON/KNIT/WOV, 5 INS OR	048	N		Y		Y	\$1.35	\$1.31			12	30
A6456		ZINC PASTE IMPREG BANDAGE, NON ELAS/KNIT/WOV 3-5 I	048	N		Y		Y	\$1.25	\$1.22			20	30
A6457		TUBULAR DRESSING W/WO ELASTIC, ANY WIDTH, PER LINE	048	N		Y		Y	\$1.11	\$1.08			100	30
A6501		GARMENT BURN COMPRESSION BODY SUIT (HEAD TO FOOT)	041	Y	Y	N		Y						

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$17.99	\$17.50			4	180
A6531		GRADIENT COMP STOCK, BELOW KNEE 30-40 MMHG EACH	041	N		Y		N	\$19.77	\$19.24			4	180
A6532		GRADIENT COMP STOCKING, BELOW KNEE, 40-50 MMHG EAC	041	N		Y		N	\$26.33	\$25.62			4	180
A6533		GRADIENT COMP STOCK THIGH LENGTH 18-30 MMHG EAC	041	N		Y		N	\$26.06	\$25.36			4	180
A6534		GRADIENT COMP STOCKING, THIGH LENGTH, 30-40 MMHG E	041	N		Y		N	\$29.14	\$28.35			4	180

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A6535		GRADIENT COMP STOCKING, THIGH LENGTH 40-50 MMHG, E	041	N		Y		N	\$42.14	\$41.00			4	180
A6536		GRADIENT COMP STOCK; FULL LENGTH/CHAP STYLE 18-30	041	N		Y		N	\$28.90	\$28.12			4	180
A6537		GRADIENT COMP STOCK; FULL LENGTH/CHAP, STYLE30-40	041	N		Y		N	\$25.52	\$24.83			4	180
A6538		GRADIENT COMP STOCKING; FULL LENGTH/CHAP, 40-50 MM	041	N		Y		N	\$27.38	\$26.64			4	180
A6539		GRADIENT COMP STOCKING; WAIST LENGTH, 18-30 MMHG,	041	N		Y		N	\$31.06	\$30.22			4	180
A6540		GRADIENT COMP STOCKING; WAIST LENGTH, 30-40 MMHG,	041	N		Y		N	\$40.12	\$39.04			4	180
A6541		GRADIENT COMP STOCKING; WAIST LENGTH, 40-50 MMHG,	041	N		Y		N	\$54.57	\$53.10			4	180
A6544		GRADIENT COMPRESSION STOCKING: GARTER BELT	041	N		Y		N	\$23.98	\$23.33			1	60
A6545		GRADIENT COMPRESS WRAP-NON-ELASTIC, BELOW KNEE,	041	N		Y		N	\$87.44	\$85.08			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		Y	\$8.31	\$8.09			2	30
A7002		TUBING,USED W/ SUCTION PUMP EACH	048	N		Y		Y	\$3.57	\$3.47			2	30
A7003		ADMIN SET WITH SMALL VOLUME NONFILTER NEBULIZER DI	048	N		Y		N	\$2.28	\$2.22			2	30
A7005		ADMINISTRA SET, PERMANENT W/ SMALL VOLUME NEBU	048	N		Y		Y	\$23.32	\$22.69			2	365
A7006		ADMIN. SET,FILTERED DISPOSABLE,W/SMALL VOLUME NEBU	048	N		Y		Y	\$8.89	\$8.65			1	30
A7007		LARGE VOL NEBULIZER DISPOSABLE UNFILLED, USED W/AE	048	N		Y		N	\$2.45	\$2.38			2	30
A7010		CORRUGATED TUBING DISPOSABLE/LARGE VOL NEBULIZER P	048	N		Y		Y	\$23.06	\$22.44			1	60
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOL NEB PT	048	N		Y		N	\$3.13	\$3.05			4	30

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**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A7013		FILTER,DISPOSABLE;USED W/ AEROSOL COMPRESSOR OR UL	048	N		Y		Y	\$0.69	\$0.67			2	30
A7014		FILTER NON DISPOSABLE USED/AEROSOL COMPRESSOR	048	N		Y		N	\$4.39	\$4.27			1	30
A7015		AEROSOL MASK, USED W/DME NEBULIZER,EACH	048	N		Y		Y	\$1.60	\$1.56			1	30
A7018		SOLUTION;DISTILLED WATER;1000ML EACH USED W/LG VOL	048	N		Y		Y	\$0.38	\$0.37			18	30
A7020		INTERFACE FOR COUGH STIMULATIODEVICE, INCL ALL COM	048	N		Y		Y	\$18.82	\$18.31			1	30
A7021		SUPPLIES AND ACCESSORIES FOR LUNG EXPANSION AIRWAY CLEARANCE	048	N		Y		Y	\$121.78	\$118.49			1	30
A7025		THERAPY VEST; VEST REPLACEMENT FOR PATIENT OWNED E	041	N		Y		Y	\$425.19	\$413.71			1	1,095
A7026		THERAPY VEST SYSTEM REPLACEMENT HOSE FOR PATIENT O	041	N		Y		Y	\$28.10	\$27.34			2	365
A7027		COMBINATION ORAL/NASAL MASK USE WITH CPAP DEVICE,	041	N		Y		Y	\$182.34	\$177.42			2	365
A7028		ORAL CUSHION FOR COMBINATION ORAL/NASAL CPAP MASK	041	N		Y		Y	\$48.43	\$47.12			2	365
A7029		NASAL PILLOWS FOR COMBIN ORAL/NASAL CPAP MASK	041	N		Y		Y	\$19.79	\$19.26			3	365
A7030		CPAP/BIPAP; FULL MASK; EACH	041	N		Y		Y	\$184.41	\$179.43			2	365
A7031		CPAP/BIPAP;FACE MASK INTERFACE REPLACEMENT FOR FUL	041	N		Y		Y	\$68.20	\$66.36			1	365
A7032		CPAP/BIPAP;REPLACEMENT CUSHION FOR NASAL DEVICE, E	041	N		Y		Y	\$39.61	\$38.54			2	60
A7033		CPAP/BIPAP; REPLACEMENT PILLOWS FOR NASAL DEVICE,	041	N		Y		Y	\$27.77	\$27.02			2	60
A7034		CPAP/BIPAP;NASAL DEVICE (MASK OR CANNULA) INTERFAC	041	N		Y		Y	\$115.00	\$111.90			1	180
A7035		CPAP/BIPAP;HEADGEAR FOR USE WITH CPAP, EACH	041	N		Y		Y	\$38.85	\$37.80			2	365
A7036		CPAP/BIPAP;CHINSTRAP FO USE WITH CPAP, EACH	041	N		Y		Y	\$15.12	\$14.71			2	365
A7037		CPAP/BIPAP; TUBNG FOR USE WITH CPAP, EACH	041	N		Y		Y	\$39.95	\$38.87			1	180
A7038		CPAP/BIPAP; DISPOSABLE FILTER, FOR USE WITH CPAP,	048	N		Y		Y	\$4.47	\$4.35			2	30

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
A7039		CPAP/BIPAP; NON-DISPOSABLE FILTER, FOR USE WITH CP	041	N		Y		Y	\$13.68	\$13.31			1	180
A7044		CPAP/BIPAP ORAL INTERFACE FOR USE WITH CPAP EACH	041	N		Y		Y	\$118.20	\$115.01			2	365
A7046		WATER CHAMBER FOR CPAP HUMIDIFIER REPLACE EACH	048	N		Y		Y	\$19.06	\$18.55			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	\$102.68	\$99.91			1	120
A7507		FILTER HOLDER & FILTER W/O ADHESIVE, FOR HEAT/MOIS	048	N		Y		Y	\$2.48	\$2.41			90	30
A7508		TRACH TUBE; HOUS AND INTEGRAT ADHESIVE, TRACH VALVE	048	N		N		Y	\$2.48	\$2.41			90	30
A7520		TRACH/LARY TUBE, NON CUFF PVC, SILICONE OR EQUAL	048	N		Y		Y	\$55.98	\$54.47			2	30
A7521		TRACH/LARY TUBE, CUFFED PVC, SILICONE OR EQUAL, EA	048	N		Y		Y	\$55.98	\$54.47			2	30
A7522		TRACH/LARY TUBE, STAINLESS STEEL OR =, STERILIZAB	048	Y	Y	Y		Y						
A7523		TRACHEOSTOMY SHOWER PROTECTOR EACH	048	N		Y		N	\$10.75	\$10.46			2	365
A7524		TRACHEOSTOMY STENT/STUD/BUTTON EACH	048	N		Y		Y	\$75.66	\$73.62			1	90
A7525		TRACHEOSTOMY MASK, EACH	048	N		Y		Y	\$1.35	\$1.31			2	30
A7526		TRACHEOSTOMY TUBE COLLAR/HOLDER EACH	048	N		Y		Y	\$2.78	\$2.70			30	30
A7527		TRACH/LARYN,TUBE PLUG/STOP,EACH	041	N		Y		N	\$3.50	\$3.41			4	30
A8000		HELMET,PROTECTIVE,SOFT,PREFAB, INCLUDES ALL COMPO/	041	N		Y		N	\$149.92	\$145.87			1	730
A8001		HELMET,PROTECTIVE,HARD,PREFAB,INCLUDES ALL COMPO/A	041	N		Y		N	\$149.92	\$145.87			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						
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	\$5.56	\$5.41			30	30

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
B4035		ENTERAL FEEDNG SUPPLY KIT PUMP FED PER DAY INCL AL	048	N		Y		N	\$10.59	\$10.30			30	30
B4036		ENTERAL FEEDNG SUPPLY KIT GRAVITY FED PER DAY INC	048	N		Y		N	\$7.26	\$7.06			30	30
B4081		NASOGASTRIC TUBE W/ STYLET, EACH	048	N		Y		Y	\$15.62	\$15.20			1	30
B4082		NASOGASTRIC TUBE W/O STYLET, EACH	048	N		Y		Y	\$12.12	\$11.79			1	30
B4087		GASTROSTOMY/JEJUNOSTOMY TUBE, STAND, ANY MATERI	048	N		Y		Y	\$32.43	\$31.55			1	30
B4088		GASTROSTO/JEJUNOSTOMY TUBE, LOW-PROFILE,ANY MATE	048	N		Y		Y	\$134.31	\$130.68			4	365
B4100		FOOD THICKENER, ADMINISTERED ORALLY	048	Y	Y	Y		N						
B4105	A	IN-LINECARTRIDGE WITH DIGESTIVE ENZYMES FOR ENTERAL FEED EA	048	Y		Y		N	\$122.96	\$119.64			60	30
B4149		ENTERAL FORM MANU/BLND NATURAFD W/INTACT NUT,TH	048	Y		Y		N	\$1.42	\$1.38				
B4150		ENTERAL FORMULA:COMPLET W/INTACT NUTRIENTS,100 CAL	048	Y		Y		N	\$0.60	\$0.58				
B4152		ENTERAL FORMULA;CALORIE DENSE>/=1.5KCAL, 100 CAL=1	048	Y		Y		N	\$0.50	\$0.49				
B4153		ENTERAL FORM:HYDROLYZED PROTEIN/AMINO ACIDS,100	048	Y		Y		N	\$1.71	\$1.66				
B4154		ENTERAL FORMULA: SPEC.METABOLIC NONINHERIT, 100 CA	048	Y		Y		N	\$1.09	\$1.06				
B4155		ENTERAL FORMULA: INCOMPLETE/MODULAR 100 CAL=1 UNIT	048	Y		Y		N	\$0.85	\$0.83				
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	\$0.60	\$0.58				
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						

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
B4161		ENTERAL FORMULA-PEDS-HYDRO/AMINO 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	\$21.79	\$21.20			30	30
B9002		ENTERAL NUTRITION INFUSION PUMP, ANY TYPE	041	B		Y		Y	\$805.59	\$783.84	\$80.56	\$78.38		
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	\$19.81	\$19.28			1	365
E0105		CANE, ANY MATERIAL; QUAD OR THREE PRONG, ADJ/FIXED	041	N		Y		Y	\$46.16	\$44.91			1	365
E0110		CRUTCHES-FOREARM; ADJUST OR FIXED, OTH MATERIAL, PAIR	041	N		Y	*	Y	\$65.89	\$64.11			1	365
E0111		CRUTCH-FOREARM;ADJUSTABLE OR FIXED, OTHER MATERIAL	041	N		Y		Y	\$49.82	\$48.47			1	365
E0112		CRUTCHES-UNDERARM; ADJUSTABLE OR FIXED, WOOD; PAIR	041	N		Y	*	Y	\$23.46	\$22.83			1	365
E0113		CRUTCH-UNDERARM;ADJUSTABLE OR FIXED, WOOD;EACH	041	N		Y		Y	\$19.77	\$19.24			1	365
E0114		CRUTCHES-UNDERARM;ADJUST OR FIXED;OTHER MATERI PAIR	041	N		Y	*	Y	\$35.22	\$34.27			1	365
E0116		CRUTCH-UNDERARM; ADJ/FIXED, NON-WOOD, W/WO SHOC	041	N		Y		Y	\$26.98	\$26.25			1	365
E0130		WALKER; RIGID PICKUP, ADJUSTABLE/FIXED, EACH	041	N		Y		Y	\$68.66	\$66.81			1	365
E0135		WALKER; FOLDING, ADJUSTABLE OR FIXED HEIGHT	041	N		Y		Y	\$78.81	\$76.68			1	365
E0140		WALKER W/TRUNK SUPPORT, ADJUS/FIXED HGT, ANY TYPE	041	N		Y		Y	\$352.63	\$343.11			1	1,095
E0141		WALKER; RIGID WHEELED AJUST OR FIXED HEIGHT	041	N		Y		Y	\$95.56	\$92.98			1	365
E0143		WALKER; FOLDING, WHEELED, ADJUSTED OR FIXED HEIGHT	041	N		Y		Y	\$113.02	\$109.97			1	365
E0144		WALKER;ENCLOSED FRAME,WHEEL,W/POSTERIOR SEAT, RI	041	N		Y		Y	\$299.34	\$291.26			1	1,095

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E0148		WALKER; HEAVY DUTY, W/O WHEELS, RIGID/FOLDING ANY	041	N		Y		Y	\$119.43	\$116.21			1	1,095
E0149		WALKER; HEAVY DUTY, WHEELED RIGID/FOLDING, ANY TYP	041	N		Y		Y	\$209.81	\$204.15			1	1,095
E0153		CRUTCH-FOREARM PLATFORM ATTACHMENT, EACH	041	N		Y		Y	\$57.37	\$55.82			2	365
E0154		WALKER-PLATFORM ATTACHMENT, EACH	041	N		Y		Y	\$55.88	\$54.37			2	365
E0155		WALKER-WHEEL ATTACHMENT FOR PICKUP WALKER, PAIR	041	N		Y	*	Y	\$24.62	\$23.96			1	365
E0156		WALKER - SEAT ATTACHMENT	041	N		Y		Y	\$21.02	\$20.45			1	365
E0157		WALKER-CRUTCH ATTACHMENT EACH	041	N		Y		Y	\$80.08	\$77.92			2	365
E0158		WALKER-LEG EXTENSIONS PER SET OF FOUR	041	N		Y		Y	\$29.99	\$29.18			1	1,095
E0159		WALKER, WHEELED; BRAKE ATTACHMENT, REPLACEMENT	041	N		Y		Y	\$16.35	\$15.91			2	365
E0160		SITZ BATH, PORTABLE, USED W/OR W/O COMMODE	041	N		Y		Y	\$32.32	\$31.45			1	365
E0161		SITZ BATH, PORT, USED W/OR W/O COMMODE W/FAUCE	041	N		Y		Y	\$23.50	\$22.87			1	365
E0163		COMMODE CHAIR; STATIONARY, OR MOBLE W/FIXED ARMS	041	N		Y		Y	\$124.31	\$120.95			1	365
E0165		COMMODE CHAIR; STATIONARY, OR MOBLE W/DETACH A	041	N		Y		Y	\$133.59	\$129.98			1	1,095
E0167		COMMODE ACCESSORY; PAIL OR PAN, REPLACEMENT	041	N		Y		Y	\$8.82	\$8.58			1	365
E0168		COMMODE CHAIR;EXTRA WIDE AND/OR HD ANY TYP	041	N		Y		Y	\$130.34	\$126.82			1	1,095
E0175		COMMODE ACCESSORY; FOOTREST, EACH	041	N		Y		Y	\$34.80	\$33.86			2	1,095
E0181		POWERED PRESSURE REDUC MATTRESS OVERLAY/PAD W/P	041	N		Y		Y	\$127.52	\$124.08			1	1,095
E0182		ALTERNATING PRESSURE PAD PUMP, REPLACEMENT	041	N		Y		Y	\$126.53	\$123.11			1	730
E0184		MATTRESS-DRY PRESSURE	041	N		Y		Y	\$148.37	\$144.36			1	730
E0185		MATTRESS PAD; GEL OR GEL-LIKE PAD, STD SIZE	041	N		Y		Y	\$113.51	\$110.45			1	730
E0186		MATTRESS - AIR PRESSURE	041	N		Y		Y	\$168.73	\$164.17			1	730
E0187		MATTRESS-WATER PRESSURE	041	N		Y		Y	\$72.94	\$70.97			1	730
E0188		PAD-SHEEPSKIN-SYNTHETIC	041	N		Y		N	\$17.90	\$17.42			1	60
E0189		PAD-SHEEPSKIN-LAMBS WOOL, ANY SIZE	041	N		Y		N	\$62.12	\$60.44			1	60
E0190		POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZ	041	N		Y		N	\$24.87	\$24.20			1	365
E0191		PROTECTOR-HEEL OR ELBOW; EACH	041	N		Y		Y	\$9.75	\$9.49			4	60

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0193		BED-POWERED AIR FLOTATION (LOW AIR-LOSS THERAPY)	041	B		Y		Y	\$7,809.39	\$7,598.54	\$780.94	\$759.86		
E0194		BED-AIR FLUIDIZED	041	B		Y		Y	\$29,265.86	\$28,475.68	\$2,926.58	\$2,847.56		
E0196		MATTRESS-GEL PRESSURE	041	N		Y		Y	\$303.84	\$295.64			1	730
E0197		PRESSURE PAD; AIR, FOR MATTRESS, STANDARD	041	N		Y		Y	\$101.12	\$98.39			1	730
E0198		PRESSURE PAD;WATER, FOR MATTRESS, STANDARD	041	Y		Y		Y	\$50.45	\$49.09				
E0199		PRESSURE PAD;DRY, FOR MATTRESS, STANDARD	041	N		Y		Y	\$17.60	\$17.12			2	365
E0200		HEAT LAMP WITHOUT STAND	041	N		Y		Y	\$34.21	\$33.29			1	1,095
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	041	R		Y		Y		\$0.00	\$58.38	\$56.80	DAILY	
E0205		HEAT LAMP W/STAND	041	N		Y		Y	\$180.95	\$176.06			1	1,095
E0210		HEATING PAD - STANDARD ELECTRIC	041	N		Y		Y	\$22.16	\$21.56			1	365
E0215		HEATING PAD - MOIST ELECTRIC	041	N		Y		Y	\$43.06	\$41.90			1	365
E0217		WATER CIRCULATING HEAT PAD WITH PUMP	041	Y		Y		Y	\$321.23	\$312.56				
E0218		WATER CIRCULATING COLD PAD WITH PUMP	041	N		Y		Y	\$151.17	\$147.09			1	1,095
E0235		PARAFFIN BATH UNIT PORTABLE	041	Y		Y		Y	\$157.38	\$153.13				
E0236		PUMP FOR WATER CIRCULATING PAD	041	Y		Y		Y	\$427.71	\$416.16				
E0240		BATH/SHOWER, CHAIR W/WITHOUT WHEELS, ANY SIZE	041	N		Y		N	\$112.82	\$109.77			2	730
E0241		RAIL - BATH TUB WALL, EACH	041	N		Y		N	\$14.87	\$14.47			2	365
E0242		RAIL - BATH TUB FLOOR BASE, EACH	041	N		Y		N	\$25.44	\$24.75			1	365
E0243		RAIL - TOILET, EACH	041	N		Y		N	\$30.30	\$29.48			2	365
E0244		RAISED TOILET SEAT	041	N		Y		N	\$22.08	\$21.48			1	365
E0245		TUB STOOL OR BENCH	041	N		Y		N	\$40.55	\$39.46			1	365
E0246		RAIL - TRANSFER TUB ATTACHMENT, EACH	041	N		Y		N	\$60.59	\$58.95			1	1,095
E0247		TRANSFER BENCH FOR TUB OR TOILET W/W/O COMMODE	041	N		Y		N	\$112.82	\$109.77			1	1,095
E0248		TRANS BENCH, HD FOR TUB OR TOILET W/WO COMMODE	041	N		Y		N	\$435.19	\$423.44			1	1,095
E0249		PAD FOR WATER CIRCULATING HEAT UNIT, REPLACE ONLY	041	N		Y		Y	\$22.66	\$22.05			1	365
E0250		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/MATTRESS	041	B		Y		Y	\$590.44	\$574.50	\$59.00	\$57.45		
E0251		HOSPITAL BED, FIXED HEIGHT, W/RAILS, W/O MATTRESS	041	B		Y		Y	\$725.31	\$705.73	\$72.53	\$70.57		
E0255		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS,W/MATTRESS	041	B		Y		Y	\$704.75	\$685.72	\$70.48	\$68.57		
E0256		HOSPITAL BED, VARIABLE HEIGHT, W/RAILS, W/O MATTRE	041	B		Y		Y	\$604.47	\$588.15	\$60.45	\$58.82		
E0260		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y		Y	\$887.99	\$864.01	\$88.80	\$86.40		

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0261		HOSPITAL BED, SEMI-ELECTRIC, W/RAILS, W/O MATTRESS	041	B		Y		Y	\$745.99	\$725.85	\$74.60	\$72.58		
E0265		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/MATTRESS	041	B		Y		Y	\$1,036.52	\$1,008.53	\$103.65	\$100.85		
E0266		HOSPITAL BED, TOTAL ELECTRIC, W/RAILS, W/O MATTRES	041	B		Y		Y	\$1,074.05	\$1,045.05	\$107.41	\$104.51		
E0271		MATTRESS INNERSPRING	041	N		Y		Y	\$137.79	\$134.07			1	730
E0272		MATTRESS-FOAM RUBBER	041	N		Y		Y	\$100.10	\$97.40			1	730
E0275		BED PAN STANDARD METAL/PLASTIC	041	N		Y		Y	\$12.72	\$12.38			1	365
E0276		BED PAN-FRACTURE- METAL/PLASTIC	041	N		Y		Y	\$3.39	\$3.30			1	365
E0277		MATTRESS-POWERED PRESSURE REDUCING AIR	041	B		Y		Y	\$2,983.72	\$2,903.16	\$298.15	\$290.31		
E0280		CRADLE-FOR BED-ANY TYPE	041	N		Y		Y	\$34.24	\$33.32			1	365
E0300		PEDIATRIC CRIB, HOSP GRADE, FULLY ENCLOSED	041	Y	Y	Y		Y						
E0301		HOSP BED HD X-WIDE WT CAP 350-600 LB/RAIL/NO MAT	041	B		Y		Y	\$2,097.81	\$2,041.17	\$209.78	\$204.11		
E0303		HOSP. BED,X- HEAVY DUTY X-WD WT CAP 350-600 IB/RAI	041	B		Y		Y	\$2,967.83	\$2,887.70	\$296.57	\$288.77		
E0304		HOSP. BED,X- HEAVY DUTY X-WD WT >600 IB/SIDE RAILS	041	B		Y		Y	\$3,932.58	\$3,826.40	\$393.26	\$382.64		
E0305		RAIL-BEDSIDE-HALF LENGTH-EACH	041	N		Y		Y	\$82.44	\$80.21			2	1,095
E0310		RAIL-BEDSIDE-FULL LENGTH-EACH	041	N		Y		Y	\$84.23	\$81.96			2	1,095
E0316		SAFETY ENCLOSURE FRAME/CANOPY USE W/HOSPITAL BED,A	041	Y		Y		Y	\$189.97	\$184.84				
E0325		URINAL-MALE;JUG-TYPE,ANY MATERIAL	041	N		Y		Y	\$8.39	\$8.16			1	180
E0326		URINAL-FEMALE; JUG-TYPE ANY MATERIAL	041	N		Y		Y	\$9.92	\$9.65			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-NONPWERED ADVD PRESSURE REDUCING OVE	041	B		Y		Y	\$1,735.12	\$1,688.27	\$173.51	\$168.83		
E0372		MATTRESS-POWERED AIR OVERLAY FOR MATTRESS	041	B		Y		Y	\$2,202.35	\$2,142.89	\$220.24	\$214.29		
E0373		MATTRESS-NONPOWERED ADVANCED PRESS REDUC MAT	041	B		Y		Y	\$5,776.02	\$5,620.07	\$577.18	\$562.01		
E0425	NR	OXYGEN COMPRESSED GAS-STATIONARY	041	Y		Y		Y	\$115.40					
E0431	NR	OXYGEN-COMPRESSED GAS-PORT W/HUMIDIFIER 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

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$585.62	\$569.81	\$58.56	\$56.98		
E0447		PORT OXY CONTENT, LIQUID , 1 MO, AMT REST NIG EXC 4 LPM	048	Y		N		Y	\$86.98	\$84.63			1	30
E0465		HOME VENTILATOR, ANY TYPE, USED, INVASIVE INTERFACE	041	R		Y		Y		\$0.00	\$855.81	\$832.70		
E0466		HOME VENTILATOR, ANY TYPE, USED, NON INVASIVE INTERF	041	R		Y		Y		\$0.00	\$855.81	\$832.70		
E0467		HOME VENT, MULT, PRFM, INC ALL	041	R		Y		Y		\$0.00	\$1,230.87	\$1,197.64		
E0470		BIPAP WITHOUT BACKUP RATE, USED WITH NONINVASIVE I	041	B		Y		Y	\$2,300.60	\$2,238.48	\$230.06	\$223.85		
E0471		BIPAP WITH BACKUP RATES, USED W/NONINVASIVE INTERF	041	B		Y		Y	\$3,943.30	\$3,836.83	\$394.33	\$383.68		
E0472		BIPAP WITH BACKUP RATE, USED WITH INVASIVE INTERFA	041	B		Y		Y	\$3,943.30	\$3,836.83	\$394.33	\$383.68		
E0480		PERCUSSOR-ELECTRIC OR PNEUMATIC	041	B		Y		Y	\$410.98	\$399.88	\$41.10	\$39.99		
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYS/ACCES	041	B		Y		N	\$8,736.00	\$8,500.13	\$873.60	\$850.01		
E0482		COUGH STIMULATING DEVICE,ALTERNATE POSITIVE/NEG AI	041	B		Y		Y	\$3,407.50	\$3,315.50	\$340.75	\$331.55		
E0483		HIGH FREQ CHEST WALL OSCILATN AIR PLSE GENRATR SYS	041	B		N		Y	\$11,090.25	\$10,790.81	\$739.35	\$719.39	Rental	15 mo.
E0484		OSCILLARY POSITIVE EXPIR PRESSURE DEVICE, NON-ELEC	041	N		Y		Y	\$36.09	\$35.12			1	365
E0485		ORAL DEVICE/APPL USED TO REDUCE AIRWAY COLL, PRE.	041	Y	Y	Y		N						

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0486		ORAL DEVICE/APPLIANCE USED TO REDUCE AIRWAY COLL,	041	Y	Y	Y		Y						
E0500		IPPB MACHINE-ALL TYPES	041	B		Y		Y	\$984.20	\$957.63	\$98.42	\$95.76		
E0550		HUMIDIFIER,DURABLE FOR EXTENSIVE SUPPLEMENT HUMI	041	B		Y		Y	\$397.28	\$386.55	\$39.73	\$38.66		
E0555		HUMIDIFIER,DURABLE;GLASS/PLASTIC BOTTLE,USE W/REGU	041	N		Y		Y	\$1.83	\$1.78			1	30
E0561		HUMIDIFIER, NON HEATED, USED WITH CPAP OR BIPAP DE	041	B		Y		Y	\$99.77	\$97.08	\$9.98	\$9.71		
E0562		HUMIDIFIER, HEATED, USED WITH POS AIRWAY PRESSURE	041	B		Y		Y	\$278.62	\$271.10	\$27.86	\$27.11		
E0565		COMPRESSOR-AIR POWER SOURCE EQUIPMENT	041	B		Y		Y	\$404.87	\$393.94	\$40.49	\$39.40		
E0570		NEBULIZER W/ COMPRESSOR	041	N		Y		Y	\$96.62	\$94.01			1	1,825
E0574		NEBULIZER;ULTRASONIC SMALL VOLUME	041	Y		Y		Y	\$391.56	\$380.99				
E0575		NEBULIZER; ULTRASONIC, LARGE VOLUME	041	B		Y		Y	\$877.76	\$854.06	\$87.78	\$85.41		
E0580		NEBULIZER,DURABLE,GLASS/AUTOCLAVABLE PLAS,BOTTLE,U	041	Y		Y		Y	\$131.04	\$127.50				
E0600		RESPIRATORY SUCTION PUMP, HOME MODEL, PORT., STAT.	041	B		Y		Y	\$304.30	\$296.08	\$30.43	\$29.61		
E0601		CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	041	B		Y		Y	\$771.40	\$750.57	\$77.14	\$75.06		
E0602		BREAST PUMP, MANUAL;COMPLETE KIT	041	N		Y		N	\$21.83	\$21.24			1	365
E0603		BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	041	N		Y		N	\$124.53	\$121.17			1	365
E0605		VAPORIZER, ROOM TYPE	041	N		Y		Y	\$25.83	\$25.13			1	365
E0606		BOARD-POSTURAL DRAINAGE	041	N		Y		Y	\$269.17	\$261.90			1	1,095
E0610		MONITOR-PACEMAKER;SELF-CONTAIN,W/AUDIBLE/VISIBLE	041	B		Y		Y	\$174.99	\$170.27	\$17.50	\$17.03		
E0615		MONITOR-PACEMAKER;SELF-CONTAINED,W/DIGITAL/VISIBLE	041	B		Y		Y	\$174.99	\$170.27	\$17.50	\$17.03		
E0617		DEFIBRILLATOR;EXTERNAL WITH INTEGRATED ELECTROCARD	041	Y		Y		Y	\$2,972.39	\$2,892.14				
E0619		MONITOR;APNEA WITH RECORDING FEATURE	041	B		Y		Y	\$3,136.97	\$3,052.27	\$261.41	\$254.36	Rental	12 mo
E0621		PATIENT LIFT-SLING OR SEAT, CANVAS OR NYLON	041	N		Y		Y	\$54.59	\$53.12			1	365

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**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0627		SEAT LIFT MECHANISM, ELECTRIC , ANY TYPE	041	Y		Y		Y	\$329.76	\$320.86				
E0629		SEAT LIFT MECHANISM, NON-ELECTRIC , ANY TYPE	041	Y		Y		Y	\$195.49	\$190.21				
E0630		PATIENT LIFT:HYDRAULIC OR MECHANIC,INC SEAT,SLING,	041	B		Y		Y	\$874.85	\$851.23	\$87.48	\$85.12		
E0637		COMB SIT TO STAND SYS,ANY SIZE INC PEDS W/SEAT LIF	041	Y	Y	Y		N						
E0638		STAND FRAME SYS, ONE POSTION, ANY SIZE, INC PEDS,W	041	Y	Y	Y		N						
E0641		STANDING FRAME SYSTEM, MULTIPOSITION (E.G. THREE W	041	Y	Y	Y		N						
E0642		STANDING FRAME SYS, MOBILE, ANY SIZE INCLUDING PED	041	Y	Y	Y		N						
E0650		PNEUMATIC COMPRESSOR(LYMPHEDEMA)NON-SEGMENTAL	041	B		Y		Y	\$652.25	\$634.64	\$65.23	\$63.46		
E0651		PNEUMATIC COMPRESSOR, SEGMENTAL W/O CALIB	041	B		Y		Y	\$743.38	\$723.31	\$74.33	\$72.33		
E0652		PNEUMATIC COMPRESSOR SEGMENTAL WITH CALIBR	041	B		Y		Y	\$1,779.73	\$1,731.68	\$177.97	\$173.16		
E0655		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y		Y	\$100.63	\$97.91			1	365
E0656		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, T	041	B		Y		Y	\$593.01	\$577.00	\$59.30	\$57.70		
E0657		SEGMENTAL PNEUMATIC APPLIANCE-USE W/ COMPRESS, C	041	Y		Y		Y	\$556.56	\$541.53				
E0660		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y		Y	\$137.73	\$134.01			1	365
E0665		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,FU	041	N		Y		Y	\$127.73	\$124.28			1	365
E0666		PNEUMATIC APPLIANCE; NON SEGMENT FOR COMPRESS,HA	041	N		Y		Y	\$129.80	\$126.30			1	365
E0667		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS.,FULL L	041	N		Y		Y	\$224.85	\$218.78			1	365
E0668		PNEUMATIC APPLIANCE;SEGMENTAL FOR COMPRESS, FULL A	041	N		Y		Y	\$239.79	\$233.32			1	365
E0669		PNEUMATIC APPLIANCE; SEGMENTAL FOR COMPRESS., HALF	041	N		Y		Y	\$162.29	\$157.91			1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0671		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y		Y	\$183.30	\$178.35			1	365
E0672		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,FU	041	N		Y		Y	\$183.30	\$178.35			1	365
E0673		PNEUMATIC APPLIANCE;SEGMENT,GRADIENT PRESSURE,HA	041	N		Y		Y	\$183.30	\$178.35			1	365
E0705		TRANSFER DEVICE, ANY TYPE, EACH	041	N		Y		Y	\$43.67	\$42.49			1	365
E0710		RESTRAINTS ANY TYPE	048	N		Y		Y	\$13.03	\$12.68			1	365
E0720		TENS,TWO LEAD, LOCALIZED STIMULATION	041	B		Y		Y	\$132.00	\$128.44	\$13.20	\$12.84		
E0730		TENS,FOUR LEAD,LARGER AREA/MULTIPLE NERVE STIMULAT	041	B		Y		Y	\$292.22	\$284.33	\$29.22	\$28.43		
E0745		NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	041	Y	Y	Y		Y						
E0747		OSTEOGENESIS STIMULATOR, NON INVASIVE, OTHER THAN	041	Y		N		Y	\$2,930.97	\$2,851.83				
E0748		OSTEOGENESIS STIMULATOR, NON-INVASIVE, SPINAL APPL	041	Y		N		Y	\$3,425.85	\$3,333.35				
E0760		OSTOGENESIS STIMU, LOW INTENSITY ULTRASOUND N	041	Y		N		Y	\$2,846.82	\$2,769.96				
E0765		NERVE STIMULATOR W/REPLACEABLE BATTERIES FOR NAUSE	041	Y		Y		Y	\$86.36	\$84.03				
E0766		ELECTRICAL STIMULATION DEVICE FOR CA TRTMNT,W-ACCS	041	Y	Y	Y		Y						
E0776		IV POLE	041	B		Y		Y	\$77.57	\$75.48	\$7.76	\$7.55		
E0779		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	B		Y		Y	\$156.51	\$152.28	\$15.65	\$15.23		
E0780		INFUSION PUMP,AMBULATORY;MECHAN,REUSABLE,FOR 8	041	Y		Y		Y	\$9.66	\$9.40				
E0781		INFUSION PUMP,AMBULATORY;ELECTRIC OR BATTERY,WORN	041	B		Y		Y		\$0.00	\$7.91	\$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	\$3,754.45	\$3,653.08	\$375.44	\$365.31		

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0791		INFUSION PUMP,STATIONARY; PARENTERAL	041	B		Y		Y		\$0.00	\$9.28	\$9.03	DAILY	
E0840		TRACTION FRAME, CERVICAL; ATTACHED TO HEADBOARD	041	N		Y		Y	\$58.07	\$56.50			1	1,095
E0850		TRACTION STAND, CERVICAL; FREE STANDING	041	N		Y		Y	\$53.81	\$52.36			1	1,095
E0860		TRACTION EQUIPMENT,CERVIAL; OVER DOOR	041	N		Y		Y	\$30.53	\$29.71			1	1,095
E0870		TRACTION FRAME,EXTREMITY;ATTACHED TO FOOTBOARD	041	N		Y		Y	\$69.96	\$68.07			1	1,095
E0880		TRACTION STAND,EXTREMITY;FREE STANDING	041	N		Y		Y	\$81.05	\$78.86			1	1,095
E0890		TRACTION FRAME,PELVIC;ATTACHED TO FOOTBOARD	041	N		Y		Y	\$112.27	\$109.24			1	1,095
E0900		TRACTION STAND,PELVIC;FREE STANDING	041	N		Y		Y	\$90.33	\$87.89			1	1,095
E0910		TRAPEZE BARS;ATTACHED TO BED	041	B		Y		Y	\$168.57	\$164.02	\$16.86	\$16.40		
E0911		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, ATT	041	B		Y		Y	\$487.33	\$474.17	\$48.73	\$47.42		
E0912		TRAPEZE BAR, HEAVY DUTY, PATIENT WT > 250 LBS, FRE	041	B		Y		Y	\$1,076.02	\$1,046.97	\$107.60	\$104.70		
E0920		FRACTURE FRAME;ATTACHED TO BED,INCLUDES WEIGHTS	041	B		Y		Y	\$376.96	\$366.78	\$37.70	\$36.68		
E0930		FRACTURE FRAME;FREE STANDING, INCLUDES WEIGHTS	041	B		Y		Y	\$375.90	\$365.75	\$37.59	\$36.58		
E0935		CONT PASSIVE MOTION DEVICE KNEE ONLY DLY UP TO 21	041	R		Y		Y		\$0.00	\$8.93	\$8.69	DAILY	21
E0936		CONTINUOUS PASSIVE MOTION EXC DEVICE, OTHER THAN K	041	R		Y		N		\$0.00	\$13.52	\$13.15	DAILY	21
E0940		TRAPEZE BAR;FREE STANDING,COMPLETE SET	041	N		Y		Y	\$152.82	\$148.69			1	1,095
E0942		TRACTION ACCESSORY, CERVICAL HEAD HARNESS/HALTER	041	N		Y		Y	\$14.51	\$14.12			1	365
E0944		TRACTION ACCESSORY; PELVIC BELT/HARNESS/BOOT	041	N		Y		Y	\$23.28	\$22.65			1	365
E0947		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX PELVIC TRA	041	B		Y		Y	\$480.67	\$467.69	\$48.07	\$46.77		
E0948		FRACTURE FRAME; ATTACHMENTS FOR COMPLEX CERVICAL T	041	B		Y		Y	\$464.92	\$452.37	\$46.49	\$45.24		
E0950	E	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y		Y	\$88.43	\$86.04				
E0950	M	WHEELCHAIR ACCESSORY, TRAY, EACH	041	E		Y		Y	\$102.60	\$99.83				
E0951	E	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y		Y	\$15.62	\$15.20				
E0951	M	W/C ACC-HEEL LOOP/ HOLDER, W/OR WITHOUT ANKLE STRA	041	E		Y		Y	\$18.12	\$17.63				
E0952	E	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y		N	\$14.93	\$14.53				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0952	M	WHLCHR ACC;TOE LOOP/HOLDER, ANY TYPE, EACH	041	E		Y		N	\$17.32	\$16.85				
E0953		W/C ACC,LAT TGH KNEE SPT, ANYTYPE INC FXD MNT HDWR EA	041	E		N		Y	\$71.39	\$69.46				
E0954		W/C ACC,FT BX, ANY TYPE, INC ATCHMNT & MNT HRDWR EA FT	041	Y		N		Y	\$48.12	\$46.82				
E0955	E	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y		Y	\$171.99	\$167.35				
E0955	M	W/C ACCESSORY,HEADREST,CUSHION,PRE-FAB,INCLUDING H	041	E		Y		Y	\$199.55	\$194.16				
E0956	E	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y		Y	\$83.86	\$81.60				
E0956	M	W/C ACCESSORY,LAT.TRUNK OR HIP SUPPORT,PRE-FAB W/H	041	E		Y		Y	\$97.30	\$94.67				
E0957	E	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y		Y	\$117.34	\$114.17				
E0957	M	W/C ACCESSORY.MEDIAL THIGH SUPPORT PRE-FAB,INCLUDE	041	E		Y		Y	\$136.14	\$132.46				
E0958		WHEELCHAIR ACCES: CONVERT MAN W/C TO ONE ARM-DR	041	E		Y		Y	\$430.61	\$418.98				
E0959		WHLCHR ACC-AMPUTEE ADAPTER, EACH	041	E		Y		N	\$37.09	\$36.09				
E0960	E	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y		Y	\$77.40	\$75.31				
E0960	M	W/C ACCESSY,SHLDER HARNESS/STRAPS/CHEST STRAP,	041	E		Y		Y	\$89.90	\$87.47				
E0961		WHLCHR ACC-BRAKE LOCK EXTENSION, EACH	041	E		Y		Y	\$29.36	\$28.57				
E0966		WHLCHR ACC-HEADREST EXTENSION	041	E		Y		Y	\$69.17	\$67.30				
E0967		MAN W/C ACC;HAND RIMS W/PROJECT, ANY , RPLCMT EA	041	E		Y		Y	\$64.83	\$63.08				
E0969		NARROWING DEVICE, WHEELCHAIR	041	E		N		Y	\$154.44	\$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	\$42.83	\$41.67				
E0973	E	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y		Y	\$97.81	\$95.17				
E0973	M	WHLCHR-ADJ HGT DETACH ARMS, COMPLETE ASSEMBLY, EAC	041	E		Y		Y	\$120.72	\$117.46				

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E0974		WHLCHR ACC-ANTI-ROLLBACK DEVICE, EACH	041	E		Y		N	\$65.78	\$64.00				
E0978	E	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y		Y	\$36.32	\$35.34				
E0978	M	WHLCHR ACC-SAFETY POSITIONING BELT/ PELVIC STRAP,	041	E		Y		Y	\$42.15	\$41.01				
E0980		WHLCHR ACC-SAFETY VEST	041	E		Y		Y	\$32.63	\$31.75				
E0981		W/C ACCESS, SEAT UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	\$44.70	\$43.49				
E0982	E	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	\$37.26	\$36.25				
E0982	M	W/C ACCESS, BACK UPHOLSTERY, REPLACEMENT ONLY, EAC	041	E		Y		Y	\$43.23	\$42.06				
E0983		MANUAL W/C ACC,PWR ADD-ON TO CONVERT MAN TO MOT	041	E		Y		Y	\$2,466.84	\$2,400.24				
E0984		MAN W/C ACCESS, POWER ADD-ON TO CONVERT TO POWE	041	E		Y		Y	\$1,602.88	\$1,559.60				
E0985		W/C ACCESS, SEAT LIFT MECHANISM	041	E		Y		Y	\$200.21	\$194.80				
E0986		MAN WHEELCHAIR ACCESSORY,PUSH RIM,ACTIVATED,PWR	041	E		Y		Y	\$4,801.00	\$4,671.37				
E0988		MANUAL WHEELCHAIR ACCESSORY LEVER ACTIVATED WHEEL	041	E		Y		Y	\$3,022.48	\$2,940.87				
E0990	E	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y		Y	\$88.80	\$86.40				
E0990	M	WHLCHR ACC-ELEV LEG REST, COMPLETE ASSE, EACH	041	E		Y		Y	\$103.03	\$100.25				
E0992		WHEELCHAIR ACCESSORY, SOLID SEAT INSERT, MANUAL W/	041	E		Y		Y	\$93.53	\$91.00				
E0994		WHLCHR ACC-ARMREST,EACH	041	E		Y		Y	\$17.38	\$16.91				
E0995		WHLCHR ACC-CALF REST/PAD RPLCMT ONLY, EACH	041	E		Y		Y	\$25.86	\$25.16				
E1002		W/C ACCESS, POWER SEATING SYSTEM TILT ONLY	041	E		Y		Y	\$3,448.07	\$3,354.97				
E1003		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/O	041	E		Y		Y	\$3,735.68	\$3,634.82				
E1004		W/C ACCESS, POWER SEATING SYSTEM RECLINE ONLY, W/M	041	E		Y		Y	\$4,805.75	\$4,675.99				
E1005		W/C ACCESS, POWER SEAT/SYS, RECLINE ONLY, W/SHEAR	041	E		Y		Y	\$4,483.50	\$4,362.45				

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E1006		W/C ACC-POWER SEAT SYS, COMB TILT/RECLINE W/O SHEA	041	E		Y		Y	\$5,491.87	\$5,343.59				
E1007		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/ME	041	E		Y		Y	\$7,436.20	\$7,235.42				
E1008		W/C ACCESS, POWER SEAT/SYS, COMB/TILT/RECLINE W/PO	041	E		Y		Y	\$7,436.87	\$7,236.07				
E1009		W/C ACCESS, ADD TO POWER SEAT/SYS, MECH/ELR, INCLU	041	E	Y	Y		Y						
E1010		W/C ACCESS; ADDITION TO POW/SEATING SYS LEG REST,	041	E		Y		Y	\$973.02	\$946.75				
E1011		W/C MODIFICATION TO PEDS W/C WIDTH 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	\$360.40	\$350.67	\$36.04			
E1015		W/C SHOCK ABSORBER FOR MANUAL W/C EACH	041	E		Y		Y	\$113.21	\$110.15				
E1016	E	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y		Y	\$111.71	\$108.69				
E1016	M	W/C SHOCK ABSORBER FOR POWER W/C EACH	041	E		Y		Y	\$129.61	\$126.11				
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	\$207.07	\$201.48				
E1020	M	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY T	041	E		Y		Y	\$240.25	\$233.76				
E1028	E	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y		Y	\$175.70	\$170.96				
E1028	M	W/C ACC-MAN SWINGAWAY-RETRAC/REMOVE MOUNT HD	041	E		Y		Y	\$203.86	\$198.36				
E1029		W/C ACCESSORY, VENTILATOR TRAY, FIXED	041	E		Y		Y	\$314.36	\$305.87				
E1030		W/C ACCESSORY, VENTILATOR TRAY, GIMBALED	041	E		Y		Y	\$991.29	\$964.53				
E1037		W/C; TRANSPORT CHAIR, PEDIATRIC SIZE	041	B		Y		Y	\$1,223.77	\$1,190.73	\$122.38	\$119.07		
E1161		W/C MANUAL ADULT SIZE W/C INCLUDES TILT-IN-SPACE	041	B		Y		Y	\$2,335.33	\$2,272.28	\$233.53	\$227.23		
E1225		WHEELCHAIR ACCESSORY; SEMI-RECLINING BACK, >15DEG.	041	B		Y		Y	\$446.12	\$434.07	\$44.61	\$43.41		

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E1226		WHEELCHAIR ACCESSORY;MANUAL FULLY RECLINING BACK,>	041	B		Y		N	\$538.55	\$524.01	\$53.85	\$52.40		
E1227	E	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N		Y	\$273.62	\$266.23				
E1227	M	SPECIAL HGT ARMS FOR WHEELCHR	041	E		N		Y	\$291.09	\$283.23				
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR	041	E		Y		Y	\$235.09	\$228.74				
E1229		WHEELCHAIR, PEDIATRIC NOC	041	Y	Y	Y		N						
E1230		POWER OPERATED VEHICLE; 3 OR 4 WHEEL, NON-HIGHWAY	041	E		Y		Y	\$1,953.26	\$1,900.52				
E1231		W/C PEDIATRIC SIZE TILT-IN-SPACE,RIGID,ADJ SEATING	041	B	Y	Y		N						
E1232		W/C PEDIATRIC SIZE TILT-IN-SPACE,FOLDING, ADJ SEAT	041	B		Y		Y	\$2,110.61	\$2,053.62	\$211.06	\$205.36		
E1233		W/C PEDIATRIC SIZE TILT-IN-SPACE, RIGID, ADJ, W/OU	041	B		Y		Y	\$2,186.93	\$2,127.88	\$218.69	\$212.79		
E1234		W/C,PEDIATRIC SIZE,TILT-IN-SPACE,FOLDING,ADJ, W/OU	041	B		Y		Y	\$1,903.88	\$1,852.48	\$190.39	\$185.25		
E1235		W/C PEDIATRIC SIZE RIGID WITH SEATING SYSTEM ADJUS	041	B		Y		Y	\$1,833.28	\$1,783.78	\$183.33	\$178.38		
E1236		W/C PEDIATRIC SIZE FOLDING WITH SEATING SYSTEM ADJ	041	B		Y		Y	\$1,617.43	\$1,573.76	\$161.74	\$157.38		
E1237		W/C PEDIATRIC SIZE, ADJUSTABLE WITHOUT SEATING SYS	041	B		Y		Y	\$1,631.56	\$1,587.51	\$163.16	\$158.75		
E1238		W/C PEDIATRIC SIZE ADJUSTABLE WITHOUT SEATING SYST	041	B		Y		Y	\$1,617.43	\$1,573.76	\$161.74	\$157.38		
E1300		WHIRLPOOL;OVER TUB TYPE, PORTABLE	041	Y		Y		N	\$157.69	\$153.43				
E1352		OXYGEN ACCESORY,FLOW REGULATR CAPABLE OF POS INSPI	041	Y	Y	Y		Y						
E1353		REGULATOR	041	Y		Y		Y	\$86.07	\$83.75			1	1,095
E1372		HUMIDIFIER ACCESSORY: EXTERNAL HEATER	041	N		Y		Y	\$236.50	\$230.11			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			\$39.40		1	30
E1399		DURABLE MEDICAL EQUIPMENT, NEC	041	Y	Y	N		N						
E1639		SCALE, EACH	041	Y		Y		Y	\$24.95	\$24.28				
E1700		JAW MOTION REHABILITATION SYSTEM	041	B		Y		Y	\$340.36	\$331.17	\$34.04	\$33.12		
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	041	B		N		Y	\$1,191.63	\$1,159.46	\$119.16	\$115.95		
E1801		STATIC PROGRESIV STRETCH ELBO DEV EXT/FLEX W/WO RA	041	B		N		Y	\$589.40	\$573.49	\$58.94	\$57.35		

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E1802		DYNAMIC ADJ-FOREARM PRONATION/SUPINA DEV W/SOF	041	B		N		Y	\$3,071.92	\$2,988.98	\$307.19	\$298.90		
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	041	B		N		Y	\$1,228.97	\$1,195.79	\$122.90	\$119.58		
E1806		STATIC PROGRESIV STRETCH WRIST DEV EXT/FLEX, W/WO	041	B		Y		Y	\$329.60	\$320.70	\$32.96	\$32.07		
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	041	B		N		Y	\$1,165.20	\$1,133.74	\$116.52	\$113.37		
E1811		STATIC PROGRESSV STRETCH KNEE DEV EXT/FLEX,W/WO RA	041	B		Y		Y	\$622.54	\$605.73	\$62.25	\$60.57		
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	041	B		N		Y	\$1,228.97	\$1,195.79	\$122.90	\$119.58		
E1816		STATIC PROGESSV STRETCH ANKLE DEV EXT/FLEX,W/WO RA	041	B		Y		Y	\$333.90	\$324.88	\$33.39	\$32.49		
E1818		STATIC PROGRESSIVE STRETCH FOREARM PRO/SUP DEVICE,	041	B		N		Y	\$1,353.04	\$1,316.51	\$135.30	\$131.65		
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	041	B		N		Y	\$1,228.97	\$1,195.79	\$122.90	\$119.58		
E1840		DYNAMIC ADJUST SHOULDER FLEXION/ABDUCTION/ROTA	041	B		N		Y	\$3,722.89	\$3,622.37	\$372.29	\$362.24		
E1841		STATIC PROGRESS STRETCH SHLDER DEVICE W/WO RANGE	041	B		N		Y	\$4,471.10	\$4,350.38	\$447.11	\$435.04		
E2000		GASTRIC SUCTION PUMP,HOME-MOD,PORTOR STATIONA	041	R		Y		Y		\$0.00	\$29.56	\$28.76		
E2201		MANUAL W/C ACCESS,NON-STANDARD SEAT FRAME 20-<2	041	E		Y		Y	\$367.94	\$358.01				
E2202		MANUAL W/C ACCESSORY , NON-STAND FRAME 24- 27 INCH	041	E		Y		Y	\$467.82	\$455.19				
E2203		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH,20-<22	041	E		Y		Y	\$472.82	\$460.05				
E2204		MANUAL W/C ACCESSORY,NON-STAND FRAME DEPTH, 22-25	041	E		Y		Y	\$802.83	\$781.15				

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E2205		MANUAL W/C ACCES,HANDRIM W/O PROJECTIONS,ANY TYPE	041	E		Y		Y	\$32.24	\$31.37				
E2206		MANUAL W/C ACCESS,WHEEL LK ASSM,COMPLETE,RPLCMT,EA	041	E		Y		Y	\$40.15	\$39.07				
E2207		W/C ACCESSORY, CRUTCH AND CANE HOLDER, EACH	041	E		Y		Y	\$42.79	\$41.63				
E2208	E	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y		Y	\$101.05	\$98.32				
E2208	M	W/C ACCESSORY, CYLINDER TANK CARRIER, EACH	041	E		Y		Y	\$101.05	\$98.32				
E2209	E	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y		Y	\$91.16	\$88.70				
E2209	M	W/C ACCESS, ARM TROUGH, EACH, W OR W/O HAND SUP	041	E		Y		Y	\$105.77	\$102.91				
E2210	E	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y		Y	\$5.57	\$5.42				
E2210	M	W/C ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONL	041	E		Y		Y	\$6.47	\$6.30				
E2211		MANUAL W/C ACCESSORY, PNEUMATIC PROPULSION TIRE, A	041	N		Y		Y	\$36.38	\$35.40			2	365
E2212		MANUAL W/C ACCESSORY TUBE FOR PNEU PROPULSION TIRE	041	N		Y		Y	\$5.80	\$5.64			2	365
E2213		MANUAL W/C ACCESSORY INSERT FOR PNEU PRO (REMO) TI	041	N		Y		Y	\$30.01	\$29.20			2	365
E2214		MANUAL W/C ACCESSORY, PNEUMATIC CASTER TIRE ANY SI	041	N		Y		Y	\$30.20	\$29.38			2	365
E2215		MANUAL W/C ACCESS TUBE FOR PNEU CASTER TIRE, ANY S	041	N		Y		Y	\$9.48	\$9.22			2	365
E2216		MANUAL W/C ACCESSORY, FOAM FILLED PRO-TIRE, ANY SI	041	N		Y		Y	\$52.94	\$51.51			2	365
E2217		MANUAL W/C ACCESSORY, FOAM FILLED CASTER TIRE, ANY	041	N		Y		Y	\$39.71	\$38.64			2	365
E2218		MANUAL W/C ACCESSORY, FOAM PRO-TIRE ANY SIZE EACH	041	N		Y		Y	\$70.01	\$68.12			2	365
E2219		MANUAL W/C ACCESSORY, FOAMCASTER TIRE, ANY SIZE, E	041	N		Y		Y	\$41.29	\$40.18			2	365

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E2220		MAN W/C ACC, SOLID RUB/PLAS,PRO TIRE, ANY SZ, RPLCMT	041	N		Y		Y	\$28.15	\$27.39			2	365
E2221		MAN W/C ACC,SOLID RUB/PLAS CTR TIRE,RMV, RPLCMT, ANY	041	N		Y		Y	\$25.22	\$24.54			2	365
E2222		MAN W/C ACC,SOLD RUB PLAS CSTR TIRE,INT WHL ANY, RPLC	041	N		Y		Y	\$20.77	\$20.21			2	365
E2224		MAN W/C ACC, PROPUL WHL EXCLDE TIRE ANY SZ, RPLCMNT	041	N		Y		Y	\$82.27	\$80.05			2	365
E2225		MAN W/C ACC-CASTER WHEEL EXCLUDE TIRE-ANY SIZE-REP	041	N		Y		Y	\$17.17	\$16.71			2	365
E2226		MANUAL W/C ACCES CASTER FORK ANY SIZE REPLACEMENT O	041	N		Y		Y	\$37.42	\$36.41			2	365
E2227		MAN WHEELCHAIR ACCES, GEAR REDUCTION DRIVE WHEE	041	E		Y		Y	\$1,548.73	\$1,506.91				
E2228		MAN WHEELCHAIR ACCESS,WHEEL BRAKING SYSTM/LOCK C	041	E		Y		Y	\$924.09	\$899.14				
E2230		MANUAL WHEELCHAIR ACCES, MANUAL STANDING SYSTEM	041	E	Y	Y		Y						
E2231		MAN W/C ACC-SOLID SEAT SUPPORT BASE-REPLACES SLING	041	E		Y		Y	\$151.68	\$147.58				
E2291		BACK,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC	041	E	Y	Y		N						
E2292		SEAT,PLANAR,FOR PEDS SIZE W/C INCLUDES FIXED ATTAC	041	E	Y	Y		N						
E2293		BACK,CONTOURED,FOR PEDS W/C INCLUDES FIXED ATTACH	041	E	Y	Y		N						
E2294		SEAT.CONTOURED,FOR PEDS W/C INCLUDES FIXED ATTACH	041	E	Y	Y		N						
E2295		MAN W/C ACCES,PEDI SIZE W/C DYNA FRAME,ALLOW MU	041	E	Y	Y		N						
E2298		COMPLEX REHABILITATIVE PWR WC PWR SEAT ELEV SYS,ANY TYPE	041	E	Y	Y		Y						
E2310		POWER W/C ACCES, ELECTRO W/C CONTROLS ONE MOTO	041	E		Y		Y	\$995.53	\$968.65				
E2311		POWER W/C ACCES, ELECTRO W/C CONTROLS TWO MOTO	041	E		Y		Y	\$2,015.48	\$1,961.06				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2312	E	POW W/C ACES,HAND/CHIN CONT INTERFA,MINI-PRO-REMO	041	E		Y		Y	\$1,990.50	\$1,936.76				
E2312	M	RPLCMNT; PWR W/C ACCES,HAND/CHIN CONT INTRFCE,PRO	041	E		Y		Y	\$2,538.67	\$2,470.13				
E2313		POW W/C ACCES HARNESS FOR UPGRDE TO EXP/CONT,INCL	041	E		Y		Y	\$316.09	\$307.56				
E2321	E	POWER W/C ACES, HAND CONTROL, INTERFACE, REMOTE JO	041	E		Y		Y	\$1,351.85	\$1,315.35				
E2321	M	REPLMENT; PWR W/C ACES, HAND CTRL, INTERFACE, REMTE	041	E		Y		Y	\$2,202.00	\$2,142.55				
E2322	E	POWER W/C ACCESS, HAND CONTROL INTERFACE, MULTI/ME	041	E		Y		Y	\$1,199.80	\$1,167.41				
E2322	M	REPLCMT; PWR W/C ACC, HAND CTRL INTERFACE, MULTI/ME	041	E		Y		Y	\$2,331.88	\$2,268.92				
E2323		POWER W/C ACCESS, SPECIALTY JOYSTICK HAND CONTROL,	041	E		Y		N	\$58.83	\$57.24				
E2324		POWER W/C ACCESS, CHIN CP FOR CHIN CONTROL INTERFA	041	E		Y		Y	\$37.28	\$36.27				
E2325		POWER W/C ACCESS, SIP AND PUFF INTERFACE, COMPLETE	041	E		Y		Y	\$1,145.75	\$1,114.81				
E2326		POWER W/C ACCESS, BREATH TUBE KIT FOR SIP AND PUFF	041	E		Y		Y	\$295.31	\$287.34				
E2327	E	POWER W/C ACCES, HEAD CONTROL INTERFACE, MECH, PRO	041	E		Y		Y	\$2,222.35	\$2,162.35				
E2327	M	REPLMNT; PWR W/C ACCES, HE CONTRL INTRFCE, MECH, PRO	041	E		Y		Y	\$3,376.30	\$3,285.14				
E2328		POWER W/C ACCES, HEAD OR EXTREM CTRL INTERFACE,	041	E		Y		Y	\$4,215.49	\$4,101.67				
E2329		POWER W/C ACCES, HEAD CONTROL INTERFACE, CONTACT S	041	E		Y		Y	\$1,502.45	\$1,461.88				
E2330		POWER W/C ACCES, HEAD CONT/INTERFACE, SWITCH MECH,	041	E		Y		Y	\$2,911.17	\$2,832.57				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$353.70	\$344.15				
E2341		POWER W/C ACCESS, NONSTANDARD SEAT FRAME WIDTH 2	041	E		Y		Y	\$530.59	\$516.26				
E2342		POWER W/C ACCESS, NONSTANDARD FRAME DEPTH, 20 OR	041	E		Y		Y	\$442.16	\$430.22				
E2343		POWER W/C ACCESS, NONSTANDARD FRAME DEPTH, 22-25	041	E		Y		Y	\$707.46	\$688.36				
E2351		PWR W/C ACC, ELEC INTRFCE TO SPEECH GNRTNG USNG PWR	041	E		Y		Y	\$594.32	\$578.27				
E2359		POWER WHEELCHAIR ACCESSORY GRP34 SEALED LEAD ACID	041	N		Y		Y	\$175.82	\$171.07			2	365
E2360		POWER W/C ACCES, 22 NF NON-SEALED LEAD ACID BATTER	041	N		Y		Y	\$94.25	\$91.71			2	365
E2361		POWER W/C ACCES, 22 NF SEALED LEAD ACID BATTERY, E	041	N		Y		Y	\$137.64	\$133.92			2	365
E2362		POWER W/C ACCES, GROUP 24 NON-SEALED LEAD ACID BAT	041	N		Y		Y	\$90.79	\$88.34			2	365
E2363		POWER W/C ACCES, GROUP 24 SEALE LEAD ACID BATTERY,	041	N		Y		Y	\$183.58	\$178.62			2	365
E2364		POWER W/C ACCES, U-1 NON-SEALED LEAD ACID BATTERY,	041	N		Y		Y	\$94.25	\$91.71			2	365
E2365		POWER W/C ACCES, U-1 SEALED LEA ACID BATTERY, EACH	041	N		Y		Y	\$110.70	\$107.71			2	365
E2366		POWER W/C ACCES, BATT/CHARGER SINGLE MODE, USE W/O	041	N		Y		Y	\$221.00	\$215.03			2	365
E2368		POWER W/C COMPONENT, MOTOR REPLACEMENT ONLY	041	E		Y		N	\$509.86	\$496.09				
E2369	E	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y		N	\$382.77	\$372.44				
E2369	M	PWR W/C COMPONENT, DRIVE WHEEL GEAR BOX, REPLMNT	041	E		Y		N	\$444.09	\$432.10				
E2370	E	PWR W/C CMPNT, MOTOR AND GEAR BOX COMBINATION	041	E		Y		N	\$682.98	\$664.54				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2370	M	PWR W/C CMPNT,MOTOR AND GEAR BOX COMBINATION	041	E		Y		N	\$792.40	\$771.01				
E2371		POWER W/C ACCES GROUP 27 SEALE LEAD ACID BATT E.G.	041	N		Y		Y	\$148.77	\$144.75			2	365
E2372		POWER W/C ACCESS GRP 27 NON-SEAL LEAD ACID BATT EA	041	N		Y		Y	\$92.28	\$89.79			2	365
E2373	E	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y		Y	\$693.84	\$675.11				
E2373	M	POWER W/C ACCESS, HAND OR CHIN CONTROL REPLACE	041	E		Y		Y	\$1,070.48	\$1,041.58				
E2374		POWER W/C ACC,HAND OR CHIN CONTROL STAND REMOTE	041	E		Y		Y	\$454.29	\$442.02				
E2375		PWR W/C ACCESS,NON EXPANDABLE CONTROLLER, ALL HA	041	E		Y		Y	\$728.68	\$709.01				
E2376		POWER W/C ACCESS,EXPAND CONTROL,INCLUD HARDW,R	041	E		Y		Y	\$1,141.87	\$1,111.04				
E2377		POWER W/C ACCESS, EXPANDABLE CONTROL, ALL HARDW, U	041	E		Y		Y	\$413.20	\$402.04				
E2378		PWR WHEELCHAIR COMPONENT ACUATOR REPLAC ONLY	041	E		Y		Y	\$525.96	\$511.76				
E2381		POWER W/C ACCESS, PNEU DRIVE WHEEL TIRE, ANY SIZE	041	N		Y		Y	\$75.19	\$73.16			2	365
E2382		POWER W/C ACCESS,TUBE FOR PNEU DRIVE TIRE,ANY SIZE	041	N		Y		Y	\$20.50	\$19.95			2	365
E2383		POWER W/C ACCESS,INSERT FOR PNEU DRIVE TIRE ANY TY	041	N		Y		Y	\$149.89	\$145.84			2	365
E2384		POWER W/C ACCESS,PNEU CASTER TIRE, ANY SIZE,REPLAC	041	N		Y		Y	\$79.86	\$77.70			2	365
E2385		POWER W/C ACCESS,TUBE FOR PNEU CASTER TIRE ANY SIZ	041	N		Y		Y	\$48.85	\$47.53			2	365
E2386		POWER W/C ACCESS FOAM FILLED DRIVE WHEEL, ANY SIZE	041	N		Y		Y	\$148.56	\$144.55			2	365
E2387		POWER W/C ACCESS, FOAM FILLED CASTER TIRE, ANY SIZ	041	N		Y		Y	\$64.09	\$62.36			2	365
E2388		POWER W/C ACCESS, FOAM DRIVE WHEEL TIRE, ANY SIZE,	041	N		Y		Y	\$49.74	\$48.40			2	365
E2389		POWER W/C ACCESS FOAM CASTER TIRE, ANY SIZE, EACH	041	N		Y		Y	\$27.00	\$26.27			2	365
E2390		POWER W/C ACCESS, SOLID (R/P) DRIVE TIRE, ANY SIZE	041	N		Y		Y	\$42.23	\$41.09			2	365
E2391		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE EACH	041	N		Y		Y	\$20.23	\$19.68			2	365
E2392		POWER W/C ACCESS, SOLID (R/P) CASTER TIRE W/INTERG	041	N		Y		Y	\$53.17	\$51.73			2	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2394		POWER W/C ACCESS, DRIVE WHEEL EXCLUDES TIRE, ANY S	041	N		Y		Y	\$75.74	\$73.70			2	365
E2395		POWER W/C ACCESS, CASTER WHEEL EXCLUDES TIRE, ANY S	041	N		Y		Y	\$53.84	\$52.39			2	365
E2396		POWER W/C ACCESS, CASTER FORK, ANY SIZE, EACH	041	N		Y		Y	\$65.65	\$63.88			2	365
E2397		POW W/C ACCES, LITHION-BASED BATTERY, EACH	041	N		Y		Y	\$408.74	\$397.70			2	365
E2402		NEG. PRESS WOUND THERAPY, PUMP ELECTRICAL, STATION	041	R		N		Y		\$0.00	\$85.00	\$82.71	DAILY	
E2500		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR, LESS TH	041	Y		N		Y	\$367.60	\$357.67				
E2502		SPEECH GENERATING DEVICE, DIGI PRE-RECOR/MESS>8 MI	041	Y		N		Y	\$1,124.05	\$1,093.70				
E2504		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS >20	041	Y		N		Y	\$1,482.77	\$1,442.74				
E2506		SPEECH GENERATING DEVICE, DIGIT PRE-RECOR/MESS>40	041	Y		N		Y	\$2,704.00	\$2,630.99				
E2508		SPEECH GENERATI DEVICE, SYNTH REQUIR/MESS/FORMU/	041	Y		N		Y	\$3,496.49	\$3,402.08				
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	\$60.37	\$58.74				
E2601	M	GEN USE W/C SEAT CUSHION WIDTH< THAN 22 INS,ANY DE	041	E		Y		N	\$101.58	\$98.84				
E2602	E	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y		N	\$101.58	\$98.84				
E2602	M	GEN USE W/C SEAT CUSHION WIDTH 22 INS OR >, ANY DE	041	E		Y		N	\$117.85	\$114.67				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
E2603	E	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y		N	\$128.96	\$125.48				
E2603	M	SKIN PROTEC W/C SEAT CUSHION WIDTH < THAN 22 INS,A	041	E		Y		N	\$149.62	\$145.58				
E2604	E	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	\$160.28	\$155.95				
E2604	M	SKIN PROTEC W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	\$185.96	\$180.94				
E2605	E	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y		N	\$228.98	\$222.80				
E2605	M	POSITIONING W/C SEAT CUSHION WIDTH < THAN 22 INS,	041	E		Y		N	\$265.67	\$258.50				
E2606	E	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	\$357.24	\$347.59				
E2606	M	POSITIONING W/C SEAT CUSHION WIDTH 22 INS OR >,ANY	041	E		Y		N	\$414.48	\$403.29				
E2607	E	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y		N	\$246.57	\$239.91				
E2607	M	SKIN PROTECT/POSITION W/C SEAT CUSHION-WIDTH <22-,	041	E		Y		N	\$286.08	\$278.36				
E2608	E	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y		N	\$296.12	\$288.12				
E2608	M	SKIN PROTEC/POSITI W/C SEAT CUSHION,WIDTH 22 INS O	041	E		Y		N	\$343.56	\$334.28				
E2609		CUSTOM FABRICATED SEAT CUSHION ANY SIZE	041	E	Y	N		N						
E2611	E	GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A	041	E		Y		N	\$265.72	\$258.55				
E2611	M	GENERAL USE W/C BACK CUSHION WIDTH < THAN 22 INS A	041	E		Y		N	\$308.29	\$299.97				
E2612	E	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y		N	\$359.46	\$349.75				
E2612	M	GENERAL USE W/C BACK CUSHION WIDTH 22 INS OR >ANY	041	E		Y		N	\$417.05	\$405.79				

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E2613	E	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y		N	\$334.36	\$325.33				
E2613	M	POSITIONING W/C BACK CUSH,POSTERIOR WIDTH <22 INCH	041	E		Y		N	\$387.93	\$377.46				
E2614	E	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y		N	\$462.72	\$450.23				
E2614	M	POSITIONING W/C BACK CUSHION,WIDTH,22 INCHES OR >	041	E		Y		N	\$536.86	\$522.36				
E2615	E	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y		N	\$384.79	\$374.40				
E2615	M	POSITIONING W/C BACK POST/LAT WIDTH <22 INS, ANY H	041	E		Y		N	\$446.94	\$434.87				
E2616	E	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y		N	\$517.17	\$503.21				
E2616	M	POSITIONING W/C BACK CUSH POST/LAT WIDTH 22 OR > A	041	E		Y		N	\$600.67	\$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	\$43.65	\$42.47				
E2619	M	REPLACEMENT COVER FOR W/C SEAT OR BACK CUSHION EAC	041	E		Y		N	\$50.66	\$49.29				
E2620	E	POSITION W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y		N	\$465.93	\$453.35				
E2620	M	POSITION W/C BACK CUSH,PLANBACK W/LATE SUPP WT<	041	E		Y		N	\$540.58	\$525.98				
E2621	E	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y		N	\$488.95	\$475.75				
E2621	M	POSITIONING W/C BACK CUSH PLAN/LATE SUPPORT 22 OR>	041	E		Y		N	\$567.29	\$551.97				
E2622	E	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y		Y	\$281.70	\$274.09				
E2622	M	SKIN PROTECTION W/C CUSHION ADJUST WIDTH <22 IN, A	041	E		Y		Y	\$326.83	\$318.01				

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E2623	E	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y		Y	\$358.45	\$348.77				
E2623	M	SKIN PROTECTION W/C SEAT CUSH,ADJUST WIDTH 22 OR >	041	E		Y		Y	\$415.88	\$404.65				
E2624	E	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y		Y	\$284.01	\$276.34				
E2624	M	SKIN PROTECT,POST W/C SEAT CUSH,ADJ WIDTH < 22 INS	041	E		Y		Y	\$329.52	\$320.62				
E2625	E	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y		Y	\$359.54	\$349.83				
E2625	M	SKIN PROTECT,POST W/C CUSH ADJ WIDTH 22 INS OR > A	041	E		Y		Y	\$417.14	\$405.88				
E2626		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y		Y	\$627.13	\$610.20				
E2627		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/ADJUS	041	E		Y		Y	\$850.60	\$827.63				
E2628		W/C ACC-SHLDR/ELBOW MOBILE ARM SUPP-ATTACH/BAL	041	E		Y		Y	\$753.87	\$733.52				
E2629		W/C ACES SHOLDR/ELBOW SUPPRT ATTACH>W/C FRICTION	041	E		Y		Y	\$954.01	\$928.25				
E2630		W/C ACC-SHLDR/ELBOW MOB ARM SUPP-MONOSUSP/SLING	041	E		Y		Y	\$667.14	\$649.13				
E2631		W/C ACC-ADDITION TO MOBILE ARM SUPP-ELEVATING PROX	041	E		Y		Y	\$266.87	\$259.66				
E2632		W/C ACC-ADDITION TO MOBILE ARM SUPP-OFFSET/LATERAL	041	E		Y		Y	\$169.69	\$165.11				
E2633		WHEELCHAIR ACCESY ADD MOBLE ARM SUPP SUPINATOR	041	E		Y		Y	\$143.93	\$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	\$491.24	\$477.98	\$49.12	\$47.80		
K0002		WHEELCHAIR; STANDARD HEMI (LOW SEAT)	041	B		Y		Y	\$692.33	\$673.64	\$69.23	\$67.36		
K0003		WHEELCHAIR;LIGHTWEIGHT	041	B		Y		Y	\$755.99	\$735.58	\$75.60	\$73.56		
K0004		WHEELCHAIR; HIGH STRENGTH LIGHTWEIGHT	041	B		Y		Y	\$892.29	\$868.20	\$89.23	\$86.82		
K0005		WHEELCHAIR; ULTRA LIGHTWEIGHT	041	E		Y		Y	\$1,824.73	\$1,775.46				
K0006		WHEELCHAIR; HEAVY DUTY	041	B		Y		Y	\$1,003.58	\$976.48	\$100.36	\$97.65		
K0007		WHEELCHAIR;EXTRA HEAVY DUTY	041	B		Y		Y	\$1,389.30	\$1,351.79	\$138.93	\$135.18		

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0008		CSTM MANUAL WHLCHR/BASE	041	E	Y	N		Y						
K0010		WHEELCHAIR; STANDARD WEIGHT FRAME MOTOR/POWER	041	E		Y		Y	\$4,204.53	\$4,091.01				
K0011		W/C;STANDARD WT MOTORIZED/POWER W/PROGRAMMA	041	E		Y		Y	\$5,056.17	\$4,919.65				
K0012		WHEELCHAIR;LIGHTWEIGHT PORTABLE MOTORIZED/POWER	041	E		Y		Y	\$3,207.00	\$3,120.41				
K0013		CUSTOM POWER WHLCHR BASE	041	E	Y	N		Y						
K0014		W/C ; CUSTOM OR NON-CUSTOM, POWER, REHAB OR	041	E	Y	Y		Y						
K0015	E	WHEELCHAIR ACCESS;ARMREST,DETACHABLE,NON-ADJUST	041	E		Y		Y	\$154.57	\$150.40				
K0015	M	WHEELCHAIR ACCESS;ARMREST,DETACHABLE,NON-ADJUST	041	E		Y		Y	\$179.34	\$174.50				
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y		Y	\$43.48	\$42.31				
K0017	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, BASE, EACH	041	E		Y		Y	\$50.45	\$49.09				
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y		Y	\$24.28	\$23.62				
K0018	M	DETACHABLE ADJUSTABLE HEIGHT ARMREST, UPPER PORTIO	041	E		Y		Y	\$28.17	\$27.41				
K0019	E	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y		Y	\$13.91	\$13.53				
K0019	M	ARM PAD, REPLACEMENT ONLY, EACH	041	E		Y		Y	\$16.14	\$15.70				
K0020		WHEELCHAIR ACCESSORY;ARMREST,FIXED, ADJUST HT, PAIR	041	E		Y	*	Y	\$45.85	\$44.61				
K0037	E	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y		Y	\$40.97	\$39.86				
K0037	M	HIGH MOUNT FLIP-UP FOOTREST, RPLCMNT ONLY, EACH	041	E		Y		Y	\$47.54	\$46.26				
K0038	E	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y		Y	\$20.64	\$20.08				
K0038	M	WHEELCHAIR ACCESSORY; ANKLE/LEG STRAP, EACH	041	E		Y		Y	\$23.94	\$23.29				
K0039	E	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y		Y	\$45.83	\$44.59				
K0039	M	WHEELCHAIR ACCESSORY; LEG STRAP H STYLE, EACH	041	E		Y		Y	\$53.18	\$51.74				
K0040	E	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y		Y	\$63.53	\$61.81				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0040	M	WHEELCHAIR ACCESSORY; FOOTPLATE, ADJUSTABLE ANGLE,	041	E		Y		Y	\$73.70	\$71.71				
K0041	E	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y		Y	\$45.02	\$43.80				
K0041	M	WHEELCHAIR ACCESSORY;FOOTPLATE, LARGE, EACH	041	E		Y		Y	\$52.24	\$50.83				
K0042	E	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y		Y	\$30.99	\$30.15				
K0042	M	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH	041	E		Y		Y	\$35.96	\$34.99				
K0043	E	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y		Y	\$16.61	\$16.16				
K0043	M	FOOTREST, LOWER EXTENSION TUBE, EACH, RPLCMT ONLY	041	E		Y		Y	\$19.28	\$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	\$48.17	\$46.87				
K0045	M	FOOTREST, COMPLETE ASSEMBLY, RPLCMT ONLY, EACH	041	E		Y		Y	\$55.88	\$54.37				
K0046	E	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y		Y	\$16.61	\$16.16				
K0046	M	ELEVATING LEGREST, LWR EXT TUBE, RPLCMT ONLY, EA	041	E		Y		Y	\$19.28	\$18.76				
K0047	E	ELEVATING LEGREST UPPER HANG BRCKET, RPLCMT, EA	041	E		Y		Y	\$64.99	\$63.24				
K0047	M	ELEVATING LEGREST UPPER HANG BRACKET, RPLCMT, EA	041	E		Y		Y	\$75.41	\$73.37				
K0050	E	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y		Y	\$27.62	\$26.87				
K0050	M	RATCHET ASSEMBLY RPLCMT ONLY	041	E		Y		Y	\$32.05	\$31.18				
K0051	E	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y		Y	\$44.71	\$43.50				
K0051	M	CAM RELEASE ASSEM, FOOTREST OR LEGREST, RPLCMT, EACH	041	E		Y		Y	\$51.87	\$50.47				
K0052	E	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y		Y	\$78.64	\$76.52				
K0052	M	SWINGAWAY, DETACH FOOTRESTS, RPLCMNT ONLY, EACH	041	E		Y		Y	\$91.24	\$88.78				
K0053	E	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y		Y	\$86.78	\$84.44				
K0053	M	WHEELCHAIR ACCESSORY: FOOTREST, ELEVATING, TELESCO	041	E		Y		Y	\$100.68	\$97.96				

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0056		WHEELCHAIR OPTION: SPECIAL SEAT-FLOOR HEIGHT FOR M	041	E		Y		Y	\$93.87	\$91.34				
K0065		WHEELCHAIR ACCESSORY; SPOKE PROTECTORS, EACH	041	E		Y		Y	\$43.88	\$42.70				
K0069		REAR WHL ASSY, COMPL,SLD TIRE,SPOKE,MLDED, RPLMT, EA	041	N		Y		Y	\$98.62	\$95.96			2	365
K0070		WHEELCHAIR ACCESS;REAR WHEEL ASSEMB,W/PNEUMATIC	041	N		Y		Y	\$180.78	\$175.90			2	365
K0071		FRONT CASTR ASS, COMPL, W PNEUMA TIRE, RPLCMT, EA	041	N		Y		Y	\$107.83	\$104.92			2	365
K0072		FRONT CASTER ASS, COMPL, W SEMI-PNEUMA TIRE, RPLCMT	041	N		Y		Y	\$64.91	\$63.16			2	365
K0073		CASTER PIN LOCK EACH	041	N		Y		Y	\$32.99	\$32.10			2	365
K0077		FRONT CASTER ASS, COMPL W SLD TIRE, RPLCMT ONLY, EACH	041	N		Y		Y	\$58.08	\$56.51			2	365
K0105		WHEELCHAIR ACCESSORY; IV HANGER/IV POLE, EACH	041	E		Y		Y	\$98.14	\$95.49				
K0108		WHEELCHAIR ACCESSORIES, NOT OTHERWISE SPECIFIED	041	E	Y	Y		Y						
K0462		TEMP REPLACE FOR PT OWNED EQPT BEING REPAIR ANY TYPE	041	R	Y	Y		Y						
K0552		SUP, EXT. NON-INSLIN INFUS PUMP, SYRINGE TYPE,STRL	048	N		Y		Y	\$2.45	\$2.38			30	30
K0601		BAT;REPLACEMENT 1.5 SILVER OXIDE, INFUS/PUMP EXT/P	048	N		Y		Y	\$1.03	\$1.00			9	90
K0602		BATT;REPLACEMENT 3 VOLT SILVE OXIDE, INFUS/PUMP EX	048	N		Y		Y	\$5.98	\$5.82			6	90
K0603		BATT;REPLACEMENT 1.5 VOLT, ALKALINE INFUS/PUMP EXT	048	N		Y		Y	\$0.54	\$0.53			9	90
K0604		BATT;REPLACEMENT 3.6 VOLT EA LITHIUM, INFUS/PUMP	048	N		Y		Y	\$5.72	\$5.57			6	90
K0605		BATT;REPLACEMENT 4.5 VOLT EA LITHIUM,INFUS/PUMP EX	048	N		Y		Y	\$13.72	\$13.35			3	90
K0606		AUTO-EXTERNAL DEFIB W/INTEGRATED ECG ANALYSIS, GAR	041	B		Y		Y	\$21,321.10	\$20,745.43	\$71.07	\$69.15	Daily	
K0607		REPLACEMENT BATTERY FOR AUTOMATIC EXTERNAL DEFIBRI	048	N		Y		Y	\$182.58	\$177.65			1	365
K0608		REPLMNT GARMENT FOR USE W/ AUTOMATIC EXTER/DEF	048	N		Y		Y	\$113.94	\$110.86			1	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0609		REPLACEMENT ELECTRODES FOR USE W/ AUTOMATIC EXTER/	048	Y		Y		Y	\$757.72	\$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	\$29.81	\$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	\$1,099.80	\$1,070.11	\$109.98	\$107.01		
K0801		POV GROUP ONE HEAVY DUTY 301-450 LBS	041	E		Y		Y	\$1,773.05	\$1,725.18				
K0802		POV GROUP ONE VERY HEAVY DUTY 451-600 LBS	041	E		Y		Y	\$2,006.51	\$1,952.33				
K0806		POV GROUP TWO STANDARD UP TO 300 LBS	041	E		Y		Y	\$1,330.42	\$1,294.50				
K0807		POV GROUP TWO HEAVY DUTY 301-450 LBS	041	E		Y		Y	\$2,018.75	\$1,964.24				
K0808		POV GROUP TWO VERY HEAVY DUTY 451-600 LBS	041	E		Y		Y	\$3,123.43	\$3,039.10				
K0812		POWER OPERATED VEHICLE NOC	041	E	Y	Y		Y						
K0813		PWC GROUP 1 STANDARD PORTABL SEAT/BACK UP TO AND I	041	E		Y		Y	\$2,052.21	\$1,996.80				
K0814		PWC GROUP ONE STANDARD PORT CAP CHAIR, WEIGHT UP T	041	E		Y		Y	\$2,626.83	\$2,555.91				
K0815		PWC GROUP ONE STAND SEAT/BACK WEIGHT CAPACITY UP T	041	E		Y		Y	\$2,991.36	\$2,910.59				
K0816		PWC GROUP ONE STAND CAPTAINS CHAIR WEIGHT UP TO 30	041	E		Y		Y	\$2,864.65	\$2,787.30				
K0820		PWC GROUP TWO STAND PORTA SEAT/BACK WEIGHT UPT	041	E		Y		Y	\$2,191.89	\$2,132.71				
K0821		PWC GROUP TWO PORTABLE STAND CAP CHAIR UP TO 300 L	041	E		Y		Y	\$2,813.88	\$2,737.91				
K0822		PWC GROUP TWO STANDARD SEAT/BACK WEIGHT UP TO 300	041	E		Y		Y	\$3,400.64	\$3,308.82				
K0823		PWC GROUP TWO STAND CAPTAIN CHAIR WEIGHT UP TO	041	E		Y		Y	\$3,422.92	\$3,330.50				

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
K0824		PWC GROUP TWO HEAVY DUTY SEAT/BACK WEIGHT 301 TO 4	041	E		Y		Y	\$4,119.64	\$4,008.41				
K0825		PWC GROUP TWO HEAVY DUTY CAP CHAIR WEIGHT 301 TO 4	041	E		Y		Y	\$3,771.28	\$3,669.46				
K0826		PWC GRP TWO VERY HEAVY DUTY SEAT/BACK WEIGHT 451	041	E		Y		Y	\$5,333.28	\$5,189.28				
K0827		PWC GROUP TWO VERY HEAVY DUTY CAPTAINS CHAIR WT 45	041	E		Y		Y	\$4,535.03	\$4,412.58				
K0828		PWC GROUP TWO X-HEAVY DUTY SEAT/BACK WT CAPACITY 6	041	E		Y		Y	\$5,876.79	\$5,718.12				
K0829		PWC GROUP TWO X-HEAVY DUTY CAPTAINS CHAIR WT 601 L	041	E		Y		Y	\$5,396.54	\$5,250.83				
K0830		PWC GROUP STANDARD SEAT ELEVATOR SEAT/BACK UP TO 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	\$3,451.59	\$3,358.40				
K0836		PWC GRP TWO STANDARD SINGLE POWER OPTION, CAP CH	041	E		Y		Y	\$3,579.33	\$3,482.69				
K0837		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT SEAT/BACK	041	E		Y		Y	\$4,119.64	\$4,008.41				
K0838		PWC GROUP TWO HEAVY DUTY SINGL PWER OPT CAP CHAIR	041	E		Y		Y	\$3,685.46	\$3,585.95				
K0839		PWC GR TWO VERY HEAVY DUTY SINGLE POW OPT ST/BK 45	041	E		Y		Y	\$5,333.28	\$5,189.28				
K0840		PWC GR TWO X-HEAVY DUTY SINGLE POWE OPT ST/BK WT 6	041	E		Y		Y	\$8,080.24	\$7,862.07				
K0841		PWC GROUP TWO STAND MULTIPL POW OPT SEAT/BACK U	041	E		Y		Y	\$3,673.80	\$3,574.61				
K0842		PWC GROUP TWO STAND MULTIPLE POW OPT CAP CHAIR	041	E		Y		Y	\$3,673.80	\$3,574.61				
K0843		PWC GRP TWO HEAVY DUTY MULT POW OPT ST/BK WT 301	041	E		Y		Y	\$4,423.26	\$4,303.83				

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K0848		PWC GROUP 3 STANDARD SEAT/BACK WT CAPACITY UP TO A	041	E		Y		Y	\$4,495.46	\$4,374.08				
K0849		PWC GROUP 3 STANDARD, CAPTAINS CHAIR WT CAP UP TO	041	E		Y		Y	\$4,322.12	\$4,205.42				
K0850		PWC GROUP 3 HEAVY DUTY SEAT/BACK WEIGHT 301-450 LB	041	E		Y		Y	\$5,214.65	\$5,073.85				
K0851		PWC GROUP 3 HEAVY DUTY CAPTANS CHAIR WT CAPACITY 3	041	E		Y		Y	\$5,013.77	\$4,878.40				
K0852		PWC GROUP 3 VERY HEAVY DUTY SEAT/BACK WT 451-600 L	041	E		Y		Y	\$6,025.21	\$5,862.53				
K0853		PWR W/C, GROUP 3 VERY HEAVY DUTY, CAPTAIN, PT WT 4	041	E		Y		Y	\$6,189.34	\$6,022.23				
K0854		PWC GROUP 3 X-HEAVY DUTY SEAT/BACK WEIGHT CAP. 601	041	E		Y		Y	\$8,199.53	\$7,978.14				
K0855		PWC GROUP 3 X-HEAVY DUTY CAPTN CHAIR WT CAPAC 601	041	E		Y		Y	\$7,745.69	\$7,536.56				
K0856		PWC GROUP 3 STAND SINGLE POWER OPT SEAT/BACK WT CA	041	E		Y		Y	\$4,825.40	\$4,695.11				
K0857		PWC GROUP 3 STAND SINGLE PWR OPT CAP/CHAIR WEIGH	041	E		Y		Y	\$4,922.12	\$4,789.22				
K0858		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT WEIGHT 301-4	041	E		Y		Y	\$5,986.86	\$5,825.21				
K0859		PWC GROUP 3 HEAVY DUTY SINGLE POW OPT CAP/CHAIR WT	041	E		Y		Y	\$5,709.65	\$5,555.49				
K0860		PWC GROUP 3 VERY HEAVY DUTY 1 POW OPT SEAT/BACK 45	041	E		Y		Y	\$8,553.06	\$8,322.13				
K0861		PWC GROUP 3 STANDARD MUL OPTS SEAT/BACK WT UP TO 3	041	E		Y		Y	\$4,833.20	\$4,702.70				
K0862		PWC GROUP 3 HEAVY DUTY MLT OPT SEAT/BACK WT CAPACI	041	E		Y		Y	\$5,986.86	\$5,825.21				
K0863		PWC GROUP 3 VERY HEAVY DUTY MLT OPT SEAT/BACK WT 4	041	E		Y		Y	\$8,553.06	\$8,322.13				

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K0864		PWC GROUP 3 X-HEAVY DUTY MLT OPTS SEAT/BACK WT CAP	041	E		Y		Y	\$10,178.23	\$9,903.42				
K0868		PWC GROUP 4 STANDARD SEAT/BACK WT CAPACITY UP TO 3	041	E	Y	Y		Y						
K0869		PWC GROUP 4 STANDARD CAPTAINS CHAIR WT CAPACITY UP	041	E	Y	Y		Y						
K0870		PWC GROUP 4 HEAVY DUTY SEAT/BACK WT 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 MOBLITY DEVICE NOT CODED BY DME PDAC, NOT MEE	041	E	Y	Y		Y						
K0900		CUSTOMIZED DURABLE MEDICAL EQUIP, OTHER THAN W	041	Y	Y	Y		Y						

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L0112		CRANIAL CERV ORTH,CONG TORTICOLLIS,W/WO SFT INTRFC	041	Y		Y		Y	\$1,397.72	\$1,359.98				
L0120		CERVICAL,FLEXIBLE,NON-ADJSTABLE,PREFAB,OTS,FOAM CO	041	N		Y		N	\$18.89	\$18.38			1	365
L0130		COLLAR; CERVICAL, FLEXIBLE, THERMOPLASTIC, MOLDED	041	N		N		Y	\$142.47	\$138.62			1	365
L0140		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE PLASTIC	041	N		Y		Y	\$55.87	\$54.36			1	365
L0150		COLLAR; CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CH	041	N		Y		Y	\$99.91	\$97.21			1	365
L0160		CERVICAL,SEMI-RIGID,WIRE FRAME OCCIPITAL-MANDIBULA	041	N		Y		Y	\$111.70	\$108.68			1	365
L0170		CERVICAL, COLLAR, MOLDED TO PATIENT	041	Y		Y		Y	\$802.95	\$781.27				
L0172		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2 PC	041	N		Y		Y	\$101.21	\$98.48			1	365
L0174		CERVICAL COLLAR,SEMI-RIGID THERMOPLASTIC FOAM 2PC,	041	N		Y		Y	\$259.91	\$252.89			1	365
L0180		COLLAR;CERVICAL,MULTI POST,OCCIP/MAND SUPPORTS,ADJ	041	N		Y		Y	\$421.08	\$409.71			1	365
L0190		COLLAR;CERVICAL,MULT POST OCC/MAND SUPPORT;ADJ.CER	041	N		Y		Y	\$496.61	\$483.20			1	365
L0200		COLLAR;CERVICAL,MULT POST OCC/MAN SUPPORT,ADJ BARS	041	N		Y		Y	\$576.02	\$560.47			1	365
L0220		RIB BELT; THORACIC, CUSTOM FABRICATED	041	N		N		Y	\$129.02	\$125.54			1	365
L0450		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	N		Y		N	\$122.98	\$119.66			1	365
L0452		TLSO,FLEX,TRNK SUP,UPR THORACIC,RGD STAYS/PANL,STR	041	Y		N		Y	\$256.09	\$249.18				
L0454		TLSO FLEX,TRNK SUP,SACRO ABV T9,RGD STAYS/PANL,STR	041	N		Y		N	\$280.83	\$273.25			1	365
L0455		TLSO FLEX TRNK SPT/SAC JUNCTN TO T9 INC SHLDR STRP	041	N		Y		Y	\$262.46	\$255.37			1	365
L0456		TLSO,FLEX,TRNK SUP,THORACIC,RGD PST/SFT ANT,SAC-SC	041	Y		Y		Y	\$805.34	\$783.60				
L0457		TLSO FLEX TRNK SJ-SS PRE OTS	041	Y		Y		Y	\$752.65	\$732.33				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0458		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y		Y	\$832.38	\$809.91				
L0460		TLSO,TRPLNR CON,MOD SEG SPNL SYS,2 RGD PLAS SHLS,P	041	Y		Y		Y	\$759.66	\$739.15				
L0462		TLSO,TRPLNR CON,MOD SEG SPNL SYS,3 RGD PLAS SHLS,P	041	Y		Y		Y	\$1,165.33	\$1,133.87				
L0464		TLSO,TRPLNR CON,MOD SEG SPNL SYS,4 RGD PLAS SHLS,P	041	Y		Y		Y	\$1,387.32	\$1,349.86				
L0466		TLSO,SAGITTAL CONT,RGD POST,SFT ANT,RESTR TRNK< MOT	041	N		Y		Y	\$307.21	\$298.92			1	365
L0467		TLSO SAGITAL CNTRL PREFAB OTS	041	N		Y		Y	\$287.11	\$279.36			1	365
L0468		TLSO,SAGITTAL-CORONAL CONT,RGD POST,FLEX ANT,RESTR	041	N		Y		Y	\$385.01	\$374.61			1	365
L0469		TLSO SAGITAL-CORONAL FLEX ANT PREFAB OTS	041	N		Y		Y	\$359.82	\$350.10			1	365
L0470		TLSO TRIPLANAR CONTROL RESTRIC TRNK MOTION SAGIT/C	041	N		Y		Y	\$614.08	\$597.50			1	365
L0472		TLSO TRIPLANAR CONTROL HYPEREX RIGID/LATER/FRAME,	041	N		Y		Y	\$377.87	\$367.67			1	365
L0480		TLSO TRIPLANER CONTROL, 1 PIECE RIGID PLAS SHELL W	041	Y		N		Y	\$1,508.40	\$1,467.67				
L0482		TLSO TRIPLANER CONTROL 1 PIECE RIGIN SHELL W/OUT L	041	Y		N		Y	\$1,684.90	\$1,639.41				
L0484		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL W/OUT L	041	Y		N		Y	\$1,819.63	\$1,770.50				
L0486		TLSO TRIPLANER CONTROL 2 PIECE RIGID SHELL WITH LI	041	Y		N		Y	\$2,043.51	\$1,988.34				
L0488		TLSO,TRIPLANAR CONTROL 1 PIECE RIGID SHELL WITH LI	041	Y		Y		Y	\$936.90	\$911.60				
L0490		TLSO SAGITTAL-CORONAL CONDROL 1 PIECE RIGID W/OVER	041	Y		Y		Y	\$264.01	\$256.88				
L0491		TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEG-SPINAL	041	Y		Y		Y	\$716.78	\$697.43				
L0492		TLSO, SAGITAL-CORONAL CONTROL MODULAR SEG-SPINAL 3	041	N		N		Y	\$466.75	\$454.15			1	365
L0621		SACROILIAC ORTH,FLEX,PROVIDE PEL-SAC SUPT,STRP-PEN	041	N		Y		N	\$69.41	\$67.54			1	365
L0622		SACROILIAC ORTHOSIS FLEXIBLE PROVIDE PEL-SAC SUPP	041	N		N		Y	\$230.24	\$224.02			1	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0623		SACROILIAC ORTH,PROVDS PEL-SAC SUPRT,RGD-SEMI PNLS	041	Y	Y	Y		Y						
L0624		SACROILIAC ORTHOSIS RIG/SEMI RIGID PEL-SAG SUPP CU	041	Y	Y	N		Y						
L0625		LUMBAR ORTH,FLEX,POST EXTNDS L-1-L-5,STRPS,PEND AB	041	N		Y		N	\$44.34	\$43.14			1	365
L0626		LUMBAR ORTH,SAGI-CNTRL,RGD POST,EXT L1 TO L5 VERT,	041	N		Y		Y	\$77.84	\$75.74			1	365
L0627		LUMBAR ORTH,SAGI-CNTRL,RGD POST ANT,EXT L1 TO L5 V	041	N		Y		Y	\$354.05	\$344.49			1	365
L0628		LUMBAR SACRAL ORTH,FLEX,SACRO TO T9 VERT,STRPS-STA	041	N		Y		N	\$100.35	\$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	\$139.53	\$135.76			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	\$294.64	\$286.68			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	\$932.60	\$907.42			1	365
L0636		LSO SAGITTAL CORON CONT LUMBAR FLEXIBLE CUSTOM FAB	041	Y		N		Y	\$1,353.96	\$1,317.40				
L0637		LSO,SAGI-CORONAL CNTROL,RGD ANT-POST EXT SACRO TO	041	Y		Y		Y	\$1,115.95	\$1,085.82			1	365
L0638		LSO SAGITTAL CORONAL CONT RIGID/POST FRAME/PANELS	041	Y		N		Y	\$1,317.14	\$1,281.58				
L0639		LSO,SAGI-CORONAL,CNTRL,RGD PNL,POST EXT SACRO TO T	041	Y		Y		Y	\$1,115.95	\$1,085.82				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0640		LSO EXTEND FROM SACROCO JUNCT TO T-9 CUSTOM FAB IN	041	Y		N		Y	\$1,044.97	\$1,016.76				
L0641		LO SAGI-CONT RIG PNL 11-15 VERT PREFAB OTS	041	N		Y		Y	\$62.75	\$61.06			1	365
L0642		LUMBAR ORT SAGI-CONT RIGID ANT POS 11 15 VERT PREF	041	N		Y		Y	\$330.89	\$321.96			1	365
L0643		LUMBAR-SACRAL SAGI CTR RIG POSSAC JNCTN T9 PEND AB	041	N		Y		Y	\$130.40	\$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	\$275.36	\$267.93			1	365
L0650		LSO SAGI-CORONAL R ANT-POS PNL SAC JNCTN T9 PND AB	041	N		Y		Y	\$275.36	\$267.93			1	365
L0651		LSO SAGI-CORONAL R POS PNL POST SAC JCTN TS PNCLM	041	Y		Y		Y	\$1,042.94	\$1,014.78				
L0700		CTL SO;ANT/POST/LAT CONTROL MOLDED TO PATIENT	041	Y		N		Y	\$1,988.06	\$1,934.38				
L0710		CTL SO, ANT-POS-LAT CNTRL, PT MOLDED	041	Y		N		Y	\$2,185.42	\$2,126.41				
L0810		CERVICAL HALO PROCEDURE; INCORPORATED INTO JACKET	041	Y		N		Y	\$2,494.66	\$2,427.30				
L0820		CERVICAL HALO PROCEDURE; INCORP INTO PLASTER	041	Y		N		Y	\$1,962.40	\$1,909.42				
L0830		CERVICAL HALO PROCEDURE INCORP INTO MILWAUKE	041	Y		N		Y	\$3,002.74	\$2,921.67				
L0859		ADDITION TO HALO PROCEDURE MRI COMPATIBLE SYS RING	041	Y		Y		Y	\$1,063.14	\$1,034.44				
L0861		ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTE	041	N		N		Y	\$163.11	\$158.71			1	365
L0970		TLSO; CORSET FRONT	041	N		Y		Y	\$76.37	\$74.31			1	365
L0972		LSO; CORSET FRONT	041	N		Y		Y	\$69.50	\$67.62			1	365
L0974		TLSO; FULL CORSET	041	N		Y		Y	\$124.88	\$121.51			1	365
L0976		LSO; FULL CORSET	041	N		Y		Y	\$106.84	\$103.96			1	365
L0978		CRUTCH; AXILLARY EXTENSION	041	N		Y		Y	\$134.48	\$130.85			1	365
L0980		PERONEAL STRAPS, PREFABRICATED, OFF THE SHELF, PAIR	041	N		Y	*	Y	\$12.22	\$11.89			2	365
L0982		STOCKING SUPPORTER GRIPS, PREFABRICATED, OTS, SET OF 4	041	N		Y		Y	\$11.17	\$10.87			1	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L0984		PROTECTIVE BODY SOCK,PREFABRICATED, OFF THE SHELF,	041	N		Y		Y	\$48.38	\$47.07			2	365
L0999		SPINAL ORTHOSIS;ADDITION, NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N						
L1000		CTLSO; (MILWAUKEE TYPE), INCLUDES INITIAL ORTHOSIS	041	Y		N		Y	\$2,025.03	\$1,970.35				
L1001		CERVICAL THORACIC LUMBAR ORTHO IMMOBILIZER,INFANT	041	Y	Y	Y		Y						
L1005		TENSION BASED SCOLIOSIS ORTHOSIS&ACCESSORY PAD,FIT	041	Y		Y		N	\$2,987.20	\$2,906.55				
L1010		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, AXILLA SLING	041	N		N		Y	\$78.10	\$75.99			1	365
L1020		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, KYPHOSIS PAD	041	N		N		Y	\$100.58	\$97.86			1	365
L1025		CTLSO/SCOLIOSIS ORTHOSIS; KYPHOSIS PAD, FLOATING	041	N		N		Y	\$145.10	\$141.18			1	365
L1030		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR BOLSTER	041	N		N		Y	\$73.08	\$71.11			1	365
L1040		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR/LUMBAR	041	N		N		Y	\$82.75	\$80.52			1	365
L1050		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, STERNAL PAD	041	N		N		Y	\$93.65	\$91.12			1	365
L1060		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, THORACIC PAD	041	N		N		Y	\$101.08	\$98.35			1	365
L1070		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, TRAPEZE SLING	041	N		N		Y	\$104.71	\$101.88			1	365
L1080		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, OUTRIGGER	041	N		N		Y	\$48.84	\$47.52			1	365
L1085		CTLSO/SCOLIOSIS ORTHOSIS;ADDTION,BILATERAL OUTRIGG	041	N		N		Y	\$163.48	\$159.07			1	365
L1090		CTLSO/SCOLIOSIS ORTHOSIS; ADDITION, LUMBAR SLING	041	N		N		Y	\$93.92	\$91.38			1	365
L1100		CTLSO/SCOLIOSIS ORTHOSIS; ADD. RING FLANGE, PLASTI	041	N		N		Y	\$177.25	\$172.46			1	365
L1110		CTLSO/SCOLIOSIS; ADD, RING, PLAS, LEATHR, PT MOLDED	041	N		N		Y	\$297.19	\$289.17			1	365
L1120		CTLSO/SCOLIOSIS ORTHOSIS;ADDITION, COVERS FOR UPRI	041	N		N		Y	\$35.50	\$34.54			1	365
L1200		TLSO; INCLUSIVE OF INITIAL ORTHOSIS	041	Y		N		Y	\$1,787.10	\$1,738.85				
L1210		TLSO;ADDITION,LATERAL-THORACIC EXTENSION	041	N		N		Y	\$228.35	\$222.18			1	365
L1220		TLSO;ADDITION,ANTERIOR THORACIC EXTENSION	041	N		N		Y	\$222.26	\$216.26			1	365
L1230		TLSO;ADDITION,MILWAUKEE TYPE SUPERSTRUCTURE	041	N		N		Y	\$622.63	\$605.82			1	365
L1240		TLSO;ADDITION,LUMBAR DEROTATION PAD	041	N		N		Y	\$84.89	\$82.60			1	365

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**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1250		TLSO; ADDITION, ANTERIOR ASIS PAD	041	N		N		Y	\$73.81	\$71.82			1	365
L1260		TLSO:ADDITION, ANTERIOR THORACIC DEROTATION PAD	041	N		N		Y	\$88.03	\$85.65			1	365
L1270		TLSO; ADDITION, ABDOMINAL PAD	041	N		N		Y	\$77.36	\$75.27			1	365
L1280		TLSO; ADDITION, RIB GUSSET (ELASTIC), EACH	041	N		N		Y	\$81.55	\$79.35			1	365
L1290		TLSO; ADDITION, LATERAL TROCHANTERIC PAD	041	N		N		Y	\$72.53	\$70.57			1	365
L1300		SCOLIOSIS PROCEDURES; BODY JACKET MOLDED TO PATIENT	041	Y		N		Y	\$1,608.54	\$1,565.11				
L1310		SCOLIOSIS PROCEDURES; POST-OP BODY JACKET	041	Y		N		Y	\$1,675.42	\$1,630.18				
L1499		SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	041	Y	Y	N		N						
L1600		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA W-COVR,PREFB-C	041	N		Y		Y	\$128.69	\$125.22			1	60
L1610		HIP ORTH,ABD CNTRL JNTS,FLEX,FREJKA COVR ONLY,PREF	041	N		Y		Y	\$54.66	\$53.18			1	30
L1620		HIP ORTH,ABD CNTROL JNTS,FLEX,PAVLIK HRNESS,PREFB-	041	N		Y		Y	\$156.93	\$152.69			1	365
L1630		HO; ABDUCTION CONTROL, SEMI-FLEXIBLE (VON ROSEN TY)	041	N		N		Y	\$210.97	\$205.27			1	365
L1640		HO; ABDUCTION CONTROL, STATIC, PELVIC BAND/SPREAD	041	N		N		Y	\$472.75	\$459.99			1	365
L1650		HO ABDUCTION CONTROL,STATIC,ADJUSTABLE (ILFELD TYP)	041	N		Y		Y	\$230.17	\$223.96			1	365
L1652		HIP ORTHOSIS BILAT THIGH CUFFS ADJ ABD SPREADER BA	041	N		Y		Y	\$332.70	\$323.72			1	365
L1660		HO; ABDUCTION CONTROL, STATIC, PLASTIC	041	N		Y		Y	\$168.67	\$164.12			1	365
L1680		HO;ABDUCTION CONTROL,DYNAMIC,PELVIC CONTROL,ADJ.HI	041	Y		N		Y	\$1,137.73	\$1,107.01				
L1685		HO; ABDUCTION CONTROL, POST-OP TYPE, CUSTOM FABRIC	041	Y		N		Y	\$1,110.71	\$1,080.72				
L1686		HO; ABDUCTION CONTROL, POST-OP TYPE	041	Y		Y		Y	\$874.53	\$850.92				
L1690		COMBINATION,BILAT,LUMBO-SAC,HIP,FEMUR ORTH ROT,PRF	041	Y		N		N	\$1,804.80	\$1,756.07				
L1700		LEGG PERTHES ORTHOSIS; TORONTO TYPE	041	Y		N		Y	\$1,553.73	\$1,511.78				
L1710		LEGG PERTHES ORTHOSIS; NEWINGTON TYPE	041	Y		N		Y	\$1,978.49	\$1,925.07				
L1720		LEGG PERTHES ORTHOSIS; TRILATERAL (TACHDIJAN TYPE)	041	Y		N		Y	\$1,473.18	\$1,433.40				

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1730		LEGG PERTHES ORTHOSIS; SCOTTISH RITE TYPE	041	Y		N		Y	\$1,243.68	\$1,210.10				
L1755		LEGG PERTHES ORTHOSIS; PATTEN BOTTOM TYPE	041	Y		N		Y	\$1,788.08	\$1,739.80				
L1810		KNEE ORTH,ELASTIC W-JNTS,PREFABRICATED,CUSTOMIZED	041	N		Y		Y	\$141.94	\$138.11			1	365
L1812		KNEE ORTH ELASTIC W JOINTS PREFAB OTS	041	N		Y		Y	\$35.38	\$34.42			1	365
L1820		KO; ELAS W/CONDYLAR PADS AND JO, W/OUT PAT CONT. P	041	N		Y		Y	\$132.65	\$129.07			1	365
L1830		KNEE ORTHOSIS,IMMOBILIZER,CANVAS LONGITUDINAL,PREF	041	N		Y		Y	\$30.52	\$29.70			1	365
L1831		KO; LOCKING KNEE JOINT, POSITION ORTHOSIS, PRE-FAB	041	N		Y		Y	\$274.69	\$267.27			1	365
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	\$724.85	\$705.28				
L1836		KNEE ORTH,RGD,WTHOUT JNTS,INC SFT INTRFCE,PREFAB O	041	N		Y		Y	\$100.95	\$98.22			1	365
L1840		KO; DEROTATION, MED-LAT, ANTERIOR LIGAMENT, CUSTOM	041	Y		N		Y	\$939.14	\$913.78				
L1843		KO,SINGLE UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-	041	Y		Y		Y	\$896.05	\$871.86				
L1844		KO; SINGLE UPRIGHT THIGH/CALF ADJ FLEX/EXT ST. UNI	041	Y		N		Y	\$1,520.77	\$1,479.71				
L1845		KO,DBL UPRIGHT,THIGH-CLF,ADJ FLXION-EXTJNT,MED-LAT	041	Y		N		Y	\$836.54	\$813.95				
L1846		KO; DOUBLE UPRIGHT, MED/LAT/ROT CONTROL, CUSTOM FA	041	Y		N		Y	\$1,168.45	\$1,136.90				
L1847		KO,DBL UPRGHT W-ADJ JNT,W-INFILTBL SUPP CHMBR,PREF	041	Y		Y		Y	\$574.40	\$558.89				
L1848		KO DBL UPRIGHT W-ADJ JOINT W INFILAT AIR CHMBR PREF	041	Y		Y		Y	\$536.82	\$522.33				
L1850		KNEE ORTHOSIS,SWEDISH TYPE,PREFABRICATED,OFF THE S	041	N		N		Y	\$203.60	\$198.10			1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$1,245.30	\$1,211.68				
L1900		AFO; SPRING WIRE, DORSIFLEXION CALF BAND	041	N		N		Y	\$284.92	\$277.23			1	365
L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, O	041	N		Y		N	\$37.48	\$36.47			1	365
L1904		ANKLE ORTHOSIS, ANKLE GAUNTLET, CUSTOM-FABRICATED	041	N		N		Y	\$450.77	\$438.60			1	365
L1906		ANKLE FOOT ORTHOSIS, MULTIGAMENTOUS ANKLE SUPT, PR	041	N		Y		Y	\$80.36	\$78.19			1	365
L1907		ANKLE ORTH, SUPRAMALLEOLAR W-STRAPS, W-W/O INTRF	041	N		N	2	Y	\$561.94	\$546.77			1	365
L1910		AFO; POSTERIOR, SINGLE BAR, CLASP ATTACH TO SHOE CO	041	N		Y		Y	\$261.74	\$254.67			1	365
L1920		AFO; SINGLE UPRIGHT W/STATIC OR ADJUSTABLE STOP	041	N		N		Y	\$410.25	\$399.17			1	365
L1930		AFO; PLASTIC OR OTHER MATERIAL, PREFABRICATED INCL	041	N		Y		Y	\$235.14	\$228.79			2	365
L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON MAT	041	Y		Y		Y	\$832.84	\$810.35				
L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CU	041	N		N	2	Y	\$486.32	\$473.19			1	365
L1945		AFO; PLASTIC, RIGID ANTERIOR TIBIAL SECTION, MOLDE	041	Y		N		Y	\$1,120.96	\$1,090.69				
L1950		AFO; SPIRAL, PLASTIC, CUSTOM-FABRICATED	041	Y		N		Y	\$768.02	\$747.28				
L1951		AFO; SPIRAL, PLASTIC OR OTHER MATERIAL PRE/FAB INC	041	Y		Y		Y	\$783.81	\$762.65				
L1960		AFO; PLASTIC, POSTERIOR SOLID ANKLE, MOLDED TO PT	041	N		N	2	Y	\$619.05	\$602.34			1	365
L1970		AFO; PLASTIC, W/ANKLE JOINT, MOLDED TO PT	041	N		N	2	Y	\$691.20	\$672.54			1	365
L1971		AFO; PLASTIC OR OTHER MATERIAL W/ ANKLE JOINT, PRE	041	N		Y	2	Y	\$437.50	\$425.69			1	365
L1980		AFO; SINGLE UPRIGHT, PLANTAR DORSE FLEX, SOLID STIRRUP	041	N		N		Y	\$403.22	\$392.33			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L1990		AFO;DOUBLE UPRIGHT,PLANTAR DORSEFLEX,SOLID STIRRUP	041	N		N		Y	\$466.68	\$454.08			1	365
L2000		KAFO; SINGLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N		Y	\$1,117.15	\$1,086.99				
L2005		KAFO,SINGL/DOUBL UPRIGHT,ANY TYPE ACTIVATN;W/ANKL	041	Y		N		N	\$4,092.16	\$3,981.67				
L2010		KAFO; SINGLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N		Y	\$871.37	\$847.84				
L2020		KAFO; DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRR	041	Y		N		Y	\$1,100.52	\$1,070.81				
L2030		KAFO; DOUBLE UPRIGHT, FREE ANKLE, W/O KNEE JOINT,	041	Y		N		Y	\$1,081.73	\$1,052.52				
L2034		KAFO, FULL PLASTIC, SINGLE UPRIG W/WO FREE MOTION	041	Y		N		Y	\$2,028.72	\$1,973.94				
L2035		KAFO; FULL PLASTIC, STATIC, PREFABRICATED (PEDIATR	041	N		Y		Y	\$161.69	\$157.32			1	365
L2036		KAFO; FULL PLAS, DOUB UPRIGHT, W/WO FREE KNEE, ANK	041	Y		N		Y	\$1,851.44	\$1,801.45				
L2037		KAFO; FULL PLAS, SINGLE UPRIGHT, W/WO FREE KNEE,	041	Y		N		Y	\$1,656.08	\$1,611.37				
L2038		KAFO;FULL PLASTIC, W/WO KNEE JOINT,MULTI-AXIS,ANKL	041	Y		N		Y	\$1,335.04	\$1,298.99				
L2040		HKAFO; TORSION CONTROL, BILATERAL ROTATION STRAPS	041	N		N		Y	\$202.03	\$196.58			1	365
L2050		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,HIP JOI	041	N		N		Y	\$486.65	\$473.51			1	365
L2060		HKAFO;TORSION CONTROL,BILAT TORSION CABLES,BALL BE	041	N		N		Y	\$608.70	\$592.27			1	365
L2070		HKAFO; TORSION CONTROL, UNILATERAL ROTATION STRAPS	041	N		N		Y	\$155.00	\$150.82			1	365
L2080		HKAFO; TORSION CONTROL, UNILATERAL CABLE, HIP JOIN	041	N		N		Y	\$372.68	\$362.62			1	365
L2090		HKAFO; TORSION CONTROL, UNILATERAL CABLE, BALL BEA	041	N		N		Y	\$496.54	\$483.13			1	365
L2106		AFO; FRACTURE ORTH, TIBIAL FRACTURE, THEROPLASTIC	041	Y		N		Y	\$787.16	\$765.91				
L2108		ANKLE FOOT ORTH,FRACTURE ORTH,TIBIAL FRACTURE CAST	041	Y		N		Y	\$1,148.09	\$1,117.09				
L2112		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SOFT	041	N		Y		Y	\$470.86	\$458.15			1	365
L2114		AFO; FRACTURE ORTH, TIBIAL FRACTURE, SEMI-RIGID	041	N		Y		Y	\$589.77	\$573.85			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2116		AFO; FRACTURE ORTH, TIBIAL FRACTURE RIGID	041	Y		Y		Y	\$719.35	\$699.93				
L2126		KAFO;FRACTURE ORTH,FEMERAL FRACT,THERMOPLA TYPE	041	Y		N		Y	\$1,275.16	\$1,240.73				
L2128		KAFO, FRACTURE ORTH, FEMORAL FRAC, MOLDED TO PT	041	Y		N		Y	\$1,601.17	\$1,557.94				
L2132		KAFO; FRACTURE ORTH, FEMORAL FRAC, SOFT	041	Y		Y		Y	\$908.30	\$883.78				
L2134		KAFO; FRACTURE ORTH, FEMORAL FRAC, SEMI-RIGID	041	Y		Y		Y	\$1,075.54	\$1,046.50				
L2136		KAFO;FRACTURE ORTH,FEMERAL FRAC, RIGID	041	Y		Y		Y	\$1,177.03	\$1,145.25				
L2180		LEFO; ADDITION, PLASTIC, SHOE INSERT W/ANKLE JOINT	041	N		N		Y	\$123.74	\$120.40			1	365
L2182		LEFO; ADDITION, DROP LOCK KNEE JOINT	041	N		Y		Y	\$106.66	\$103.78			2	365
L2184		LEFO; ADDITION, LIMITED MOTION KNEE JOINT	041	N		Y		Y	\$108.10	\$105.18			2	365
L2186		LEFO; ADDITION, ADJ. MOTION KNEE JOINT, LERMAN TYP	041	N		Y		Y	\$143.77	\$139.89			2	365
L2188		LEFO;ADDITION,QUADRILATERAL BRIM	041	N		Y		Y	\$261.36	\$254.30			1	365
L2190		LEFO; ADDITION, WAIST BELT	041	N		Y		Y	\$79.61	\$77.46			1	365
L2192		LEFO; ADDITION, HIP JOINT, PELVIC BAND/BELT, HIGH	041	N		Y		Y	\$311.16	\$302.76			1	365
L2200		LE; ADDITION, LIMITED ANKLE MOTION, EACH JOINT	041	N		N		Y	\$46.90	\$45.63			2	365
L2210		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST,EA	041	N		N		Y	\$58.67	\$57.09			2	365
L2220		LE;ADDITION,DORSIFLEXION/PLANTAR FLEXION ASSIST/RE	041	N		N		Y	\$75.52	\$73.48			2	365
L2230		LE; ADDITION; SPLIT FLAT CALIPER STIRRUPS/PLATE AT	041	N		N		Y	\$89.29	\$86.88			2	365
L2232		ADDITION TO LOWER EXT ORT ROCKER BOTTOM FOR CUS FA	041	Y		Y		N	\$90.67	\$88.22				
L2240		LE; ADDITION, ROUND CALIPER/PLATE ATTACHMENT	041	N		Y		Y	\$88.87	\$86.47			2	365
L2250		LE; ADDITION, FOOT PLATE, MOLDED TO PT, STIRRUP AT	041	N		N		Y	\$311.76	\$303.34			2	365
L2260		LE; ADDITION, REINFORCED SOLID STIRRUPS, SCOTT-CRA	041	N		N		Y	\$174.94	\$170.22			2	365
L2265		LE;ADDITION, LONG TONGUE STIRRUP	041	N		Y		N	\$125.47	\$122.08			1	365
L2270		LE;ADDITION,VARUS/VALGUS CORRECTION "T" STRAP,MALL	041	N		N		Y	\$57.53	\$55.98			2	180
L2275		LE;ADDITION VARUS/VALGUS CORRECTION,PLASTIC MODIFI	041	N		N		Y	\$121.67	\$118.38			2	365
L2280		LE; ADDITION, MOLDED INNER BOOT	041	Y		Y		Y	\$526.88	\$512.65				
L2300		LE; ADDITION, ABDUCTION BAR, JOINTED, ADUSTABLE	041	N		Y		Y	\$234.97	\$228.63			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2310		LE; ADDITION, ABDUCTION BAR, STRAIGHT	041	N		Y		Y	\$107.36	\$104.46			1	365
L2320		LE; ADDITION, NON-MOLDED LACER, CUST-FAB ONLY	041	Y		Y		Y	\$192.64	\$187.44				
L2330		LE; ADDITION, LACER, MOLDED TO PATIENT, CUST-FAB O	041	Y		N		Y	\$366.66	\$356.76				
L2335		LE; ADDITION, ANTERIOR SWING BAND	041	N		Y		Y	\$262.37	\$255.29			1	365
L2340		LE; ADDITION, PRE-TIBIAL SHELL, MOLDED TO PATIENT	041	Y		N		Y	\$417.34	\$406.07				
L2350		LE; ADDITION, PROSTHETIC TYPE, (BK) SOCKET, MOLDED	041	Y		N		Y	\$832.04	\$809.57				
L2360		LE; ADDITION, EXTENDED STEEL SHANK	041	N		Y		Y	\$48.13	\$46.83			1	365
L2370		LE; ADDITION, PATTEN BOTTOM	041	N		Y		Y	\$298.70	\$290.64			1	365
L2375		LE; ADDITION, TORSION CONTROL, ANKLE JOINT AND HAL	041	N		Y		Y	\$114.84	\$111.74			2	365
L2380		LE; ADDITION, TORSION CONTROL, STRAIGHT KNEE JOINT	041	N		Y		Y	\$120.45	\$117.20			2	365
L2385		LE; ADDITION, STRAIGHT KNEE JOINT, HEAVY DUTY, EAC	041	N		N		Y	\$137.15	\$133.45			2	365
L2387		ADD TO LOW EXTREM POLYCEN KNEE JOINT FOR C/F KAFO	041	N		N		Y	\$178.17	\$173.36			1	365
L2390		LE; ADDITION, OFFSET KNEE JOINT, EACH JOINT	041	N		Y		Y	\$95.54	\$92.96			2	365
L2395		LE; ADDITION, OFFSET KNEE JOINT, HEAVY DUTY, EACH	041	N		Y		Y	\$133.55	\$129.94			2	365
L2397		LE; ADDITION, ORTHOSIS, SUSPENSION SLEEVE	041	N		Y		Y	\$113.92	\$110.84			1	180
L2405		KNEE JOINT; ADDITION, DROP LOCK, EACH	041	N		Y		Y	\$81.38	\$79.18			2	365
L2415		KNEE JOINT; ADDITION, CAM LOCK, EACH JOINT	041	N		N		Y	\$113.39	\$110.33			2	365
L2425		KNEE JOINT; ADDITION, DISC/DIAL LOCK FOR ADJ KNEE, EA	041	N		Y		Y	\$133.80	\$130.19			2	365
L2430		ADD KNEE JOINT, RATCHET/ACTIVE/PROGRESS KNEE EXT, EACH JOINT	041	Y		N		Y	\$154.54	\$150.37				
L2492		KNEE JOINT; ADDITION, LIFT LOOP FOR DROP LOCK RING	041	N		Y		Y	\$109.47	\$106.51			2	365
L2500		LE; ADDITION, THIGH/GLUTEAL/ISCHIAL WEIGHT BEARING	041	N		Y		Y	\$292.06	\$284.17			1	365
L2510		LE ADDITION, THIGH/WEIGHT BEARING QUADRILATERAL BRI	041	Y		N		Y	\$752.73	\$732.41				
L2520		LE; ADDITION, THIGH/WEIGHT BEARING, QUAD BRIM, CUS	041	Y		N		Y	\$536.78	\$522.29				
L2525		LE; ADDITION, THIGH/WT BEAR, ISCHIAL CONT MOLDED T	041	Y		N		Y	\$1,138.26	\$1,107.53				
L2526		LE; ADDITION, THIGH/WT BEARING, ISCHIAL CONT CUSTO	041	Y		N		Y	\$639.58	\$622.31				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2530		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, NON-MOL	041	N		Y		Y	\$223.84	\$217.80			1	365
L2540		LE; ADDITION, THIGH/WEIGHT BEARING, LACER, MOLDED	041	N		N		Y	\$453.19	\$440.95			1	365
L2550		LE; ADDITION, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	041	N		Y		Y	\$317.57	\$309.00			1	365
L2570		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS/TY	041	N		Y		Y	\$415.67	\$404.45			1	365
L2580		LE; ADDITION, PELVIC CONTROL, PELVIC SLING	041	N		Y		Y	\$405.02	\$394.08			1	365
L2600		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS/TY	041	N		Y		Y	\$199.06	\$193.69			2	365
L2610		LE; ADDITION, PELVIC CONTROL, HIP JOINT, CLEVIS/TH	041	N		Y		Y	\$219.96	\$214.02			2	365
L2620		LE; ADDITION, PELVIC CONTROL, HIP JOINT, HEAVY DUT	041	N		Y		Y	\$233.34	\$227.04			2	365
L2622		LE; ADDITION, PELVIC CONTROL, HIP JOINT, ADJUSTABL	041	N		Y		Y	\$296.99	\$288.97			2	365
L2624		LE;ADDITION,PELVIC CONTROL,HIP JOINT,ADJ-FLEXION/E	041	N		Y		Y	\$364.17	\$354.34			1	365
L2627		LE ADDITION,PELVIC CONTROL,PLASTIC RECIP HIP JOINT	041	Y		N		Y	\$1,994.71	\$1,940.85				
L2628		LE ADDITION,PELVIC CONTROL,METAL FRAME,RECIP HIP J	041	Y		Y		Y	\$1,462.08	\$1,422.60				
L2630		LE; ADDITION, PELVIC CONTROL, BAND/BELT, UNILATERA	041	N		Y		Y	\$216.10	\$210.27			1	365
L2640		LE:ADDITION, PELVIC CONTROL, BAND/BELT, BILATERAL	041	N		Y		Y	\$293.28	\$285.36			1	365
L2650		LE; ADDITION, PELVIC/THORACIC CONTROL, GLUTEAL PAD	041	N		Y		Y	\$129.15	\$125.66			1	365
L2660		LE; ADDITION, THORACIC CONTROL, THORACIC BAND	041	N		Y		Y	\$167.23	\$162.71			1	365
L2670		LE; ADDITION, THORACIC CONTROL, PARASPINAL UPRIGHT	041	N		Y		Y	\$148.86	\$144.84			1	365
L2680		LE; ADDITION, THORACIC CONTROL, LATERAL SUPPORT UP	041	N		Y		Y	\$136.57	\$132.88			1	365
L2750		LEO; ADDITION, PLATING CHROME/NICKEL, PER BAR	041	N		Y		Y	\$72.95	\$70.98			2	365
L2755		ADD LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	041	Y		N		Y	\$140.85	\$137.05				
L2760		LEO; ADDITION, EXTENSION, PER EXTENSION, PER BAR	041	N		Y		Y	\$53.03	\$51.60			2	365
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	041	Y		Y		N	\$140.45	\$136.66				
L2785		LEO; ADDITION, DROP LOCK RETAINER, EACH	041	N		Y		Y	\$27.66	\$26.91			2	365
L2795		LEO; ADDITION, KNEE CONTROL, FULL KNEE CAP	041	N		Y		Y	\$76.55	\$74.48			2	365
L2800		LEO; ADDITION; KNEE CONTROL, KNEE CAP, MEDIAL/LATE	041	N		Y		Y	\$94.00	\$91.46			2	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L2810		LEO; ADDITION; KNEE CONTROL, CONDYLAR PAD	041	N		Y		Y	\$76.23	\$74.17			2	365
L2820		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N		Y	\$75.79	\$73.74			2	365
L2830		LEO; ADDITION, SOFT INTERFACE FOR MOLDED PLASTIC,	041	N		N		Y	\$81.99	\$79.78			2	365
L2840		LEO; TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH	041	N		Y		Y	\$40.26	\$39.17			3	180
L2850		LEO;ADDITION, FEMORAL LENGTH SOCK, FRACTURE OR EQU	041	N		Y		Y	\$56.46	\$54.94			3	180
L2861		TORSION MECHANISM KNEE/ANKLE	041	Y	Y	N		Y						
L2999		LEO;NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N						
L3000		FOOT,INSERT; REMOVABLE,"UCB"TYPE, BERKELEY SHELL,M	041	N		N		N	\$313.71	\$305.24			2	365
L3001		FOOT,INSERT: REMOVABLE,SPENCO,MOLDED TO PT, EACH	041	N		N		N	\$132.10	\$128.53			2	365
L3002		FOOT,INSERT;REMOV,PLASTAZOTE OR EQUAL,MOLDED T	041	N		N		N	\$161.29	\$156.94			2	365
L3003		FOOT,INSERT;REMOVABLE,SILICONE GEL,MOLDED TO PT,EA	041	N		N		N	\$173.99	\$169.29			2	365
L3010		FOOT,INSERT;REMOVABLE,LONGITUDINAL ARCH SPT,MO	041	N		N		Y	\$173.99	\$169.29			2	365
L3020		FOOT,INSERT;REMOVABLE, LONGITUDINAL/METATARSAL SUPPORT,MOLDED	041	Y		N		N	\$228.85	\$222.67				
L3030		FOOT,INSERT;REMOV,FORMED TO PATIENT FOOT, EACH	041	N		N		N	\$76.21	\$74.15			2	365
L3031		FOOT, INSERT/PLATE, REMOVABLE, ADD TO LOWER EXT/OR	041	Y		Y		Y	\$114.31	\$111.22				
L3040		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,LONGITUDINAL	041	N		Y		N	\$43.94	\$42.75			2	365
L3050		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED,METATARSAL,E	041	N		Y		N	\$43.94	\$42.75			2	365
L3060		FOOT,ARCH SUPPORT;REMOVABLE,PREMOLDED, LONG/META,EA	041	N		Y		N	\$68.84	\$66.98			2	365
L3070		FOOT,ARCH SUPPORT;NON REMOV,LONGITUDINAL,ATTAC	041	N		Y		Y	\$29.68	\$28.88			2	365
L3080		FOOT,ARCH SUPPORT;NON REMOV,METATARSAL,ATTACHE	041	N		Y		Y	\$29.68	\$28.88			2	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3090		FOOT,ARCH SUPPORT;NON REMOV,LONG/META,ATTACHED	041	N		Y		Y	\$38.00	\$36.97			2	365
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, PREFABRICATED,	041	N		Y		N	\$15.16	\$14.75			2	365
L3140		FOOT, ABDUCTION ROTATION BAR, INCLUDING SHOES	041	N		N		Y	\$88.91	\$86.51			1	120
L3150		FOOT, ABDUCTION ROTATION BAR, W/O SHOES	041	N		Y		Y	\$75.99	\$73.94			1	120
L3170		FOOT,PLASTIC, SILICONE OR EQUAL,HEEL STABILIZER,PR	041	N		Y		N	\$29.14	\$28.35			2	365
L3201		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, I	041	N		N		N	\$48.51	\$47.20			2	90
L3202		ORTHO SHOE, OXFORD W/SUPINATOR OR PRONATOR, C	041	N		N		N	\$59.80	\$58.19			2	150
L3203		ORTHO SHOE; OXFORD W/SUPINATOR OR PRONATOR, J	041	N		N		N	\$73.19	\$71.21			2	150
L3204		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	\$51.92	\$50.52			2	90
L3206		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	\$59.89	\$58.27			2	150
L3207		ORTHO SHOE; HIGHTOP W/SUPINATOR OR PRONATOR,	041	N		N		N	\$77.93	\$75.83			2	150
L3208		SURGICAL BOOT EACH INFANT	041	N		N		N	\$26.09	\$25.39			2	150
L3209		SURGICAL BOOT EACH-CHILD	041	N		N		N	\$37.60	\$36.58			2	150
L3211		SURGICAL BOOT EACH-JUNIOR	041	N		N		N	\$58.28	\$56.71			2	150
L3212		BENESCH BOOT PAIR-INFANT	041	N		N	*	N	\$63.92	\$62.19			2	150
L3213		BENESCH BOOT PAIR-CHILD	041	N		N	*	N	\$66.74	\$64.94			2	150
L3214		BENESCH BOOT PAIR-JUNIOR	041	N		N	*	N	\$75.20	\$73.17			2	150
L3215		ORTHOPEDIC SHOE;LADIES,OXFORD, EACH	041	N		N		N	\$46.05	\$44.81			2	365
L3216		ORTHOPEDIC SHOES; LADIES DEPTH INLAY, EACH	041	N		N		N	\$78.49	\$76.37			2	365
L3217		ORTHOPEDIC SHOES; LADIES, HIGH TOP, DEPTH INLAY, E	041	N		N		N	\$82.25	\$80.03			2	365
L3219		ORTHOPEDIC SHOE;MENS,OXFORD, EACH	041	N		N		N	\$50.29	\$48.93			2	365
L3221		ORTHOPEDIC SHOES; MENS, DEPTH INLAY EACH	041	N		N		N	\$81.78	\$79.57			2	365
L3222		ORTHOPEDIC SHOES; HIGHTOP, DEPTH INLAY, EACH	041	N		N		N	\$82.25	\$80.03			2	365
L3224		ORTHO FOOTWR, WOMAN SHOE, OXFORD, USED AS PART O	041	N		N		Y	\$63.07	\$61.37			2	365
L3225		ORTHO FOOTWEAR, MAN'S SHOE, OXFORD, USED AS PART O	041	N		N		Y	\$68.89	\$67.03			2	365
L3230		ORTHOPEDIC SHOES; CUSTOM, DEPTH INLAY, EACH	041	Y		N		Y	\$306.77	\$298.49				
L3250		ORTHO SHOES; CUSTOM MOLDED,REMOVABLE INNER MO	041	Y		N		Y	\$176.37	\$171.61				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3257		ORTHOPEDIC SHOE; SPLIT SIZE CHARGE	041	N		N		N	\$31.96	\$31.10			1	365
L3260		SURGICAL BOOT/SHOE EACH	041	N		Y		N	\$64.39	\$62.65			1	180
L3300		LIFT, ELEVATION: HEEL, TAPERED TO METATARSALS, PER	041	N		N		N	\$48.68	\$47.37			3	365
L3310		LIFT, ELEVATION; HEEL & SOLE, NEOPRENE, PER INCH	041	N		N		N	\$75.99	\$73.94			3	365
L3320		LIFT, ELEVATION; HEEL AND SOLE, CORK, PER INCH	041	N		N		N	\$60.31	\$58.68			3	365
L3330		LIFT, ELEVATION; METAL EXTENSION (SKATE)	041	N		N		N	\$528.20	\$513.94			1	365
L3332		LIFT, ELEVATION; INSIDE SHOE, TAPERED, UP TO 1/2 I	041	N		N		N	\$68.84	\$66.98			3	365
L3334		LIFT, ELEVATION; HEEL, PER INCH	041	N		N		N	\$35.59	\$34.63			3	365
L3340		WEDGE, HEEL; SACH	041	N		N		N	\$79.56	\$77.41			3	365
L3350		WEDGE, HEEL	041	N		N		N	\$21.35	\$20.77			3	365
L3360		WEDGE, SOLE; OUTSIDE SOLE	041	N		N		N	\$33.23	\$32.33			3	365
L3370		WEDGE, SOLE; BETWEEN SOLE	041	N		N		N	\$46.30	\$45.05			3	365
L3380		WEDGE, CLUBFOOT	041	N		N		Y	\$46.30	\$45.05			3	365
L3390		WEDGE, OUTFLARE	041	N		N		N	\$46.30	\$45.05			3	365
L3400		WEDGE, METATARSAL BAR; ROCKER	041	N		N		N	\$38.00	\$36.97			3	365
L3410		WEDGE, METATARSAL BAR; BETWEEN SOLE	041	N		N		N	\$86.64	\$84.30			3	365
L3420		WEDGE, HEEL/FULL SOLE; BETWEEN SOLE	041	N		N		N	\$51.05	\$49.67			3	365
L3430		HEEL; COUNTER, PLASTIC REINFORCED	041	N		N		N	\$149.57	\$145.53			3	365
L3440		HEEL; COUNTER, LEATHER REINFORCED	041	N		N		N	\$71.22	\$69.30			3	365
L3450		HEEL; SACH CUSHION TYPE	041	N		N		N	\$98.50	\$95.84			3	365
L3455		HEEL; NEW LEATHER, STANDARD	041	N		N		Y	\$38.00	\$36.97			3	365
L3460		HEEL; NEW RUBBER, STANDARD	041	N		N		Y	\$32.07	\$31.20			3	365
L3465		HEEL; THOMAS WITH WEDGE	041	N		N		N	\$54.64	\$53.16			3	365
L3470		HEEL; THOMAS EXTENDED TO BALL	041	N		N		N	\$58.15	\$56.58			3	365
L3485		HEEL; PAD, REMOVABLE FOR SPUR	041	N		N		N	\$19.10	\$18.58			3	365
L3520		ORTHO SHOE ADDITION; INSOLE, FELT COVERED W/ LEATH	041	N		N		N	\$29.68	\$28.88			3	365
L3530		ORTHO SHOE ADDITION; SOLE, HALF	041	N		N		Y	\$29.68	\$28.88			3	365
L3540		ORTHO SHOE ADDITION; SOLE, FULL	041	N		N		Y	\$47.48	\$46.20			3	365
L3550		ORTHO SHOE ADDITION; TOE TAP STANDARD	041	N		N		N	\$8.34	\$8.11			3	365
L3560		ORTHO SHOE ADDITION; TOE TAP HORSESHOE	041	N		N		N	\$21.35	\$20.77			3	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3570		ORTHO SHOE ADDITION;SPECIAL EXT. TO INSTEP(LEATHER)	041	N		N		N	\$79.56	\$77.41			3	365
L3580		ORTHO SHOE ADDITION; CONVERT INSTEP-VELCRO CLOSURE	041	N		N		N	\$60.54	\$58.91			2	365
L3590		ORTHO SHOE ADDITION; CONVERT FIRM COUNTER TO SOFT	041	N		N		N	\$49.86	\$48.51			3	365
L3595		ORTHO SHOE ADDITION; MARCH BAR	041	N		N		N	\$39.16	\$38.10			3	365
L3600		ORTHOSIS, TRANSFER; CALIPER PLATE, EXISTING	041	N		N		Y	\$71.22	\$69.30			1	365
L3610		TRANSFER ORTHOSIS ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	041	Y		N		Y	\$108.31	\$105.39				
L3620		TRANSFER ORTHOSIS ONE SHOE TO ANOTHER,SOLID,STIRRUP,EXISTING	041	Y		N		Y	\$82.25	\$80.03				
L3630		TRANSFER ORTHOSIS ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	041	Y		N		Y	\$108.31	\$105.39				
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	\$37.66	\$36.64			1	365
L3670		SHLDER ORTH,ACROMIO-CLAVICULAR,CANVAS-WEBB,PREFB	041	N		Y		Y	\$27.10	\$26.37			1	365
L3675		SHLDER ORTH,VEST TYPE ABD RESTRNR,CANVAS WEBB OR	041	N		Y		Y	\$120.87	\$117.61			1	365
L3677		SHOULDER ORTH,JNT DSGN,WO-JNTS,INC 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	\$121.29	\$118.02			1	365
L3720		EO;DBLE UPRIGHT W/FOREARM/ARM CUFFS, FREE MOTION	041	N		N		Y	\$621.00	\$604.23			1	365
L3730		EO; DBLE UPRIGHT W/FOREARM/ARM CUFFS, EXTEN/FLEX	041	Y		N		Y	\$823.70	\$801.46				
L3740		EO; DBLE UPRIGHT W/FOREARM/ARM CUFF, ADJ LOCK W/	041	Y		N		Y	\$976.56	\$950.19				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3760		EO;W/ADJ LOCK JOINTS PREFAB CUSTOM BY IND W/EXPERTISE	041	Y		N		Y	\$454.54	\$442.27				
L3761		ELBOW ORTHOSIS, W/ADJ POS LOCK JOINT,PREFAB,OFF SHELF	041	N		Y		Y	\$424.80	\$413.33			1	365
L3762		ELBOW ORTH,RGD,WO-JOINTS,INC SOFT INTERFACE,PREFAB	041	N		Y		Y	\$91.33	\$88.86			1	365
L3763		EWHO, RIGID W/OUT JOINTS, MAY INC INTER-FACE/STRAP	041	Y		N		Y	\$680.13	\$661.77				
L3764		EWHO INC ONE OR MORE JTS ELAS BANDS TB INTERFACE STP P/F-F/A	041	Y		N		Y	\$822.12	\$799.92				
L3765		EWHFO, RIGID W/OUT JOINTS INC INTER FACE/STRAPS C/F-F/A	041	Y		N		Y	\$1,346.04	\$1,309.70				
L3766		EWHFO INCLUDES ONE OR MORE JTELAS BANDS TB SOFT INTE C/F	041	Y		N		Y	\$1,425.37	\$1,386.89				
L3806		WRIST HAND FINGER ORTHOSIS,ONE/MORE NONTORSION	041	Y		Y		Y	\$412.84	\$401.69				
L3807		WRIST HAND FINGER ORTH,WO JNTS,PREFAB-CUSTOMIZED	041	N		Y		Y	\$227.26	\$221.12			1	365
L3808		WRIST HAND FINGER ORTHOSIS,RIG WITHOUT JTS,INCL ST	041	Y		N		Y	\$323.75	\$315.01				
L3809		WRIST HAND FINGER ORTH W-O JNT PREFAB OTS	041	N		Y		Y	\$113.10	\$110.05			1	365
L3891		ADD TO UPR EXTRMTY JNT,WRIST/ELBOW,CONC ADJ TORSN	041	Y	Y	N		Y						
L3900		WHFO; WRIST OR FINGER DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N		Y	\$1,472.31	\$1,432.56				
L3901		WHFO; CABLE DRIVEN, DYNAMIC FLEXOR HINGE	041	Y		N		Y	\$1,929.52	\$1,877.42				
L3906		WHO; W/O JOINTS, INCLUDES SOFT INTERFACE, STRAPS,	041	Y		N		Y	\$460.59	\$448.15				
L3908		WRIST HAND ORTHOSIS,WRIST EXT CNTL COCK-UP,NON-MO	041	N		Y		Y	\$26.84	\$26.12			2	365
L3912		HAND FINGER ORTH,FLEXION GLOVE W-ELASTIC FNGR CNTR	041	N		Y		Y	\$68.52	\$66.67			1	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L3915		WHO,INC NONTORSION JNTS,ELAS BNDS-TURNBKLS-SFT INT	041	Y		Y		Y	\$483.13	\$470.09				
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	\$95.98	\$93.39			1	365
L3918		HAND ORTH METACARPAL FX OTS PREFAB OTS	041	N		Y		Y	\$89.70	\$87.28			1	365
L3923		HFO,WITHOUT JOINTS,INC SOFT INTERFACE AND STRAPS,P	041	N		Y		Y	\$87.79	\$85.42			1	365
L3924		HAND FNGR ORT WO JOINT PREFAB OTS	041	N		Y		Y	\$26.80	\$26.08			1	365
L3925		FINGER ORTH,PIP-DIP-NONTORSION JNT-SPRNG,EXTFLEXIO	041	N		Y		Y	\$48.46	\$47.15			1	365
L3927		FINGER ORTH,PIP-DIP,WO-JNT-SPRING,EXT-FLEXION,INC	041	N		Y		Y	\$25.83	\$25.13			1	365
L3929		HFO,INC NONTORSION,TRNBKLS,ELAS BNDS-SPRNGS-SFT IN	041	N		Y		Y	\$83.01	\$80.77			1	365
L3930		HAND FNGR ORTHOSIS W>1 NONTRSNJNT SOFT INTERFACE	041	N		Y		Y	\$67.38	\$65.56			1	365
L3931		WRST HD/FING ORT,INC NON TOR JTS,BUCK,SPGS, ARE FA	041	N		Y		Y	\$177.10	\$172.32			1	365
L3933		FINGER ORTHOSIS,WO-JOINTS,INC SOFT INTRFCE,CUSTM F	041	Y		N		Y	\$193.93	\$188.69				
L3960		SEWHO;ABDUCTION POSITIONING, AIRPLANE DESIGN	041	Y		Y		Y	\$677.46	\$659.17				
L3962		SEWHO;ABDUCTION POSITIONING, ERBS PALSEY DESIGN	041	N		Y		Y	\$612.72	\$596.18			1	365
L3980		UE; FRACTURE ORTHOSIS,HUMERAL	041	N		Y		Y	\$328.60	\$319.73			1	365
L3981		UPPER EXTREMITY FX,ORTHOSES,HUMERAL,PREFAB,WITH SH	041	Y		Y		Y	\$854.97	\$831.89				
L3982		UE; FRACTURE ORTHOSIS, RADIUS/ULNAR	041	N		Y		Y	\$333.67	\$324.66			1	365
L3984		UE; FRACTURE ORTHOSIS, WRIST	041	N		Y		Y	\$293.93	\$285.99			1	365
L3995		UE; ADDITION, SOCK, FRACTURE OR EQUAL, EACH	041	N		Y		Y	\$26.71	\$25.99			2	180
L3999		UPPER LIMB ORTHOSIS; NOT OTHERWISE SPECIFIED	041	Y	Y	Y		N						
L4000		REPLACE GIRDLE FOR SPINAL ORTHOSIS	041	Y		Y		Y	\$1,233.29	\$1,199.99				

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L4002		REPLACEMENT STRAP, ANY ORT, INCLUDES ALL COMPONENTS	041	Y	Y	Y		N						
L4010		REPLACE TRILATERAL SOCKET BRIM	041	Y		Y		Y	\$749.62	\$729.38				
L4030		REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	041	Y		N		Y	\$614.44	\$597.85				
L4040		REPLACE MOLDED THIGH LACER, CUS-FAB ONLY	041	Y		N		Y	\$414.66	\$403.46				
L4045		REPLACE THIGH LACER NON-MOLDED, CUST-FAB ONLY	041	N		N		Y	\$306.31	\$298.04			1	365
L4050		REPLACE MOLDED CALF LACER, CUST-FAB ONLY	041	Y		N		Y	\$410.69	\$399.60				
L4055		REPLACE NON-MOLDED CLAF LACER, CUST-FAB, ONLY	041	N		N		Y	\$249.63	\$242.89			1	365
L4060		REPLACE HIGH ROLL CUFF	041	N		Y		Y	\$303.27	\$295.08			1	365
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	041	N		Y		Y	\$245.60	\$238.97			1	365
L4080		REPLACE METAL BANDS KAFO, PROXIMAL THIGH	041	N		Y		Y	\$92.72	\$90.22			2	365
L4090		REPLACE METAL BANDS KAFO - AFO, CALF OR DISTAL THI	041	N		N		Y	\$78.88	\$76.75			2	365
L4100		REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	041	Y		N		Y	\$109.47	\$106.51				
L4110		REPLACE LEATHER CUFF KAFO - AFO, CALF OR DISTAL TH	041	N		N		Y	\$74.01	\$72.01			2	365
L4130		REPLACE PRETIBIAL SHELL	041	N		Y		Y	\$447.35	\$435.27			1	365
L4210		REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR	041	Y	Y	Y		Y						
L4350		ANKLE CNTRL ORTHO, STIRUP, RIGD, INC INTRFCE-PNEUM-GE	041	N		Y		Y	\$31.84	\$30.98			1	365
L4360		WALK BOOT,PNEUM-VACUMN W-WO JNTS-PREFAB AND CUS	041	N		Y		Y	\$258.55	\$251.57			1	365
L4361		WALKING BOOT PNEM AND/OR VACUUM W OR WO JOINTS	041	N		Y		Y	\$114.90	\$111.80			1	365
L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED	041	N		Y		Y	\$103.66	\$100.86			1	365
L4386		WALK BOOT, NON-PNEU,W-WO JNTS/INTRFCE MAT,PREFAB	041	N		Y		Y	\$158.34	\$154.06			1	365
L4387		WALK BOOT NON-PNEU W OR WO JOINTS W OR WO INTRF	041	N		Y		Y	\$119.99	\$116.75			1	365
L4396		STATIC OR DYNAMIC AFO,W/SFT INTRFCE,ADJ FIT,PREFAB	041	N		Y		Y	\$167.59	\$163.07			1	365
L4397		STATIC OR DYNM AFO INCL SOFT INTRAF C ADJ PREFAB OT	041	N		Y		Y	\$126.99	\$123.56			1	365

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L4398		FOOT DROP SPLINT,RECUMBENT POSITIONING DEVICE PREF	041	N		Y		Y	\$58.47	\$56.89			1	365
L4631		ANKL FT ORT,WALK BOOT VARUS/VALGUS CORR ROC BOT AN	041	Y		N		Y	\$1,472.16	\$1,432.41				
L5000		PARTIAL FOOT, SHOE INSERT W/LONGITUDINAL ARCH, TOE	041	N		N		Y	\$535.94	\$521.47			1	365
L5010		PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, W/TOE F	041	Y		N		Y	\$1,602.29	\$1,559.03				
L5020		PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGH	041	Y		N		Y	\$2,510.27	\$2,442.49				
L5050		ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	041	Y		N		Y	\$2,741.69	\$2,667.66				
L5060		ANKLE,SYMES METAL FRAME,MOLDED,LEATHER SOCKET,ART	041	Y		N		Y	\$3,379.71	\$3,288.46				
L5100		BK;MOLDED SOCKET, SHIN, SACH FOOT	041	Y		N		Y	\$2,729.96	\$2,656.25				
L5105		BK;PLASTIC SOCKET, JOINTS/THIGH LACER,SACH FOOT	041	Y		N		Y	\$3,600.53	\$3,503.32				
L5150		KNEE DISARTICULATION;MOLDED SOCKET,EXTERNAL KNEE J	041	Y		N		Y	\$4,283.14	\$4,167.50				
L5160		KNEE DISARTICULATION; MOLDED SOCKET, BENT KNEE CON	041	Y		N		Y	\$4,702.67	\$4,575.70				
L5200		AK;MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KN	041	Y		N		Y	\$3,637.17	\$3,538.97				
L5210		AK; SHORT PROSTH, NO KNEE/ANKLE JOINT, W/FOOT BLOC	041	Y		N		Y	\$2,698.99	\$2,626.12				
L5220		AK;SHORT PROTH NO KNEE JOINTS,W/ARTICULATED ANKEL/	041	Y		N		Y	\$2,973.12	\$2,892.85				
L5230		ABV KNEE,PROXIMLA FEMRL FOCL DEF,CON FRCTN KNEE,SH	041	Y		N		Y	\$4,459.22	\$4,338.82				
L5250		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET,	041	Y		N		Y	\$5,594.56	\$5,443.51				
L5270		HIP DISARTICULATION; TILT TABLE TYPE, MOLDED SOCKE	041	Y		N		Y	\$6,233.42	\$6,065.12				
L5280		HEMIPELVECTOMY; CANADIAN TYPE, MOLDED SOCKET, SING	041	Y		N		Y	\$6,059.11	\$5,895.51				

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5301		BELOW-KNEE,MOLD SOCKET,SHIN,EACH FOOT,ENDOSKELET	041	Y		N		Y	\$2,680.76	\$2,608.38				
L5312		KNEE DISARTICULTN,MLD SOCKET,SNGL AXIS,PYLON,SACH	041	Y		Y		Y	\$4,223.72	\$4,109.68				
L5321		ABOVE KNEE,MOLDED,ENDOSKELETAL SYSTEM, SINGLE AXIS	041	Y		N		Y	\$3,574.70	\$3,478.18				
L5331		HIP DISARTICULATION,CANADIAN TYPE,ENDOSKELETAL SYS	041	Y		N		Y	\$5,235.65	\$5,094.29				
L5341		HEMIPELVECTOMY,CANADIAN TYPE,ENDOSKELETAL SYSTEM	041	Y		Y		N	\$5,565.41	\$5,415.14				
L5400		EARLY FITTING; BK, INITIAL DRESSING W/ONE CAST CHA	041	Y		N		Y	\$1,491.96	\$1,451.68				
L5410		IMDT POST SURG,APP RGD DRSG,W/FIT,ALGN,SUSP,BLW KN	041	Y		N		Y	\$412.19	\$401.06				
L5420		EARLY FITTING;AK OR KNEE DISART,INITIAL DRESSING W	041	Y		N		Y	\$1,884.28	\$1,833.40				
L5450		EARLY FITTING; BK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N		Y	\$442.27	\$430.33			1	365
L5460		EARLY FITTING; AK, NON-WEIGHT BEARING RIGID DRESSI	041	N		N		Y	\$580.07	\$564.41			1	365
L5500		BK."PTB" TYPE SOCKET;INITIA, NON ALIGNABLE SYSTEM-	041	Y		N		Y	\$1,379.01	\$1,341.78				
L5505		AK-KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET, NON	041	Y		N		Y	\$2,075.68	\$2,019.64				
L5510		PREPARATORY;BK"PTB"TYPE SOCKET,PLASTER SOCKET, MOL	041	Y		N		Y	\$1,762.03	\$1,714.46				
L5520		PRP,BLW KNEE PTB SOCKT,NON-ALGN SYS,PYLN,NO CVR,SA	041	Y		N		Y	\$1,579.46	\$1,536.81				
L5530		PREP;BK-"PTB" TYPE SOCKET,THERMOPLASTIC/EQUAL,MOLD	041	Y		N		Y	\$2,076.30	\$2,020.24				
L5535		PREPARATORY;BK "PTB" TYPE, SOCKET, PREFABRICATED,	041	Y		N		Y	\$1,808.93	\$1,760.09				
L5540		PREPARATORY;BK-PTB-TYPE SOCKET,LAMINATED SOCKET, M	041	N		N		Y	\$2,050.03	\$1,994.68			1	365
L5560		PREP;AK-KNEE DISART.PLASTER SOCKET,MOLDED TO PT	041	Y		N		Y	\$2,335.90	\$2,272.83				
L5570		PREP;AK-KNEE DISART.THERMOPLASTIC/EQUAL,DIRECT FOR	041	Y		N		Y	\$2,267.07	\$2,205.86				
L5580		PREPARATORY;AK-KNEE DISART., THERMOPLASTIC/EQUAL,	041	Y		N		Y	\$2,813.76	\$2,737.79				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5585		PREPARATORY; AK-KNEE DISART, PREFABRICATED ADJUSTA	041	Y		N		Y	\$3,079.58	\$2,996.43				
L5590		PREP,AK-KNEE DISART,ISCHI SOCKT,NONALGN,PYLN,NO CO	041	Y		N		Y	\$2,933.63	\$2,854.42				
L5595		PREPARATORY; HEMIPELVECTOMY -HIP DISART,THERMOPLAS	041	Y		N		Y	\$4,584.51	\$4,460.73				
L5600		PREP;HEMIPELVECTOMY-HIP DISART,LAMINATED,MO	041	Y		N		Y	\$5,217.84	\$5,076.96				
L5610		LE; ADDITION, AK, HYDRACADENCE SYSTEM	041	Y		N		Y	\$2,351.90	\$2,288.40				
L5611		LE; ADDITION, AK-KNEE DISART 4-BAR LINK, FRICTION	041	Y		N		Y	\$1,497.96	\$1,457.52				
L5613		ADTN LE AK 4BAR LNKG WITH HYDRAULIC SWING PHASE CONTROL	041	Y		N		Y	\$2,631.72	\$2,560.66				
L5614		ADDITION LOWER EXTREMITY ABOVE KNEE DISART PNEUMATIC	041	Y		N		Y	\$1,822.64	\$1,773.43				
L5616		LE;ADDITION, AK,UNIVERSAL MULTIPLEX SYSTEM,FRICTIO	041	Y		N		Y	\$1,373.87	\$1,336.78				
L5618		LE; ADDITION, TEST SOCKET, SYMES	041	N		N		Y	\$334.33	\$325.30			1	365
L5620		LE; ADDITION, TEST SOCKET, BK	041	N		N	2	Y	\$296.63	\$288.62			1	365
L5622		LE; ADDITION, TEST SOCKET, KNEE DISARTICULATION	041	N		N		Y	\$399.63	\$388.84			1	365
L5624		LE; ADDITION, TEST SOCKET, AK	041	N		N	2	Y	\$399.47	\$388.68			1	365
L5626		LE; ADDITION, TEST SOCKET, HIP DISARTICULATION	041	N		N		N	\$632.42	\$615.34			1	365
L5628		LE; ADDITION, TEST SOCKET, HEMIPELVECTOMY	041	N		N		Y	\$640.42	\$623.13			1	365
L5629		LE; ADDITION, BK, ACRYLIC SOCKET	041	N		N		Y	\$295.48	\$287.50			1	365
L5630		LE; ADDITION, SYMES TYPE, EXPANDABLE WALL SOCKET	041	N		N		Y	\$549.33	\$534.50			1	365
L5631		LE; ADDITION, AK OR KNEE DISARTICULATION, ACRYLIC	041	N		N		Y	\$408.51	\$397.48			1	365
L5632		LE;ADDITION, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	041	N		N		Y	\$269.42	\$262.15			1	365
L5634		LE;ADDITION, SYMES TYPE,POSTERIOR OPENING SOCKET,	041	N		N		Y	\$314.88	\$306.38			1	365
L5636		LE;ADDITION, SYMES TYPE, MEDIAL OPENING SOCKET	041	N		N		Y	\$240.68	\$234.18			1	365
L5637		LE; ADDITION, BK, TOTAL CONTACT	041	N		N		Y	\$383.20	\$372.85			1	365
L5638		LE; ADDITION, BK, LEATHER SOCKET	041	N		N		Y	\$603.30	\$587.01			1	365
L5639		LE; ADDITION, BK, WOOD SOCKET	041	Y		N		Y	\$1,042.40	\$1,014.26				
L5640		LE; ADDITION, KNEE DISARTICULATION, LEATHER SOCKET	041	Y		N		Y	\$685.18	\$666.68				
L5642		LE; ADDITION, AK, LEATHER SOCKET	041	N		N		Y	\$635.13	\$617.98			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5643		LE;ADDITION,HIP DISARTICULATION,FLEXIBLE SOCKET,EX	041	Y		N		Y	\$2,004.44	\$1,950.32				
L5644		LE; ADDITION, AK, WOOD SOCKET	041	N		N		Y	\$549.14	\$534.31			1	365
L5645		LE; ADDITION, BK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N		Y	\$974.77	\$948.45				
L5646		ADD TO LOWER EXT, BK, AIR, FLUID, GEL, CUSHION SOCKET	041	Y		N		Y	\$713.50	\$694.24				
L5647		LE;ADDITION, BK, SUCTION SOCKET	041	Y		N		Y	\$791.34	\$769.97				
L5648		LE; ADDITION, AK, AIR FLUID, GEL, CUSHION SOCKET	041	Y		N		Y	\$682.15	\$663.73				
L5649		LE; ADDITION, ISCHIAL CONTAINMENT/NARROW M-L SOCKE	041	Y		N		N	\$2,452.51	\$2,386.29				
L5650		LE; ADDITION, AK OR KNEE DISARTICULATION, TOTAL CO	041	N		N		Y	\$485.65	\$472.54			1	365
L5651		LE; ADDITION, AK, FLEXIBLE INNER SOCKET, EXTERNAL	041	Y		N		Y	\$1,422.92	\$1,384.50				
L5652		LE; ADDITION, AK OR KNEE DISARTICULATION, SUCTION	041	N		N		Y	\$433.72	\$422.01			1	365
L5653		LE; ADDITION, KNEE DISARTICULATION, EXPANDABLE WAL	041	N		N		Y	\$632.46	\$615.38			1	365
L5654		LE; ADDITION, SOCKET INSERT, SYMES	041	N		N		Y	\$392.29	\$381.70			1	365
L5655		LE; ADDITION, SOCKET INSERT, BK	041	N		N		Y	\$283.25	\$275.60			1	365
L5656		LE; ADDITION, SOCKET INSERT, KNEE DISARTICULATION	041	N		N		Y	\$402.16	\$391.30			1	365
L5658		LE; ADDITION, SOCKET INSERT, AK	041	N		N		Y	\$454.20	\$441.94			1	365
L5661		ADD TO LOWER EXT, SOCKET INSERT, MULTI-DUROMETER SYMES	041	Y		N		y	\$703.45	\$684.46				
L5665		LE; ADDITION, BK, MULTI-DUROMETER	041	N		N		Y	\$541.46	\$526.84			1	365
L5666		LE ADDITION,BK,CUFF SUSPENSION	041	N		N		Y	\$76.72	\$74.65			1	365
L5668		LE; ADDITION, BK, MOLDED DISTAL CUSHION	041	N		N		Y	\$114.28	\$111.19			1	365
L5670		LE; ADDITION, BK, MOLDED SUPRACONDYLAR SUSPENSION	041	N		N		Y	\$269.94	\$262.65			1	365
L5671		ADD/LOWER EXTREMITY,BELOW/ABOVE KNEE SUSP.LOC	041	Y		N		Y	\$462.47	\$449.98				
L5672		LE; ADDITION, BK, REMOVABLE MEDIAL BRIM SUSPENSION	041	N		N		Y	\$333.85	\$324.84			1	365
L5673		ADD TO LOW/EXT. ABV/BELLOW KNE CUT/FAB FROM EXI/M	041	N		N	2	Y	\$786.44	\$765.21			1	365
L5676		LE; ADDITION, BK, KNEE JOINTS, SINGLE AXIS, PAIR	041	N		N	*	Y	\$336.91	\$327.81			1	365
L5677		LE; ADDITION, BK, KNEE JOINTS, POLYCENTRIC, PAIR	041	N		N	*	Y	\$515.99	\$502.06			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5678		LE; ADDITION, BK, JOINT COVERS, PAIR	041	N		N	*	Y	\$36.92	\$35.92			1	365
L5679		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB FROM EXI/M	041	Y		N		Y	\$655.36	\$637.67				
L5680		LE; ADDITION, BK, THIGH LACER, NON-MOLDED	041	N		N		Y	\$282.99	\$275.35			1	365
L5681		ADD TO LOW/EXT, ABOVE/BELOW KNE CUS-FAB, CONG/ATYP	041	Y		N		Y	\$1,316.20	\$1,280.66				
L5682		LE; ADDITION, BK, THIGH LACER, GLUTEAL/ISCHIAL, MO	041	Y		N		Y	\$622.15	\$605.35				
L5683		ADD TO LOW/EXT OTHER THAN CONG/ATYP, AMPUTEE, W/W	041	Y		N		Y	\$1,316.20	\$1,280.66				
L5684		LE; ADDITION, BK, FORK STRAP	041	N		N		Y	\$44.75	\$43.54			1	365
L5685		ADDITION TO LOWER EXT.PROS.BELOW KNEE SUP/SEAL SLE	041	N		Y	2	N	\$119.80	\$116.57			1	365
L5686		LE; ADDITION, BK, BACK CHECK (EXTENSION CONTROL)	041	N		N		Y	\$53.82	\$52.37			1	365
L5688		LE; ADDITION, BK, WAIST BELT, WEBBING	041	N		N		Y	\$57.17	\$55.63			1	365
L5690		LE; ADDITION, BK, WAIST BELT, PADDED AND LINED	041	N		N		Y	\$116.69	\$113.54			1	365
L5692		LE; ADDITION, AK, PELVIC CONTROL BELT, LIGHT	041	N		N		Y	\$123.55	\$120.21			1	365
L5694		LE; ADDITION, AK, PELVIC CONTROL BELT, PADDED AND	041	N		N		Y	\$168.67	\$164.12			1	365
L5695		LE; ADDITION, AK, PELVIC CONTROL, SLEEVE SUSPENSION, N	041	N		N		Y	\$151.63	\$147.54			1	365
L5696		LE; ADDITION, AK; KNEE DISARTICULATION, PELVIC JOI	041	N		N		Y	\$183.16	\$178.21			1	365
L5697		LE; ADDITION, AK-KNEE DISARTICULATION, PELVIC BAND	041	N		N		Y	\$86.98	\$84.63			1	365
L5698		LE; ADDITION, AK-KNEE DISARTICULATION, SILESIAN BA	041	N		N		Y	\$111.58	\$108.57			1	365
L5699		ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	041	Y		N		Y	\$220.26	\$214.31				
L5700		REPLACEMENT; SOCKET, BK, MOLDED TO PATIENT	041	Y		N		Y	\$3,069.16	\$2,986.29				
L5701		REPLACEMENT; SOCKET, AK-KNEE DISART W/ATTACH PLATE	041	Y		N		Y	\$3,558.48	\$3,462.40				
L5702		REPLACEMENT, SOCKET, HIP DISART W/HIP JOINT, MOLDED	041	Y		N		Y	\$4,798.85	\$4,669.28				
L5703		ANKLE, SYMES, MOLDED TO PT MODEL W/O SACH FT, REPLCMNT ONLY	041	Y		N		Y	\$2,915.68	\$2,836.96				
L5704		PROTECTIVE COVER, CUSTOM SHAPED, BELOW KNEE	041	Y		N		Y	\$625.78	\$608.88				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5705		PROTECTIVE COVER, CUSTOM SHAPED, ABOVE KNEE	041	Y		N		Y	\$1,147.30	\$1,116.32				
L5706		PROTECTIVE COVER, CUSTOM SHAPED, KNEE DISARTICULAT	041	Y		N		Y	\$1,119.05	\$1,088.84				
L5707		PROTECTIVE COVER, CUSTOM SHAPED,HIP DISARTICULATIO	041	Y		N		Y	\$1,503.48	\$1,462.89				
L5710		EXOSKELETAL KNEE-SHIN; ADDITION, SINGLE AXIS, MANU	041	N		N		Y	\$334.39	\$325.36			1	365
L5711		EXOSKELETAL KNEE-SHIN;ADD SINGLE AXIS,MANUAL LOCK,	041	N		N		Y	\$561.21	\$546.06			1	365
L5712		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,FRICITION SWI	041	N		N		Y	\$400.62	\$389.80			1	365
L5714		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,VARIABLE FRI	041	N		N		Y	\$407.64	\$396.63			1	365
L5716		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,MECHANICAL S	041	Y		N		Y	\$806.04	\$784.28				
L5718		EXOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICITION SWI	041	Y		N		Y	\$861.90	\$838.63				
L5722		EXOSKELETAL KNEE-SHIN; ADD, PNEUMATIC SWING, FRICIT	041	Y		N		Y	\$1,048.13	\$1,019.83				
L5724		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FLUID SWI	041	Y		N		Y	\$1,615.52	\$1,571.90				
L5726		EXOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,EXTERNAL JOI	041	Y		N		Y	\$1,923.35	\$1,871.42				
L5728		ADD KNESH SYS SIN AX FL SW SPC	041	Y		N		Y	\$2,603.36	\$2,533.07				
L5780		EXOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATIC	041	Y		N		Y	\$1,240.97	\$1,207.46				
L5781		ADD TO LOWER LIMB PROS VA/PUMP RES/VOL/AND/MOIST/EVAC/SYSTEM	041	Y		N		Y	\$4,321.69	\$4,205.00				
L5782		ADD TO LOW LIMB PROS. VA/PUMP RES/VOL/MOIST/EVAC/SYSTEM HD	041	Y		N		Y	\$4,556.04	\$4,433.03				
L5785		EXOSKELETAL BK;ADD, ULTRA-LIGHT MATERIAL	041	N		N		Y	\$483.05	\$470.01			1	365
L5790		EXOSKELETAL AK;ADD,ULTA-LIGHT MATERIAL	041	Y		N		Y	\$697.17	\$678.35				
L5795		EXOSKELETAL HIP DISARTICULATION;ADD,ULTRA-LIGHT MA	041	Y		N		Y	\$998.25	\$971.30				

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5810		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, MANUAL L	041	N		N		Y	\$569.10	\$553.73			1	365
L5811		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,MANUAL LOCK	041	Y		N		Y	\$785.35	\$764.15				
L5812		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, FRICTION	041	N		N		Y	\$591.00	\$575.04			1	365
L5814		ADD ENDOSKELETAL KNEE-SHIN SYST,POLYCENTRIC, HYDR SWING MECH	041	Y		N		Y	\$4,011.37	\$3,903.06				
L5816		ENDOSKELETAL KNEE-SHIN; ADD, POLYCENTRIC, MECHANIC	041	Y		N		Y	\$846.05	\$823.21				
L5818		ENDOSKELETAL KNEE-SHIN;ADD,POLYCENTRIC,FRICTION SW	041	Y		N		Y	\$892.85	\$868.74				
L5822		ENDOSKELETAL KNEE-SHIN;ADD,SINGLE AXIS,PNEUMATIC S	041	Y		N		Y	\$1,752.56	\$1,705.24				
L5824		ENDOSKELETAL KNEE-SHIN;ADD, SINGLE AXIS,FLUID SWIN	041	Y		N		Y	\$1,656.69	\$1,611.96				
L5826		ADD, ENDOSKELETAL K-S SYST SNGL AXIS W/MINI HI ACT FRAME	041	Y		N		Y	\$3,373.06	\$3,281.99				
L5828		ENDOSKELETAL KNEE SHIN; ADD, SINGLE AXIS, FLUID SW	041	Y		N		Y	\$2,948.49	\$2,868.88				
L5830		ENDOSKELETAL KNEE-SHIN; ADD, SINGLE AXIS, PNEUMATI	041	Y		N		Y	\$1,988.06	\$1,934.38				
L5840		ENDOSKELETAL KNEE-SHIN;ADD,MULTIAXIAL,PNEUMATIC CO	041	Y		N		Y	\$3,902.03	\$3,796.68				
L5845		ADD, ENDOSKELETAL KNEE/SHIN, STANCE FLEX FEATURE, ADJUSTABLE	041	Y		N		Y	\$1,935.94	\$1,883.67				
L5848		ADTN ENDOSKEL K-S SYS, FLUID STANCE EXT, DAMPENING W/WO ADJ.	041	Y		N		Y	\$1,161.46	\$1,130.10				
L5850		ENDOSKELETAL AK-KNEE DISART; ADD, KNEE EXTENSION A	041	N		N		Y	\$118.94	\$115.73			1	365
L5855		ENDOSKELETAL HIP DISART; ADD, MECHANICAL HIP EXTE	041	N		N		Y	\$287.14	\$279.39			1	365
L5856		ADD TO LOWER EXT PROS, MICROPROCESSOR ANY TYPE	041	Y		N		Y	\$25,928.75	\$25,228.67				

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5857		ADD TO LOWER EXT PROS. SWING PHASE ONLY, MICROPRO, ANY TYPE	041	Y		N		Y	\$9,200.49	\$8,952.08				
L5858		ADDITION TO LOWER EXTREMITY MICROPROCESSOR STANCE PHASE	041	Y		N		Y	\$20,073.92	\$19,531.92				
L5859		ADD TO LE PROS,ENDO K-S SYS, POW+PROG F/E AC, ANY TYPE MOTOR	041	Y		N		Y	\$15,671.51	\$15,248.38				
L5910		ENDOSKELETAL BK; ADD, ALIGNABLE SYSTEM	041	N		N		Y	\$336.73	\$327.64			1	365
L5920		ENDOSKELETAL AK-HIP DISART; ADD, ALIGNABLE SYSTEM	041	N		N		Y	\$493.32	\$480.00			1	365
L5925		ENDOSKELETAL AK, KNEE/HIP DISART; ADD, MANUAL LOCK	041	N		N		Y	\$312.40	\$303.97			1	365
L5930		ADD'N ENDOSKELETAL SYST. HIGH ACTIVITY KNEE CONTROL FRAME	041	Y		N		Y	\$3,635.53	\$3,537.37				
L5940		ADD,ENDO SYS,BLW KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	N		N		Y	\$466.37	\$453.78			1	365
L5950		ADDN,ENDO SYS, AK KNEE,ULTRA LGT MAT/TITANIUM,CARB	041	Y		N		Y	\$723.34	\$703.81				
L5960		ENDOSKELETAL HIP DISART;ADD,ULTRA-LIGHT MATERIAL	041	Y		N		Y	\$1,081.58	\$1,052.38				
L5961		ADDITION ENDOSKEL SYS POLY HIP JT PNEU OR HYD CONT	041	Y		Y		Y	\$4,463.65	\$4,343.13				
L5962		ADDITION ENDOSKELETAL, BELOW K NEE, FLEX PROTECT.	041	N		N		Y	\$546.49	\$531.73			1	365
L5964		ADDITION ENDOSKELETAL,ABOVE KNEE,FLEX PROTECT,OUTER SURF	041	Y		N		Y	\$1,210.78	\$1,178.09				
L5966		ADDITION ENDOSKEL HIP DISARTIC ULATION, FLEX PROTE	041	Y		N		Y	\$1,350.36	\$1,313.90				
L5968		ADDITION LOWER LIMB;MULTIAXIAL ANKLE W/SWING PHASE DORSIFLEX	041	Y		N		Y	\$3,924.97	\$3,819.00				
L5969		ADDL ENDOSKETAL AK-FT W-MOTOR	041	Y	Y	Y		Y						
L5970		LE PROSTHESIS; FOOT, EXTERNAL KEEL, SACH FOOT	041	N		N		Y	\$217.35	\$211.48			1	365
L5971		ALL LOWER EXTRE PROST (SACH) FOOT REPLACEMENT ONLY	041	Y		N		Y	\$234.61	\$228.28				
L5972		LE PROTHESIS;FLEXIBLE KEEL FOOT	041	N		N		Y	\$395.93	\$385.24			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L5973		ENDOSKEL ANK/FOOT SYM,MICROPROCONTROL FEATUR,INCLUDE POW SOU	041	Y		N		Y	\$19,069.10	\$18,554.23				
L5974		LE PROSTHESIS; FOOT, SINGLE AXIS ANKLE/FOOT	041	N		N		Y	\$231.84	\$225.58			1	365
L5975		LE PROSTHESIS;COMBINE SINGLE AXIS ANKLE FLEX KEEL FOOT	041	Y		N		Y	\$500.74	\$487.22				
L5976		LE PROSTHESIS; ENERGY STORING FOOT	041	N		N		Y	\$588.03	\$572.15			1	365
L5978		LE PROSTHESIS; FOOT, MULTIAXIAL ANKLE/FOOT	041	N		N		Y	\$311.58	\$303.17			1	365
L5979		ALL LOWER EXTREMITY PROSTHESES , MULTIAXIAL ANKLE/FOOT	041	Y		N		Y	\$2,692.99	\$2,620.28				
L5980		ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	041	Y		N		Y	\$4,103.01	\$3,992.23				
L5981		PROSTHESIS; FLEX WALK SYSTEM OR EQUAL	041	Y		N		Y	\$3,414.20	\$3,322.02				
L5982		LE PROTHESIS; EXOSKELETAL, AXIAL ROTATION UNIT	041	N		N		Y	\$641.38	\$624.06			1	365
L5984		LE PROSETHESIS;ENDOSKELETAL, AXIAL ROTATION UNIT	041	N		N		Y	\$643.38	\$626.01			1	365
L5985		ALL ENDOSKELETAL LE PROSTHESES, DYNAMIC PROSTHETIC PYLON	041	Y		N		Y	\$305.01	\$296.77				
L5986		LE PROSTHESIS; MULTI-AXIAL ROTATION UNIT	041	Y		N		Y	\$776.09	\$755.14				
L5987		ALL LOWER EXTREM PROSTHE,SHANK FOOT SYST W/VERT LOAD PYLON	041	Y		N		Y	\$7,770.00	\$7,560.21				
L5988		ADDITION LOWER LIMB;VERTICAL SHOCK REDUCING PYLON FEATURE	041	Y		N		Y	\$2,157.71	\$2,099.45				
L5990		ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJ HEEL HEIGHT	041	Y		N		Y	\$1,959.47	\$1,906.56				
L5999		LE PROSTHESIS; NOT OTHERWISE SPECIFIED	041	Y	Y	N		N						
L6000		PARTIAL HAND, THUMB REMAINING	041	Y		N		Y	\$1,647.11	\$1,602.64				
L6010		PARTIAL HAND, LITTLE AND/OR RING FINGER REMAINING	041	Y		N		Y	\$1,832.96	\$1,783.47				
L6020		PARTIAL HAND; NO FINGER REMAINING	041	Y		N		Y	\$1,708.94	\$1,662.80				
L6026		TRANSCAR,METACAR,OR PARTIAL HDISARTICULA,PROS,EX POWER CON	041	Y		N		Y	\$4,698.31	\$4,571.46				
L6050		WRIST DISART;MOLDED SOCKET,FLEXIBLE ELBOW HINGES,T	041	Y		N		Y	\$2,487.22	\$2,420.07				
L6055		WRIST DISART;MOLDED SOCKET W/EXPANDABLE INTERFACE,	041	Y		N		Y	\$3,172.58	\$3,086.92				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6100		BELOW ELBOW;MOLD SOCKET,FLEXIBLE ELBOW HINGES,TR	041	Y		N		Y	\$2,516.99	\$2,449.03				
L6110		BELOW ELBOW; MOLDED SOCKET	041	Y		N		Y	\$2,662.80	\$2,590.90				
L6120		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STEP U	041	Y		N		Y	\$3,011.64	\$2,930.33				
L6130		BELOW ELBOW;MOLDED DOUBLE WALL SPLIT SOCKET,STUMP	041	Y		N		Y	\$3,177.34	\$3,091.55				
L6200		ELBOW DISART; MOLDED SOCKET, OUTSIDE LOCKING HINGE	041	Y		N		Y	\$3,273.03	\$3,184.66				
L6205		ELBOW DISART; MOLD SOCKET W/EXPANDABLE INTERFACE	041	Y		N		Y	\$4,515.08	\$4,393.17				
L6250		ABOVE ELBOW;MOLDE DOUBLE WALL SOCKET;INTERNAL LOC	041	Y		N		Y	\$3,220.09	\$3,133.15				
L6300		SHOULDER DISART; MOLD SOCKET, SHOULDER BULKHEAD,	041	Y		N		Y	\$4,441.40	\$4,321.48				
L6310		SHOULDER DISART;PASSIVE RESTORATION (COMPLETE PROS)	041	Y		N		Y	\$3,761.83	\$3,660.26				
L6320		SHOULDER DISART; PASSIVE RESTORATION(SHOULDER CAP)	041	Y		N		Y	\$1,960.55	\$1,907.62				
L6350		INTERSCAPULAR THORACIC; MOLDED SOCKET, SHOULDER BU	041	Y		N		Y	\$4,866.40	\$4,735.01				
L6360		INTERSCAPULAR THORACIC;PASSIVE RESTORATION (COMP P)	041	Y		N		Y	\$3,948.49	\$3,841.88				
L6370		INTERSCAPULAR THORACIC;PASSIVE RESTOR SHOULDER	041	Y		N		Y	\$2,289.85	\$2,228.02				
L6380		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,WRST	041	Y		N		Y	\$1,324.39	\$1,288.63				
L6382		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,ELB	041	Y		N		Y	\$1,576.63	\$1,534.06				
L6384		IMD PST SURG/FIT,APP RGD DRSNG,ALIGN/SUS,CAST,SHLD	041	Y		N		Y	\$1,994.52	\$1,940.67				
L6388		IMMEDIATE POST SURGICAL;APPL OF RIGID DRESSING ONL	041	N		N		Y	\$481.48	\$468.48			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6400		BELOW ELBOW;MOLD SOCKET,ENDOSKELETAL SYSTEM W/TI	041	Y		N		Y	\$2,722.74	\$2,649.23				
L6450		ELBOW DISART; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N		Y	\$3,558.49	\$3,462.41				
L6500		ABOVE ELBOW; MOLDED SOCKET, ENDOSKELETAL SYSTEM	041	Y		N		Y	\$3,494.35	\$3,400.00				
L6550		SHOULDER DISART; MOLDED SOCKET, ENDOSKELETAL SYSTE	041	Y		N		Y	\$4,525.92	\$4,403.72				
L6570		INTERSCAPULAR THORACIC;MOLDED SOCKET, ENDOSKELETAL	041	Y		N		Y	\$5,052.58	\$4,916.16				
L6582		PREPARATORY;WRIST DISART/BELOW ELBOW,FLEXIBLE ELBO	041	Y		N		Y	\$1,696.65	\$1,650.84				
L6586		PREP,EB DIS/ABV EB,SGL WALL SOC,FRIC WRST,LCK EB,F	041	Y		N		Y	\$2,238.59	\$2,178.15				
L6590		PREP; SHOULDER DISART/INTERSCAPULAR THORACI	041	Y		N		Y	\$3,107.26	\$3,023.36				
L6600		UE;ADDITION,POLYCENTRIC HINGE,PAIR	041	N		N	*	Y	\$212.11	\$206.38			1	365
L6605		UE;ADDITION,SINGLE PIVOT HINGE,PAIR	041	N		N	*	Y	\$218.32	\$212.43			1	365
L6610		UE;ADDITION,FLEXIBLE METAL HINGE,PAIR	041	N		N	*	Y	\$206.39	\$200.82			1	365
L6611		ADDITION TO UPP EXTRE PROTHES EX POWERED,ADD SWITCH, ANY TYP	041	Y		N		Y	\$444.70	\$432.69				
L6615		UE;ADDITION,DISCONNECT LOCKING WRIST UNIT	041	N		N		Y	\$200.35	\$194.94			1	365
L6616		UE;ADDITION,ADD DISCONNECT INSERTFOR LOCKING WRIST	041	N		N		Y	\$60.32	\$58.69			1	365
L6620		UPPER EXTREMITY ADDN,FLEXION/EXT WRIST UNIT W/WO F	041	N		N		Y	\$350.24	\$340.78			1	365
L6623		UPPER EXTREMITY ADDN,SPRING ASSISTD ROTATN WRIST W	041	Y		N		Y	\$667.19	\$649.18				
L6625		UE;ADDITION,ROTATION WRIST UNIT W/ CABLE LOCK	041	N		N		Y	\$494.48	\$481.13			1	365
L6628		UE; ADDITN, QUICK DISCONNECT HOOK ADAPTER	041	N		N		Y	\$532.26	\$517.89			1	365
L6629		UE; ADDITN, QUICK DISCONNECT LAMINATION COLLAR	041	N		N		Y	\$181.37	\$176.47			1	365
L6630		UE; ADDITN, STAINLESS STEEL, ANY WRIST	041	N		N		Y	\$267.17	\$259.96			1	365
L6632		UE; ADDITN, LATEX SUSPENSION SLEEVE, EACH	041	N		N		Y	\$60.41	\$58.78			1	180
L6635		UE; ADDITN, LIFT ASSIST FOR ELBOW	041	N		N		Y	\$193.10	\$187.89			1	365

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6637		UE; ADDITN, NUDGE CONTROL ELBOW LOCK	041	N		N		Y	\$378.04	\$367.83			1	365
L6640		UE; ADDITN, SHOULDER ABDUCTION JOINT, PAIR	041	N		N	*	Y	\$314.85	\$306.35			1	365
L6641		UE; ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	041	N		N		Y	\$183.33	\$178.38			1	365
L6642		UE; ADDITN, EXCURSION AMPLIFIER, LEVER TYPE	041	N		N		Y	\$269.56	\$262.28			1	365
L6645		UE; ADDITN, SHOULDER FLEXION-ABDUCTION JOINT, EACH	041	N		N		Y	\$340.49	\$331.30			1	365
L6650		UE; ADDITN, SHOULDER UNIVERSAL JOINT, EACH	041	N		N		Y	\$369.30	\$359.33			1	365
L6655		UE; ADDITN, STANDARD CONTROL CABLE, EXTRA	041	N		N		Y	\$71.64	\$69.71			1	365
L6660		UPP EXT ADD HEAVY DU CON CABLE	041	Y		N		Y	\$110.73	\$107.74				
L6665		UE; ADDITN, TEFLON OR EQUAL, CABLE LINING	041	N		N		Y	\$42.82	\$41.66			1	365
L6670		UE; ADDITN, HOOK TO HAND, CABLE ADAPTOR	041	N		N		Y	\$44.59	\$43.39			1	365
L6672		UE; ADDITN, HARNESS, CHEST OR SHOULDER, SADDLE TYP	041	N		N		Y	\$204.62	\$199.10			1	365
L6675		UE; ADDITN, HARNESS, FIGURE "8", SINGLE CABLE DESI	041	N		N		Y	\$111.66	\$108.65			1	365
L6676		UE; ADDITN, HARNESS, FIGURE "8" DUAL CABLE DESIGN	041	N		N		Y	\$116.82	\$113.67			1	365
L6680		UE; ADDITN, TEST SOCKET, WRIST DISART OR BELOW ELB	041	N		N		Y	\$287.61	\$279.84			1	365
L6682		UE; ADDITN, TEST SOCKET, ELBOW DISART OR ABOVE ELB	041	N		N		Y	\$318.00	\$309.41			1	365
L6684		UE; ADDITN, TEST SOCKET, SHOULDER DISART/INTERSCAP	041	N		N		Y	\$432.10	\$420.43			1	365
L6686		UE; ADDITN, SUCTION SOCKET	041	N		N		Y	\$641.19	\$623.88			1	365
L6687		UE; ADDITN, FRAME TYPE SOCKET, BELOW ELBOW/WRIST D	041	N		N		Y	\$536.28	\$521.80			1	365
L6688		UE; ADDITN, FRAME TYPE SOCKET, SHOULDER DESART	041	N		N		Y	\$593.53	\$577.50			1	365
L6690		UE; ADDITN, FRAME TYPE SOCKET, INTERSCAPULAR-THORA	041	Y		N		Y	\$832.83	\$810.34				
L6691		UE; ADDITN, REMOVABLE INSERT, EACH	041	N		N		Y	\$328.74	\$319.86			1	365
L6692		UE; ADDITN, SILICONE GEL INSERT OR EQUAL, EACH	041	N		N		Y	\$598.07	\$581.92			1	365
L6694		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y		Y	\$786.44	\$765.21				
L6695		ADD TO UPPER EXT PROS BELOW/ABOVE ELBOW CUS FAB	041	Y		Y		Y	\$655.36	\$637.67				
L6696		ADD TO UPPER EXT PROS W/WO LOCKING MECH INITIAL ON	041	Y		Y		N	\$1,316.20	\$1,280.66				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6697		ADD TO UPPER EXT OTHER THAN CONG ORATYP,CUSTOM,INT	041	Y		Y		N	\$1,316.20	\$1,280.66				
L6698		ADD TO UPPER EXT PROS BELOW / ABOVE ELBOW LOCK MEC	041	N		Y		Y	\$462.47	\$449.98			1	365
L6703		TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	041	Y		Y		Y	\$377.79	\$367.59				
L6704		TERMINAL DEVICE, SPORT/RECREAT/WORK ATTACHMENT,ANY MAT, SIZE	041	Y		N		Y	\$729.23	\$709.54				
L6706		TERMINAL DEVICE,HOOK,MECHAICAL VOLUNTARY OPENING	041	N		Y		Y	\$391.81	\$381.23			1	365
L6707		TERMINAL DEVICE,HOOK,MECANICAL VOLUNTARY CLOSING,A	041	Y		Y		Y	\$1,385.99	\$1,348.57				
L6708		TERMINAL DEVICE,HAND,MECH VOLUNTARY OPENING,	041	Y		Y		Y	\$916.19	\$891.45				
L6709		TERMINAL DEVICE,HAND,MECHANIC VOLUNTARY CLOSING, A	041	Y		Y		Y	\$1,300.32	\$1,265.21				
L6711		TERMINAL DEVICE HOOK,MECH,VOL OPEN,ANY MATERAL, AN	041	Y		Y		Y	\$628.70	\$611.73				
L6712		TERMINAL DEVICE,HOOK,MECH. VOLCLOS, ANY MAT LINER/	041	Y		Y		Y	\$1,157.60	\$1,126.34				
L6713		TERMINAL DEVICE,HAND, MECH. VOL. OPENING ANY MATER	041	Y		Y		Y	\$1,460.95	\$1,421.50				
L6714		TERMINAL DEVICE,HAND,MECH VOL CLOSING ANY MATERIAL	041	Y		Y		N	\$1,237.42	\$1,204.01				
L6721		TERMINAL DEVICE HOOK OR HAND HD,MECH,VOL OPEN ANY	041	Y		Y		Y	\$2,199.43	\$2,140.05				
L6722		TERMINAL DEVICE,HOOK OR HAND HD, MECH VOL CLOSING	041	Y		Y		Y	\$1,896.04	\$1,844.85				
L6805		TERMINAL DEVICE; MODIFIER WRIST FLEXION UNIT	041	N		N		Y	\$358.66	\$348.98			1	365
L6810		TERMINAL DEVICE; PRECISION PINCH DEVICE	041	N		N		Y	\$190.67	\$185.52			1	365
L6882		MICROPROCESSOR CNTRL FEATURE; ADD TO UL PROSTHETIC TERM DEV	041	Y		N		N	\$3,349.55	\$3,259.11				

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L6883		REPLACEMENT SOCKET BELOW ELBOW/WRIST MOLD TO PT W/ORW/OUT EP	041	Y		N		Y	\$2,295.79	\$2,233.80				
L6890		TERMINAL DEVICE; GLOVE FOR ABOVE HANDS, ANY TYPE,	041	N		N		Y	\$186.77	\$181.73			1	365
L6895		CUSTOM GLOVE FOR TERMINAL DEVICE, ANY MATERIAL	041	Y		N		Y	\$668.22	\$650.18				
L6900		HAND RESTORATION PARTIAL HAND;W/GLOVE,THUMB/FINGER	041	Y		N		Y	\$1,813.52	\$1,764.55				
L6905		HAND RESTORATION PARTIAL HAND; W/GLOVE, MULTIPLE F	041	Y		N		Y	\$1,794.88	\$1,746.42				
L6910		HAND RESTOR PARTIAL HAND; W/GLOVE, NO FINGERS	041	Y		N		Y	\$1,764.48	\$1,716.84				
L6915		HAND RESTOR; REPLACEMENT GLOVE FOR ABOVE HAND	041	Y		N		Y	\$580.52	\$564.85				
L6935		BELLOW ELBOW MYOELECTRONIC	041	Y		N		N	\$9,620.80	\$9,361.04				
L7007		ELECTRIC HAND,SWITCH OR MYOEL CONTROLLED, ADULT	041	Y		N		Y	\$3,945.09	\$3,838.57				
L7008		ELECTRIC HAND,SWITCH OR MYOEL CONTROLLED, PEDIATRIC	041	Y		N		Y	\$6,117.64	\$5,952.46				
L7009		ELECTRIC HOOK, SWITCH OR MYOEL CONTROLLED, ADULT	041	Y		N		Y	\$4,036.29	\$3,927.31				
L7259		ELECTRONIC WRIST ROTATOR ANY TYPE	041	Y		Y		Y	\$803.70	\$782.00			1	365
L7360		SIX VOLT BATTERY, EACH	048	Y		Y		Y	\$285.74	\$278.03				
L7362		BATTERY CHARGER; SIX VOLT, EACH	041	Y		Y		Y	\$312.16	\$303.73				
L7368		LITHIUM ION BATTERY CHARGER, REPLACEMENT ONLY	041	Y		Y		Y	\$545.12	\$530.40				
L7400		ADD TO UPPER EX PROS BELOW ELB/WRIST DIST ULT/LT MATERIAL	041	Y		N		Y	\$331.03	\$322.09				
L7403		ADD TO UPP EXT PROX BELOW ELBOW/WRIST DISAR ACRYLIC MATERIAL	041	Y		N		Y	\$397.78	\$387.04				
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	\$139.91	\$136.13				
L8000		BREAST PROSTHESIS;MASTECTOMY BRA	041	N		N		Y	\$30.32	\$29.50			3	180
L8001		BREAST PROSTHE,MASTECTO BRA,W/PROSTHE FORM,UNILA	041	N		N		Y	\$94.08	\$91.54			2	365

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LTC Y: covered by LTC

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HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8002		BREAST PROSTHE,MASTECTO BRA,W/PROSTHESIS FORM,BI	041	N		N		Y	\$123.73	\$120.39			2	365
L8015		BREAST PROSTHESIS;EXTERNAL GARMENT W/MASTECTO FO	041	N		N		Y	\$25.69	\$25.00			2	180
L8020		BREAST PROSTHESIS;MASTECTOMY FORM	041	N		N		Y	\$161.90	\$157.53			2	365
L8030		BREAST PROSTHESIS;SILICONE OR EQUAL WITHOUT INT AD	041	N		N		Y	\$250.28	\$243.52			1	730
L8031		BREAST PROSTHESIS, SILI OR EQUAL WITH INTEGRAL ADH	041	N		N		Y	\$298.07	\$290.02			1	730
L8039		BREAST PROSTHESIS;NOT OTHERWISE SPECIFIED	041	Y	Y	N		Y						
L8040		NASAL PROSTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$2,114.20	\$2,057.12				
L8041		MIDFACIAL PROSTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$2,548.08	\$2,479.28				
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$3,139.44	\$3,054.68				
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN, modifier KM	041	Y		N		Y	\$2,982.49	\$2,901.96				
L8042		ORBITAL PROTHESIS, BY NONPHYSICIAN, modifier KN	041	Y		N		Y	\$1,255.81	\$1,221.90				
L8043		UPPER FACIAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$3,206.58	\$3,120.00				
L8044		HEMI-FACIAL PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$3,550.15	\$3,454.30				
L8045		AURICULAR PROTHESIS, BY NONPHYSICIAN	041	Y		N		Y	\$2,780.00	\$2,704.94				
L8046		PARTIAL FACIAL PROTHESIS BY NONPHYSICIAN	041	Y		N		Y	\$2,290.42	\$2,228.58				
L8047		NASAL SEPTAL PROTHESIS BY NONPHYSICIAN	041	Y		N		Y	\$1,173.84	\$1,142.15				
L8048		UNSPECIFIED MAXILLOFACIAL PROTHESIS,VIA REPORT BY	041	Y	Y	N		N						
L8049		REPAIR/MOD OF MAXILLOFACIAL PROTHESIS, LABOR IS M	041	Y	Y	N		N						
L8300		TRUSS; SINGLE W/ STANDARD PAD	041	N		Y		Y	\$78.43	\$76.31			1	180
L8310		TRUSS; DOUBLE W/STANDARD PAD	041	N		Y		Y	\$138.95	\$135.20			1	180
L8320		TRUSS; ADDITION TO STANDARD PAD, WATER PAD	041	N		Y		Y	\$44.15	\$42.96			1	180
L8330		TRUSS; ADDITION TO STANDARD PAD, SCROTAL PAD	041	N		Y		Y	\$45.91	\$44.67			1	180
L8400		PROSTHETIC SHEATH; BK, EACH	041	N		N		Y	\$11.20	\$10.90			6	180
L8410		PROSTHETIC SHEATH; AK, EACH	041	N		N		Y	\$14.74	\$14.34			6	180
L8415		PROSTHETIC SHEATH; UPPER LIMB, EACH	041	N		N		Y	\$15.26	\$14.85			6	180
L8420		PROSTHETIC SOCK; MULTIPLE PLY, BK, EACH	041	N		N		Y	\$14.94	\$14.54			6	180
L8430		PROSTHETIC SOCK; MULTIPLE PLY, AK, EACH	041	N		N		Y	\$16.90	\$16.44			6	180
L8435		PROSTHETIC SOCK; MULTIPLE PLY, UPPER LIMB, EACH	041	N		N		Y	\$16.06	\$15.63			6	180

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* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
L8440		PROSTHETIC SHRINKER; BK, EACH	041	N		N		Y	\$33.37	\$32.47			2	180
L8460		PROSTHETIC SHRINKER; AK, EACH	041	N		N		Y	\$47.45	\$46.17			2	180
L8465		PROSTHETIC SHRINKER; UPPER LIMB	041	N		N		Y	\$43.86	\$42.68			2	180
L8470		PROSTHETIC SOCK; SINGLE PLY, FITTING, BK, EACH	041	N		N		Y	\$4.75	\$4.62			6	180
L8480		PROSTHETIC SOCK; SINGLE PLY, FITTING, AK, EACH	041	N		N		Y	\$6.55	\$6.37			6	180
L8485		PROSTHETIC SOCK; SINGLE PLY, FITTING, UPPER LIMB,	041	N		N		Y	\$8.81	\$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	\$471.20	\$458.48			1	365
L8501		TRACHEOSTOMY SPEAKING VALVE	041	N		N		Y	\$80.01	\$77.85			1	120
L8505		ARTIFICIAL LARYNX REPLACE BATTERY/ACCESSORY,ANY TY	048	Y	Y	Y		N						
L8507		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS,PATIENT INSERT	041	N		Y		Y	\$31.76	\$30.90			1	30
L8509		TRACHEO-ESOPHAGEAL VOICE PROSTHE,INSERT BY PROVIDE	041	N		Y		Y	\$82.80	\$80.56			1	90
L8615		HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPL DEVIC	041	N		Y		N	\$341.97	\$332.74			1	120
L8616		MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE RE	041	N		Y		N	\$79.65	\$77.50			1	120
L8617		TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DE	041	N		Y		N	\$69.57	\$67.69			1	120
L8618		TRANS CABLE FOR COCHLEAR AUDIT OSSEointegrated RPMT	041	N		Y		N	\$19.88	\$19.34			2	30
L8619		COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR & CONTR	041	Y		N		Y	\$7,168.09	\$6,974.55				
L8621		ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y		N	\$0.47	\$0.46			60	30
L8622		ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEV	048	N		Y		N	\$0.25	\$0.24			60	30
L8623		LITHIUM ION BATT FOR USE W/CID (OTHER THAN EAR LEV	048	N		Y		Y	\$49.05	\$47.73			4	180
L8624		LITH ION BATT CID/ADTRY OSEointegr SPCH PROC EAR LVL EA	048	N		Y		Y	\$122.28	\$118.98			4	180

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$6,084.12	\$5,919.85				
L8628		COCHLEAR IMPLANT, EXT. CONTROLLER, REPLACEMENT	041	Y		Y		Y	\$1,083.96	\$1,054.69				
L8629		TRANSMITTING COIL AND CABLE INTEGRATED FOR USE W/	041	N		Y		Y	\$152.70	\$148.58			1	120
L8681		PROGRAM(XTERNL)USE W/IMPLNT NEUROSTIMULR,PULSE GEN,REPL ONLY	041	Y		Y		Y	\$1,231.87	\$1,198.61				
L8684		RADIOFREQ TRANS EXTRNL USE W/IMP SAC RT NEUROSM RE	041	Y		Y		Y	\$641.15	\$623.84				
L8689		EXTRNL RECHARG SYS FOR INTRNALIMPLNTBLE NEUROSTI	041	Y		Y		Y	\$1,471.02	\$1,431.30				
L8691		AUD OSEOINTEGTED DEV EXT SOND EXC TRNS/ACT RPMT EA	041	Y		Y		Y	\$1,468.56	\$1,428.91				
L8692		AUDITORY OSSEOINTEGRATED DEVICE,EXT,SOUND PROCES B	041	Y		Y		N	\$2,274.02	\$2,212.62				
L8694		AUDITO OSSEOINTEGRAT DEVICE,TRANSD/ACTUAT,RPLMT EA	041	Y		Y		Y	\$805.46	\$783.71				
L8695		EXTERNAL RECHARGING SYS. FOR EXTERNAL IMPLA NEUROS	041	N		Y		Y	\$14.22	\$13.84			1	365
L8696		ANTENNA,EXTERN FOR USE WITH,IMPLANTABLE STIMULAT	041	Y	Y	Y		Y						
L9900		ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY OR COMPO	048	Y	Y	Y		N						
Q0477		PWR MOD CABLE USE W/ELE OR ELEC/PNEU VENT RPLCMT	041	Y		N		Y	\$76.52	\$74.45				
Q0478		PWR ADAPTER FOR USE WITH ELEC/ELEC/PNEUMATIC VAD	041	Y	Y	Y		Y						
Q0479		POWER MODULE FOR USE WITH ELEC/ELEC/PNEU VAD REPLA	041	Y	Y	Y		Y						

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
Q0480		DRIVER FOR USE/W PNEUMATIC ASSIST DEVICE REPLACEMENT	041	Y		Y		Y	\$76,806.64	\$74,732.86				
Q0481		MICROPROCESSOR CONTROL UNIT USE WITH ELEC. VAD DEV	041	Y		Y		Y	\$12,887.54	\$12,539.58				
Q0482		MICROPROCESSOR CNTL UNIT FOR USE W ELEC/PNEU VA	041	Y		Y		Y	\$3,881.35	\$3,776.55				
Q0483		MONITOR/DISPLAY MODULE FOR USE WITH ELEC VAD REPLACEMENT	041	Y		Y		Y	\$15,989.47	\$15,557.75				
Q0484		MONITOR/DISPLAY MODULE FOR USE WITH ELEC/PNEU VAD	041	Y		Y		Y	\$3,105.10	\$3,021.26				
Q0485		MONITOR CONTROL CABLE FOR USE WITH ELEC VAD REPLACEMENT	041	N		Y		Y	\$299.81	\$291.72			1	365
Q0486		MONITOR CONTROL CABLE FOR USE W ELEC/PNEU VAD REPLACEMENT	041	N		Y		Y	\$249.51	\$242.77			1	365
Q0487		LEADS (PNEU/ELEC) FOR USE WITH ANY TYPE ELEC/PNEU	041	N		Y		Y	\$291.10	\$283.24			1	365
Q0488		POWER PACK BASE FOR USE WITH ELECTRIC VAD REPLACEMENT	041	Y	Y	Y		Y						
Q0489		POWER PACK BASE FOR USE WITH ELEC/PNEU VAD REPLACE	041	Y		Y		Y	\$13,862.00	\$13,487.73				
Q0490		EMERGENCY PWR SOURCE FOR USE WITH ELEC VAD REPLACEMENT	041	Y		Y		Y	\$599.61	\$583.42				
Q0491		EMERGENCY POWER SOURCE FOR USE WITH ELEC/PNEU VAD	041	Y		Y		Y	\$942.63	\$917.18				
Q0492		EMERGENCY POW/SUPPLY CABLE FOR USE WITH ELEC VAD R	041	N		Y		Y	\$75.95	\$73.90			1	365
Q0493		EMERGENCY POWER SUPPLY CABLE FOR USE W ELEC/PNEU V	041	N		Y		Y	\$216.48	\$210.64			1	365
Q0494		EMERGENCY HAND PUMP FOR USE W/ELECTRIC/PNEU VAD	041	N		Y		Y	\$182.96	\$178.02			1	365
Q0495		BATTERY/POWER PACK CHARGER FOR USE W ELEC OR ELEC/	041	Y		Y		Y	\$3,704.66	\$3,604.63				
Q0496		BATTERY FOR USE WITH ELEC OR ELEC/PNEU VAD, NOT LI	041	Y		Y		Y	\$1,278.54	\$1,244.02				
Q0497		BATTERY CLIPS FOR USE W ELEC OR ELEC/PNEU VAD REPLACEMENT	041	N		Y		Y	\$415.20	\$403.99			1	365

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
Q0498		HOLSTER FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y		Y	\$455.56	\$443.26			1	365
Q0499		BELT/VEST/BAG FOR USE W/ ELEC OR ELEC/PNEU VAD REP	041	N		Y		Y	\$148.01	\$144.01			1	365
Q0500		FILTERS FOR USE WITH ELEC OR ELEC/PNEU VAD REPLAC	041	N		Y		Y	\$26.04	\$25.34			1	365
Q0501		SHOWER COVER FOR USE WITH ELEC OR ELEC/PNEU VAD RE	041	N		Y		Y	\$452.92	\$440.69			1	365
Q0502		MOBILITY CART FOR PNEUMATIC VAD REPLACEMENT ONLY	041	Y		Y		Y	\$554.49	\$539.52				
Q0503		BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH	041	Y		Y		Y	\$1,108.95	\$1,079.01				
Q0504		POWER ADAPTER FOR PNEUMATIC VAD REPLACE ONLY V	041	Y		Y		Y	\$585.17	\$569.37				
Q0506		BATTERY,LITHIUM-ION FOR USE WITH ELEC/PNEU VAD REP	048	Y		Y		Y	\$803.14	\$781.46				
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	\$1,900.19	\$1,848.88				
S5498		HOME INFUSION THR PY,CATH CARE/ADMN SVS/PROF PHAR	048	N		Y		N	\$12.37	\$12.04			10	30
S5501		HOME INFUS THR PY,CATH CARE/COMP>1 LUMEN,W/ADM	048	N		Y		N	\$41.50	\$40.38			4	30
S8185		FLUTTER DEVICE	041	N		Y		N	\$49.20	\$47.87			1	180
S8189		TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	048	Y	Y	Y		N						
S8210		MUCUS TRAP	048	N		Y		N	\$5.22	\$5.08			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	\$71.40	\$69.47			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						

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LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
S8424		GRADIENT PRESSURE AID (SLEEVE) READY MADE	041	N		Y		N	\$47.70	\$46.41			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	\$30.48	\$29.66			2	180
S8428		GRADIENT PRESSURE AID GAUNTLET READY MADE	041	N		Y		N	\$47.53	\$46.25			2	180
S8999		RESUCITATION BAG USE FOR VENT PATIENTS DURING CAST	041	Y		Y		N	\$162.62	\$158.23				
S9001		HOME UTERINE MONITOR	041	R		N		N		\$0.00	\$112.42	\$109.38	30	30
S9211		HOME MGT GESTATNL HYPERTSN W/ADMN, PROF PHARM	041	R		N		N		\$0.00	\$112.42	\$109.38	30	30
S9435		MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	048	Y		Y		N	\$250.00	\$243.25			1	30
S9500		HOME INF THRPY,ANTI-BIOTIC-VIRAL-FUNGAL,ADMN/PROF	048	N		Y		N	\$9.53	\$9.27			30	30
T2101		HUMAN BREAST MILK PROCESSING, STORAGE, DISTRIBUTION	048	Y		Y		N	\$4.50	\$4.38				
T4521		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,SMALL,	048	N		Y		N	\$0.51	\$0.50			200	30
T4522		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER MEDIUM	048	N		Y		N	\$0.62	\$0.60			200	30
T4523		ADULT SIZED DISP INCONT PRODT BRIEF/DIAPER, LARGE,	048	N		Y		N	\$0.70	\$0.68			200	30
T4524		ADULT SIZED DISP INCONT PRODT, BRIEF/DIAPER,EXTRA	048	N		Y		N	\$0.91	\$0.89			200	30
T4525		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	\$0.65	\$0.63			200	30
T4526		ADULT SIZED DISP INCONT PRODT PROTEC UNDER/PULL-ON	048	N		Y		N	\$0.81	\$0.79			200	30
T4527		ADULT SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	\$0.81	\$0.79			200	30
T4528		ADULT SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y		N	\$1.01	\$0.98			200	30
T4529		PEDS SIZED DISP INCONT PRODT BRIEF/DIAPER SM/MED S	048	N		Y		N	\$0.56	\$0.54			200	30
T4530		PEDS SIZED DISP INCONT PRODT,BRIEF/DIAPER,LARGE SI	048	N		Y		N	\$0.70	\$0.68			200	30

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T4531		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON	048	N		Y		N	\$0.58	\$0.56			200	30
T4532		PEDS SIZED DISP INCONT PRODT,PROTEC UNDER/PULL-ON,	048	N		Y		N	\$0.58	\$0.56			200	30
T4533		YOUTH SIZED DISP INCONT PRODT, BRIEF/DIAPER,EACH	048	N		Y		N	\$0.51	\$0.50			200	30
T4534		YOUTH SIZED DISP INCONT PRODT, PROTEC UNDER/PULL-O	048	N		Y		N	\$0.58	\$0.56			200	30
T4535		DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT,INCON	048	N		Y		N	\$0.45	\$0.44			120	30
T4541		INCONTINENCE PROD,DISPOSABLE UNDERPAD,LARGE SIZ	048	N		Y		N	\$0.51	\$0.50			150	30
T4543		ADULT SIZED DISP INCONT PRODT,PROTEC BRIEF-DIAPER	048	N		Y		N	\$1.56	\$1.52			200	30
T4544		ADULT SIZED DISP INCONTINENCE PRODUCT,PULL-ON,ABO	048	N		Y		N	\$1.56	\$1.52			200	30
T5001		POSITIONING SEAT FOR PERSON W/ SPEC ORTHO NEEDS, VEHICLE USE	041	Y	Y	N		N						
V5014		HEARING AID; REPAIR/MODIFICATION OF A HEARING AID	041	N		N		N	\$752.00	\$731.70			2	365
V5030	NR	HEARING AID MON, BODY WORN, AIR COND	041	N		N		N	\$376.00				1	1,095
V5040	NR	HEARING AID,MON,BODY WORN BONE COND	041	N		N		N	\$376.00				1	1,095
V5050	NR	HEARING AID,MON IN THE EAR	041	N		N		N	\$376.00				1	1,095
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	\$437.10	\$425.30			1	1,095
V5171	NR	HEARING AID, MONAURAL, ITE	041	N		N		N	\$376.00				1	1,095
V5172	NR	HEARING AID, MONAURAL, ITC	041	N		N		N	\$376.00				1	1,095
V5181	NR	HEARING AID, MONAURAL, BTE	041	N		N		N	\$376.00				1	1,095
V5190	NR	HEARING AID,CROS,GLASSES	041	N		N		N	\$376.00				1	1,095
V5200		DISPENSING FEE CROS	041	N		N		N	\$437.10	\$425.30			1	1,095
V5211	NR	HEARING AID, BINAURAL, ITE/ITE	041	N		N		N	\$752.00				1	1,095

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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	\$437.10	\$425.30			1	1,095
V5241		HEARING AID; DISPENSING FEE, MON HEARING AID ANY T	041	N		N		N	\$271.43	\$264.10			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	\$752.00				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
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

Refer to the DME Key for more information.

All prices are reduced by 2.7% unless noted.

* Denotes Pair

LTC Y: covered by LTC

**if not cov by Medicare, bill HFS within 180 days

Durable Medical Equipment and Supplies Fee Schedule

Effective 01/01/2025

Updates are based on periodic
modifications to the HCPCS code set

HCPCS	Note	Description	COS	PA Req	H/P	LTC	Pair	Medicare Covered**	Purchase Price	2.7% Reduced Purchase Price	Rent Price	2.7% Reduced Rent Price	Max Qty	Max Days
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	\$46.57	\$45.31			2	365
V5266		HEARING AID; BATTERY FOR USE IN HEARING DEVICE	048	N		Y		N	\$1.56	\$1.52			16	60
V5267		HEARING AID, SUPPLIES/ACCESSORIES	041	Y	Y	N		N						
V5281		AST LISTEN DVC PRSL FMDM MONO 1 RCVR TRNSMTTR 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						

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

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